

## London Division Autumn Conference

24 November 2021 | 09:30 – 16:15  
Online Event – Via Zoom

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### PROGRAMME

*Event will open online from 09:15am*

<b>09:30 – 09:35</b>	<p><b>Chairs Welcome</b> <i>Dr Peter Hughes</i> <i>London Division Chair</i></p>
<b>09:35 – 09:45</b>	<p><b>Welcome &amp; introduction</b> <i>Dr Sotiris Posporelis</i> <i>London Division Academic Secretary</i></p>
<b>09:45 – 10:45</b>	<p><b>Assessing and managing alcohol use disorder in psychiatric settings</b> <i>Dr Nicola Kalk,</i> <i>Kings College Hospital Alcohol Care Team</i></p>
<b>10:45 – 11:45</b>	<p><b>Rehumanising Psychiatry</b> <i>Dr Chloe Beale,</i> <i>East London NHS Foundation Trust</i></p>
<b>11:45 – 12:00</b>	<p><b>Break</b></p>
<b>12:00 – 13:00</b>	<p><b>Does the advent of new dementia treatments represent an existential crisis for services?</b> <i>Professor Rob Howard,</i> <i>University College London</i></p>
<b>13:00 – 14:00</b>	<p><b>Lunch</b></p>
<b>14:00 – 15:00</b>	<p><b>Violence and mental health - developing a health inequalities perspective</b> <i>Dr Vishal Bhavsar,</i> <i>Kings College London</i></p>
<b>15:00 – 16:00</b>	<p><b>Understanding clinical phenotypes in ‘Long COVID’</b> <i>Dr Laura McWhirter,</i> <i>University of Edinburgh</i></p>
<b>16:00 – 16:15</b>	<p><b>Q&amp;A &amp; Closing remarks</b></p>

\*The Conference Committee reserves the right to change the programme without prior notice.

# **SPEAKER BIOGRAPHIES AND ABSTRACTS**

**09:45 – 10:45**

**Assessing and managing alcohol use disorder in psychiatric settings**



***Dr Nicola Kalk***

*Consultant Psychiatrist in Addictions, Kings College London*

**Biography**

Dr Nicola Kalk is a consultant addiction psychiatrist in the Kings College Hospital Alcohol Care Team and a visiting clinical lecturer at King's College London. She is a member of the RCPsych Addictions Faculty Executive and part of the PHE alcohol treatment guidelines expert group.

**Abstract**

More than half of the patients detained in London under Section 136 are intoxicated with alcohol and more than half of patients under psychiatric care who die by suicide have comorbid alcohol or drug misuse. PHE guidelines recommend assessment of addictions needs in psychiatric settings: 'no wrong door' and 'everybody's job'. Accurate assessment can influence risk management: for example, different profiles of alcohol use are associated with different risk of repeat crisis presentation. Assessment is also important in determining risk of withdrawal complications and hence the appropriate location for medically-assisted withdrawal. Detection of this risk, management of high risk alcohol withdrawal and recognition and management of withdrawal related complications such as alcohol withdrawal delirium and Wernicke-Korsakoff Syndrome will be discussed. Finally, consideration of relapse prevention treatment and the evidence regarding management of comorbidity will be considered.

**10:45 – 11:45**  
**Rehumanising Psychiatry**



***Dr Chloe Beale***

*Consultant Liaison Psychiatrist, East London NHS Foundation Trust*

**Biography**

Dr Chloe Beale is a consultant liaison psychiatrist in Hackney and lead for suicide prevention for East London NHS Foundation Trust. She is a member of the RCPsych Liaison Faculty, Patient Safety Working Group, and Working Group on the Effect of Suicide and Homicide on Clinicians. She holds a Master's Degree in medical law and has a particular interest in mental capacity and legal and ethical aspects of suicide. She enjoys challenging risk-averse, stigmatising and defensive culture within mental health services.

**Abstract**

NHS mental health service structures have become increasingly focused on how to deny people care instead of help them to access it. Clinicians learn the art of self-delusion, convincing ourselves we are not letting patients down but, instead, doing the clinically appropriate thing. Well-meant initiatives become misappropriated to justify neglect. Problematic language endemic in psychiatry reveals a deeper issue: a culture of fear and falsehood, leading to iatrogenic harm. An excessively risk-averse and under-resourced system may drain its clinicians of compassion, losing sight of the human being behind each 'protected' bed and rejected referral. This is a call to arms.

**12:00 – 13:00**

**Does the advent of new dementia treatments represent an existential crisis for services?**



**Professor Robert Howard**

*Professor of Old Age Psychiatry, University College London*

**Biography**

Robert Howard is Professor of Old Age Psychiatry at University College London. Through the conduct of independent clinical trials and mechanistic studies of mental health symptoms in older people with and without dementia, he works to improve understanding and available treatments. He's worked in the field for more than 30 years and shares the disappointment of his patients with dementia and their families in our lack of progress to discover treatments that can make a significant difference to their lives.

**Abstract**

The FDA's approval of aducanumab in June 2021 represented the first new treatment for Alzheimer's disease in 20 years and the first potential disease-modifying treatment to be licensed. Aducanumab is given by monthly intravenous infusion and around 40% of patients will develop localised brain oedema and microhaemorrhages that appear to resolve but whose long-term effects are not known. Treatment (with associated imaging and delivery costs) is anticipated to cost around £70,000 per patient per year. Most people with Alzheimer's disease are currently diagnosed and treated within Memory Services in Mental Health Trusts. If the MHRA and NICE approve aducanumab for NHS use, should and could our services make this available to patients?

**14:00 – 15:00**

**Violence and mental health - developing a health inequalities perspective**



***Dr Vishal Bhavsar***

*Consultant Psychiatrist and Research Fellow, Kings College London*

**Biography**

Dr Bhavsar is a consultant psychiatrist in early intervention in psychosis and postdoctoral researcher in women's mental health and violence reduction at King's College London. After an NIHR academic foundation programme and academic clinical fellowship in psychiatry(2008-2013), he was awarded a Wellcome Clinical Research Training Fellowship to train in epidemiology at the London School of Hygiene and Tropical Medicine/ KCL(2014-2017). He uses epidemiological methods to understand violence and mental health with the aim of producing evidence which can inform mental health policy and intervention development. Recent projects include developing evaluations on violence reduction with local government, examining how mental health care is provided for victims of serious youth violence, and studying how mental health services respond to people who are perpetrating domestic abuse.

**Abstract**

Violence is a global health and public policy problem. Most UK national policy on violence, including the Government's Serious Youth Violence strategy, Tackling Violence against Women and Girls strategy, and the NHS Violence Reduction strategy, emphasises the need for improved provision of high quality mental health care to both victims and perpetrators of violence. There is limited evidence on how best to develop, implement, and evaluate interventions which address these policy needs.

In my talk I will first describe these recent policy developments, centred around two challenges: providing mental health care for young people presenting to A&E departments with violence; and secondly, developing novel strategies to reduce the occurrence and impact of domestic abuse.

I will then discuss how epidemiological approaches might help develop strengthened responses to these challenges, by building better understanding of existing mental health inequalities experienced by people exposed to violence(including domestic abuse), and understanding the distribution of different types of violence within services. This could help to target service improvement efforts, such as training, clinical tools, and practical guidance, which could reduce violence affecting people using mental health services and their families, and ensure provision of mental health care for people exposed to violence improves outcomes, addressing inequalities in mental health.

**15:00 – 16:00**

**Understanding clinical phenotypes in 'Long COVID'**



***Dr Laura McWhirter***

*Consultant Neuropsychiatrist / Liaison Psychiatrist, University of Edinburgh*

**Biography**

Laura McWhirter is a consultant neuropsychiatrist in Edinburgh and a principal member of the Edinburgh Functional Disorders Research Group. She has a particular research interest in functional cognitive disorders, and is currently undertaking Scottish Government funded research into clinical phenotypes of cognitive difficulties after COVID-19. Her clinical practice includes neuropsychiatry and liaison psychiatry at the Royal Infirmary and Western General Hospitals in Edinburgh.

**Abstract**

Mainstream and social media frequently highlight the experiences of those with persistent illness after COVID-19 ('Long COVID'). In those presenting to health services with persistent symptoms post COVID-19, cognitive difficulties are among the most prominent complaints. But what is known about the cause of these symptoms? Is Long COVID one syndrome, or many? In this talk I will summarise what we know, and will outline some approaches we might take to unpicking pathologies in Long COVID in our patients.