

South West Division Newsletter



Spring 2019



Newsletter

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Spring 2019 Edition

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Welcome from the Editor

by Dr Juzer Daudjee



Thanks to the contributors and the readership for being part of this spring edition of the newsletter; I hope you find it valuable and stimulating to learn about the region's smorgasbord of activity. We have been able to continue to make links with organisations in our community to improve health, tackle stigma and strive towards the best practice possible.

As before, do get in touch with your suggestions via:

Email the [Newsletter Editor](#) or the [Division office](#)

Twitter [@RCPsychSW](#)

LeDeR – The Learning Disabilities Mortality Review Programme

by Dr Karen Poon

Dr Poon is a Consultant Psychiatrist in Intellectual Disability in Gloucestershire with an interest in End of Life and Mortality.



Opportunities to claim to be a world's first do not happen every day and when an offer is made to join a "World First of its Kind" programme, I would hope many of you would find it hard to decline.

The Learning Disabilities Mortality Review Programme¹ is the first of its kind in the world, a national programme commissioned through the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and managed through the Norah Fry Research Centre at University of Bristol, a national centre for disability studies. Its main aim is to improve lives of people with

intellectual disabilities through improving standard and quality of care. People with an intellectual disability are four times as likely to die of something which could have been prevented than the general population². It is hoped that through better understanding of circumstances leading to deaths and identifying preventable measures that the mortality age gap of 15 -20 years³ could be improved.

The programme was initially commissioned to run from June 2015 to June 2018 and it has now been extended to run into 2020. A number of pilot sites were set up before the national roll out of the programme in 2017 and Gloucestershire, together with Wessex and Oxfordshire joined the South of England Regional Group as one of the pilots. The membership of the Gloucestershire LeDeR led by the Clinical Commissioning Group includes representatives from the Hospital Trusts, Community Hospital Trusts, Mental Health and Learning Disability Trust, Local

Authority and Social Inclusion representing service users and carers. All intellectual disability deaths are reported through to the regional LeDeR programme and reviewed by trained reviewers from different professional backgrounds. Support for the reviewers is provided through the Peer Support Group run by the local lead from the CCG with clinicians including a medical member as not all reviewers have a clinical background and support is therefore given in understanding medical terms and information.

In Gloucestershire, there is a bi-monthly newsletter published online summarising progress, training information and a focus on clinical conditions that have been identified as main causes of death in the reviews, for example, heart failure, aspiration and bronchopneumonia, cancer and sepsis which are similar to national statistics apart from the unusually low number of epilepsy related deaths in Gloucestershire. Locally, up to October 2018, there have been 87 death notifications received

with 32 reviews undertaken, 55 reviews are taking place and 26 reviews yet to be allocated due to a lack of reviewers⁴. Nationally, there have been over 2000 deaths reported but only around 10% have been reviewed. Active recruitment of reviewers in all regions⁵ continues to take place and I would recommend this experience to all but especially trainees for not only contributing to achieving health equality

for the intellectual disabled population but also an opportunity to take part in a unique and high-profile national quality improvement programme. The learning from which may also benefit the wider population with mental health issues who experience similar health disparities.

1. <http://www.bristol.ac.uk/sp/s/leder/>

2. Disability Rights Commission 2006

3. The Confidential Inquiry into premature deaths of people with intellectual disability in the UK: a population-based study Dr P Heslop et al The Lancet 11th December 2013

4. <https://www.gloucestershire.gov.uk/gsab/leder/>

5. Email contact for reviewer training: leder-team@bristol.ac.uk

Understanding public opinion to the introduction of Minimum Unit Pricing in Scotland: a qualitative study using Twitter

by

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¹Avon and Wiltshire Mental Health Partnership NHS Trust

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Background

On 1st May 2018 Minimum Unit Pricing (MUP) of alcohol was introduced in Scotland. This study aimed to assess responses to the policy implementation in comments made on Twitter.

In the second half of the twentieth century Scotland has struggled with the increasing health, social and economic consequences of greater alcohol consumption more so than the rest of the United Kingdom (UK).¹ Average weekly unit consumption and rates of chronic liver disease and cirrhosis are higher than in England and Wales.² There

are significant economic costs in healthcare provision, crime, and lost productivity.³ It is predicted that MUP will reduce deaths due to alcohol by 60, hospital admissions by 1300 and crimes by 3500 in the first year alone.⁴

Aims

On 1st May 2018 Minimum Unit Pricing (MUP) of alcohol was introduced in Scotland. This study uses Twitter posts to quantify sentiment expressed online during the introduction of MUP, conducts a thematic analysis of these perceptions, and analyses which Twitter users are associated with which particular sentiments.

Methodology

All tweets relating to MUP were captured during the two weeks after the introduction of the policy. These tweets were assessed using a mixture of human and machine coding for relevance, sentiment and source. A thematic analysis was conducted.

Results

74,639 tweets were collected over 14 days. Study findings demonstrate that opinion on the introduction of MUP in Scotland is divided, as far as is discernible on twitter, with a slightly higher proportion of positive posts, particularly in Scotland itself. Furthermore, 55% of

positive tweets/retweets were originally made by health or alcohol policy-related individuals or organisations. Thematic analysis of tweets showed some evidence of misunderstanding around policy issues. 53,574 (72%) tweets were classified as relevant, while 21,065 (28%) were classified as 'not relevant'. The irrelevant tweets made

no reference to the MUP of alcohol in any context. These 53,574 relevant tweets were subsequently classified according to sentiment. 57,801 tweets were manually coded. 18,741 were coded as positive (35%), 14,866 as negative (28%), 17,302 as neutral (32%), and 2665 as not relevant (5%). In the 200 tweets coded by both the primary and secondary

coder there was a kappa score of 0.75. The kappa scores were: positive - 0.79, negative - 0.74, neutral - 0.76, not relevant - 0.73. This shows good agreement for sentiment tweets. For 100 tweets coded by both the primary coder (LAW) and the algorithm there was a 96% agreement with a kappa score of 0.94.

Table 1: Results of thematic analysis of positive, negative and neutral tweets with paraphrased examples

Theme of positive tweets	n	%	Paraphrased example
Reduces health harms	352	70.4	Minimum Unit Pricing will decrease hospital admissions and save lives #mupsaveslives
Reduces social harms	13	2.6	This will greatly reduce alcohol-fuelled violence and other countries must follow
Effectively targets the cheapest, strongest alcohol	36	7.2	Strong cider sold at pocket money prices is hugely damaging
Scotland has an alcohol problem and something must be done	26	5.2	This country has an awful relationship with drink - let's try MUP
MUP is an evidence-based policy	5	1.0	The evidence backs MUP, which has been approved by the courts and will be extensively evaluated with a sunset clause
Nil reason given	60	12.0	Excellent work from the SNP!
Incorrectly classified as positive	8	1.6	
Total	500	100	

Theme of negative tweets	n	%	Paraphrased example
Alcoholics will not decrease their alcohol intake	138	27.6	Alcoholics will not buy less but their children will go without so they can get it
Increase in illicit alcohol production and/or encourage cross-border trading	71	14.2	Hoards will rush over the border to stock up on frosty jacks - who would've thought we'd have a booze cruise in 2018
Anti-libertarian	54	10.8	First the sugar tax and now this - the nanny state won't stop
A tax on the poor	52	10.4	Another example of a classist poor-bashing policy
Increase in drug use and/or petty crime	23	4.6	Neds will rob grannies for booze money and the jakeys will turn to drugs instead
Punishes responsible drinkers	17	3.4	A few people can't drink responsibly and now everyone else has to pay the price?
Increases retailer profits	6	1.2	All this will do is line the pockets of billionaires - the supermarkets can't believe their luck
Harms businesses	2	0.4	How many jobs will be lost from this?
Alcohol consumption is a cultural problem	3	0.6	Other countries with cheap alcohol don't have the same problems - the problem isn't to do with the price
Nil reason given	108	21.6	This new alcohol law is embarrassing bs #SNPfail
Incorrectly classified as negative	26	5.2	
Total	500	100	

Theme of neutral tweets	n	%	Paraphrased example
Factual	301	60	Scotland introduces new alcohol law
Humour	102	20	Great that Scotland are adopting the alcohol pricing design they have trialled for so long at the Edinburgh fringe
Balanced/Unclear Sentiment	82	16	On the one hand it could reduce overconsumption of alcohol, but on the other it could encourage a black market
Incorrectly classified as neutral	15	3	

Conclusions

Study findings demonstrate that public opinion on the introduction of MUP in Scotland was divided, with a slightly higher proportion of positive posts than negative or neutral, particularly in Scotland itself. These findings mirror previous survey data that suggest a growing proportion of the British public favour MUP than are against it.⁵

Public opinion alone does not dictate alcohol policy and there is often significant industry and political will to resist change. There do, however, remain complex interactions between public opinion and shifts in alcohol policy. Österberg and colleagues⁶ demonstrate that a decrease in alcohol excise duty in Finland in 2004 and a subsequent rise in alcohol related harm led to an increase in support for alcohol policies to counteract these trends. In

Ireland high levels of alcohol consumption and a doubling of alcohol related street violence over seven years led to public discussion which culminated in increased alcohol taxation, via increased support for alcohol policies.⁷ There is some suggestion in this study and the literature on which it draws that Scotland has followed a similar pattern to Finland and Ireland where it appears that an increase in alcohol harms has prompted public discussion putting alcohol policy change on policy agendas. A more nuanced historical study would be needed to investigate how far this is true, and the roles of political actors in relation to public opinion.^{8,9}

Many of the negative themes expressed were similar to alcohol industry framings of the issues from earlier on in the public debate.^{10, 11} Following on

from the industry's attempts to obstruct the implementation of MUP through legal processes, the alcohol actors we identified through Twitter continued to propagate the negative framing of MUP in an attempt to marginalise those arguments based on peer-reviewed literature. Yet, by the time of implementation of the policy, it is striking how little such activity there was by industry actors.

Thematic analysis of positive tweets showed less variation in arguments supporting MUP than against it. 70.4% of positive tweets focused on the health benefits of MUP and a minority focused on other views. This reflects the introduction of MUP for primarily public health reasons. Furthermore, health/alcohol policy organisations/individuals tweets or retweets were the original sources of the majority of positive tweets

surrounding MUP. This showed a coordinated response by health care professionals and public health organisations focusing on a single message - that MUP reduces alcohol-related health problems. These findings highlight the important implications for advocacy groups of investing in social media to influence public opinion. The limitations of our work include a degree of uncertainty about the inferences about public opinion that can be made from this data. Twitter users are unlikely to be representative of the general population, as they are more likely to be urban dwelling, male, and have higher educational achievement.^{12, 13} Twitter users tend to hold more extreme views¹⁴ and surround themselves with those who hold similar opinions (in what is known as echo-chambers).¹⁵ This makes inferences in relation to previous polling data questionable. Furthermore, classification was not perfect and 3.3% of tweets were included in the wrong sentiment group in our random sample of 1500 tweets. It is also possible our results were subject to confounding. Nonetheless, it is possible to appreciate the divided nature of public opinion on the introduction of MUP, the nature of the sentiment around it, and key actors involved, and it will be possible to later study how this changes when the policy becomes more established.

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Recognising excellence in Psychiatry: a trip to the RCPsych Awards 2018

by

Dr Ruth Harrison



I attended the Royal College of Psychiatrists Awards ceremony on 7th November 2018 after being shortlisted for the Core Trainee of the Year award by Dr Clare Short, CAMHS Consultant. This is an annual event held at the Royal College's headquarters in London and involves presentations of eighteen awards. Nominations are invited annually, and each category has three or four judges, who have specialist knowledge in the category and narrow down the entries to a maximum of three shortlists. Professor Wendy Burn describes the event as the 'Oscars of British Psychiatry', a time to 'recognise and celebrate excellence throughout Psychiatry and mental

healthcare'. The prizes include individual and team categories, and range from medical student of the year to carer contributor of the year to the lifetime achievement award.

This year the host was Victoria Derbyshire, the award-winning journalist and broadcaster. I was not sure what to expect from the ceremony but it truly was an inspiring event and I felt privileged to be there. It was amazing to hear all that the winners had accomplished and to feel the passion to improve mental healthcare in the room. A few examples include Dr Ahmed Hankir, the winner of the Core Psychiatric Trainee of the Year award, who has developed an anti-stigma Wounded Healer programme and The Hellblade Developer Team, winners of the Psychiatric Communicator of the Year award, who have developed a game with an accurate and sensitive representation of portrayal. Dame Fiona Cladicott won the Lifetime Achievement Award for her remarkable achievements.

The South West had three shortlist representatives including myself. The Avon Learning Disabilities (LD) Training Scheme and Families in the Wild who were both shortlisted for Psychiatric Team of the Year: Outstanding Commitment to Sustainable Service Development. The Avon LD Training Scheme, have promoted nature based mental health care as a key skill within training and trainees have developed a Green Care special interest alongside the RCPsych Green Care pages. The Families in the Wild team is a collaboration between two Bristol based organisation with Philippa Beal, Family Therapist and Nicki Townsend, Occupational Therapist from the Riverside Unit (CAMHS Tier 4) and Fiona Castel, Community Social Worker and Sylvia Vincent, Youth and Community Worker from Imayla – a non-profit organisation offering care and creativity in the outdoors. This award was won by Hywel Dda University Health Board for their 'Transforming Mental health' programme.

I came away from the RCPsych awards feeling inspired and with a renewed motivation to work together for positive change. As clinical

professionals, we are not always aware of the events that happen at the Royal College. I hope that when nominations open for the 2019 awards, we will

identify those from the South West that deserve to be recognised as making a real difference to psychiatry and mental healthcare.

RCPsych Awards 2019 – call for nominations

The College is now accepting nominations for the 2019 RCPsych Awards.

This is your opportunity to nominate the outstanding teams and individuals who are making a real difference to mental health services.

The RCPsych Awards mark the highest level of achievement in psychiatry. The 2019 Awards have 17 categories, including individual awards for

psychiatrists of all grades as well as for medical students and foundation doctors, there are also team awards to recognise the work being done by teams in mental health care.

You can find more information on the [RCPsych Awards 2019 webpage](#).

Any queries and entries can be sent to the [Membership Operations department](#).

We look forward to receiving your nominations.

**Closing date for entries:
12 April 2019**

The shortlists will be announced in August and the winners presented at the RCPsych Awards Ceremony on Friday 8 November at the College in London.

The Families in the Wild Project

by

Nicki Townsend

Nicki Townsend is an Occupational Therapist



The Families in the Wild Project is run twice yearly (once in the summer and once in the spring). It is a project that was set up by the Occupational Therapist and the Family Therapist who work at the Riverside adolescent mental health unit in Bristol treating both in and day patients between the ages of 13 and 18 years. The presenting issues of the young people on the unit are complex and wide-ranging including Autism Spectrum Conditions, Obsessive Compulsive Disorders, Anorexia Nervosa, extreme anxiety disorders, depression and psychosis. Alongside these diagnoses presenting issues include self-harm and suicidal thoughts/attempts and systemic/ family issues. Once a young person is admitted to hospital family relationships generally need rebuilding alongside the

treatment of the young person. Whilst this process can take place in a clinic setting, the Occupational Therapist and the Family Therapist realised that in combining their therapeutic approaches and linking with a local "outdoor" organisation and a city farm to use nature and a natural setting away from the unit had greater benefits for most. Whilst engaging in nature-based craft, cooking and music activities as a family alongside staff, families have provided instant feedback about the benefits to individual family members and the family as a whole. In addition, there are undoubtedly benefits of joining with other families in similar situations and relaxing with staff around a campfire, which cannot be replicated in a clinic setting.

All parents/carers and siblings (regardless of age) of the young people who are patients at the unit are invited to attend the 2-day project. The project aims to encourage families to work together and enjoy a range of activities in a safe and supportive local nature spot. The unit staff are on hand to offer support and

to observe family interactions. Modelling is used by staff to assist parents/carers with any difficulties and to prepare families to take over the full care of their young people at the time of discharge.

Many express surprise at how much they have enjoyed and felt relaxed whilst undertaking new activities as a family.

At the end of the second day each family is supported by a member of staff to hold a "family pow-wow"! This involves some time for reflection in a favourite space in the designated nature spot, sometimes a mud roundhouse, a willow wigwam or a bench on a grassy hill. The family reflect on their strengths and are encouraged to write a postcard (to themselves) pledging what they will do differently as a family as a result of taking part in the project. The postcards are all retained by the Occupational Therapist and posted after a month to each family as a reminder.

Some testimonials from participating families:

"It was lovely to be relaxed as a family, it felt like a long time since that had happened. " (mother)

"It was nice to be given new opportunities to enjoy together without the additional worries that we would normally be faced with" (14-year-old patient with anorexia nervosa and anxiety)

"It was good to spend time with my family trying new things and being away from distractions" (father of young person with severe social anxiety)

"Bringing together family members that have been separated and seeing them having fun was really heart-warming" (grandmother).

"I came to support my sister and make her feel like there are no limits to what she can do. I feel as if I finally understand the meaning of family." (11-year-old sister).

"Families in the Wild has allowed us to experience new activities together outdoors. It has reminded us of the qualities, strengths and love we have together. We felt it was more authentic than a therapy room" (mother)

"I liked the opportunity to be together as a family away from the sterile, unnatural meeting rooms, but whilst having staff there to support us. What a lovely environment to eat together for the first time in over a month and not to focus on just the food." (mother of young person with anorexia.)

Mentoring and coaching for psychiatrists

by

Dr Ian Rodin

Dr Rodin is the RCPsych South West Division Lead for Mentoring and Coaching

To start, I should outline what is meant by mentoring and coaching.

Both are based on a confidential and trusting relationship, which provides the opportunity to be heard, reflect, improve understanding, overcome obstacles and achieve goals. Coaches are trained to help the person being coached work out solutions for themselves. Mentoring relies more on the mentor sharing their own experience. In practice there is usually overlap between the two approaches.

My interest in mentoring and coaching arose from my own experience. I've been a consultant in adult psychiatry since 1999, for the last 13 years in west Dorset. Mentoring has been a great help to me, as a trainee, a new consultant and when I have encountered obstacles later in my career. I've been a medical manager and believe the best way to improve the working lives

of colleagues and their patient care is to help them develop as clinicians and leaders. This prompted me to train as a coach. When I contacted the College to ask about peer networks to support me in this training, I was told about the vacant lead role for mentoring and coaching in the south-west.

The College encourages psychiatrists to seek mentoring or coaching when needed and has established a network of Divisional leads, in which I participate. Coaching is available through NHS Leadership Academies and our aim in the College is to improve access to mentoring of psychiatrists by psychiatrists. I intend to do this in the following ways:

- Raise awareness of mentoring across the Division.
- Offer training and supervision to psychiatrists who want to mentor colleagues.



- Maintain a list of mentors, to make it easier for psychiatrists to access mentoring.

I will be running sessions on mentoring and coaching at the South-West Division's Opportunities for Retired Doctors event on 1 April 2019 and Spring Biannual Meeting on 17 May 2019.

If there is anything you would like to discuss regarding mentoring and coaching, I would be really pleased to hear from you.

You can contact me via the [Division Office](#).



Regional Highlight: The Restaurant that Makes Mistakes

by

Dr Georgia Baily

Dr Baily is currently a CT3 working in Learning Disability Psychiatry and hoping to specialise in Older Adult Psychiatry in future.



When my colleague asked whether I had some free time during my lunch break to visit 'The Restaurant That Makes Mistakes,' I quickly turned to Google to enlighten me. I came across a few articles which explained this was a sort of social experiment for a television series being made for Channel 4. The restaurant was open in Bristol city centre for one month, across November/December 2018, with a number of celebrity guests paying a visit as well as members of the public. But why were we expecting

mistakes?... The interesting part is that every member of staff working in the restaurant had a diagnosis of dementia.

When we arrived at the restaurant, the team explained that we would be having a three-course lunch all prepared and served by the restaurant staff; overseen by Josh Eggleton, a Michelin Star chef. The rather unnerving part was the number of cameras and cameramen around, and being asked for interviews before and after our meal so that they could get thoughts and feedback from mental health professionals about the experience. The meal itself went smoothly with no particular mishaps... no mistakes were made! Being vegetarian, I was reminded to make this very clear to our server in the restaurant who wrote down every aspect of our order meticulously.

Although everything ran perhaps slightly slower than your average, bustling city restaurant, it was a lovely

experience. The staff were chatty; each willing to tell us a bit of their own story. It was clear to see the camaraderie, having had a number of weeks to work alongside one another as we visited on the last day of the restaurant being open to the general public. One staff member working in the kitchens appeared very young, perhaps in his 30s.

A particular server, full of character and cheekiness, we were told had shocked some guests with her 'colourful language' at times! We discussed her presentation over dessert and agreed on our differentials had she been a patient presenting to us in clinic. An unusual teaching environment for me but one that I could definitely get used to!

The Restaurant is now closed but do watch out for the programme on Channel 4 in spring 2019

Cornwall Partnership NHS Foundation Trust and BBC Radio Cornwall work on a joint venture to tackle stigma in Mental Health and raise awareness

by

Dr Karen Cocksedge

Dr Cocksedge is a Specialty Trainee (ST6) in Psychiatry.

For the last two years I have had the privilege of organising a monthly mental health phone-in, hosted by BBC Radio Cornwall, which plays on the first Wednesday of every month from 1-2pm. This project was started by two consultants from Cornwall Partnership NHS Foundation Trust (CFT), Dr Rohit Shankar and Dr Richard Laugharne, over eight years ago now and incredibly, this April, we will be celebrating our 100th show!

Each month we cover a different topic of mental health. We arrange for two guests to appear live on the show, usually (but not always) a psychiatrist and another health professional or a patient expert, who are specialists on the topic being covered. So far almost half of all psychiatry consultants in CFT have volunteered and a good proportion of senior non-medical staff, all with positive feedback about the

experience and most keen to do it again! We also organise a pre-recorded case study where a patient volunteers to be interviewed by the BBC in advance to talk about their experience of living with the condition. The pre-recorded case study plays in part throughout the morning and is played in full at the start of the programme. We then encourage listeners to phone-in and share their experiences or ask questions of the live guests. We have repeatedly covered some of the common topics such as depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, bipolar affective disorder, psychosis, personality disorder and self-harm; but also tried to introduce new and interesting topics such as 'spirituality and mental health' and 'stalking and mental health'.



My role has been to organise the programme, find the guests and recruit a willing patient as a case study, having taken over the role from previous trainee, and now Consultant, Dr Beth Chapman. On the day of the programme, I sit at the back of the studio with the producers, helping them with the calls coming in and speaking to some callers who are distressed but too anxious to appear live on the show. That's the nitty gritty of the job, but the reality has been so much more than that. It is quite a humbling experience to sit in the studio and hear some of the caller stories,

especially to recognise their bravery and courage at speaking out. There's been some moving moments, times when we've all been reduced to tears and times when we've been rewarded by guests telling us that we might have helped.

One rewarding moment was on a show covering depression. An elderly man rang in, inspired to make contact after he listened to the case study. He had lost his wife a year previously and since then had been struggling with low mood and hopelessness. He was socially isolated and didn't know what to do. He described the life he used to have and talked of the shop that he and his wife had run in a local town. Incredibly, another caller listening to the show recognised him from the old days: he rang into the show and said he would like to re-establish contact. By the end of the show we'd got them in touch and they were planning to meet up! Social isolation – solved!

As a trainee, not only has the experience been rewarding clinically but it has also had a lot to offer in terms of leadership and management experience. I've greatly enjoyed working with an organisation outside of the NHS and the BBC certainly couldn't be more different! I've enjoyed a close working relationship with the producers and the show presenter, Mr Laurence Reed. They repeatedly state how interesting and rewarding they find the partnership. As my training is approaching the final stages, I've handed over the baton to Mrs Joanna Willcox, a forensic mental health nurse and highly valued colleague, who I'm sure will do a terrific job.

The aim of the shows has been to raise awareness, get people talking and try to tackle stigma in mental health. My recent research, soon to (hopefully) be published, suggests that at least 10% of the county of

Cornwall are tuning in: over 50,000 people! That's a lot of people who are listening, thinking and talking about mental health every single month.

The show's success has inspired Devon Partnership Trust in conjunction with BBC Radio Devon to follow our footsteps. My hope is that over the years to come, more and more localities do the same. The more we can get people talking, the more we raise awareness, the more we start to tackle the stigma.

BBC Cornwall's mental health phone-in can be heard on BBC Radio Cornwall on the 1st Wednesday of every month at 1 pm – 2 pm.

95.2 FM, 96.0 FM and 103.9 FM

DAB

630kHz and 657kHz MW/AM

Practical Skills Therapeutic Education (PSTE) Fish Farm

by

Cristina Da Mata and Matt Vidal

Cristina Da Mata is a Learning Assistant and Matt Vidal is a Tutor at the Fish Farm.

The Ruskin Mill College (RMC) is based in Nailsworth, Gloucestershire and is one of the four Colleges that operates within the Ruskin Mill Trust that provides education for 16-25 year olds with complex needs including Autism, ADHD, Pathological Demand Avoidance and significant behavioural problems.

The Ruskin Mill College offers a range of course subjects to learners with complex needs, providing both residential and day placements. The College unique curriculum of Practical Skills Therapeutic Education (PSTE), offers practical land-based and traditional craft activities including animal husbandry, fish farming, woodland management, horticulture, catering, drama, felting and art, with communication and functional skills embedded throughout the day and residential provision. At Gables farm, market garden and the fish farm, students help to grow and harvest healthy biodynamic food, and prepare meals in the College canteens, café



and households. Students can achieve awards, accreditation and qualifications both through college courses and external placements.

In the Fish Farm each student gets to work at their own pace and develop skills throughout their journey in the College. On the fish farm we can supply so many key elements for the curriculum to work with the students to improve their independence skills. Nearly all the tasks involve team work which is intrinsically linked with being able to communicate. Communication is very difficult for some students and a key area for the

development of student's life skills.

People perceive us and we perceive others through our senses and for some of our students with learning difficulties and disabilities this translation process is compromised. The Fish Farm enables the students to learn using all their senses, immersing themselves in sounds, smells, sights, touch, movement, balance, warmth that the habitat supplies and facilitating sensory integration.

The Fish Farm environment is beautiful and functional space that aids the learning and development of students. A great example of this is working in the water. The student has to overcome the fear of water, the cold, the feel as it tightens around the legs whilst wearing waders, the uncertainty of every foot step on the slippery surface, the anxiety of falling and this is just the water. They then need to consider holding or touching a Brown Trout which to most is a very alien experience, of sight,

smell, touch and movement as the Brown Trout flips and splashes. The levels of anxiety and apprehension, before an experience are visible in most students and the accomplishment once they have achieved the task cannot be adequately put into words. Confidence grows, fine and gross motor skills are practiced, communication and team work established, trust between students develops, relationships built, listening to instructions becomes fundamental and importantly fun is had by all therefore engaging

students. It's amazing to see the therapeutic education at work. This is one of many tasks they could be involved in on the fish farm or the wider College where there are so many opportunities for the students to thrive.

Overall the Fish Farm proves to be a great place for the students' mental wellbeing. The environment allows the students to experience the space and community in a positive way and to then take the steps to engage in the Practical Skills Therapeutic Education curriculum.

Kieren Dancer 3rd Year student:

"My favourite activity in the Fish Farm is netting the ponds. This is an exciting activity for me because we have to be in the water with the waders on and at the same time work as a team to catch the fish.

Working on the Fish Farm definitely helped to improve my confidence in being around peers".

South West Division Training (SWDT) update

After the success of our Research for busy psychiatrists course in March, we have a busy spring programme of events planned in the south west:

- Opportunities for Retired Doctors event, 1 April.
- Spring Biannual Meeting 'Creating Safer Services and Maintaining Joy in our Work: Developing Resilience in Psychiatry', 17 May.
- Adults with Autism – Management after diagnosis course, 4 June.



The [Section 12 and Approved Clinician Induction and Refresher courses](#) continue to be popular this year and we will be running a mixture of inductions and refreshers throughout 2019. Our next Section 12 and Approved Clinician Refresher courses will be held in Tiverton on 2 and 3 April respectively.

Planning is also well underway for the remainder

of the 2019 programme, which includes a Physical Health Workshop, Retired Doctors event and Personality Disorders course, along with the South West Division's [Annual Dinner](#) on 21 November and Autumn Biannual Meeting on 22 November.

You can find more information about all of these events and book online via on our [Training and Events](#) web pages.

You are also welcome to call the office on 01761 463979 to book.

Update from the South West Division PTC Representatives

by

Dr Russell Gibson



The Psychiatric Trainee Committee (PTC) represents psychiatric trainees within the United Kingdom, with a particular focus on driving through improvements in training and ultimately the lives of people with mental illness. We (Dr Russell Gibson, Dr Zabelle Aslanyan and Dr Ross Runciman) are your local representatives.

Lately, the PTC has been involved in a number of projects. These include

producing '[Supported and Valued? Staying Safe - A trainee led review into fatigue within psychiatry](#)', which provides useful tips for staying safe and managing the issue of fatigue when working night shifts or on call. '[Enhanced junior doctor forums: An implementation guide](#)' showcases examples of junior doctor forums and provides advice on how to set one up locally.

The PTC held the successful 'Supported and Valued' conference in Manchester on the 24th and 25th of January, at which over 130 trainees from around the country attended. Highlights included speakers Professor Dinesh Bhugra (President, BMA), Dr Kate Lovett (Dean, RCPsych) and Dr Caroline Walker (Psychiatrist, NHS Practitioner Health Programme) who talked powerfully about her own experience of mental health

problems. View the [presentations from the conference](#).

We have recently started a national survey of psychiatry trainees to explore the quality and value of the psychotherapy long case, and hopefully help to provide recommendations for improving the experience. Plus there is the option of being entered into a PRIZE DRAW for £50 Amazon vouchers! [Please take the survey](#).

For more information about the PTC and how to get involved, visit the [PTC website](#).

If you have any issues you wish us to raise with the college please feel free to contact us, and we will endeavour to help.

Please contact us via the [Division office](#).

Poem 'Life-Line'

by

Rosalind Bizley

Rosalind finds writing poetry a very therapeutic way of managing some of her own mental health difficulties.

She won the Lisa Thomas Poetry Prize in 2018 and hopes that her poems will reach out, not only to fellow sufferers, but also to those who treat and support us with such patience and dedication.

Listen... oh please.... please...will you listen –
and hear the courage that it took to call you?
Have you the time to wait patiently through the sobbing and the crying,
and hear the utter desolation that lies beneath the tears?
Are you able to *really* listen.... to listen deeply,
- not only with your mind, but also with your heart -
so that when you speak, you will speak kindly, and with empathy?
Can you bear to hear the long, brooding silence?
For in the depths of that silence many secrets may hide:
secrets as yet untold - so very heavy, so terribly entangled.
Will you hold for precious moments the words that at last may tumble out -
because *you* are there?
Do you dare to sift and search,
and, in so doing, help to find the hidden pearl?

If you can do all this - oh Listener, you have a rare and wonderful gift -
And your voice of compassion and non-judgement,
may be the lifeline which saves a drowning soul.

Innovation Prize 2018 Winner: Improving medical engagement in a large mental health trust

by

Dr Tiff Earle

Dr Earle is a Consultant Psychiatrist and Medical Lead in North Somerset, she has also been recently appointed to Trustwide Clinical Leadership Mentor for trainees.



(AWP) is a large provider of mental health services in England. Last year our Chief Executive engaged the Trust with 'Listening into Action' (LiA). This is an ethos whereby staff take a bottom up approach to solving issues within the organization affecting staff, patients and carers. LiA uses an innovative '7 step' approach to tackling issues identified through the Pulse Check survey and 'CrowdFixing' events.

The 2017 survey clearly identified medics as the most dissatisfied and disengaged staff group.

Further analysis showed that our attrition rate for consultants leaving for non-retirement reasons is 5.8% annually vs. a national average of 3.3%

Engagement as a concept has supplanted what was previously thought of as commitment, motivation and job satisfaction.

Background

Poor medical engagement in NHS organisations has many detrimental effects. The Kings Fund 'Medical Engagement – a Journey not an Event' paper (2014) demonstrated that Trusts with better medical engagement, did better on a range of measures. These include patient outcome and experience, as well as financial performance.

Avon and Wiltshire Mental Health Partnership Trust

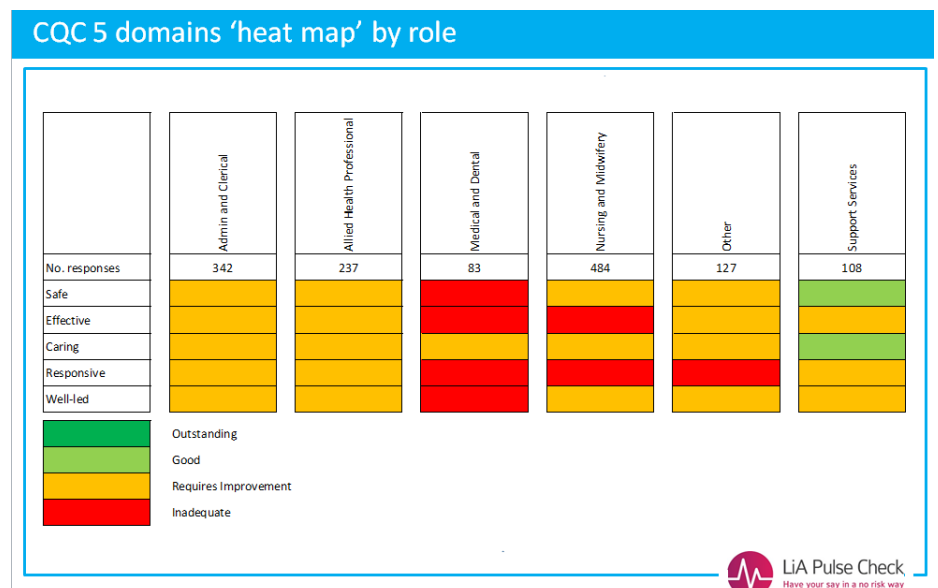


Figure 1 – Pulse Check results 2017

Objectives

To improve the medical engagement in the Trust and reduce attrition rates and agency spend.

Methods

Quantitative assessment via a 'Pulse Check' survey of all staff, repeated after a year. We followed this with qualitative research, via a semi-structured interview with 10% of the 120 strong consultant body. A thematic analysis was undertaken.

This led to the formation of a 'medical engagement response team' with senior medical leaders in AWP to design and implement interventions, based on the feedback.

Results

Thematic review showed doctors felt they lacked influence in services or the organisation, that they had no voice, that communication from the Trust was poor, and they lacked a feeling of belonging. Therefore (through LiA 7 steps), we have encouraged senior medics to lead on a host of strategic clinical initiatives, pathways & QI projects.

Operational managers in each business unit now attend senior medic's monthly meeting for two-way conversations about service/organisational issues and changes in their area.

We have instigated a series of 'quick wins' from feedback gained thus far, to address doctors concerns and communicated these widely through a 'you said, we did' approach.

Our repeat Pulse Check survey has shown improvement in medical engagement across all domains, although there is no significant change in our attrition rate thus far

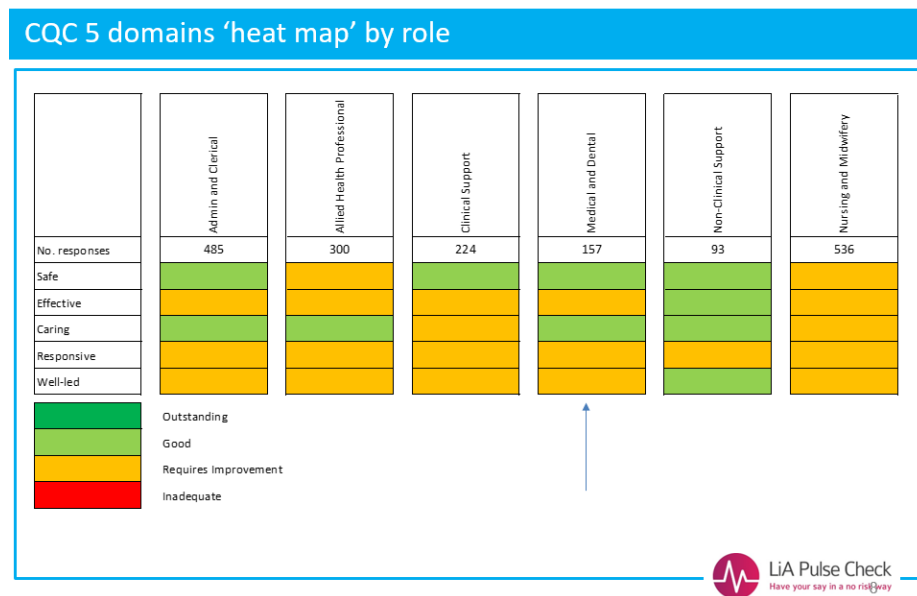


Figure 2 – Pulse Check results 2018

We are using MacLeod D, Clarke N. (2009) 4 key principles for staff engagement as our overarching ethos.

- Strategic narrative - employee engagement is now one of 3 core strategic objectives in AWP
- Engaging managers - medical leads are the cornerstone to changes and have monthly Trustwide meetings to discuss further requirements for medical engagement and implementation
- Employee voice - through LiA Pulse Check, Crowdfixing and locality based medical advisory groups
- Integrity - being open and honest about what we can and cannot do, effective communication of all developments and changes, so we are currently undertaking a further LiA project specifically looking at improving communication with medics.

Prizes and Bursaries

There are several prizes and bursaries available to consultants, SAS doctors, specialist associates, trainees, foundation year doctors and med students for the upcoming 2019 Spring Biannual Meeting in Exeter. Take a look at our [Prizes and Bursaries](#) web page and [Biannual Meeting](#) web page for more details.



Vacancies in the South West Division



We have a number of vacancies for College posts available and are keen to see them filled as soon as possible - particularly the Deputy Regional Advisor posts - as they play an important role in supporting our members and ensuring the success of the Division generally. Check out our [Vacancies](#) page to see how you can get involved and support your Division.

Disclaimer: The opinions expressed in this newsletter are those of individual authors and do not necessarily represent the views of the Royal College of Psychiatrists.