



Welsh  
Psychiatric  
Society  
Cymdeithas  
Psyydwrol  
Cymru



# WPS, NCMH and RCPsych Wales Winter Academic Conference

Friday 2<sup>nd</sup> December 2022

10:00 – 15:00

All Nations Centre, Cardiff, C14 3NY

10.00 Registration and coffee

10.20 Welcome and introductions

Prof Keith Lloyd, Chair of the Welsh Psychiatric Society

Prof Ian Jones, Director of the National Centre for Mental Health

Tribute to Dr Matthew Sargeant

10.30 Building up the workforce

Dr Kate Lovett, Consultant Psychiatrist in Plymouth, Presidential Lead for Recruitment and immediate past Dean for the Royal College of Psychiatrists.

11.15 Mental Health Inequality and the Mental Health Act – what does it mean for you?

Dr Lade Smith CBE, Consultant psychiatrist and a Visiting Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN), King's College London; and Presidential Lead for Equality, Diversity & Inclusion for the Royal College of Psychiatrists.

12.00 Coffee

12.15 Copy number variants in general adult psychiatry and their translation to the clinic

Dr Kim Kendall, Wellcome Trust Clinical Research Fellow, Division of Psychological Medicine and Clinical Neurosciences at Cardiff University.

13:00 Lunch

14.00 Putting relationships before red tape (virtual presentation)  
Prof Russell Razzaque, Associate Medical Director and Director of Research  
and Innovation at North East London NHS Foundation Trust.

14.45 Academic Poster Presentations  
Prof Keith Lloyd

Young Person's Mental Health Research Award  
To be awarded to Julia Bugelli  
Introduced by Dr Peter Tomlinson  
, RCPsych Wales Policy Attachment.

15.00 Conference close

10.00 Cofrestru a Choffi

10.20 Croeso a Chyflwyniadau

Yr Athro Keith Lloyd, Chair of the Welsh Psychiatric Society

Yr Athro Ian Jones, Cyfarwyddwr y Ganolfan Genedlaethol ar gyfer Iechyd Meddwl

Er cof am Dr Mathew Sargeant

10.30 Cynyddu'r gweithlu

Dr Kate Lovett, Seiciatrydd Ymgynghorol yn Plymouth, Arweinydd

Arlywyddol dros Recriwtio a chyn-Ddeon ar unwaith ar gyfer Coleg

Brenhinol y Seiciatryddion.

11.15 Anghydraddoldeb Iechyd Meddwl a'r Ddeddf Iechyd Meddwl - beth mae'n ei olygu i chi?

Dr Lade Smith CBE, Seiciatrydd ymgynghorol ac Uwch Ddarlithydd Gwadd

yn y Sefydliad Seiciatreg, Seicoleg a Niwrowyddoniaeth (IoPPN), Coleg y

Brenin Llundain; ac Arweinydd Arlywyddol dros Gydraddoldeb,

Amrywiaeth a Chynhwysiant ar gyfer Coleg Brenhinol y Seiciatryddion.

12.00 Coffi

12.15 Mae CNV mewn seiciatreg oedolion cyffredinol a sut maen nhw'n gweithio

Dr Kim Kendall, Cymrawd Ymchwil Clinigol Wellcome Trust, Is-adran

Meddygaeth Seicolegol a Niwrowyddorau Clinigol ym Mhrifysgol

Caerdydd.

13.00 Cinio

14.00 Gwneud perthynas yn flaenoriaeth

Prof Russell Razzaque, Cyfarwyddwr Meddygol Cyswllt a Chyfarwyddwr

Ymchwil ac Arloesi Ymddiriedolaeth Sefydledig GIG Gogledd Ddwyrain

Llundain.

14.45 Cyflwyniadau poster academaidd

Yr Athro Keith Lloyd

Gwobr Ymchwil Iechyd Meddwl Person Ifanc

I'w ddyfarnu i Julia Bugelli

Cyflwynwyd gan Dr Peter Tomlinson, Hyfforddai Polisi Cymru.

15.00 Cau'r gynhadledd

### **Prof Keith Lloyd**

Professor Keith Lloyd is Pro Vice Chancellor for Medicine, Health and Life Science at Swansea University. Keith is an independent member of Swansea Bay University Health Board, a board member of MindCymru, and chairs the Welsh Psychiatric Society. He works as a consultant psychiatrist in a community mental health team in Swansea and is professor of psychiatry at Swansea University.

### **Prof Ian Jones**

Professor Ian Jones is Director of NCMH, and a Professor of Perinatal Psychiatry for the Division of Psychological Medicine and Clinical Neuroscience at Cardiff University.

Ian is also an Honorary Consultant Psychiatrist in Cardiff and Vale University Health Board. His research interests relate to bipolar spectrum disorders and in particular the relationship of mood disorders to childbirth.

His clinical interest is in the identification and management of women at high risk of severe postpartum episodes.

### **Dr Kate Lovett**

Dr Kate Lovett is the Presidential Lead for Recruitment at the Royal College of Psychiatrists and immediate past Dean. She is a current presidential candidate for RCPsych for the term 2023-26.

Dr Lovett worked for Devon Partnership Trust as a Consultant General Adult Psychiatrist from 2001 to 2019 where she had several roles as a sector psychiatrist, inpatient and crisis consultant, community psychiatrist and Associate Medical Director. Since 2019 she has provided consultant leadership to a Community Mental Health Team in LivewellSW, a social enterprise which delivers NHS care to a deprived community in Plymouth, and chaired the project board for the National Confidential enquiry into Suicide.

### **Dr Lade Smith CBE**

Dr Shubulade Smith is a consultant psychiatrist with 27 years' experience in psychiatry (20 years at consultant level), and a Visiting Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN), King's College London.

Dr Smith currently holds positions at the South London and Maudsley NHS Foundation Trust (SLaM), where she is the Clinical Director for the Forensic service. She previously ran the forensic intensive care unit at SLaM and prior to that the general intensive care unit at the Maudsley Hospital. Her ward was

shortlisted for Psychiatric Team of the Year (2011). Dr Smith was voted a BMA pioneering consultant and nominated as a Woman of the Year in 2002 for the development of her “One Stop Shop”, a medication review and physical monitoring clinic for people with mental health problems.

### **Dr Kim Kendall**

Dr Kim Kendall is an academic psychiatrist from South Wales.

She studied medical genetics and medicine at Cardiff University and later completed my PhD on neurodevelopmental copy number variants at the MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff.

Dr Kendall's clinical work is in a community mental health team in the South Wales valleys. Her research is on the effect of rare genetic variants on individuals with psychiatric disorders, and the translation of psychiatric genetics findings to the clinic.

### **Prof Russell Razzaque**

Prof Razzaque has worked as Consultant Psychiatrist across a range of acute mental health services including Home Treatment Teams, Crisis, In-patient, PICU and community recovery teams.

Recently he has served on a number of bodies at the Royal College of Psychiatrists including the General Adult Faculty Executive, The Academic Faculty Executive and the London Region Executive.

He currently serves on College Council as a nationally elected representative and his research and area of expertise centres around models of care in acute mental health services.

## Posters

	<b>Author(s)</b>	<b>Title</b>
R1	Dhanuja Senn Erik Bulten, Jack Tomlin and Birgit Völlm	A Comparison of English and Dutch Long-Stay Patients in Forensic Psychiatric Care
R2	G.Goss A.Tyson	The effect of COVID-19 on acute care within Mental Health Services in South Gwent
R3	Katherine Cullen Shaun R S Harris, Jonathan I Bisson, Cono Ariti, Neil Kitchiner, Catrin Lewis, Neil P Roberts, Mark Kelson, Ceri J Philips, Deborah Fitzsimmons	Cost-Utility Analysis of Guided Internet-Based compared to Individual Face-to-Face Cognitive Behavioural Therapy for Post-Traumatic Stress Disorder in the UK – RAPID non-inferiority randomised controlled trial
R4	Dr Luke Jefferies L.Jefferies, L. J. Davies, N. de Vere, R. Harrad, L. Jones, H. Matthews, K. Thomas, E Walters	Exploring the ecotherapy benefits of a planting intervention on wellbeing and quality of life via an online community.
R5	Megan Hunt Professor Jeremy Hall, Dr Jack Underwood	Physical Comorbidities in Autism Spectrum Disorder
R6	Nicola Heady Professor H. Hutchings, Professor Alan Watkins, Professor Ann John	The prevalence and health service usage of looked after children in Wales versus all children/young persons. An electronic data linkage study
R7	Dr Angelica Bayley Dr Anand Ganesan (Consultant Psychiatrist), Dr Tom Davies (GPSTI)	Better Food for Better Mood – a research project on whether or not a structured intervention could have an impact on HCP confidence, likelihood to provide and belief in the benefit of nutritional counselling to support mental health
R8	Dr Angelica Bayley Dr Anand Ganesan (Consultant Psychiatrist), Dr Tom Davies (GPSTI)	HYPNØTICS: A research project on whether providing sleep hygiene advice in the form of a leaflet has beneficial effects on healthcare professionals confidence in discussing sleep hygiene and awareness of resources for insomnia
R9	Taylor Youngsmith Dr Kimberley Kendall	The role of sex in the negative symptoms of schizophrenia and related psychotic disorders
A1	Opeyemi Ikuewumi Sanjoy Sen	Audit on adherence to prescribing guidelines of psychotropic drugs for people with autism and challenging behaviours

## **RI: A Comparison of English and Dutch Long-Stay Patients in Forensic Psychiatric Care**

**Introduction/background:** A significant proportion of forensic patients in England are long-stayers.

This can be problematic as individuals are kept in restrictive environments at potentially inappropriate levels of security for many years, sometimes decades. Improvements to the current English forensic mental health system to meet the needs of long-stay forensic patients more effectively might be informed by the Dutch service for long-stay forensic patients.

**Research question/objectives:** To compare the characteristics of representative samples of long-stay patients in England and in the Netherlands in an attempt to draw conclusions on the degree to which the Dutch service model might be relevant to England.

**Methods:** This cross-sectional study explores the relevance of the Dutch service model by comparing the characteristics of representative samples of long-stay patients in England (n = 401) and the Netherlands (n = 102). Descriptive statistics and analyses of differences between groups are presented. The Risk-Need-Responsivity model was used to guide the selection of the study variables and structure the interpretation of the findings.

**Results:** Compared to their English counterparts, the long-stay Dutch patients were less likely to be diagnosed with schizophrenia, but more likely to have personality disorder and have committed sex offences. The English group were younger at first conviction and at first custodial sentence. The total number of offences and the proportion of violent offenders were similar, but the Dutch HCR-20 scores indicated a significantly higher risk of violence.

**Limitations:** The main limitation of this study lies in the nature of the two groups it seeks to compare. The Dutch long-stay patients are defined by their engagement with a purpose-designed longstay service which has its specific admission criteria. Whilst, the English sample is defined solely by the length of their stay in high and medium secure settings. Also, data in this study were extracted from patient notes which makes it possible that there were incorrect imputations by local staff.

**Conclusions and recommendations:** Whilst there may be barriers to adopting the Dutch service model in England, the differences in the characteristics of the two groups studied here do not necessarily preclude this approach.

## **R2: The effect of COVID-19 on acute care within Mental Health Services in South Gwent**

**Introduction/background:** 2020 saw a national lockdown in response to COVID-19 pandemic. The impact of the lock down was vast including financial, physical and psychological complications.

### **Research question/objectives:**

- To examine the effect of national lockdown on admissions to an acute mental health ward and review the impact on route of admission.
- Examine the impact of lock down on the local population requiring mental health assessments and treatment from secondary care. We aim to review this by looking at the number of referrals received by three local Community Mental Health Teams.

**Methods:** We reviewed services across three Community Mental Health Teams and one acute admissions ward within Aneurin Bevan Health Board.

Data from March 2020 and the following 18 months was compared to the 18 months prior to the first national lockdown.

We reviewed access to services by number of referrals to three Community Mental Health Teams. Number of admissions was analysed by comparing data pre and post national lockdown. Route of admission was also reviewed- looking at informal vs formal.

**Results:** There was a significant change noted in number of referrals to CMHTs with a 6% decrease seen.

There was a 14% decrease in all admissions to the acute mental health ward with a 31% drop in total informal admissions. However, there was a 21% increase in formal sectioning and admissions under Mental Health Act 1983.

**Limitations:** N/A

**Conclusions and recommendations:** Our findings highlight the effect of COVID-19 on psychiatric admissions particularly formal ones. The results emphasise the need for having an adaptable service that can continue to meet the needs of its service users despite challenging circumstances.



### **R3: Cost-Utility Analysis of Guided Internet-Based compared to Individual Face-to-Face Cognitive Behavioural Therapy for Post-Traumatic Stress Disorder in the UK – RAPID non-inferiority randomised controlled trial**

**Introduction/background:** NICE guidelines recommend individual cognitive behavioural therapy with a trauma focus (CBT-TF) for people with post-traumatic stress disorder (PTSD). Access to face-to-face therapy is limited by the availability of qualified therapists, and for patients to find time to attend regular face-to-face therapy due to work, caring commitments, and transportation.

**Research question/objectives:** What is the cost-utility of guided internet-based CBT-TF compared to individual face-to-face CBT-TF?

**Methods:** Health and social care resource use, intervention costs, and quality adjusted life-years (QALYs) were collected as part of the RAPID trial. Adjusted mean costs and QALYs and the difference between the arms were estimated for the 52-week period.

**Results:** The internet-based CBT-TF arm had lower mean adjusted costs from an NHS and personal social services perspective (£1,325 versus £1,898). The health and social care resource use were similar in both arms with the main cost driver being the cost of therapy. The outcomes of treatment favoured face-to-face CBT-TF, the net-monetary benefit at 52-weeks for internet-based CBT-TF was -£105 (95%CI -£1,286 - £1,077) at a willingness-to-pay threshold of £20,000 per QALY gained.

**Limitations:** The non-inferiority margin on the CAPS-5 scale was used for the power calculation for the RAPID trial, it was not powered to detect statistically significant differences in resource use or health-related quality of life outcomes.

**Conclusions and recommendations:** Internet-based CBT-TF was found to be less costly but gained fewer QALYs than face-to-face CBT-TF in people with PTSD following a single traumatic event. These findings should be considered alongside other factors, including non-inferior clinical effectiveness and patient choice, with respect to implementation.

## **R4: Exploring the ecotherapy benefits of a planting intervention on wellbeing and quality of life via an online community**

**Introduction/background:** Research shows volunteering, having a sense of community and gardening positively impact wellbeing. Behaviour activation supports wellbeing. Social prescribers could benefit from this practice.

**Research question/objectives:** Can a non-clinical gardening project support wellbeing & quality of life?

**Methods:** 9-month study with three waves: pre, mid and end measures of wellbeing were taken, including the WEMWBS wellbeing scale and a measure of quality of life (QOL). Participants were provided with wildflower seeds and access to a closed community Facebook group.

Due to attrition, missing data analysis and multiple imputation was employed creating a dataset (N = 4693) across all three waves. Qualitative thematic analysis of the survey and Facebook interaction was conducted.

**Results:** Group pre intervention levels were at “a risk of” depression level. A statistically significant and meaningful increase in wellbeing was observed, with intervention scores not indicative of the at-risk range. Levels of pleasure and achievement were significantly improved across the study and broadly supported by gardening, sense of community and volunteering. Multiple regression analyses showed these factors were important (8% variance). Concern about Covid was not the strongest predictor.

Thematic analysis identified 8 themes around what was successful about the experience and also what presented unforeseen challenges.

**Limitations:** Problems with participant IDs and attrition rate.

**Conclusions and recommendations:** Growing together improved wellbeing and quality of life, a sense of achievement and pleasure.

Volunteering, community engagement and gardening can be used to support social prescription and behavioural activation.

## **R5: Physical Comorbidities in Autism Spectrum Disorder**

**Introduction/background:** Existing research suggests many physical conditions may be more common in autism. Some conditions, like epilepsy, are well-researched, but many lack adequate research to be confident of their increased prevalence. Those with concurrent intellectual disability (ID) have a higher prevalence of epilepsy than autism alone, but little research exists for other diseases.

**Research question/objectives:** This study aimed to investigate the prevalence of physical comorbidities in autism and explore whether having concurrent ID affects this.

**Methods:** Our sample from the National Centre for Mental Health database included participants who self-reported a clinical diagnosis of autism (n=813) and a control sample without autism/mental illness (n=2781). Questionnaires included data on presence of 28 physical conditions. Binomial logistic regression was used to analyse the difference in prevalence of health conditions between samples, controlling for demographic, lifestyle and medication factors. Sub-analysis used binomial logistic regression to compare physical health in individuals with autism and ID (n=86) to autism alone or controls. Benjamini-Hochberg correction was applied.

**Results:** 16/28 physical health conditions were significantly more common in autism, including liver disease, COPD, kidney disease, osteoporosis and rheumatoid arthritis. Sub-analysis found nominally significant increased odds of osteoporosis and hyperthyroidism in individuals with concurrent ID compared to autism alone.

**Limitations:** Sample size with ID was very small and this may have limited statistical analysis.

**Conclusions and recommendations:** Physical conditions are more common in autism and several conditions may be even more prevalent in individuals with concurrent ID. Further research is needed to replicate results and establish mechanisms that link ASD and ID to increased physical health problems.

## **R6: The prevalence and health service usage of looked after children in Wales versus all children/young persons. An electronic data linkage study.**

**Introduction/background:** Research suggests that 45% of looked after children (Lac) have a diagnosable mental health disorder and the prevalence of other disorders has been suggested to be high. Literature on Lac with a neurodevelopmental disorder (NDD) is still limited in areas of prevalence and health service usage. This novel study linked administrative data to explore these areas in relation to the Lac with a NDD in Wales.

**Research question/objectives:** What is (a) the prevalence rate, diagnostic age, gender and ethnicity of Lac with a NDD versus all children/young persons (Acyp) with a NDD in Wales, (b) the health service usage for both Lac with a NDD and Acyp?

**Methods:** A data linkage study using five datasets held in 'the Secured Anonymised Information Linkage' databank' explored prevalence of NDDs and health service referrals for Lac versus all children/young persons, aged 3-21 years in Wales. Datasets were linked together using SQL and unique primary keys. SPSS and Microsoft excel were used for analysis.

**Results:** Lac had a higher prevalence of specific NDDs compared to Acyp. The mean age of the first event or episode of a diagnostic code detailed in the datasets ranged between (8.6-14.5) for Lac and (10.1-17.1) yrs for Acyp. Child and Adolescent Mental Health Services (CAMHS) and paediatrics were the most common service referrals for both Lac and Acyp with a NDD.

**Limitations:** Some of the children/young people in both populations may have been dually diagnosed.

**Conclusions and recommendations:** The findings contribute to existing literature on Lac and are important for stakeholders that support these children.

**R7: Better Food for Better Mood – a research project on whether or not a structured intervention could have an impact on HCP confidence, likelihood to provide and belief in the benefit of nutritional counselling to support mental health**

**Introduction/background:** Accumulating data suggests that diet and nutrition are not only critical for human physiology and body composition, but also have significant effects on mood and mental wellbeing

**Research question/objectives:** Does a structured intervention have an impact on HCP confidence, likelihood to provide and belief in the benefit of nutritional counselling to support mental health

**Methods:** A structured patient information leaflet containing basic information on healthy eating and how it can impact on mental wellbeing

A questionnaire was administered to healthcare professionals before and after provision of the leaflet.

**Results:** Increase in participants reporting feeling confident / very confident in discussing diet – from 50% before to 100% after

100% of participants would be more likely to discuss diet after intervention

100% of participants agreed that having an information leaflet available would help improve diet

**Limitations:** This is a research project with a small sample size and therefore it would be important to conduct a larger scale study in the future.

**Conclusions and recommendations:** Providing a structured patient information leaflet seems to improve healthcare professionals confidence in discussing diet with patients and therefore would be more likely to engage with these discussions.

## **R8: A research project on whether providing sleep hygiene advice in the form of a leaflet has beneficial effects on HCP confidence in discussing sleep hygiene and awareness of resources for insomnia**

**Introduction/background:** Sleep problems are a common issue in those patients with mental health conditions. Recently, the importance of sleep hygiene as a better short and long term alternative to hypnotics has become accepted practice. However in mental health, the reliance on medications such as zopiclone for patients needs to be challenged.

**Research question/objectives:** A research project on whether providing sleep hygiene advice in the form of a leaflet has beneficial effects on HCP confidence in discussing sleep hygiene and awareness of resources for insomnia

**Methods:** A structured sleep hygiene leaflet was produced containing top tips to improve sleep and signposting to resources to help patients further.

**Results:** An improvement from 30% to 89% in awareness of resources available for sleep hygiene.

89% of participants were more likely to discuss sleep hygiene after the project.

An improvement from 20% to 55% of those participants who felt very confident in discussing sleep hygiene.

**Limitations:** Due to the small sample size, this study would benefit from a larger scale research project. As well as comparing brief sleep hygiene advice with CBT-I which is available free of charge in areas in England and Scotland.

**Conclusions and recommendations:** Providing sleep hygiene resources improves the confidence and likelihood of discussing sleep hygiene with patients. This could lead to reduced hypnotic prescribing and better long term outcomes in those with insomnia.

## **R9: The role of sex in the negative symptoms of schizophrenia and related psychotic disorders**

**Introduction/background:** Negative symptoms associated with schizophrenia and related psychosis disorders are common, difficult to diagnose and treat, whilst being associated with a higher level of mortality. Various literature available demonstrate that there are sex-related differences in incidence, prevalence, age of onset, symptoms, and treatment response however one specific area of interest that has conflicting and relatively sparse literature is the sex-related differences of negative symptoms.

**Research question/objectives:** The aim of this paper was to examine the history of negative symptoms, to discuss sex differences within negative symptoms and explore the different contributing hypotheses on contributing sex-related factors.

**Methods:** This paper reviewed online academic papers.

**Results:** This paper demonstrates there are areas of inconsistency within the literature including that females with schizophrenia have less severe and fewer negative symptoms than males with the disorder. Possibly due to methodological differences used between the studies and certain factors not being controlled for, for example substance abuse. Concerns regarding the inconsistent classification of anhedonia where females are more likely to be diagnosed with major depressive disorder as well as inconsistencies on the severity of negative symptoms; in general females performing better socially. We discuss how hormones may be involved such as the neuroprotective role of oestrogen, social protective factors, and social differences between sexes.

**Limitations:** N/A

**Conclusions and recommendations:** Understanding negative symptoms in schizophrenia including sex differences is an important goal to improving one's management. The literature suggests a higher rate in males however is conflicting, whilst the underlying reasons unclear. There is a need for well-designed future studies to explore this further.

## **AI: Audit on adherence to prescribing guidelines of psychotropic drugs for people with autism and challenging behaviours**

**Problem or issue:** Challenging behaviour is a common cause of multiple prescribing, often psychotropics in people with Learning Disability (PWLD) with or without Autism which in many cases are long term. The aim of this audit is to promote safe use of psychotropics in PWLD, to ensure they are prescribed the right amount and for the shortest time possible.

**Definition of criteria & standards:** The NICE 11 and STOMP guidance was used as standard.

**Audit of current or baseline practice:** Five overall standards were audited to help determine compliance. Overall compliance for First Standard, Presence of PBS plan was 46%. Second Standard, Psychology input was 20%. Third and Fourth Standard, to rule out other mental disorder and any physical illness was 47% and 100% respectively. The Final Standard, active attempts to reduce psychotropics was 55%.

**Comparison of performance with criteria and standards:** This audit has demonstrated that compliance with NICE and STOMP guidance at the Ruthin CLDT was below the expected standard

**Implementing change:** It is recommended that before psychotropics are commenced a PBS plan must exist. Active efforts to taper down to the lowest dose must be targeted while under close monitoring and regular physical checks. The aim will be to completely stop psychotropics

**Re-auditing & sustaining improvements:** A re-audit is scheduled in March 2023 and must be replicated in other sites across the Health Board.