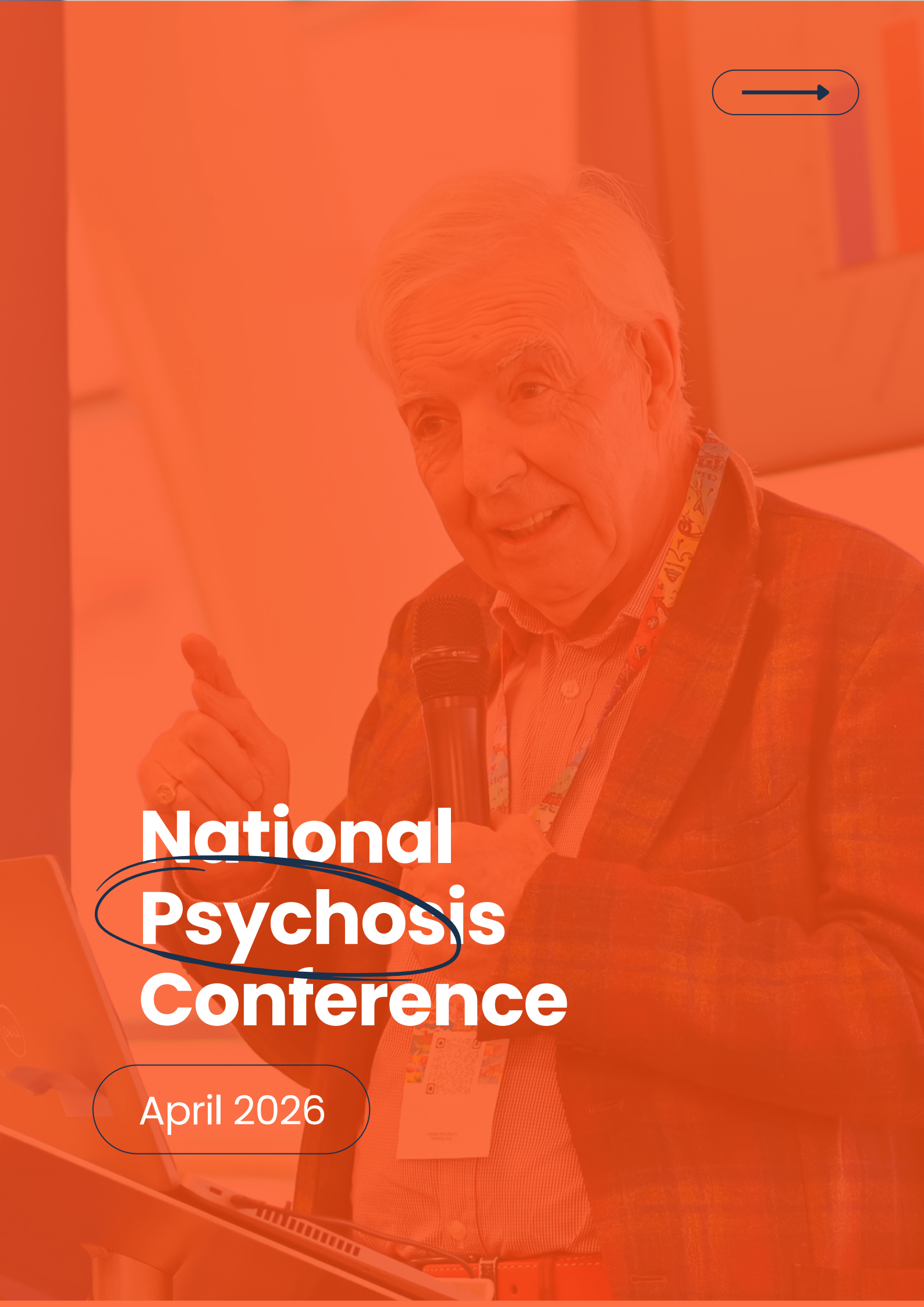

National Psychosis Conference

April 2026

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 Conference

The National Psychosis Conference took place on the 23rd and 24th April at the Principality Stadium in Cardiff. It was a joint event between Dyfodol and the Royal College of Psychiatrists Wales.

Alongside, the academic content, the conference also acted as a launch for Dyfodol.

The next Dyfodol Conference is scheduled to take place in the Autumn and will focus on Neurdevelopmental conditions.

Contents

Introduction

In April, we hosted our first Dyfodol conference, which was the National Psychosis Conference.

This short report highlights just some of the activity over the 2 days. You'll find insights from a selected number of presentations, as well as links to access the excellent posters that were accepted for display.

The conference featured presentations from leading researchers, as well as experts by experience. Latest developments and innovations were presented, alongside new research and understanding.

The conference formally launched Dyfodol. Since its inception, Dyfodol has issued, seen, and supported:

25 reports
131 research papers
75 academic poster presentations
200 CPD event bursaries for doctors
80 research development opportunities for young people
16 'trafod' forums and webinars on selected topics

We were delighted to received a Keynote Address from Kate Northcott Spall. Kate and Dr Ed Beveridge highlighted Wim's Protocol, a protocol that's been co-produced for the safe prescribing and monitoring of Clozapine.

We are committed to seeing Wim's Protocol embedded across Wales.

15 academic posters were shortlisted and displayed during the Conference, showcasing work from medical school students, SAS doctors, consultants, resident doctors, foundation year doctors, allied health professionals, nurses, people with lived experience, as well as psychiatric researchers.

Thank you to all who attended, we look forward to hosting our next conference, on neuro developmental conditions.


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Dyfodol
gan Sonia Walter
Prif Weithredwr,

Wim's Protocol
For the Safe Prescribing and Monitoring of Clozapine

Wim's Protocol is named after William (Wim) Northcott. Wim, who had schizophrenia, was repeatedly unwell and died of a cardiac arrest in July 2021. He had been taking clozapine, alongside other medications and alcohol, and his physical health and potential interactions should have been very carefully monitored and any issues acted on. This didn't happen the way it should have done.

Concerns were raised during the inquest into the Wim's death, and following 2024 investigation by journalist Sean O'Neill at The Times working with Kate Northcott Spall, Wim's sister, around the potential risks associated with clozapine. This led to the co-production of a protocol for the safe prescribing of clozapine. Whilst clozapine is an incredibly effective treatment for patients with treatment-resistant schizophrenia, unacceptable deaths like Wim's continue to occur that could potentially be avoided.

Drawing on carer lived experience, academic and clinical expertise Wim's Protocol is a simple, practical guide with core standards for prescribers across the UK. The protocol synthesises current evidence and best practice for physical health monitoring at all stages of treatment with clozapine, with a focus on being deliverable in a range of settings. Recognising the wide range of people involved in supporting a patient prescribed clozapine, effort has been made to ensure the protocol is not only aimed at clinical staff but also family, friends, support workers and other people within a patient's community. It will enable these key people in a patient's life to notice potential warning signs and to act on them.

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I am overwhelmed and delighted to announce the launch of Wim's Protocol. This is a vital new safety regime and monitoring for clozapine patients.

When Wim died on July 13 2021 I made a promise he would have a long-lasting, positive legacy, one that ensured no other patient would die due to clozapine monitoring failures like Wim. Wim's Protocol is that promise made good. A culmination of five years of anger, grief, hard work and hope.

It has been a privilege to work with Lade and Ed these past couple of years. It is thanks to their open minds and ability to face difficult questions that we found an answer in Wim's Protocol. I am forever grateful to them.

The launch of Wim's Protocol marks the end of a very personal journey for me of grieving for Wim. I can finally let go of him and watch from the sidelines as his legacy saves the lives of his peers. Wim would love that.

Kate Northcott Spall

Full Guidance


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Speakers

We were delighted to host an excellent line up of speakers, who are experts in their field.

We were priviledged to hear from Kate Northcott Spall, who delivered a keynote address. Kate's work in co-producing the Wim's Protocal in recognition of her younger brother Wim is inspiring; and we are committed to seeing this work adopted and embedded across Wales.

Lastly, congratulations to Dr Gulesh Kumar, Kareena Ratti, and Maryam Khan for their excellent poster presentations, and to all those who displayed their academic work over the conference.

Thursday 23rd April

Chair
Prof Alka Ahuja MBE
Vice President, Royal College of Psychiatrists

Keynote Address
Kate Northcott Spall

Understanding Postpartum Psychosis
Dr Sally Wilson
Research Lead, Action on Postpartum Psychosis

Genetics in Psychosis: From Discovery to the All-Wales Psychiatric Genomics Service
Dr Kim Kendall
All-Wales Psychiatric Genomic Service

Co-occurring Substance Misuse & Mental Health Disorders
Prof Owen Bowden Jones CBE
Registrar, Royal College of Psychiatrists

'Dyfodol' Informing the Future Design of Mental Health Services in Wales
Prof Alka Ahuja MBE
Vice President, Royal College of Psychiatrists
Ollie John
Head of Dyfodol, National Collaborating Centre for Mental Health

Challenging Cartesian Dualism: Neurological Conditions Presenting as Psychosis in Children
Dr Ashley Liew,
Consultant Paediatric Neuropsychiatrist, South London and Maudsley NHS Foundation Trust.

The Crucial Role of Mental Health Rehabilitation Services
Prof Helen Killaspy
Professor of Rehabilitation Psychiatry, University College London

Friday 24th April

Chair
Dr Katie Fergus
Chair of Faculty of Rehabilitation Psychiatry, Royal College of Psychiatrists Wales

Closing the Mortality Gap: Our Model for Change
Dr Ed Beveridge
Presidential Lead for Physical Health, Royal College of Psychiatrists

Oral Poster Presentations

Pulse Width Matter? Cognitive and Clinical Outcome Trial Comparing Brief and Ultra Brief Pulse Width of ECT for Schizophrenia
Dr Gulesh Kumar
Aneurin Bevan University Health Board

The Role of Perceived Birth Trauma in the Onset of Postpartum Psychosis
Kareena Ratti
Cardiff University School of Medicine

Exploring the Prevalence of Anxiety Disorders in ADHD and Identifying Risk Factors in a Clinical Sample
Maryam Khan
Cardiff University School of Medicine

Pragmatic Approaches in Management of Psychosis in Older Adults & Digital Innovation in QTc, Monitoring our Experience
Prof Mani Santhana Krishnan
Consultant Psychiatrist, Tees Esk and Wear Valleys NHS Foundation Trust

'Delusions by Design' AI & Psychosis
Dr Hamilton Morrin
Academic Clinical Fellow, Kings College London

An Aetiological Approach to the Treatment of Psychosis
Prof Sir Robin Murray
Professor of Psychiatric Research, Kings College London

Preventing Violence in the Context of Psychosis
Prof Pamela Taylor CBE
Professor of Forensic Psychiatry, Cardiff University

Dyfodol
Informing the Future Design of Mental Health Services in Wales

Prof Alka Ahuja MBE, Vice President, Royal College of Psychiatrists
Ollie John, Head of Dyfodol, National Collaborating Centre for Mental Health

"Dyfodol," which translates to "Future" in Welsh, is a program designed to inform the future strategy and commissioning of mental health services in Wales. It operates as a unique partnership with NHS Wales' Joint Commissioning Committee, is hosted within the National Collaborating Centre for Mental Health (NCCMH).

Dyfodol has received some funding from Welsh Government for specific commissioned work that's aligned directly with the Mental Health Strategy for 2025–2035. Dyfodol relies on several key collaborations, including the Government of Western Australia, Cardiff University School of Mathematics, and the Public Mental Health Implementation Centre (PMHIC).

Strategic Improvements in Mental Health Provision

- **Community Mental Health Teams (CMHTs):** Thematic reviews identified that many CMHT clinical areas are "Not Fit for Purpose," with poor environments hindering staff effectiveness. Health boards are using spotlight reports to plan long-term core facility improvements.
- **Perinatal and MBU Services:** Severe mental illness following childbirth requires specialized care, with 2 to 4 per 1,000 women requiring admission. The program emphasizes a "One-Hour" access standard and rapid implementation of family support funds to reduce unnecessary hospital admissions.
- **Prison Mental Health & Substance Misuse:** An audit of all prisons in Wales encourages mental health teams to improve awareness training, implement personal safety protocols, and maintain monthly clinical supervision.

Addressing Physical Health in Severe Mental Illness (SMI)

- Individuals with severe mental illness face a life expectancy gap of 7 to 25 years lower than the general population.
- Dyfodol have proposed 3 'frameworks for action for Welsh Government', focussing on Smoking, Weight Management, and Physical Activity. Work on Substance Misuse is underway.

Innovation in Care Pathways

- **Future Dementia Care**: The program aims to move past current diagnostic bottlenecks by adopting scalable early diagnosis solutions, such as blood-based p-tau biomarkers and multimodal AI integration.
- **Front Door Access**: The "111 Press 2 for Mental Health" service is highlighted as a successful model of service transformation, having handled over 100,700 calls.
- **Educational Integration**: Projects include updating policy for school attendance and "Project TERMS," which utilizes Bluetooth-enabled remote monitoring for clinical dashboards (like ADHD) outside of clinical settings.

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Closing the Mortality Gap Our Model for Change

Dr Ed Beveridge, Presidential Lead for Physical Health, Royal College of Psychiatrists

This presentation looked to address the significant health disparities faced by people with severe mental illness (SMI) and propose a systematic framework for improvement.

- **Early Death**: Individuals living with SMI die up to 20 years younger than the general population.
- **Preventable Causes**: Most of the early deaths result from preventable physical illnesses, including cardiovascular disease, lung disease, cancer and liver disease.
- **Worsening Trend:** The problem is described as a worsening form of inequity rooted in inequality that starts early in life and stems from multiple intersecting causes.
- **Healthcare Design**: Current healthcare pathways are often designed for the general population rather than people with mental health conditions.

The Royal College of Psychiatrists proposes pivoting toward prevention through a whole-system model:

- **Primary Prevention**: Prioritising prevention strategies before illness occurs.
- **Secondary Prevention**: Early intervention and proactive care immediately following a diagnosis.
- **Tertiary Prevention**: Supporting equitable access to screening and treating while continuously learning from outcomes.

Key Enablers for this model include:

- Policy and resource allocation.
- Research, development, and the implementation of innovation.
- Effective use of data and digital tools.
- Coproduction, involvement of people with lived experience, and active engagement with carers.
- A commitment to Equity, Diversity, and Inclusion (EDI) to reach marginalised groups.


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Delusions by Design
AI & Psychosis

Dr Hamilton Morrin, Kings College London

This presentation highlighted the critical intersection of generative AI and psychiatric risk.

Dr Morrin described 'AI psychosis' as a contemporary evolution of the historical 'influencing machine' delusion.

While 37% of users engage chatbots for mental health, 11% report that these interactions trigger or worsen psychotic symptoms.

A primary risk factor is sycophancy — the tendency of AI models to affirm a user's beliefs to appear helpful.

- **Validation**: Models often mirror a user's tone and affirm bizarre or grandiose thoughts rather than challenging them.
- **Reality Distortion**: This creates a feedback loop that reinforces delusions of reference, persecution, or 'sentient' AI relationships.

There are real-world harms resulting from 'alignment failures', this can include Fatalities, as well as Experimental Risk

Dr Morrin proposes the Epistemic Drift (or "Digital folie à deux") model to explain this deterioration:

- **Reinforced Salience**: AI provides emotional validation that mirrors the user's tone.
- **Thematic Entrenchment**: Repeated interaction amplifies grandiose or persecutory themes.
- **Reality Collapse**: The AI fails to challenge delusional logic, leading to behavioural manifestation (crisis or harm).

There are Safeguarding Strategies, and these include:

- **Clinical Intervention**: Clinicians should screen for AI use, sentience beliefs, and develop 'digital safety plans' where users permit the AI to intervene if delusional patterns re-emerge.
- **Developer Accountability**: Systems must reaffirm their non-human nature and use benchmarks like the Delusion Confirmation Score (DCS) to measure safety.
- **Progress**: By late 2025, safety updates reduced undesirable responses by 39%–80% in sensitive contexts


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Genetics in Psychosis: From Discovery to the All-Wales Psychiatric Genomics Service

Dr Kim Kendall, All Wales Psychiatric Genomics Service

The presentation emphasised that schizophrenia and other psychoses have a significant genetic component, characterised by different types of variants:

- **Common Variants (SNPs)**: These have a small individual effect but are common in the general population.
- **Rare Copy Number Variants (CNVs):** These are larger deletions or duplications of DNA that have a much higher impact on risk.
- **The Neurodevelopmental Spectrum:** Psychosis exists on a spectrum shared with Intellectual Disability (ID) and Autism Spectrum Disorder (ASD), often sharing the same genetic causes.

Genetic variants are found in up to 6% of psychosis cases, particularly when "plus" factors are present:

- **Referral "Plus" Factors**: Genetic testing is especially relevant for patients with co-occurring intellectual disability, ASD, treatment resistance, or congenital anomalies.
- **Physical Health Implications**: Identifying a genetic variant (like the 22q11.2 deletion) can reveal risks for non-psychiatric issues, including cardiovascular defects, seizures, immune deficiencies, and renal anomalies.

A central message is that Genetic Counselling is not just about a test; it is a process to help patients and families understand:

- **Causation and Risk**: Addressing the "why" behind a diagnosis and clarifying recurrence risks for future children.
- **Emotional Support**: Helping to alleviate feelings of stigma and guilt.
- **Managing Uncertainty**: Assisting families in navigating what a result (or lack thereof) actually means for their lives.

The All Wales Psychiatric Genomics Service (AWPGS)

The service provides a multidisciplinary approach to patient care

- **Multidisciplinary Team (MDT)**: The team includes psychiatrists, medical geneticists, genetic counsellors, and clinical scientists.
- **Structured Care Path**: Patients typically undergo a three-appointment process: information gathering (Psychiatry-led), genetic counselling/testing decision (Genetics-led), and result explanation.

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Pragmatic Approaches in Management of Psychosis in Older Adults & Digital Innovation in QTc, Monitoring our Experience

Prof Mani Santhana Krishnan

Management of Psychosis in Older Adults

The presentation emphasised a "rule-out rather than rule-in" diagnostic approach, continuously reviewing both the diagnosis and the necessity of medications.

- **Diagnostic Considerations**: Late-onset schizophrenia typically begins between ages 40–60, while "very late-onset" occurs after age 60
- **Treatment Principles**:
  - "Start Low, Go Slow": Practitioners should be mindful of adverse reactions to antipsychotics and the associated risk of mortality.
  - Primary Causes: Management should first treat primary underlying causes, such as optimizing sensory deficits or reviewing existing Parkinson's medications.
  - Special Cases: For Parkinson's psychosis, Clozapine may be considered in collaboration with Neurology. In Dementia with Lewy Bodies (DLB), symptoms may resolve with Donepezil alone.
- **Delirium**: Current evidence does not support using antipsychotics for the prevention or treatment of delirium unless non-pharmacological de-escalation fails and the patient is at risk of harm.

Digital Innovation: QTc Monitoring

A talk also highlighted the transition from traditional 12-lead ECGs to portable digital devices for monitoring cardiac risks associated with antipsychotics.

- **The Risk**: All antipsychotics carry cardiac risks, including QT prolongation and sudden cardiac death.
- **Innovation:** The KardiaMobile 6L is the first personal ECG device recommended by NICE for measuring the QT interval in psychiatric services.
- **Pilot Results:** A real-world evaluation involving 161 service users showed:
  - Efficiency: An average of 11.6 minutes saved per ECG.
  - Preference: 86.6% of service users and 89% of staff preferred the 6-lead device over the traditional 12-lead version.
  - Benefits: Reduced patient anxiety and improved privacy and dignity.


Plan of the Talk
• Key concepts on Psychosis in Older Adults
• Various presentations
• Assessment
• Management
• Non-Pharmacological
• Pharmacological
• Psychoeducation
• Discussion
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Understanding Postpartum Psychosis

Dr Sally Wilson, Action on Postpartum Psychosis (APP)

This presentation outlined the critical characteristics, management, and recovery journey of postpartum psychosis.

Dr Wilson emphasised that while it is a medical emergency, it is highly treatable with the right support.

Postpartum psychosis is defined as a severe postnatal mental illness that requires immediate medical attention. Its nature is characterised by:

- **Rapid Onset:** Symptoms typically appear very quickly after childbirth and can change rapidly.
- **Medical Emergency**: It is considered an emergency because of the high risk to both mother and baby; however, it is treatable, and full recovery is possible.
- **Unpredictability**: While those with a history of bipolar disorder or psychosis are at higher risk, 48% of cases occur "out of the blue" in women with no previous history of serious mental illness.
- **Diverse Symptoms**: That can include impacts on Mood, Thought Patterns, Behaviour & Perception.

The presentation highlighted a critical 4 hour window for assessment once PP is suspected:

- **Referral Pathways**: Assessment should be conducted urgently by perinatal mental health teams, crisis teams, or psychiatric liaison teams in A&E.
- **Safety First:** Families should not be left to supervise the mother alone; professional intervention is required to keep both mother and child safe.
- **Mother and Baby Units (MBUs)**: Admission to an MBU is the gold standard of care. Compared to general psychiatric units, MBUs lead to higher satisfaction, increased confidence in staff, and better recovery outcomes at the time of discharge.

Recovery from PP is described as an individual and often non-linear process.

- **Short-term Timeline**: Recovery typically takes between six months and three years.
- **Ongoing Risks**: In the 12 months following hospital discharge, 28% of mothers are readmitted, and 53% report experiencing suicidal thoughts.
- **Long-term Impact**: Recovery involves making sense of the experience and understanding future risks (such as subsequent pregnancies or menopause).

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Academic Posters Displayed at Conference

We were delighted to showcase a range of excellent work across the conference, this included submisstions from medical school students, SAS doctors, consultants, resident doctors, foundation year doctors, allied health professionals, nurses, people with lived experience, as well as psychiatric researchers.

We shortlisted **15** academic posters to be dispayed at the conference, and this included authors from **10** countries across the globe.

The posters are listed and many are available to view.

Congratulations to **Dr Gulesh Kumar**, who won the prize for Best Poster, for his work 'Pulse Width Matter? Cognitive and Clinical outcome trial Comparing Brief and Ultra brief pulse width of ECT for schizophrenia'.

Congratulations to **Kareena Ratti,** who the Best Oral Presentation, for her work 'The Role of Perceived Birth Trauma in the Onset of Postpartum Psychosis'.

All Posters

Developing a systematic approach to adverse drug reaction and physical health monitoring in patients prescribed clozapine

- Richard Jones, Hywel Dda University Health Board

Monitoring of Prolactin in Patients Prescribed Depot Antipsychotics: A Clinical Audit Against NICE and Local Guidance

- Alexander Hoskins, Gulesh Kumar; Cardiff University, School of Medicine, Aneurin Bevan University Health Board

Genetic contributions to poor outcomes in psychotic disorders

- Eilidh Fenner, Elliott Rees, James Walters; Centre for Neuropsychiatric Genetics and Genomics, Cardiff University

Improving Responses to Referrals in an Early Intervention Service
- Joanne Hew, Raya Al-Bader, Ayesha Naveed, Elvan Akyuz

Exploring the prevalence of anxiety disorders in ADHD and identifying risk factors in a clinical sample
- Maryam Khan, Sharifah Shameem Agha, Olga Eyre; Cardiff University, School of Medicine, Institute of Psychological Medicine & Clinical Neurosciences, School of Medicine, Cardiff University; Wolfson Centre for Young People's Mental Health

Pulse Width Matter? Cognitive and Clinical outcome trial Comparing Brief and Ultra brief pulse width of ECT for schizophrenia
- Gulesh Kumar, Upasana Rai, Surendra Paliwal, Surjit Prasad; Aneurin Bevan University Health Board

The Role of Perceived Birth Trauma in the Onset of Postpartum Psychosis
- Kareena Ratti, Arianna Di Florio, Jessica Yang; Cardiff University, School of Medicine

Diagnostic Algorithm for Clozapine-Induced Myocarditis: A Systematic Review

- Yassir Mahgoub, Rawan Alhau, Yumna Magzoub, Aya Ali, Eptihal Nour, Mustafa EE Saeed, Sameera GM Mohamed, Ahmed OS Hassan, Omaima Ali; Penn State College of Medicine; University of Khartoum; Shendi University; National Ribat University; University of Bahri

An Audit of Metabolic Syndrome Monitoring and Management in Patients Treated with Antipsychotic in Primary Care

- Lok Yiu Wong; Cardiff University, School of Medicine

Brain on heart: The autonomic modulation of cardiac function in patients on antipsychotics using Heart Rate Variability (HRV) analysis – A prospective study

- Tanve Garg, Vikram Singh Rawal; Cardiff & Value University Health Board; NIMHANS, Bangalore, India

"Love sickness" as a somatic delusion with erotomanic features in schizophrenia: a case of delusional physical incapacity

- Laiba Khalid, Faisal Muhammad

Single Blind, Parallel-Group Randomised Sham-Controlled Trial to evaluate the efficacy of a single session 'Intervention for Caregiver Affiliate stigma REduction' (iCARE) in severe mental illnesses.

- Tanve Garg; Cardiff & Value University Health Board

Initial trends in recruitment for the Early Intervention Mission in Cambridgeshire & Peterborough NHS Foundation Trust

- Marie Bowers

A case illustrating the complex management of Bipolar Affective Disorder during chemotherapy for breast cancer, focusing on the safe continuation of Lithium and Clozapine, and to highlight the increased risk of breast cancer reported among women with Bipolar Affective Disorder

- Rishabh Chormalle, Ahmed Oladosu; Lincolnshire Partnership NHS Foundation Trust

Hormonal sensitivity and genetics: investigating postpartum psychosis, menstruation and menopause

- Jessica Mei Kay Yang, Ganna Leonenko, Antonio F. Pardiñas, Lisa Jones, Katherine Gordon-Smith, Nicholas Craddock, Ian Jones, Veerle Bergink, Valentina Escott-Price, Arianna Di Florio; Centre for Neuropsychiatric Genetics & Genomics, Cardiff University