Autumn Academic Conference

Academic Abstracts

Nov 2025

About Dyfodol

The Dyfodol (meaning 'Future') programme offers several workstreams to both respond to challenges and opportunities across the health service, but also to model and design future services and pathways. This is achieved through an evidence-based, and informed approach, and through research collaborations with partners.

Dyfodol is hosted by National Collaborating Centre for Mental Health (NCCMH), working in partnership with RCPsych in Wales and NHS Wales' Joint Commissioning Committee (JCC).

This Report

This collection of selected Academic Abstracts has been compiled from the joint Autumn Academic Conference, held in patnership with the National Centre for Mental Health, Welsh Psychiatric Society, and the Royal College of Psychiatrists Wales.

The Conference took place in Techniquest in November 2025.

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Academic Abstracts

All Talk, Little Proof: Revisiting the Dodo Bird Verdict in 69 RCTs of Psychotherapy for Psychosis

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Background
Psychological therapies are widely recommended as adjuncts to pharmacological treatment for schizophrenia-spectrum disorders. However, the evidence base remains fragmented across modalities, populations, and delivery formats. Despite growing uptake of scalable digital and blended interventions, the certainty of benefit across therapies—and their comparative efficacy—remains unclear. This umbrella review revisits the "Dodo Bird Verdict" in psychosis care, synthesising outcomes across 69 unique RCTs to quantify efficacy, acceptability, and certainty using GRADE.

Methods
We conducted a PRISMA 2020-compliant umbrella review of systematic reviews of RCTs, with trial-level de-duplication and re-synthesis. Seven databases and the Metapsy Psychosis repository were searched to December 2024. Eligible trials included adults (≥18 y) with schizophrenia-spectrum disorders receiving psychological therapies (CBTp, psychoeducation, cognitive remediation, social skills training, family therapy) versus TAU or active comparators. Primary outcome for the review was change in positive symptoms post-treatment. Risk of bias was assessed via RoB 2; review quality via AMSTAR-2. Meta-analyses used Hedges' g with Hartung–Knapp REML models, and GRADE was applied to assess certainty of evidence.

Results
Sixty-nine unique RCTs (n=5,865) were included; 57 contributed to the primary meta-analysis. Psychological therapies yielded a small but significant reduction in positive symptoms ($g = -0.33$; 95% CI −0.42 to −0.23; NNT ≈ 10). Heterogeneity was moderate ($I^2 = 56.4\%$), and sensitivity analyses confirmed robustness ($g = -0.32$; $I^2 = 29\%$). Funnel asymmetry suggested small-study effects (Egger's $p<0.001$). Subgroup analyses showed no significant differences between modalities ($p=0.387$) or comparator types ($p=0.975$). GRADE certainty was highest for psychoeducation (moderate); other modalities were graded very low due to risk of bias, inconsistency, and imprecision.

Conclusions
Psychological therapies offer additive benefits for positive symptoms in psychosis, but effect sizes are modest, and certainty is low for most modalities. Psychoeducation emerges as a pragmatic, evidence-backed option. The lack of differential efficacy across modalities supports the Dodo Bird hypothesis, though underpowered comparisons and publication bias limit confidence. Long-term outcomes, functional gains, and cost-effectiveness remain underexplored.
Psychological therapies should be integrated into routine care alongside medication. Scalable formats hold promise but require safeguards for fidelity and equity. Future trials must be larger, pragmatic, and mechanism-informed, with ≥12-month follow-up and core outcome sets to guide commissioning and policy.

An evaluation of patients' experience of staff support and support needs, following a serious incident within a low secure service

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Introduction
Serious incidents within secure settings can significantly affect patients' sense of safety and psychological wellbeing. Following such events, appropriate support is essential to help patients process the experience. Currently, within our Health Board, TRiM sessions are offered for staff exposed to potentially traumatic events within inpatient secure settings but no such mechanism of support is available for patients nor an understanding of what support patients may need themselves, following exposure to such events. This evaluation explored patients' experience of support provided by ward-based staff and lower intensity supportive interventions (e.g. information leaflets regarding trauma, patient support sessions) following a serious incident (fire) within a low secure unit, where all patients and staff were evacuated immediately and patients were moved to another hospital environment.

Objective
The evaluation aimed to:
•Evaluate the benefit and acceptability of lower-intensity, supportive interventions following patients' exposure to a serious and potentially traumatizing incident.
•Understand the support needs of the patient group and whether the support offered is sufficient to meet these needs, following exposure to a serious and potentially traumatizing incident within the Unit.

Methods
Design:
•Evaluation form combining quantitative (5-point Likert scale) and qualitative (open-ended) questions.
•Administration supported by the (external) Patient Experience Group to reduce potential bias.
Data Collection & Sampling:
•Evaluation form given in paper copies or Microsoft Forms.
•Data held on an Excel database on the secure shared drive.
•Administered by project administrators to maintain anonymity and confidentiality.
•No control group
•Participants: All patients within the Low Secure Unit were invited to participate as it affected the service as a whole.
•Attendance at the patient support session was voluntary and not part of the study
•No randomised groups were used.
Data Analysis:
•Quantitative data: Descriptive statistics
•Qualitative: Thematic analysis

Preliminary Findings
Despite a small sample (N=3), participants responded positively to the support provided following the incident. All identified the support session as helpful in making sense of their feelings and how to cope with any subsequent, challenging psychological experiences. Two participants identified the support session helped them share their feelings and support each other. One participant noted their relief/the importance of all patients remaining together after being moved from the Unit. None of the participants suggested additional forms of support that might have been beneficial. Overall, the feedback suggests that the support was timely, informative and helpful.

Assessing the acceptability & feasibility of the BRIEF-A executive function and the ABAS-3 adaptive function assessment tools in a residential drug and alcohol rehabilitation setting

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Introduction
Substance use disorder affects a significant number of people globally. Residential rehabilitation provides a safe environment for those with complex or severe dependency to begin their journey of recovery through provision of structured biopsychosocial support. Alcohol and other substances of abuse can negatively impact various domains of cognition, including executive and adaptive functioning. These deficits may impact upon an individual's quality of life. Two existing measures which assess these domains are the BRIEF-A (executive function) and ABAS-3 (adaptive function). While both are widely used in varied settings, the acceptability and feasibility of these measures in a residential rehabilitation setting has not been established.

Aims
To review the acceptability and feasibility of the BRIEF-A and ABAS-3 in a residential drug and alcohol rehabilitation setting.

Methods
Residents and healthcare professionals at Brynawel Rehabilitation (BR) in South Wales, were asked to complete the BRIEF-A (self-report version for residents, informant-report for healthcare professionals) and ABAS-3. Following this, semi-structured interviews were conducted reviewing factors related to the acceptability and feasibility of each measure. Interviews were analysed using a qualitative descriptive approach.

Results
Interview data from fourteen participants (residents N = 9, healthcare professionals N = 5) was analysed, from which topics and sub-topics were identified. Overall, participants endorsed the acceptability and feasibility of the BRIEF-A in the residential rehabilitation setting. Recommendations from service users and healthcare professionals relating to the BRIEF-A included: developing a Welsh language version, specific adaptations for use in those with greater executive impairment, and the impact of service evaluations and policy on potential adoption of the measure.
The ABAS-3 was considered safe and broadly useful but often demanding, with only two of nine residents completing it fully due to fatigue and attentional challenges. Eight key themes highlighted issues of burden, comprehension, and cultural fit, indicating that adaptations- such as shorter, staged administration and clearer, UK-relevant wording- would enhance feasibility and engagement.

Discussion and Future Research
The BRIEF-A was generally considered acceptable for use in BR. Future research should examine its generalisability across UK rehabilitation settings and validate it in substance use disorder populations. The ABAS-3 was also viewed as safe and valuable but more demanding, highlighting the need for adaptations such as shorter, staged administration and UK-relevant wording. Further validation of both measures could support their combined use to assess executive and adaptive functioning in rehabilitation.

Can the use of Precision Medicine benefit the treatment of Major Depressive Disorder? Exploring the ways in which Precision Medicine (PM) can be used to treat patients with Major Depressive Disorder (MDD) and addressing the challenges raised

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Introduction
Major depressive disorder (MDD) is a complex psychiatric condition characterized by persistent low mood, loss of interest, cognitive impairment, and functional decline. Conventional treatment strategies, primarily standardised antidepressant prescriptions, often fail to achieve sustained remission in most patients due to the heterogeneity of symptom presentation and underlying biological differences. Precision medicine (PM), which tailors healthcare based on individual genetic, neurobiological, and phenotypic profiles, offers the potential to optimise treatment effectiveness while minimizing adverse effects.

Methods
This systematic literature review synthesised evidence from pharmacogenomic trials, biomarker studies, and machine learning applications in MDD. Comparative analysis of pharmacogenomics guided care versus standard treatment, predictive modelling using multi-dimensional datasets, and biomarker-targeted interventions was undertaken to evaluate clinical outcomes, treatment response, and practical implementation challenges. Key trials such as the PRIME Care and GUIDED studies were assessed for methodological rigor, population characteristics, and translational potential.

Results
Pharmacogenomics-guided antidepressant prescribing improved symptom reduction and remission rates compared with usual care, while reducing adverse effects. Machine learning approaches integrating genetic, neuroimaging, and behavioural data demonstrated promising predictive accuracy for identifying at-risk patients and tailoring interventions. Anti-inflammatory biomarker-targeted therapies offered potential benefits for treatment-resistant patients, suggesting alternative pathways to traditional antidepressants. Implementation challenges remain, including costs, privacy concerns, and limited evidence from diverse populations, alongside social stigma affecting patient engagement.

Discussion
These findings suggest that precision psychiatry could transform MDD treatment by enabling truly personalised interventions. Clinically, this approach may reduce trial-and-error prescribing, shorten time to remission, and improve overall patient outcomes. For research, PM highlights the importance of multi-modal data integration, novel biomarkers, and computational modelling in understanding depressive subtypes. Widespread adoption will require addressing ethical, economic, and logistical barriers while maintaining patient trust and accessibility.

Conclusion
Precision medicine holds significant potential to redefine MDD management, enhancing efficacy and safety through tailored treatment strategies. By bridging clinical practice with emerging genomic, biomarker, and computational tools, PM may ultimately elevate depression care to a level comparable with treatments for other major chronic diseases. Future research should focus on large, diverse cohorts and frameworks to ensure ethical, cost-effective, and practical implementation in routine clinical settings.

Changing the Landscape of Opiate Addiction Treatment - The Impact of Long-Acting Injectable Buprenorphine (Buvidal) and the Buvidal Psychological Support Services (BPSS) on the Reduction of Illicit Drug Use

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Aims and Hypothesis
To establish the impact of the Buvidal Psychological Support Service (BPSS) for those on Long acting injectable buprenorphine (LAIB – Buvidal™) treatment. With the objective to analyse therapy status, retention on Buvidal opposed to alternative OST and coinciding illicit drug use other than opioids of those referred.
To determine whether completion of BPSS Tier 1 (8 sessions) is associated with a decrease in long term opioid and overall illicit drug use.
To determine LAIB treatment retention vs other OSTs (opioid substitution therapies).

Background
LAIB is a well-recognised, effective licensed OST. It works as a partial mu-opioid receptor agonist and kappa opioid antagonist. BPSS is a rapid access organisation service, offering a 3-tiered trauma informed psychological support system for those on LAIB in Cardiff.

Methods
Use of PARIS database to obtain data on 289 BPSS referrals to date. Quantitative data on therapy status, date of initial and latest LAIB dose and current substance use was obtained and analysed. Qualitative data on the status of referrals was also obtained. Individualised chi-squared tests were conducted significance set to $p < 0.05$ to determine the association between the completion of Tier 1 of the BPSS service and a reduction in illicit drug use. Categorical data of each referral from the PARIS database was used to record individual illicit drug use.

Results
Those completing Tier 1, showed significantly lower illicit opioid use (1.5% vs 10.5%, $p < 0.05$) and overall illicit drug use (48.4% vs 20.2%, $p < 0.05$) compared to those not engaged or discharged from the service. Alcohol, benzodiazepine, cocaine, crack, cannabis and gabapentin use did not differ between those who completed Tier 1 to those discharged/not engaged ($p > 0.05$).

Conclusion
Those on LAIB – Buvidal treatment as an opioid substitute medication can be referred to the BPSS. Of those referred retention of Buvidal as the opioid substitution treatment, is markedly higher than that of alternative OSTs. Completion of the Tier 1 BPSS service can be associated with an increased likelihood of being free of illicit drug use and reduced opiates use. Alcohol, benzodiazepine, cocaine, crack, cannabis and gabapentin use did not differ between those who completed Tier 1 compared to discharged, this perhaps associated with lack differentiation between self-medication or recreational use. Despite this, completion BPSS Tier 1 is can be strongly associated with a decrease in illicit drug use, therefore long-term, more comprehensive research could be vital in reinforcing this potential.

Cognitive Symptoms in Long COVID: Mixed Trajectories Regardless of Vaccination

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The high numbers of coronavirus disease 2019 (COVID-19) cases across the world have resulted in a high prevalence of individuals suffering from chronic and often debilitating symptoms, also known as 'long COVID'. Currently there is still a significant lack of understanding about the mechanisms underlying the pathogenesis of this highly heterogeneous condition, although several hypotheses have been proposed. Investigating the impact of vaccination on long COVID symptoms has important relevance when considering the scale of the affected population and the lack of treatments currently available. Studies so far, whilst limited, suggest that vaccination responses are mixed, with some individuals showing evidence of either improvement, worsening, or no change in long COVID symptoms. This study used baseline and follow-up data from the COVID and Cognition study cohort, also known as the 'COVCOG' study (Guo et al., 2022a; 2022b) and aimed to investigate the impact of vaccination on cognitive symptoms in individuals who self-identified as having had long COVID. Initial comparison of pre- and post-vaccination cognitive symptoms matched the findings of similar studies, with individuals showing mixed responses including improvement, worsening or no change. However, exploratory findings seemed to suggest that cognitive symptoms in long COVID show mixed trajectories over time, regardless of whether individuals are vaccinated or not.

Empowering Care: Developing Staff Competence in Managing Sexually Disinhibited Behaviour Following Acquired Brain Injury

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Background
Sexually disinhibited behaviour is a recognised challenge in the rehabilitation of male patients with Acquired Brain Injury (ABI). Such behaviours, ranging from inappropriate sexual comments to public masturbation or unwanted touching, often arise due to impaired impulse control, poor self-awareness, and executive dysfunction following neurological damage. These behaviours can distress staff and patients alike, compromise safety, and undermine therapeutic engagement within neuropsychiatric hospital settings.

Intervention
The Psychology Team at Cygnet Brunel, a 32-bed neuropsychiatric service for adult males, identified a need for staff training and developed a structured module to support the management of sexually disinhibited behaviour among brain-injured inpatients. The classroom-based training aimed to:

1. Educate staff on what disinhibited behaviour is;
2. Enhance understanding of the neurological and psychological underpinnings of sexual disinhibition;
3. Promote consistent, person-centred and ethical management strategies;
4. Strengthen communication, de-escalation, and boundary-setting skills; and
5. Address patients' sexual needs safely and therapeutically.

Training content was informed by established frameworks, including the Acquired Brain Injury Outreach Service (ABIOS, 2017) and Headway UK (2022) guidelines, and delivered through interactive teaching and case-based discussions emphasising communication skills, clear behavioural boundaries, environmental management, feedback, and supervision. Staff were trained to respond to disinhibited behaviour using structured behavioural interventions, such as maintaining appropriate distance, using redirection, and reinforcing appropriate conduct without humiliation or inadvertent reinforcement of undesirable actions.

Outcomes
Behavioural outcomes were monitored using Antecedent–Behaviour–Consequence (ABC) charts over a six-month period before and after training implementation. Results demonstrated a notable reduction in both the frequency and severity of sexually disinhibited incidents across the wards. Staff reported increased confidence and consistency in managing such behaviours, alongside reduced distress and burnout when confronted with challenging situations. Staff were further supported through individual or group debriefs, which may have contributed to these positive findings.

Conclusion
Targeted training equips neuropsychiatric staff with the practical and psychological tools necessary to manage sexually disinhibited behaviours effectively and empathetically. This promotes safe, respectful, and therapeutic environments, while empowering staff to uphold patient dignity, maintain professional boundaries, and support positive rehabilitation outcomes.

Enhancing Patient Safety: A Clinical Audit on Initial Risk Assessment in Inpatients Psychiatric Facility

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Background
Risk assessment is a cornerstone of safe psychiatric practice, especially in inpatient settings where patients are often admitted for risk containment. Inadequate risk documentation can compromise patient safety and continuity of care.

Objectives
This audit aimed to evaluate current risk assessment practices at a psychiatric inpatient facility, assess adherence to local Standard Operating Procedures (SOPs), and enhance documentation and communication of clinical risks.

Methods
Using departmental SOPs, NICE guidelines, and RCPsych Good Practice recommendations, a standardized risk assessment proforma was developed. A retrospective review of patient charts over one month formed the first audit cycle. Interventions included staff training and proforma implementation. A second audit cycle was conducted one year later to evaluate changes.

Results
The first audit cycle revealed poor compliance, with no formal assessments completed on admission day and only 5 out of 58 charts showing partial documentation. After interventions, the second cycle showed significant improvement: 19 out of 24 charts (80%) had formal assessments documented on the admission day. Clinicians reported the proforma was helpful, though some noted difficulties completing it during busy shifts.

Conclusions
The audit demonstrated a substantial improvement in the initial risk assessment process, improving adherence from 0% to 80%. Ongoing staff training, periodic oversight, and regular feedback integration are recommended to achieve the target standard of 100%.

Evaluating Generative-AI Simulated Virtual Patients Vs. Conventional Communication Skills Training in Psychiatry

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Objective
To evaluate the efficacy of Generative-AI (GenAI) virtual patients in comparison to traditional communication skills sessions in the context of psychiatry and mental health conditions.

Introduction
Medical students often experience anxiety when practicing history-taking in traditional communication skills sessions in front of peers and professionals, especially when discussing sensitive mental health topics, such as suicidal ideation or exploring intensions of harming others. Additionally, finding specific psychiatric cases during placements for independent practice can be challenging. To address this, we explored the use of a GenAI virtual patients as an alternative learning tool.

Method
A service evaluation was conducted asking medical students in years 2-5 to try out two Gen AI platforms (SimFlow and SomaLab), then complete a feedback form about their experience. A psychiatry-based patient scenario was chosen for comparison on both sites. Data was then collected and imported into SPSS software for analysis. Chi-squared and Wilcoxon signed rank tests, along with thematic analysis, were used to identify if there was a significant difference between the two platforms in terms of appropriateness and their comparison to conventional Communication Skills sessions.

Results
The questionnaire asked participants to evaluate their experience, focusing on key metrics such as the comparability of AI-driven training to conventional communication skills instruction and the appropriateness of responses generated by each platform. Regarding similarity to in-person history-taking, SimFlow received highly positive feedback, with 64% of participants finding it very similar to face-to-face interactions. In contrast, SomaLab received mixed responses, with an even distribution of positive and negative feedback. Both platforms, however, were rated highly for response appropriateness, with SimFlow notably receiving a 100% rating for "very appropriate" responses. To further analyse how closely the two platforms resemble traditional communication training, we conducted a Chi-Square test, given the categorical nature of the data. The results, $\chi^2(6) = 0.119$, $p > 0.05$, indicated no statistically significant difference between the platforms in their alignment with conventional methods. This suggests that both AI-driven tools demonstrated comparable effectiveness in mirroring traditional teaching approaches. However, qualitative feedback provided additional insights. Participants were invited to share open-ended comments on the strengths and limitations of each platform. Overall, SimFlow gathered a greater number of positive remarks compared to SomaLab, highlighting a preference for its usability and realism.

Conclusion
Both AI platforms demonstrated high levels of effectiveness in stimulating psychiatric-specific patient interactions, with Simflow preferred for its realism and user-friendly design. Participants highlighted the importance of incorporating these platforms into training to enhance clinical communication and diagnostic reasoning, especially in high-risk situations requiring quick identification of serious mental health conditions. The study also supports using such platforms for psychiatry student training, Simflow's accessibility and frequent use can improve communication in sensitive mental health discussions, offering equivalent benefits to traditional training. Future research should focus on more diverse psychiatric cases (e.g. autism, specific personality disorders) and examine the impact on real-world clinical competency.

Evaluating the Predictive Validity of the Addictions Dimension for Assessment and Personalised Treatment (ADAPT) tool in a clinical sample of individuals with Opioid Use Disorder (OUD) receiving psychological support

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Background
Currently, OUD remains a major public health concern with high associated morbidity and mortality. A proliferation of tools exists for screening and monitoring of SUDs, but further psychometric validation is needed. The ADAPT is a multidimensional tool designed to assess addiction severity, health and social complexity, and recovery strengths to support tailored treatment planning. The ADAPT is currently in use by the BPSS to guide care for individuals receiving Buvidal for OUD.

Objectives
This study aimed to examine the predictive validity of the ADAPT for clinical outcomes and treatment completion, contributing to limited literature on its clinical utility and psychometric robustness.

Design
A quantitative, secondary data analysis was performed to evaluate the psychometric properties of the ADAPT using a dataset from the BPSS between 04/2023 and 12/2024.

Methods
The sample comprised 173 participants. Baseline ADAPT scores and changes on ADAPT domains were compared with symptom change scores from baseline to session 8 on clinical outcomes measured by the CORE-10 and PCL-8. Multiple linear and binary logistic regression analyses were conducted, along with a ROC curve analysis.

Results
Baseline ADAPT scores were significantly associated with treatment completion and correctly classified 71% of cases (AUC = 0.811), indicating good discriminative power. Changes in ADAPT domains were significantly associated with changes on the PCL-8 ($p = .003$; Adjusted $R^2 = .227$). However, this relationship was non-significant for the CORE-10. Baseline ADAPT scores did not significantly predict symptom changes on either outcome measures.

Conclusion
Findings support the ADAPT's ability to predict treatment completion and monitor trauma-related symptoms. Its capacity to predict general psychological distress remains limited. Complementary measures are recommended for a comprehensive assessment.

Exploring the role of Artificial Intelligence-Powered Apps in the Treatment of Anxiety and Depression

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Aims

1. Identify strengths and limitations of AI-powered apps in treating anxiety and depression.
2. Explore barriers and facilitators for physicians incorporating AI technology into practice.
3. Develop solutions to promote AI apps for anxiety and depression in primary care.

Methods

To address Aim 1, a qualitative systematic literature review was conducted in accordance with PRISMA guidelines, followed by Braun & Clarke thematic analysis. For Aim 2, a semi-structured interview protocol based on the Technology Acceptance Model was created. Fifteen general practitioners were recruited via snowball sampling and participated in 45-minute video interviews. Findings from the literature and interviews were synthesised to develop five implementation strategies for Aim 3.

Results

Twelve studies were included in the literature review. Strengths and limitations were grouped into meta- and sub-themes:

- User factors: trust & privacy, education, ease of use.
- Technological factors: human-like features, errors, content.
- Practical factors: access, clinician perspective.

Barriers and facilitators from interviews were stratified by organisational, technological, and physician factors.

- Organisational barriers: workflow integration, cultural change, regulation, access.
- Technological barriers: app features, governance.
- Physician barriers: AI anxiety, awareness, experience, social influence.
- Organisational facilitators: regulation, access.
- Technological facilitators: governance.
- Physician facilitators: social influence, experience, awareness.

Discussion

Published literature highlights strong potential for AI in mental health and multiple use cases. Patients, particularly socially isolated groups such as the elderly, appreciated the human-like qualities of AI chatbots. Both literature and interviewees emphasised benefits of using apps while patients await therapy. To address awareness gaps, a website summarising publicly available AI mental-health apps with verified information for GPs was created. A workshop in partnership with the app Wysa provided GPs with access and expert support. To support change management, the study piloted "AI Champions" using narrative medicine to foster peer-to-peer engagement. To address racial bias in AI models, community workshops targeting BAME groups in centres and places of worship encouraged minority participation in AI research.

Conclusion

This study demonstrates the significant potential of AI apps in treating anxiety and depression and the readiness of healthcare to adopt them. Key use cases include reducing waiting times, supporting socially isolated and low-income patients, and enhancing access. Further research is needed to validate these apps in large-scale trials and to collaborate with regulators for safe, equitable implementation.

Fluctuating disturbances in memory and behaviour across acute medical and psychiatric units: Diagnostic and management challenges of a complex case

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Introduction
Neuropsychiatric syndromes in older adults often straddle organic and functional domains. This case illustrates complexities faced when managing patients with prolonged cognitive/behavioural disturbances, despite extensive investigations and multidisciplinary input.

Case Presentation
We present a case of a 72-year-old male, who was diagnosed with mild cognitive impairment (MCI) three years ago. He was being assessed for possible Lewy Body Dementia (LBD) due to fluctuating cognitive symptoms and recurrent falls but declined further follow up. This year, he had repeated geriatric admissions for episodes of fluctuating confusion, treated as delirium. Of note, donepezil was commenced during one admission, without clear rationale. Subsequently, he presented with agitation, fluctuating alertness, auditory/visual hallucinations and grandiose delusions, prompting admission to a Psychiatric ward. During this admission, he exhibited episodes of manic psychosis and interspersed euthymia, treated with olanzapine and valproate to only partial remission. Later, these symptoms resolved with discontinuation of donepezil, with sustained improvement of cognition following discontinuation of all psychotropics. Unexpectedly, a steep decline followed with marked apathy, drowsiness, hypomimia, lateralised cogwheel rigidity, shuffling gait, lateralised myoclonus, but without tremor nor bradykinesia.
Investigations included the following: negative autoimmune/paraneoplastic encephalitis screen, negative DaT-scan, MRI demonstrating cerebral and predominately hippocampal atrophy, FDG-PET clearly showing neurodegeneration in a pattern most consistent with posterior cortical atrophy (PCA). Medical comorbidities, including multifactorial hyponatraemia attributed to SIADH alongside CKD III and poorly controlled diabetes, may have contributed to his protracted delirium-like state, but an underlying atypical neurodegenerative disorder is suspected. He was readmitted with urosepsis before establishing a definitive diagnosis.

Discussion
While his clinical picture is more in keeping with LBD, the negative DaT-scan and inconsistent findings complicated diagnosis and literature on DaT-negative LBD is sparse. Although FDG-PET suggested posterior cortical atrophy (PCA), absence of characteristic visual complaints does not align with this diagnosis, however, atypical presentations of PCA are reported. Fronto-temporal dementia (FTD) with Parkinsonism is also considered as it is reported that some FTD patients develop a degree of Parkinsonism, usually without tremor. Whilst our differentials are clearly broad, our working diagnosis is 'Atypical unspecified neurodegenerative dementia with Parkinsonism'.

Key Learnings
Cognitive and behavioural fluctuations may overlap diagnostic categories. Management must prioritise safety, function, and symptom control amidst diagnostic uncertainty. A strong collaboration between psychiatry and medical specialties (acute medicine, geriatrics, neurology, endocrinology) was critical in unpicking this complex presentation.

‘Healing through connection’. Impact of Peer support on Drug and Alcohol Recovery: Healthcare professional and Volunteer perspectives

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Introduction
Substance misuse remains a major public health challenge in the UK, with 9,641 alcohol-related deaths reported in 2021— the highest since records began in 2001. Peer support, grounded in lived experience, plays a key role in promoting and strengthening recovery.

Objectives
- Explore the impact of peer support on drug and alcohol recovery.
- Examine positive and negative changes from both healthcare and volunteers.
- Investigate how lived experience shapes recovery service delivery.

Methods
A Qualitative exploratory study of 12 peer supporters — in professional and volunteer roles — were randomly selected from 25 interviewed peer supporters.
- Semi-structured, anonymized interviews were audio recorded and transcribed.
- Data analyzed using Braun & Clarke’s reflexive thematic analysis, highlighting researcher interpretation in theme development.

Discussion
- Peer support builds Confidence, trust, fosters open communication and reduces stigma.
- Key challenges: role ambiguity and workload.
- Sustaining benefits needs clear roles, training, fair pay, and organisational support.

Conclusion
- Peer support enhances clinical recovery frameworks with person-centered, empowering approaches.
- Long-term sustainability needs structured training, clear roles, fair pay, and supervision.

Implementing Routine Haematinic Monitoring in Long-Stay Psychiatric Inpatients: A Developing Quality-Improvement Project

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Background
Haematinic deficiencies (iron, B12, folate) worsen fatigue, cognition, and mood, yet are frequently under-recognised in psychiatric inpatients. National guidance (NICE NG239 2024; BSG 2021) recommends symptom-led testing, but long-stay forensic populations face added risks: restricted diets, polypharmacy, and limited primary-care access. This project combined baseline audit with early QI work, developing a local policy for universal admission and annual haematinic screening aligned with NICE NG222 (2022) and Royal College physical-health guidance.

Aims
Evaluate current practice against national standards, explore barriers via staff feedback, and pilot low-resource interventions to improve detection, documentation, and follow-up of haematinic deficiencies.

Methods
A retrospective review of all inpatients in a medium secure unit (n = 38) examined whether haematinics were requested, deficiencies identified, and monitoring completed. Compliance was assessed for key standards: initial screening, repeat Hb 2–4 weeks post iron initiation, ferritin at 8–12 weeks, vitamin B12 at 3 months, folate at 4 months, and B12 checked before folate therapy.
A staff survey explored perceived barriers and improvement ideas. Root-cause analysis highlighted absent review dates and unclear responsibility. A one-page "Haematinic Monitoring Prompt" was introduced into physical-health files. Additional early QI actions included creation of a "Psychiatric Admissions Bloods" set on the electronic requesting system (automatically including FBC, ferritin ± iron studies, B12, folate, and CRP), and development of a concise "Haematinic Monitoring Grab Sheet" detailing how and when to repeat tests (annually or if symptomatic). Early re-evaluations occurred 2 weeks later.

Results
Only 20 of 38 patients (53 %) had baseline haematinics; five were deficient, with appropriate follow-up in two. Nine untested patients were later found deficient, often during routine Care & Treatment Plan reviews, with unclear testing rationale; only one was appropriately monitored. Monitoring responsibility was inconsistently documented. After introducing the prompt and blood-set, documentation in new cases has so far improved to 100%, with positive staff feedback on clarity of ownership.

Conclusions / Next Steps
Baseline and symptom-driven testing alone miss clinically significant deficiencies. Routine admission and annual haematinic screening, supported by clear monitoring tools, reduce repeat venepuncture and promote parity of esteem. Next steps include embedding electronic prompts, formalising grab-sheets, pharmacy cross-checks, and re-audit at six months to assess sustainability and clinical impact.

Neurological Examination in Psychiatric Patients on Admission: An Audit Cycle

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Aim

To assess whether the screening neurological examination was fully performed as part of the physical health assessment on patients admitted to acute mental health ward.
To improve and modify the physical examination especially the neurological examination aspect in order to enhance patient outcome by ruling out any organic etiology.

Background

- Physical examination of psychiatric patients is an essential component linked to their mental health
- Failure to conduct a physical examination of a psychiatric patient has potentially serious implications A British study by Rigby and Oswald in 1986 reported the recording of physical examination carried out on admission by psychiatric trainees to be 'uniformly poor' (Rigby & Oswald, 1986). This study found that significant positive findings were unrecorded, especially in the neurological and locomotor systems
- A more recent study by Hodgson and Adeyemo in 2004 reports 'variable' recording of physical examinations, showing little progress from the 1986 findings with less than 60% of patients having a comprehensive central nervous system (CNS) examination (Hodgson & Adeyemo, 2004)
- Physical examination should not be conducted in isolation from systemic enquiry. Just as a good psychiatric history informs our examination of mental state, so a good working knowledge of internal medicine, systemic enquiry and medical history helps in focusing the physical examination.
- The principle objective of a neurological examination is localization. A working knowledge of neuroanatomy greatly helps the clinician in conducting the examination
- Neurological and mental state examination overlap, in that conscious level, orientation, memory, higher intellectual function and speech are common to both. Memory and intellectual function will influence the reliability of a history and ability to cooperate with further examination
- People with functional neurological disorders are also at risk of misdiagnosis and mismanagement. This group often receives poor treatment because symptoms are not recognised for what they are, and underlying psychological issues are not addressed
- Psychotropic drugs are known to cause many neurological side effects which can be picked up during a thorough physical examination and help alter the management plan if needed.

Guidelines

According to the Aneurin Bevan University Health Board admission protocol regarding physical examination of psychiatric patients on admission, the neurological exam should comprise of tone, power, sensation, reflexes, pupil examination and cranial nerves examination.

Method

A cross-sectional review of all 22 inpatients at Talygarn unit, general adult acute psychiatric ward since January 2020 to April 2020.
Patient records were explored using the Aneurin Bevan Health Board admission proformas to identify extent of neurological examination completion.

Results
The data collected demonstrated that out of 22 in-patients at Talygarn General Adult Acute Psychiatry Ward in 82% patients tone and power was examined, while in 77% patients sensation, pupils and cranial nerves were tested. The least performed test was reflexes which was done in only 18% patients.
In18% patients, the neurological examination was completed thoroughly whereas it was incomplete in about 68% patients. However, no neurological examination was performed in nearly 14% patients.

Discussion
From the above results it is evident that certain aspects of the neurological examination are not being performed on a regular basis.
One potential reason could be patient compliance given the challenging psychiatric presentation in acutely unwell patients on admission.
Another possible identifiable cause for incomplete proforma could be lack of availability of appropriate medical apparatus for conducting specific neurological tests such as reflexes.

Recommendations
If the challenge is patient compliance, it can be easily tackled by re-conducting the physical examination at a different time and date as per the convenience and compliance of the patient along with the clear documentation of date and time.
The clinical examination room for physical examination should be fully equipped with medical apparatus to enable the clinician to perform the necessary examination on the patient according to the protocol.

Olanzapine for Children and Adolescents with Anorexia Nervosa: A narrative synthesis of efficacy, safety and NHS applicability (2000–2025)

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Introduction
Anorexia nervosa (AN) is a severe psychiatric disorder with the highest mortality of any mental illness. While psychological therapies such as Family Therapy remain first-line, up to 30% of adolescents experience partial or non-recovery, prompting interest in adjunctive pharmacological options. Olanzapine, an atypical antipsychotic associated with weight reduced cognitive rigidity and anxiety and restorative weight gain is increasingly used off-label in adolescent AN despite limited evidence and lack of NICE endorsement. This review synthesised international research on Olanzapine use in under-18s with AN, appraising efficacy, safety, tolerability and relevance to UK NHS practice.

Methods
Structured searches of CINAHL Ultimate, EMBASE and Cochrane databases (2000–2025) identified peer-reviewed studies examining Olanzapine in patients under 18 with AN. Eligible designs included RCTs, open-label and observational studies, case series, audits and guidelines. Data were narratively synthesised to explore efficacy, adverse effects, and implementation within NHS CAMHS.

Results
Thirty-six studies met inclusion criteria. Evidence from adolescent RCTs (e.g., Kafantaris et al., 2011; Said et al., 2025) was limited and underpowered, showing modest BMI gains and variable psychological benefit. Open-label and naturalistic studies (e.g., Spettigue & Norris 2018; Pruccoli et al., 2022; Karwautz et al., 2023) demonstrated more consistent short-term improvements in BMI and reductions in anxiety and rigidity, particularly at low doses (2.5–5 mg/day). Sedation, appetite increase, and mild metabolic changes were common but generally reversible; a single case of neuroleptic malignant syndrome was reported. Adherence improved when families were engaged in shared decision-making and monitoring. UK data indicate off-label prescribing continues in specialist CAMHS, highlighting a gap between clinical practice and formal guidance.

Discussion
Current evidence supports cautious, short-term, low-dose Olanzapine use as an adjunct to multidisciplinary care in treatment-resistant adolescent AN. Benefits appear greatest in reducing pre-meal anxiety and rigidity rather than producing sustained weight restoration. However, findings are constrained by small sample sizes, short follow-up and heterogeneous measures.

Conclusions
Within NHS CAMHS, safe prescribing requires Consultant oversight, family consent, and metabolic monitoring per RCPsych QED standards and NICE NG69/NG219. Further UK-based, adequately powered RCTs are needed to clarify efficacy, acceptability, and long-term outcomes.

Stimulant Unavailability and Barriers to Effective ADHD Treatment in Pakistan: A Cross-Sectional Survey of Psychiatrists

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Background
Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopmental disorder that requires timely recognition and effective treatment. In Pakistan, the management of ADHD is complicated by limited availability of stimulant medications and systemic barriers to care.

Objective
This study aimed to assess psychiatrists' clinical experiences with ADHD diagnosis and treatment, focusing on stimulant access and barriers to optimal care.

Methods
A cross-sectional online survey was conducted among 100 practicing psychiatrists across Pakistan. The questionnaire collected data on frequency of ADHD diagnosis, commonly affected age groups, and challenges in treatment provision.

Results
The majority of psychiatrists (68%) reported diagnosing 1–20 ADHD cases annually, with children aged 6–12 years being the most frequently identified group (72%). Approximately 15% reported diagnosing more than 50 cases annually, reflecting significant practice variation. Despite consistent recognition of ADHD across age groups, 81% of respondents cited unavailability of stimulant medications as a major barrier to effective treatment. Additional barriers included parental resistance (56%), stigma associated with ADHD diagnosis (49%), and lack of training resources for professionals (38%). Many psychiatrists reported resorting to non-stimulant alternatives, though these were often perceived as less effective.

Conclusion
ADHD is routinely recognized in psychiatric practice in Pakistan, particularly among school-aged children. However, systemic challenges—most notably the lack of stimulant availability—undermine effective treatment. Addressing supply chain gaps, reducing stigma, and enhancing professional training are critical steps toward improving ADHD care in Pakistan.

The Other Half of the Risk: Including Men in Valproate Safety Practice: A Two-Cycle Audit of Compliance with MHRA Guidelines in a Community Mental Health Team

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Introduction
Recent evidence has revealed significant reproductive and developmental risks associated with sodium valproate, extending beyond women of childbearing potential to include men; a demographic previously not recognised as at risk. In response, the MHRA issued updated prescribing and monitoring guidance in 2024, mandating enhanced scrutiny over treatment initiation, ongoing monitoring, and risk communication. Recognising an ethical duty to ensure transparency and patient autonomy, the East Bromley Intensive Case Management in Psychosis (ICMP) team undertook this audit to assess compliance with national standards and address the emerging ethical implications of valproate use across genders. The aims were to establish a registry of all patients prescribed valproate, evaluate baseline adherence to updated guidelines, assess the quality of documentation and informed consent, identify areas for improvement, and implement targeted interventions to strengthen compliance and shared decision-making.

Methods
Cycle 1 (April-June 2025): All 330 ICMP patients were reviewed retrospectively via RiO and the London Care Record. Those prescribed valproate were added to a new registry. Data included demographics, diagnosis, documentation of risk discussions, contraception advice, informed consent, ARAF completion, and provision of MHRA information materials. Based on initial findings, targeted interventions were implemented, including structured outpatient reviews, clinician education, distribution of MHRA materials, and creation of a live ARAF tracking system. 26 outpatient reviews were conducted over two months to address gaps and complete risk discussions. Cycle 2 (July 2025): A focused re-audit evaluated the impact of these interventions.

Results
A registry of 46 patients was created (30 males, 16 females). Baseline compliance was low: only 37% had documented risk discussions, 15% contraception advice, 61% consent, and 11% MHRA materials. None of the eligible females had dual-signed ARAFs. Post-intervention, marked improvement was achieved, particularly among men, with documented risk discussions increasing from 17%→87%, contraception advice from 3%→83%, and provision of MHRA materials from 6%→83%. Pathway for obtaining second consultant sign-off was clarified, and all eligible females were reviewed and referred.

Discussion
Cycle 1 revealed major deficiencies in documentation, consent, and communication of reproductive risks, particularly among men. Targeted interventions led to rapid improvement in compliance and ethical transparency, embedding sustainable monitoring and strengthening prescribing governance. Reviews resulted in 13% discontinuing valproate and 9% considering alternative treatment, reflecting improved shared decision-making.

Conclusions
This project not only improved measurable compliance, but also reaffirmed the ethical duty of clinicians to revisit long standing treatment decisions in light of new evidence. The findings emphasise that patient safety and informed consent are not static achievements but ongoing responsibilities. By taking active steps to review emerging guidance and re-engage long-term patients in shared decision-making, services can uphold both regulatory standards and the moral integrity at the core of psychiatric practice.

The overlooked connection: A case report on psychological manifestations in Dandy-Walker malformation

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Case Report

An 18-year-old unmarried and unemployed male was taken to the hospital by his mother due to frequent falls and headaches occurring over the past month, poor self-care for one year, and angry, abusive behavior for the past three years. He was born at full term after a nine-month pregnancy with no reported prenatal, perinatal, or postnatal complications. However, his developmental milestones were reportedly delayed. He dropped out of school in the 4th grade due to ongoing academic challenges, including difficulty with calculations, and required assistance with daily activities.

The patient worked intermittently as a helper at a motorcycle repair shop and occasionally as a daily wage worker at a food joint. However, he struggled to maintain long-term employment due to frequent conflicts at the workplace, stemming from his difficulty understanding tasks and meeting job expectations.

His behavior remained stable until the age of 15, when he began exhibiting aggressive and abusive outbursts. He frequently got into fights with his siblings, after which he would leave home in anger and remain missing for 3 to 4 days until his family located and brought him back. Over time, his self-care declined, and his mother had to intervene to maintain his hygiene. He withdrew socially, stopped meeting friends, avoided family gatherings, and preferred to sit alone in a room watching television.

One month prior to admission, he developed sudden episodes of generalized, moderate-intensity headaches that were episodic in nature. There was no associated fever, vomiting, seizures, or identifiable aggravating or relieving factors. The patient was admitted to the hospital, where it was suspected that his challenging behavior was linked to intellectual disability. Psychological testing for IQ assessment was initiated, and he was started on a low dose of the atypical antipsychotic olanzapine at 5 mg per night. Neurological examination revealed no abnormalities, but mental state examination showed childish speech, deficits in abstract thinking, and impaired attention and concentration. The rest of the assessment was unremarkable. A plain CT scan of the brain was planned.

The patient showed symptomatic improvement on olanzapine, which was gradually increased to 10 mg per night. Standardized IQ testing confirmed mild to moderate intellectual disability. He was discharged with instructions to follow up in one week, along with the CT scan report.

At the 1-week follow-up, his aggression had improved by approximately 50%. The CT scan revealed "a large, multiseptated CSF-density area in the posterior fossa, causing posterior fossa enlargement and hypoplasia of the cerebellar vermis, while the cerebellar hemispheres were preserved in volume and structure. The scan also showed elevation of the torcula herophili above the lambdoid suture and communication between the CSF-density area and the mildly dilated fourth ventricle." These findings were consistent with Dandy-Walker Malformation.

The patient was maintained on the current dose of olanzapine and referred to the Neurology Department for further evaluation and management of Dandy-Walker Malformation.

Discussion

Dandy-Walker Syndrome (DWS) is a birth defect that affects brain development and occurs in about 1 in 25,000 to 30,000 live births. It is characterized by the partial or complete absence of the cerebellar vermis, fluid-filled cysts in the back of the skull, and enlarged brain ventricles, which can increase pressure and lead to hydrocephalus. Children with this syndrome often show signs at an early age, including hydrocephalus, mild to severe intensity of intellectual disabilities, and overall developmental delays. Rarely, the condition may also involve the absence of the corpus callosum and, occasionally, encephalocele due to issues with brain cell movement.

DWS has three main subtypes:

- Dandy-Walker Syndrome (DWS): Dandy-Walker Syndrome is marked by an enlarged space at the back of the skull, a fluid-filled expansion of the fourth ventricle, partial or complete absence of the cerebellar vermis, and an upward shift of the tentorium and straight sinus.
- Dandy-Walker Variant: Includes cystic dilation of the fourth ventricle and hypoplasia of the inferior portion of the vermis, without posterior fossa enlargement.
- Mega Cisterna Magna: Involves cystic enlargement of the cisterna magna, leading to compressive atrophy of the vermis. This enlargement connects openly with the fourth ventricle and the subarachnoid space through the foramen of Luschka and Magendie.

Our case belongs to the first category, DWS. Although there are numerous isolated case reports of psychosis in adult patients with DWS, reports in adolescents remain limited. Some cases of DWS-associated psychosis have shown a positive response to antipsychotic treatment, while others have demonstrated resistance to various antipsychotics, requiring long-acting injectable formulations. Psychiatric consultation is recommended when patients exhibit aggression, violent behaviour, or psychotic symptoms, all of which are typically responsive to antipsychotics.

Neurobiological research has implicated cerebellar dysfunction in the development of psychosis in patients with DWS. Additionally, studies support the involvement of a cortico-thalamic-cerebellar neural circuit in the pathogenesis of psychotic symptoms.

Conclusion

A well-coordinated approach involving psychiatrists, neurologists and paediatricians is crucial for effective consultation and patient care. when managing cases of Dandy-Walker Malformation. Family members of patients with DWS should receive psychoeducation regarding the potential risk of developing psychiatric conditions. This case highlights the importance of clinicians maintaining awareness and vigilance toward the possible neuropsychiatric complications associated with Dandy-Walker Malformation.

Trait-Anxiety in Medical Students

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Background
The initial phase of medical education is widely recognised as one of the most demanding and transformative periods in a student's academic journey. Although intellectually stimulating and professionally enriching, this stage is characterised by substantial academic, personal, and professional pressures that can contribute to elevated anxiety levels. Anxiety among medical students has been shown to impair academic performance, increase the risk of attrition and hinder professional development.

Aim
To quantify levels of trait anxiety among medical students and explore its associations with other behavioural characteristics.

Methods
In early 2025, medical students from the North Wales Medical School were invited to participate in a cross-sectional survey. Of approximately 120 students contacted, 18 participants completed the Trait Anxiety Inventory (STAI) anonymously online. The survey also included measures assessing motion sickness susceptibility, impulsive behaviours, headaches, and migraines, as well as their perceived impact on academic performance which are not presented here. As this was conducted in a newly established medical school with a total enrolment of 130 students across all five years, findings represent an early insight into this population.

Results
Forty-five percent (8/18) of first-year medical students reported experiencing increased anxiety since commencing medical school. Trait anxiety scores did not differ significantly between male and female participants. Over half of respondents (55%, 10/18) indicated feeling somewhat or very much worried, while 50% (9/18) reported feeling strained and tense on the STAI. Academic workload and curricular demands were likely major contributors to elevated anxiety levels.

Conclusions
The high prevalence of anxiety observed in this cohort highlights the importance of accessible student support services, counselling, and targeted mental health interventions within medical education. Integrating proactive mental health strategies into the curriculum may enhance student wellbeing and academic performance.

Vitamin D Deficiency: A Treatable Physical Health Inequality in Forensic Inpatients. A Quality Improvement Project in a UK Medium Secure Forensic Service

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Background
Patients in secure forensic settings are at increased risk of vitamin D deficiency due to restricted sunlight access, prolonged indoor confinement, limited physical activity, smoking and antipsychotic-associated weight gain (SACN, 2016). Despite known links between vitamin D deficiency and fatigue, impaired muscle function, low mood, reduced cognition and infection risk, testing is not routine in secure services. This represents a preventable physical health inequality for patients with severe mental illness (NHS Long Term Plan, 2019). No local testing protocol existed at Caswell Clinic, raising potential avoidable morbidity and delayed rehabilitation.

Aims
To evaluate baseline vitamin D testing and supplementation rates in a medium secure forensic unit, and to implement a protocol to improve detection and treatment of deficiency.

Methods
A baseline audit was completed in October 2025. Serum 25(OH)D samples were taken for 19 inpatients. Deficiency was defined as <25 nmol/L and insufficiency as 25–50 nmol/L in line with NICE guidance (NICE CKS, 2025). Supplementation status prior to testing was recorded. A protocol for testing and treatment was developed following in person discussion and email correspondence with physical health nurses, pharmacists and consultant forensic psychiatrists, as well as a review of current protocols in similar units across the UK.

Results
Of the 19 patients tested, 8 (42%) were already receiving vitamin D supplementation. Of the 11 untreated patients, 9 (82%) were found to have an insufficiency or deficiency. Untreated deficiency may contribute to fatigue, depressive symptoms, reduced mobility, falls risk, impaired immunity and lower engagement in therapeutic programs, all of which may delay progression through secure care pathways.

Intervention
A structured protocol was developed providing recommendations on initial testing, dosing regimen and prophylactic supplementation where testing is declined. Testing (£18–£25) and supplementation (£3–£5/month) are low-cost, high-impact interventions compared with secure inpatient bed costs (£500–£700/day). Preventing deficiency may reduce fatigue-related inactivity, infections and rehabilitation delay, improving recovery trajectory and reducing healthcare cost.

Conclusion
Vitamin D deficiency is common, under-recognised and treatable in secure forensic settings. Implementation of a structured protocol supports physical health equity and may reduce recovery delay. Future work could support development of national consensus guidance across secure forensic services.

Wellbeing of SAS doctors CTM

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Background
Wellbeing a topical subject & under directives from the GMC, the royal colleges, deaneries and trusts, therefore surveys conducted. Conclusions indicated that SAS doctors, 25 % of the workforce (GMC 2022) were often overlooked and yet contributed to the bulk of the medical NHS workload.
Also, the survey found that 25% of SAS had taken leave due to stress in 2021. In 2025, NHS Employers survey: 47% staff had negative mental effects due to their job. NHS Wales staff survey 2023 indicated 36% of the workforce 'often' or 'always' felt burnout because of work
CTM values includes inspiring people, which creates an environment where staff can enjoy their roles and enhance their overall wellbeing.
The data required for wellbeing of CTM SAS doctors was captured at an internal conference in May 2025 on their own devices via a QR code in real time.

Aims
Using CTM's mission statement relating to values.
Joy in work, increase confidence of non training doctors to address their wellbeing and gauge their understanding, barriers to this and offer explicit information tailored to their needs.
50 % increase in awareness of SAS doctors of wellbeing services within CTM.

Reflections
Structured Onboarding for New SAS Doctors
Peer Support & Mentorship Circles
Wellbeing Champions
Visible Recognition of SAS Contributions
Protected Time for Wellbeing Activities

Next steps
•Post intervention workshop indicated 90 % improvement in awareness
•QI continuation; ongoing to work on induction and awareness under preparation for launch December 2025.