LEST WE FORGET

A BRIEF SEMI-RATIONAL RESUMÉ OF ADULT PSYCHIATRY IN EAST ANGLIA 1983-2015

DR TIM WEBB
CONSULTANT IN ADULT PSYCHIATRY

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My medical life since 2003

2003-2015: Consultant in Adult Psychiatry to Suffolk prisons – 80 new cases a year

1989 to date: Medico-legal expert in civil cases – 120 new cases a year

2003-2010: Medical Director of Suffolk mental health Trust – single basket case
THE NIGHT JOB
To begin at the end

**Persistent psychosis:** some improvement for some

**Recurrent disorders:** lost knowledge replaced by flawed but fashionable evidence

**Common disorders:** mostly left to go hang

**Access to care:** random, patchy and mostly missing

**Tackling stigma:** will always do badly if no recovery offered
Life before East Anglia
The asylum as a place of learning
The first depot clinic
When possible blame the patient

Mummy, why are you so miserable?

Because your stupid father gave me everything I wanted
Psychiatry in an acute hospital
Moving to East Anglia involved having to adjust.
Sam Potter’s Cock
My first Suffolk encounter
The West Suffolk way

- **All people with bipolar disorder offered lithium**
  - 60+% fall in IP admissions for bipolar
  - Lithium Club
- **All people with chronic psychosis offered depot**
  - Given by Community Psychiatric Nurses
  - Low relapse and tardive dyskinesia rates
  - Very low use of longer-stay beds
- **All treatment-resistant depression re-evaluated**
  - Never give up
- **Active liaison with GPs and other hospital doctors**
Regulars at the Nutshell

Prince Naruhito of Japan

Kingsley Amis

The Nutshell in Bury St Edmunds
A new era for NHS care

Opening up
Value of private provision of public services, £bn

Source: Oxford Economics
Tête à tête à quatre
Moving back to East Anglia
The East Anglian Strategy

- **Intervene at the earliest stage in significant illness**
  - No ‘severe and enduring’ but all function shifters
- **Keep treatment in Primary Care**
  - Better GP interventions
  - Better CMHT support
- **Never discharge those with permanent illness**
  - Even if there is only annual review
  - Keep tabs on actively disengaged via community
- **Work ever more closely with Primary Care**
  - And other community agencies
Things .... could only get better
The best public health programme in the history of mental health

MHNSF

means

Mental Health National Service Framework

by allacronyms.com
... you don’t have enough crises to keep your funding

A Schlimmbesserung is a German word to describe an effort to make things better that actually ends up making things worse.
The downhill trundle went on to include:

- **NICE guidelines** in mental health do not have to be funded in the East of England.
- **IAPT** must be funded by cuts in antidepressant usage.
- **DH accepts funding of psychological help in physical illness** will cut NHS costs by 10% but refuses to implement.
- Savings in invalidity benefits from **getting people back to work** will not be transferred to mental health budgets.
- Savings from **reduced reoffending** by mentally ill prisoners will not be used to fund prison MH teams.
Leading some to think ...
and others that it is
“Look at it this way—this is the first day of the rest of your money.”
NOT A SINGLE WORD IN THE PRESENTATION YOU HAVE JUST HEARD HAS A SINGLE VESTIGE OF TRUTH WITHIN IT. QUOTE ME AND YOU DIE, LAGER DRINKER. NOW EAT THE SCRIPT.

THANK YOU!!
COMMON PITFALLS

• Culture-bound theories of distress
  • Underestimating the importance of physical illness
  • Overestimating the impact of upset
• Forgetting to mention the head injury
• Not bothering to make the Claimant better
HAVE YOU BEEN TOUCHED
NIKAL ALM: GRANTED THE RIGHT TO WEAR A PASTA DRAINER ON HIS HEAD ON HIS DRIVING LICENSE PHOTO
REJOICING AS WARSAW COURT SUPPORTS RIGHT OF PASTAFARIAN CHURCH TO REGISTER AS A RELIGION IN POLAND
Imbuing the right priorities