

Psychiatry-East

The Eastern Division e-Newsletter

Summer 2017 Issue 3

Editorial

Welcome to another edition of our Eastern Division Newsletter. As temperatures soar outside, particularly in the political circles, a very warm welcome to you all to the summer edition of the Eastern Division newsletter from your new editor.

I embark on the role of the editor of the newsletter with a lot of excitement. The newsletter is a great platform for sharing ideas, news, quality improvements, innovative practice or indeed just some of the challenges that have come your way.

As we bid a fond farewell to the current chair of the Division, Dr Sadgun Bhandari, he reflects on his role in the last four years. He now hands over the baton to Dr Abdul Raoof, who sets out his vision as he takes on this new role. I would hasten to add the handover has been seamless and not in keeping with the current political landscape. We have been provided a comprehensive report of a very successful Eastern Division conference held recently by Dr Suresh Kallur, keeping all of those who missed out in the loop. Dr Chris

O'Loughlin the Head of School of Psychiatry for the East of England has elucidated the priorities for training in the region. We also have Dr Da Costa debunking the concept of 'nocebo' for us. Dr Bradley is beckoning IT geeks to further their passion as a career at work.

We owe our existence to your support and would really urge all of you to contribute to the newsletter, particularly trainees. We would welcome your comments, suggestions, ideas and recommendations on how to improve on the newsletter even further and would love to hear from you. So a big 'shout-out' for all of you to put pen to paper !



Dr Indermeet Sawhney, Editor, Psychiatry East



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Chair's Column

I am very pleased to welcome Indermeet Sawhney as the new editor for our newsletter. It is a reflection of the increasing engagement of new members of our Division as Indermeet has been elected recently to the Executive. It gives me hope that the coming years will be even more successful under the Chairmanship of Abdul Raoof who takes over in July.

I thought it may be a good idea to give some background to the uninitiated about the different Faculties and Divisions of the College. The Faculties represent the different sub-specialities of psychiatry and the Divisions cover geographical areas. The Scottish, Welsh and Northern Irish Divisions play a very active role with the devolved governments in influencing policy on mental health and the Chairs will soon be known as Vice Presidents. I represented the English Divisions at the Academic conference in Scotland on a discussion around the differences in the NHS in the four countries. It is interesting how different the NHS is depending on the country. At the last Council meeting we were informed that in Scotland the integration of Health and Social care has already gone ahead. This is something which is the aim of the Five Year Forward View in England. It would be helpful to ask the Vice President of the Scottish Division to share the experience as to how it works in practice at a future meeting.

The Divisions support the objectives of the College. The main activities of our Division include running two Academic meetings each year in Spring and Autumn. We have had some very informative meetings over the last 4 years and I am sure that will continue. We have always aimed for a varied content to appeal to the wider membership which is again epitomised in our latest meeting. I am very pleased that Dr Suresh Kallur took on the mantle to lead on the

programme which is another example of the interest and engagement shown by the new members on the Executive. We have supported the College objective on encouraging recruitment by providing free places to Foundation Year Trainees as well as medical students. In addition we also offer separate poster presentation prizes to them as well. To support the trainees we have added a networking session at our Spring Meeting this year and hopefully it will be a recurring session.

Happily the Division has been able to increase the number of events it organises in the last 2 years. We started meetings for new Consultants and higher trainees as part of the Startwell programme of the College organised by Abu Abraham. The feedback so far has been excellent. We also successfully applied to have an accredited programme for Section 12 Induction and completed our first course in April this year. Additionally the Division has also been providing training for Clinical and Educational Supervisors as well as training in Portfolio online and ARCP. All this would not have been possible without the hard work by Abdul Raoof our next Chair.

Attending the Council as a Chair was a very rich experience and gave a good insight into all the hard work that goes on behind the scenes to promote mental health and influence policy. The College has been one of the first in promoting sustainability by creating a post of Associate Registrar for sustainability who gave a talk at one of our conferences. Some of the highlights in recent times have included the report of the Crisp commission looking at Acute Care. The presentation on the Five Year Forward View for mental health was another important highlight. In relation to this, the College set up an Expert Reference Group which I attended, which looked at all the current vanguards and the integration

Chair's Column

of mental health in the vanguards. The Council also debated the changes to the publications which are now outsourced to Cambridge University Press with the Editorial function being retained in-house. More recently there was ongoing discussion around the Prevent legislation which was led by the Registrar Adrian James and came up with very sensible guidelines. The Psychiatric Trainees' Committee rep also presented an excellent piece of work relating to trainees and them feeling valued. This has led to us including a networking session at our conference in the Spring. These are obviously just a few examples of the immense amount of work done at the College. In January the College appointed a new CEO Paul Rees who is introducing a new publication being sent out to the Membership which will give a much better idea about the business of the College and the work being carried out.

The Division Chairs also meet up during the Council meeting separately. One of the main concerns for us was the fact that the events by the Divisions were not as accessible on the College website and this has now changed so that all the events are now listed on the main College calendar. Some Divisions also have a dinner arranged for the attendees which works well where there is wider geographical spread the meetings tend to be residential. It does however encourage the social aspects of the event which is something we are thinking of doing in the future in the Eastern Division.

One of the few things which we were never able to get off the ground so far has been some form of engagement event for new Members within the Division. This is to welcome them to the fold and maybe this is something which could now grow through the trainee event at our

conferences. I think getting involved with the College would be a rich and rewarding experience for new Members.

I am genuinely pleased with the progress we have made and hopefully we will get things even better over the coming years. Many people have worked hard and continue to do so keep the Division going and I am grateful that we have attracted newer Members to participate. I would also like to especially thank Moinul Mannan who is the Division Coordinator and has contributed significantly to the success of the Division.



With all the best wishes for the future!

*Dr Sadgun Bhandari
Chair Eastern Division*

A Message from our incoming Chair

Hi Colleagues,

It is an honour and privilege to be elected as your chair, thank you very much for your support. Under Sadgun's leadership the Eastern Division has made huge progress and we need to build on that platform.

I firmly believe that we should not let ourselves be marginalised, individually or as a profession, in relation to any matter concerning patient care. The only way the College can strengthen its role as the 'professional and education body for psychiatrists' is through active participation from the membership.

To achieve its stated objective of promoting excellence/quality and improving understanding in mental health care, and to fulfil its supportive and educational role, members should have the opportunity to get involved and be supported at all levels especially in the current atmosphere of 'cuts and austerity'.

As you all know, recruitment and retention remains a major challenge. Apart from the national initiatives, in East of England we have been working closely with Health Education England on ways to promote psychiatry among medical students and Foundation Year doctors. We need to do more to make East of England a preferred destination to train and work. Please put on your thinking caps and suggest new ideas. The excellent document produced by the College's trainees committee 'Supported&Valued' (<http://www.rcpsych.ac.uk/traininpsychiatry/trainees/ptc/supportedandvalued.aspx>) gives us a template to improve trainee experience.

We need to think of ways of supporting Specialty Doctors' professional development and career progression. As we do more to support newly appointed consultants through College's 'Startwell' programme, we should not forget the needs of our more senior colleagues who are approaching retirement

As our primary aim is high quality patient care we should link up with Patient/Carer groups and engage with Trusts/Commissioners to use our expertise and collective wisdom to influence local service development decisions.

These are my random thoughts as I step into my new role with trepidation; it looks like an ambitious agenda, but with your enthusiasm and support we can achieve more.

Moinul has done great work to make our division's operations more professional ever since he took over as the Division Coordinator. This newsletter is a great start under Inder's leadership in our attempts to improve communication with our trainees and members.

We will be embracing more technology to provide active and diverse platforms for us to interact and share ideas.

Please keep in touch.



*Dr Abdul Raoof
Incoming Chair, Eastern Division*

A Proud Day..

By Dr Abdul Raoof, Incoming Chair, Eastern Division

25th April 2017 was a proud day for all of us. That was the day we launched our own Section 12 induction course.



We always wanted our own section 12 and AC induction course run on behalf of the College, as we all felt that we were underprovided and had only limited choices for such courses in the Eastern Division.

I was particularly pleased that we could launch the course before Sadgun's tenure as Chair ended as we have been working on it together for the last one year or so.



We had about 20 delegates attend the course over two days at Hughes Hall, Cambridge. All the presenters found the group very engaging and interactive. The delegates were particularly impressed by Kate King's (our patient representative in our executive committee) presentation. She gave a personal account of the process of being 'sectioned' which was very powerful.

Feedback on the day was great and as usual Moinul has made sure that everything ran smoothly in the background.



We are planning to run the course again soon and to explore the possibility of starting AC course as well during next year.

The New Head of School

Dr Chris O'Loughlin

Thank you for the opportunity to introduce myself as the new Head of School in the region, and to mention some of the priorities for psychiatry training in the Eastern region. Since my own psychiatry training in East Anglia, I have made Cambridge my home and now work as a community adult psychiatrist looking after people who live out towards the Fens in Ely and East Cambridgeshire. The East of England is certainly an exciting and stimulating place to live and work and it is a privilege to be able to contribute to the strong tradition of psychiatric innovation and excellence that our region has long been known for.

The successes in training in the region over recent years have been due in a considerable degree to my predecessor, Dr Hugo de Waal, whose wisdom and foresight have guided us all safely through the changes in training since MTAS in 2008. His are daunting shoes to step into and now, as they say, "all mistakes are my own".

In thinking of priorities for the region then, recruitment of trainees won't be far from people's minds. This reflects our interest in the specialty, but more importantly our commitment to the patients we see. We want to be able to continue to provide the best quality mental healthcare far into the future. Psychiatrists have a huge amount to offer across all health care settings, yet we are all noticing that the increased demand for (and awareness of) mental health hasn't yet been matched by an improved situation regarding doctors coming into the specialty. This does not just affect this region, but when I see the excellent opportunities available here I wish we could persuade more people to train with us.

Where do our psychiatry trainees come from? Psychiatry has the highest proportion of

international medical graduates amongst the specialties; many of you reading this will have initially trained overseas, and I'm sure those who trained in the UK will agree that we benefit hugely from the breadth and diversity of experience of people who come here to work. I sincerely hope that we can continue to welcome expertise from both EU and non-EU countries in the post-Brexit era.

It is immensely encouraging to see the medical schools in our region have recently been producing a greater proportion of psychiatry trainees after the Foundation Years than the national average. The experience of medical students is often vitally important in developing an interest in our specialty, but the pressures on the undergraduate curriculum can often mean they see patients when ill but never through recovery. The students can come away with the mistaken perception that our treatments don't work and our specialty lacks a scientific basis (watch out for the new neuroscience curriculum in development currently, with input from one of our region's academic trainees).

Foundation Year doctors can gain a huge amount from their psychiatry placement, and we hope to produce doctors with a sure understanding of mental health whatever specialty they choose. The expansion in FY numbers has been very welcome, though finding the balance between ensuring they feel valued as doctors while grappling with the complexities of our specialty has not always been easy. After 4 months in psychiatry, even those least inclined to our specialty should be saying positive things to their peers.

Increased recruitment, however, would be of little value if we didn't also offer high quality training that meets the development needs of our trainee doctors. The overall experience of

The New Head of School

Dr Chris O'Loughlin

trainees; the posts they do, the support they receive, their quality of life in work and outside – plays a huge part in our reputation as a place to come to, to live and put down roots. I hope you've all had a look at the "Supported and Valued" report produced by the Psychiatric Trainees' Committee at the College (with input from our own trainees in the region). This should be discussed at the highest levels in your trusts. Our trainees greatly appreciate the input and guidance of our enthusiastic trainers but often things that should be easily fixed can mar the experience: making sure they are getting to teaching, that they can access study leave (and funding) easily, that they can get hot food and drinks out of hours, that they are being paid correctly.

For the trainees who will be the consultants of the future we need to be mindful of the various ways the mental health workforce is developing. Our trainees need to be able to access opportunities to develop in diverse ways – the exciting clinical growth areas in the Five Year Forward View, clinical leadership, quality improvement, new types of research and many other areas.

There is no doubt that the experience of our trainees is critically shaped by the fantastic work our trainers do. The Deanery will continue to support trainers across the region in developing our skills and nurturing the next generation as they take up posts in our region. We plan to improve our support for supervisors in a range of areas including ARCPs, career guidance, trainees with difficulties and many other areas.

As I write this I think of so many positive things that are happening around the region, and the wide range of opportunities our trainees are taking up. I think it's an exciting time to be

finding out about psychiatry and that the East of England is an attractive part of the country to be living and learning in: beautiful countryside, historic cities, high quality universities, untouched coastline, and (should you wish it) an easy journey into London to sample the capital... though don't be tempted to stay!

I'm sure we could all do more to promote working here and should collectively create the buzz that the region deserves. You can follow training in the region on twitter @chrisol1 and facebook @EoEpsychiatry.

Ultimately, we are all trainers and learners. I look forward to meeting many of you soon and learning how best I can support you and develop the school of psychiatry in the region.



Dr Chris O'Loughlin

*Head of School for Psychiatry, Health Education
England East of England*

Rise of the CCIO

By Dr Paul Bradley

“The what?” Unfortunately I’m still greeted with quite a lot of blank looks when I announce with pride that I’ve been appointed to the role of CCIO in my Trust (HPFT). So, to explain, it stands for Chief Clinical Information Officer and depending on the organisation may be roughly equivalent to a Clinical Director for information management & technology (IM&T). It’s a role typically, though not exclusively, occupied by a doctor and there is a rapidly growing tribe of us, with the stated intention of there being one in every Trust. The reasoning behind having such a role is simply that whilst we have an increasing contact with digital devices and electronic record systems, much of the team around these is composed of people without a clinical background and led by people who may never have seen a patient. The CCIO role is intended to be paired with a senior IM&T leader, such as a CIO (Chief Information Officer) who may be on the Board or one step removed. Together, the IM&T department can be steered to deliver products and services to the benefit of patients and staff.

I’ll briefly mention my journey into this role, before describing some of the additional duties I’ve accrued along the way. For myself, I had an early interest in technology and was coding in C++ and creating databases (for money!) in my teens. As a higher trainee in HPFT in learning disability psychiatry for my special interest sessions, I had the opportunity to shadow the medical lead for IM&T. I got the chance to deputise for him in various fora as management special interest sessions which gave me an insight into the linking of IT and clinical work. As a Consultant back in HPFT, I initially had an informal involvement with IM&T for a year or so before being invited to consider applying for the new role of Clinical Lead for IM&T which I was assured would only need a couple of hours a

week at most. Three years later, the workload has expanded considerably, as has the profile of this kind of role in the NHS and I now have 6 dedicated sessions for this role.

My responsibilities now are quite varied, including within the Trust: managing and consulting with a clinical reference group of around 50 frontline staff on technology projects; working with the PARIS (electronic record used in our trust) team on project prioritisation and development; and drafting business cases for innovative and modern uses of technology such as digital dictation using smartphones and remote consultations. I’ve become involved in the Hertfordshire and West Essex STP, and am Clinical co-chair for the Technology work stream alongside an acute trust Chief Executive. I also chair a clinician / practitioner reference group of CCIOs and equivalent from around the STP in which we have been looking at shared care records, integrated intelligence systems and system dashboards. I’ve also lately taken on chairing the International PARIS User Committee (international because PARIS is used in Canada as well as the UK) and am a member of the Royal College Informatics Committee. This may sound dry and dull, but this stuff has great potential to enhance clinical care for the benefits of patients and staff – if it’s done right. Also, the remote technology is pivotal in helping clinicians working more efficiently by reducing their travel time. Furthermore reduction in mileage helps preserve the already stretched NHS resources.

“The Royal College has an Informatics Committee??” It took me a while to find this out despite my role and interests, so I won’t be surprised if most people are unaware of its existence.

Rise of the CCIO

By Dr Paul Bradley

The committee has an important role in bringing together those of us with an interest in IM&T and in representing psychiatrists in projects such as the Academy of Medical Royal Colleges discharge and outpatient letter standards. We are in the process of reviewing the Terms of Reference, considering how to best review our representation of the regions / specialties / grades which make up the College. Anyone interested in joining either the committee or but also those keen on IM&T please get in touch.

Do feel free to contact me if I have sparked an interest in a career in medical informatics; I'm happy to discuss how to progress in this fantastic field. Good opportunity to develop and harness your interest outside work at work. IM&T beckoning....anyone!!

Thank you for reading.



Dr Paul Bradley

Chief Clinical Information Officer

Consultant Psychiatrist in Learning Disabilities

Hertfordshire Partnership University NHS

Foundation Trust

The Nocebo Response

By Dr. Edward da Costa and Dr. Munzer Salmeh,
Hertfordshire Partnership University NHS Foundation Trust

Most people know what a placebo is; an innocuous substance used for example in drug trials for some patients, as against the actual drug administered to others in order to compare the results. In anticipation of a favourable outcome, a percentage of the patients receiving the placebo showed an improvement in their symptoms, due to an anticipated beneficial effect of a drug which had not in fact been received by them. The term is believed to have been derived from the Latin "I please".

In comparison to the term placebo, the term nocebo is perhaps not at the forefront of clinician's consciousness. Judging from the responses of my colleagues to enquiries that I made in this context, I gathered little is known about this concept.

So here goes... The term "Nocebo Response" is thought to have been coined by Walter Kennedy in 1961¹ as a counterpoint to the word placebo – "nocebo" in Latin meaning "I harm". He had observed that far from having a beneficial effect, the administration of a placebo actually resulted in an adverse reaction to the "drug" in the course of treatment, because of the patient's perception of the stated side-effects of the drug rather than of the beneficial effects. However, this response is purely subjective; it varies from patient to patient and in some cases from drug to drug even with the same patient. Thus even a harmless substance may cause harmful effects. Most physicians are aware of this phenomenon even if they don't use the term "nocebo". – The implications of

this phenomenon for clinicians and patients' alike are obvious.

In contrast to the beneficial effects of the drug itself, the patient may experience side-effects which are purely subjective; the anticipation of these side-effects may result in physiological changes in the brain, resulting in the negative side-effects actually manifesting themselves². These could range from mild to severe, and could include stomach upsets and nausea, itching, loss of appetite, sleeplessness and depression. There could even be lowering in the pain threshold affecting the analgesic effects of drugs. Thus the patient's mental state, influenced by a reaction similar to the "nocebo effect", will affect the course of the treatment. Conditioning can cause such adverse reaction in the patient even on seeing the colour, smell or name of the medication; in fact, cases have been known of such a reaction even on seeing the nurse entering the room. Various studies on this subject have led to concerns about the effect of warnings to patients, commonly given to them when administering a drug for their treatment. Too much information about medicines could sometimes lead to unexpected adverse reactions.

In their review of clinical trials of antidepressants with over 2,400 subjects, Dodd and colleagues estimated that nocebo effects may be responsible for almost 64 percent of treatment-emergent adverse effects and almost 5 percent of discontinuation³. They noted that nocebo

The Nocebo Response

By Dr. Edward da Costa and Dr. Munzer Salmeh,
Hertfordshire Partnership University NHS Foundation Trust

effects are common in those given placebos during controlled trials in major depressive disorder. The depressive condition itself makes for a pre-disposition to the “nocebo effect”; while for other conditions it could be anything up to 27%⁴. In severe cases of this manifestation giving false results, a potentially beneficial drug could be prematurely withdrawn.

The Nocebo effect was brought sharply into focus by a recent study which generated widespread interest and publicity. This extensive study describes how approximately 80,000 patients in the UK at risk of strokes and/or cardio-vascular disease benefited from administration of statins. However, loss of confidence in this very beneficial medication resulted in an estimated 200,000 people having ceased taking this medication in recent years, after reading ill-founded and disputed so-called “research” culled from different sources such as the internet, newspapers and magazines in addition to social media^{5,6,7,8}.

These are legitimate concerns. Clinicians need to be cognizant of the phenomenon of the nocebo response. They need to ensure as much as possible patients do not lose confidence in the beneficial effects of medication and they don’t solely focus on subjective adverse effects based on concerns about developing possible rare or minimal side-effects. This is especially relevant in the domain of psychiatric practice as there is well established evidence of patients with various types of psychiatric disorders showing poor adherence to prescribed

psychotropic medication for a host of reasons and consequently experiencing poorer outcomes⁹. On this background the nocebo effect is yet another factor that can compound or magnify these problems.

Patients do need to be informed of the extensive benefits of the drug in question as against possible rare or minimal side-effects, quoting reliable research. This would go a long way to minimise patients’ attributing all real or perceived harmful effects to the medication. It is noteworthy that there is an ethical issue involved: showing respect for a patient’s autonomy in making an informed decision about a drug, and potentially doing harm by providing too much information. Should information be withheld? On balance, perhaps it would be better for the doctor to be clear in his communication with the patient. Doubtlessly, the quality of the doctor/patient relationship, and the level of trust in the doctor, would be crucial¹⁰.

Psychiatrists in particular should ascertain whether adverse reactions noticed in a patient are attributable to the drug in question, or originate in the patient himself or (perhaps more often) *herself*, as the “nocebo effect” is believed to be more prevalent among women.

*Dr. Edward da Costa
Consultant Psychiatrist, Psychiatry of Intellectual Disability,
Dr. Munzer Salmeh
Speciality Doctor, Psychiatry of Intellectual Disability*

The Nocebo Response

By Dr. Edward da Costa and Dr. Munzer Salmeh
Hertfordshire Partnership University NHS Foundation Trust

References

1. Wikipedia
2. A review of the theoretical and biological understanding of the nocebo and placebo phenomena
Dodd SI, , Olivia D M., Vian, J and Berk, M, A review of the theoretical and biological understanding of the nocebo and placebo phenomena, Clinical therapeutics, vol. 39, no. 3, pp. 469-476.
3. Nocebo effects in the treatment of major depression: results from an individual study participant-level meta-analysis of the placebo arm of duloxetine clinical trials. Dodd S, Schacht A, Kelin K, Dueñas H, Reed VA, Williams LJ, Quirk FH, Malhi GS, Berk M.
J Clin Psychiatry. 2015 Jun;76(6):702-11.
4. Nocebo and the potential harm of 'high risk' labelling: a scoping review. Andrew Symon , Helen Cheyne,Brian Williams, Qadir A. Adelasoye , *Journal of Advanced Nursing*.Volume 71, Issue 7, pages 1518–1529, July 2015.
5. Statins prevent 80,000 heart attacks and strokes a year in UK, study finds, Sarah Boseley, Thursday 8 September 2016. "Courtesy of Guardian News & Media Ltd"6 Lessons from the controversy over statins, Richard Horton, *The Lancet*, Published: 10 September 2016.
7. The controversy over statins has revealed something: the nocebo effect is real. Ann Robinson ,Wednesday 3rd of May 2017. "Courtesy of Guardian News & Media Ltd"8. Adverse events associated with unblinded, but not with blinded, statin therapy in the Anglo-Scandinavian Cardiac Outcomes Trial—Lipid-Lowering Arm (ASCOT-LLA): a randomised double-blind placebo-controlled trial and its non-randomised non-blind extension phase [published online May 2, 2017] Sever P,Gupta A, Thompson D, Whitehouse A, et al. on behalf of the ASCOT investigators.. *Lancet*. 2017.
9. Nonadherence with antipsychotic medication in schizophrenia: challenges and management strategies Peter M Haddad,Cecilia Brain, and Jan Scott. Dovepress. Published online 2014 Jun 23. doi: 10.2147/PROM.S42735
10. Unravelling the Mystery Behind the Nocebo Effect: Placebo's Evil Twin. ; Sylvia R. Karasu, M.D., Published online: August 07, 2015 *Psychiatric News*, American Psychiatric Association.

NIHR CRN Child Champion

Ruth Hudson
Research Delivery Manager: Division 4
CRN: Eastern, NIHR Clinical Research Network (CRN)

I am the NIHR CRN Child Champion in the Eastern Region and my role is to improve networking and increase the visibility and importance of research into Child and Adolescent Mental Health. We had an inaugural Workshop on 30th March 2017 in Bury St Edmunds and have since started a Google Group.

We would like to invite you to become part of our new Google+ Community,
[Child & Young People's Mental Health - Eastern](#)

The aim is to create a Regional Network of CYPMH research interested individuals - the focus is on CYPMH because of the CRN Mental Health Specialty Objective.

The priorities for us are:

- to support further meetings to capture and share regional research expertise and provide networking opportunities
- to increase stakeholder involvement to include universities, schools and particularly also focusing on participation of young people

All you need to get started is to accept the invitation in the link above, or paste <http://bit.ly/2q30gms> into your browser (as the site is on Google+ it could work better on a Chrome or Firefox browser). You will be prompted to login to Google, if you do not have a Google account you can set one up using any email address – it does not have to be Gmail, it could be your work email. Once logged into Google you can access our Community.

You can post - and search for posts - according to category, such as Training Opportunities. We are also happy to post for you if preferred. Each time a member of the community posts an update or responds to one of your posts you will automatically get a notification. If preferred, these can be switched off in 'More Options' (three dots at the top of the left hand profile column) then 'Preferences'. We've already begun posting, please join up and keep in touch. Please do pass on the link and instructions below to any contacts that you think would be interested.

Conference Report - Spring Conference

'Breaking the Mould'

By Dr Kallur Suresh, Academic Secretary, Eastern Division

A highly successful spring conference on 8th June at the Wellcome Genome Campus in Cambridge was attended by over 70 registered delegates from all over the region and outside. The conference featured a variety of clinical and academic talks for all interests. Feedback from delegates was highly positive.

The conference kicked off with the Division's Annual General Meeting chaired by Dr Sadgun Bhandari who provided an update of the Division's activities over the last year. The first talk by Dr Kate Lovett, Dean of the College, highlighted the importance of every psychiatrist acting as an ambassador for the profession in order to send positive messages about mental health and to attract high quality trainees into the profession. Social media such as Twitter can be used with great impact to spread such messages.

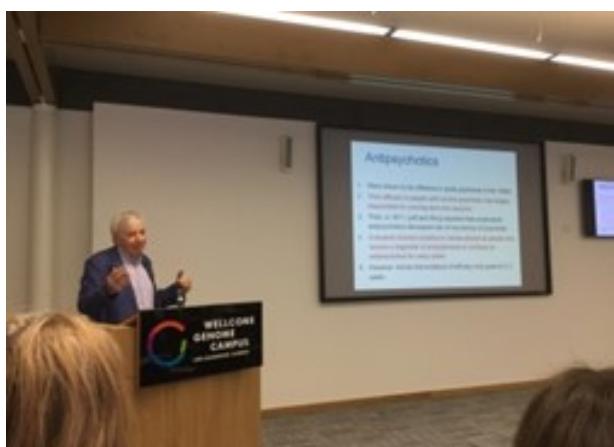


Dr Zuzana Walker, Reader in Psychiatry of the Elderly at University College London and

Consultant Psychiatrist at Essex Partnership University Foundation Trust broke the news of the release of the revised criteria for diagnosis of Dementia with Lewy Bodies.



Professor Sir Robin Murray from King's College, London, in his keynote address, spoke of the need to keep patients on antipsychotics for the least amount of time and on the least effective dose because of the long term adverse effects. There was a lively discussion of the benefits and disadvantages of long term antipsychotic use in patients with first-episode psychosis.



Conference Report - Spring Conference

'Breaking the Mould'

By Dr Kallur Suresh, Academic Secretary, Eastern Division

The delegates actively engaged in the proceedings by tweeting during the conference. You can see the Twitter feed at <https://twitter.com/hashtag/EastDivConf?src=hash>

The afternoon session featured a talk from Leicestershire Health Informatics Service on the practical applications of technological innovations in psychiatry including development of apps for ECT and young-onset dementia.

Dr Joby Easow, an ST4 trainee from Essex has developed an app for patients for monitoring their physical health during antipsychotic prescribing.

Delegates used break times to look at the posters presented by trainees. Many medical students and Foundation Year trainees attended the conference along with Core and Specialist Psychiatry Trainees.



This was followed by oral presentations of some of the posters displayed at the conference. The top three presentations won prizes.



Well done to all trainees and congratulations to the prize winners!

Conference Report - Spring Conference

'Breaking the Mould'

By Dr Kallur Suresh, Academic Secretary, Eastern Division



Dr Peter Byrne, Associate Registrar for public mental health at the College spoke about the portrayal of mental health in films and media and how media can be used to reduce the stigma associated with mental illness.

The Executive Committee of the Eastern Division would like to thank all the delegates for their support to the conference and would welcome any feedback about topics for future conferences. We aim to make the academic content relevant to practising clinicians and hope to welcome many more members to the next one.

SAVE THE DATE!

TUESDAY 17TH OCTOBER 2017

STARTWELL EVENT

HUGHES HALL, CAMBRIDGE



StartWell is a Consultant led initiative for Psychiatrists in their first five years as a Consultant or Locum Consultant.

StartWell focusses on 6 elements to support Psychiatrists in their first consultant role with the intention to establish good habits for their careers.



**For further information and to register please visit: <http://bit.ly/2c4B0Ue>
or contact: moinul.mannan@rcpsych.ac.uk Tel: 0203 701 2590**

SAVE THE DATE!

THURSDAY 9TH NOVEMBER 2017

Eastern Division Autumn Conference

'Navigating Complexity'

Wellcome Genome Campus, Cambridge



FREE Entry for Foundation Year and Medical Students through 'Enhancing Foundation Experience in Psychiatry' initiative of HEEoE School of Psychiatry



For further information and to register please visit: <http://bit.ly/2c4B0Ue>
or contact: moinul.mannan@rcpsych.ac.uk Tel: 0203 701 2590

EASTERN DIVISION MEDICAL STUDENT ESSAY PRIZE 2017



The Eastern Division has established this prize in order to raise the profile of the Division and to encourage medical students to pursue further study and professional training in Psychiatry.

Prize: £200

Eligibility: All medical students training in Medical Schools located within the Eastern Division.

Where Presented: Eastern Division Autumn Conference, 9th November 2017

Regulations:

1. Eligible students are invited to submit an original essay of up to 5000 words on any aspect of psychiatry. The essay should be illustrated by a clinical example from medical or psychiatric practice relevant to mental health and should discuss how the student's training and awareness has been influenced as a result. The essay should demonstrate an understanding of the Mental Health issues pertinent to the clinical problem and should include a discussion of the effects and consequences of the condition for the individual, their family and the wider healthcare system.
2. The essay should be supported by a review of relevant literature and should be the candidate's own work.
3. The Eastern Division Executive Committee will appoint three examiners to judge the entries. Criteria for judging merit will include: clarity of expression, understanding of the literature and evidence, cogency of argument and the overall ability to convey enthusiasm and originality. The Division reserves the right not to award the prize if no entry reaching the agreed minimum standard is received.

Closing date: Friday 22nd September 2017

Submissions should be made to:

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Eastern Division Coordinator

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Deadline for next edition - Submit your articles for Winter 2017 edition by 30th September 2017 at
psychiatry.east@rcpsych.ac.uk

Royal College of Psychiatrists - Eastern Division E-Newsletter

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