
Wales. Newsletter

Summer 2019

Edition Associate Editor

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[@RCPsychWales](https://rcpsych.ac.uk/wales)

welcome

Professor Keith Lloyd

Chair, RCPsych Wales
Vice President, Royal College of Psychiatrists

Welcome to the summer edition of the Royal College of Psychiatrists Wales newsletter.

I can't quite believe we've reached July already but here we are! The first edition of the newsletter proved to be a tremendous success, so thanks to all of you who provided feedback and offered suggestions regarding content for this one.

A special thanks to Dr Anita Naik for taking on the role of associate editor for this edition – we're really grateful, and her article is an important read.

It's been another incredibly busy time again for us all here at the college, and things show no sign of slowing down! In these past few months, we've been responding to numerous government consultations, hosted more exciting and innovative events, achieved increasing media coverage and requests for our input into features and stories. In this edition you'll find contributions from our members, partner organisations and overall plenty of news and information about the work we're all doing here in Wales.

On a personal note, there have been a few issues I've been watching closely of late, and they continue to be consistent themes for the college to focus upon:

The evidence that patients who live in Wales are sometimes placed in healthcare settings a very long way from where they live when that is not always driven by clinical need.

Vacancies are being held, not being advertised or filled so subsequently services are being run down, workloads increasing and patients having to wait longer. The apparent shortfall in provision of psychological therapies for common mental disorders in primary care, and specialist



therapies in secondary care for which eligibility criteria are used to manage demand.

Finally as you can see from the content of this newsletter, there are many positive things to celebrate too such as the 100% fill rate for general psychiatry core training this year.

In the meantime, thanks again for taking the time to read our latest newsletter, and do forward onto any of your colleagues you feel may find it of interest. If you have any comments, feedback or ideas for future editions then please get in touch (you'll find our contact details at the back).

Have a great summer Keith

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recent achievements

'Psychiatry in evolution' Joint meeting with Welsh Psychiatric Society

On Friday 14 June, the Royal College of Psychiatrists Wales and the Welsh Psychiatry Society held their biannual joint conference at the Dylan Thomas Centre in Swansea.

These conferences have been taking place for a number of years now, alternating between Cardiff and Swansea, so following on from last November's successful event in Cardiff, it was Swansea's turn!

The theme of this conference was '[Psychiatry in Evolution](#)' with all seminars focussing on where profession and its work are now and the exciting developments that lie ahead.

The conference was attended by over 50 delegates who enjoyed a thoroughly engaging programme that comprised of the following:

Psychiatry in Evolution
Dr Richard Laugharne
Cornwall Partnership NHS Foundation Trust

Mental Health Act Review 2018: It's all about Capacity

Dr Adrian James
Registrar, RCPsych

My Bright Shadow
Patrick Jones
Artist in Residence, RCPsych Wales

Psychiatry and Beyond
Dr JS Bamrah
Chair, BAPIO

The State of Postgraduate Medical Education
Dr Ian Collings
Interim Deputy Postgraduate Dean
Health Education and Improvement Wales

Meaningful Co-production
Mair Elliott
Patient Representative, RCPsych Wales

CCQI in Wales
Peter Thompson
Senior Associate Director, CCQI



Right: Prof Keith Lloyd introduces the conference programme to delegates



#Unafraid: Mental Health in Words

On evening of 16 May 2019, the Royal College of Psychiatrists Wales hosted '#Unafraid – Mental Health in Words', an evening to celebrate the benefits and importance of arts and mental health collaboration.

The arts can play a positive role for people experiencing mental health issues, and The Royal College of Psychiatrists Wales is keen to promote its value.

The purpose of #Unafraid: Mental Health in Words' was to:

- Demonstrate the positive impact of arts in mental health
- Explore the potential ways the college can promote these impacts within a clinical environment and highlight the rich heritage of the arts in Wales
- Acknowledge and embrace the goodwill of those in the arts world who are keen to demonstrate how vital and beneficial their work is for mental health services

Royal College of Psychiatrists Wales Chair, Prof Keith Lloyd said:

"This work is both exciting and invaluable, and we are keen to reach out to more writers and poets. No-one is immune to experiencing mental ill health, how we manage our mental health is so important and the arts have a part to play in promoting positive mental well-being."

We were incredibly grateful to have the support of Literature Wales for this event. Literature Wales are a registered charity who work to inspire communities, develop writers and celebrate the literary culture of Wales.

Right: Some of the event artists pictured with Prof Keith Lloyd and Ollie John

Literature Wales works in Welsh, English and bilingually across the country, and facilitate, fund and directly deliver a literary programme across the country. Literature Wales is focussing on several important areas as part of their strategic plan 2019-22, Health and Wellbeing featuring high on their agenda. By supporting and advocating the various ways literature can contribute positively to the nation's health and well-being, Literature Wales will play a key role in improving the lives of people in Wales.

Lleucu Siencyn, Chief Executive of Literature Wales had this to say:

"As an organisation, we are passionate believers that engagement in the arts, and literature in particular, can have a positive effect on people's mental and physical wellbeing and can improve our lives. To that end, we're delighted to support this event which will help to amplify the need to widen the conversations around mental health."



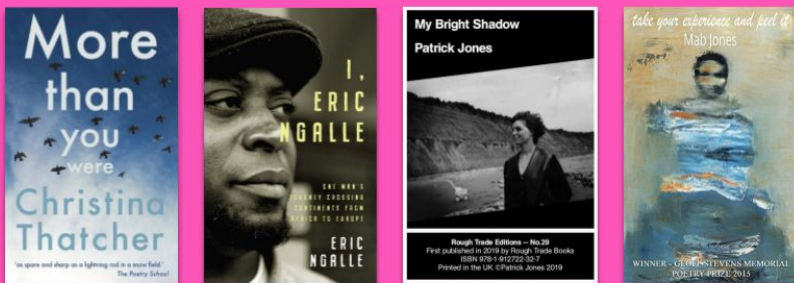
#Unafraid: Mental Health in Words' success was thanks to the calibre of performers who kindly agreed to take part. Each of them has a high-profile presence in the literary world and had their own unique stories to share with regards to mental health that demonstrated just how much poetry and writing had helped them throughout their journeys.

Patrick Jones is RCPsych Wales' artist in residence. Patrick is a renowned poet and playwright, and has a rich history of involvement with arts and health projects. He has worked with The Forget Me Not Chorus, whose members are individuals living with Dementia, on the 'My Song My Story' project, and is currently working with clinicians and people living with dementia on an innovative Wales-wide arts & dementia project entitled [#ThisIsMyTruthTellMeYours](https://www.patrick-jones.info/).
www.patrick-jones.info/

Eric Ngalle Charles After nearly a decade seeking sanctuary as a refugee from Cameroon, Eric eventually reached south Wales, where he studied modern history and popular culture at Cardiff Metropolitan University. In addition to being an accomplished poet, dramatist and novelist (with work featured at the Hay festival and the BBC), Eric also runs [Black Entertainment Wales](https://www.parthianbooks.com/products/i-eric-ngalle-a-mi-grant), an arts organisation that provides a platform for artists in BME communities..
www.parthianbooks.com/products/i-eric-ngalle-a-mi-grant

Parvin Ziaei is Persian born and grew up in Tehran. She qualified as a nurse but was forced to flee with her homeland due to her Christian faith, abusive marriage, and political views. Parvin's journey of writing, singing and classical dancing began in childhood. She was trained as a vocalist in Classical Persian Music, putting the mystic poetry of Hafiz, Rumi, Sa'adi, and Khayyam into song and performance. Parvin's first English poem was featured as part of a project highlighting stories of refugees through poetry, led by Patrick Jones

Mair Elliot is a patient representative of The Royal College of Psychiatrists Wales, and an autism and mental health campaigner who raises awareness of issues through talking about her own personal experiences. Mair is a St David's Awards winner, spending much of her time campaigning for improved services and increased awareness of both mental health and autism. Mair is also a trustee for Hafal, and a research champion for the National Centre for Mental Health.
www.mairelliott.com/



Mab Jones is a winner of many prizes for her work including the John Tripp Spoken Poetry Audience Award, the Word Factory Neil Gaiman Short Story competition, and a recent Literature Matters Award from the Royal Society of Literature. Mab teaches creative writing at Cardiff University, is a freelancer with the New York Times, and has presented poetry programmes on BBC Radio. Mab worked for Literature Wales as coordinator of International Dylan Thomas Day in 2016 & 2017.

www.mabjones.com/

Christina Thatcher is a Creative Writing Lecturer at Cardiff Metropolitan University. Christina is the Poetry Editor for The Cardiff Review and is a freelance workshop facilitator.. Her poetry and short stories have featured in over 40 publications including The London Magazine, Planet Magazine, The Interpreter's House and more. Christina's first collection 'More Than You Were' was shortlisted in Bare Fiction's Debut Poetry Collection Competition in 2015 and published by Parthian Books in 2017.
www.christinathatcher.com/

Mark Smith is well versed in the arts and mental health. Over the last ten years, he has set up and run a voluntary organisation called Making Minds, which explores mental health through various arts-based events and projects. Mark is now developing an organisation called [Sixty-Six/Ninety-Nine](https://www.twitter.com/66_99_Wales), that will provide creative solutions to make it easier for people to talk about suicide.

www.twitter.com/66_99_Wales

We were delighted to be joined by Jeremy Miles AM, Brexit Secretary and Counsel General. Jeremy added:

"I was thrilled to attend '#Unafraid: Mental Health in Words' event. I'm a passionate supporter of both the arts and the work the Royal College of Psychiatrists Wales is doing to improve the lives of those experiencing difficulties with their mental health, and this event clearly demonstrated an overwhelming benefit of having these two sectors working closely together.

"It was a privilege to hear the poems and stories of the performers, and to see first-hand just how much their art had proved to be a vital tool of expression on their individual journeys. The arts can play an important role in maintaining good mental health, and I welcome and look forward to seeing this work develop further"



Right: Prof Keith Lloyd with Jeremy Miles AM

'#Unafraid: Mental Health in Words' was a great success, demonstrating just how important the role that arts have in supporting good mental health. The response on the night was fantastic and subsequent feedback has been really encouraging, so we're very much looking forward to seeing where this exciting work leads!

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Policy & Public Affairs Update

The College in Wales regularly responds to consultations from Welsh Government and from the National Assembly for Wales both in the submission of written material but also giving oral evidence to various committees.

On occasion, responses are required that involve working with partner organisations – we often lead and coordinate this type of joint working to ensure that any response in those circumstances has the maximum impact when it's submitted for Government or Assembly consideration.

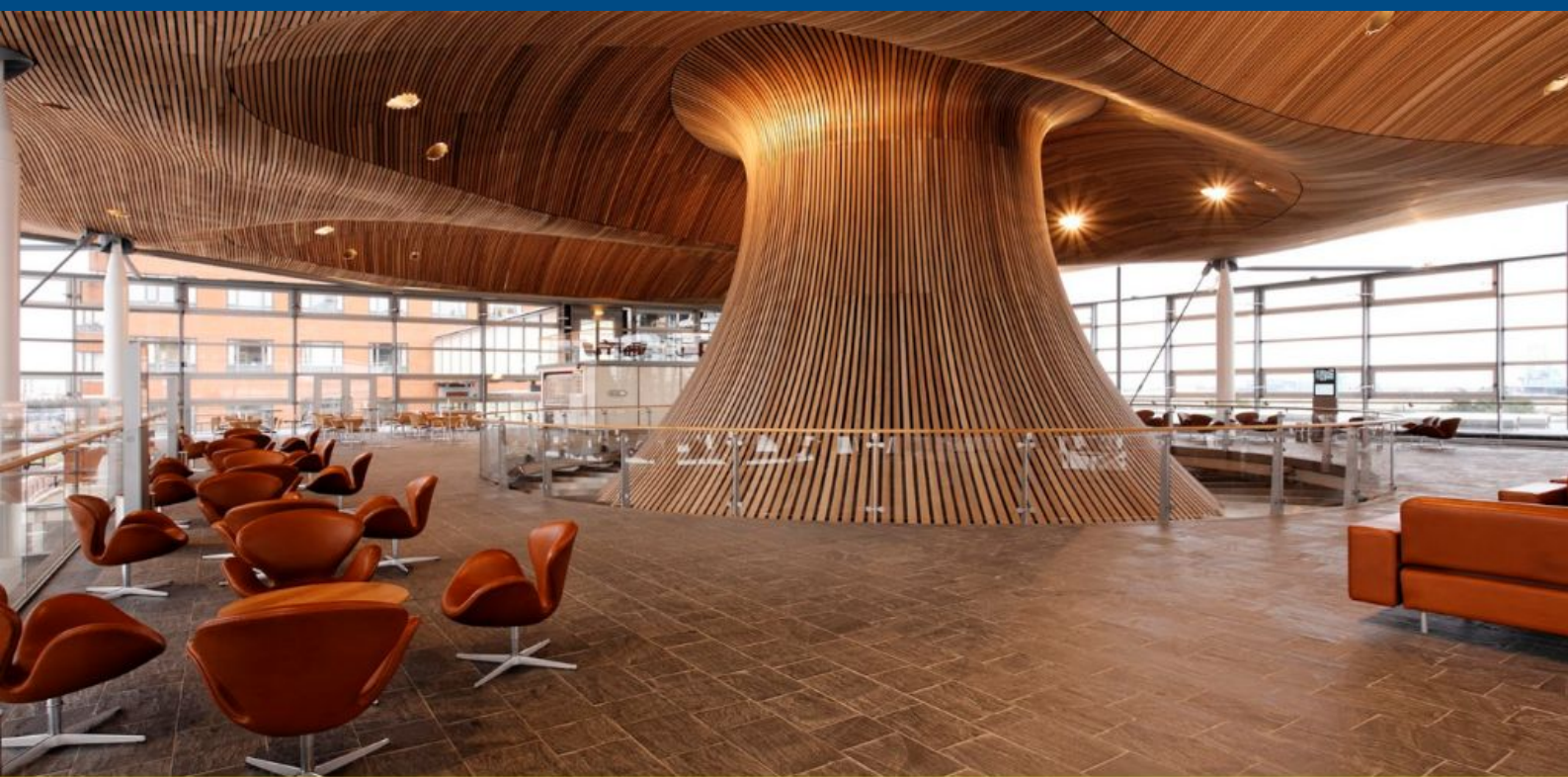
We are currently accepting responses from members and intending to respond to the following consultations:

- [Health, Social Care and Sport Committee Scrutiny of the Health and Social Care \(Quality and Engagement\) \(Wales\) Bill](#) (Closing Date 2nd August) (with potential to be extended until late August)
- [The Welsh Government Substance Misuse Delivery Plan 2019-2022 Consultation](#) (Closing Date 8th August)
- [The Welsh Government's Together for Mental Health Delivery Plan 2019-2022 Consultation](#) (Closing Date 30 August)

In recent months, the college has given input on the following pieces of government work:

- Health, Social Care & Sport Committee. Inquiry into Health and Social Care in the adult prison estate
- Health, Social Care & Sport Committee. Inquiry into Mental Health support in police custody
- National Assembly for Wales, Cross Party Group into Dementia. Inquiry into Dementia Care in Hospitals

For further details of these, please go to www.rcpsych.ac.uk/wales/policy



Executive Committee Updates and Vacancies

As the professional medical body for psychiatry in Wales, the Royal College of Psychiatrists set standards and promote excellence in psychiatry and mental healthcare.

We lead, represent and support psychiatrists nationally to government and other agencies, aiming to improve the outcomes of people with mental illness, and the mental health of individuals, their families, and communities.

A central component of that work is the RCPsych Wales executive committee.

We currently have a few vacancies for the RCPsych Wales executive committee

- **Patient Representative**
(Closing Date 19th August)
- **Chair of Child & Adolescent Psychiatry**
(Closing Date 19th August)
- **Chair of Intellectual Disability**
(Closing Date 19th August)
- **Regional Adviser**
(Closing Date 19th August)

For the full job descriptions, for further details and for general updates on the executive committee, please go to www.rcpsych.ac.uk/wales/executive

upcoming events

RCPsych Wales
Child & Adolescent and General Adult Joint Conference 'Transitions'
6th September, All Nations Centre, Cardiff

RCPsych Wales
Approved Clinician or Section 12(2) Induction
10th September, Wrexham Medical Institute

RCPsych Wales
Approved Clinician or Section 12(2) Refresher
12th September, Wrexham Medical Institute

RCPsych Wales
Primary School Mental Health Debates
18th October, Lisvane Primary School

RCPsych Wales
Old Age Faculty Conference
1st November, Big Pit Museum, Blaenavon

The Welsh Psychiatric Society & RCPsych Wales
Joint Winter Meeting
TBC, November, Cardiff

RCPsych Wales
Education Conference
11th November, All Nations Centre, Cardiff

RCPsych Wales & Newport Council
Winter Mental Health School Debates
11th November, All Nations Centre, Cardiff

RCPsych Wales
Approved Clinician or Section 12(2) Induction
19th November, Holiday Inn, Newport

RCPsych Wales
Approved Clinician or Section 12(2) Refresher
21st November, Holiday Inn, Newport

RCPsych Wales
Recruitment & Retention Showcase
TBC November, Wrexham Medical Institute

menstrual health

Mair Elliott

Patient Representative, RCPsych Wales

“I think we can all agree that both mental health and menstruation are topics many avoid talking about, despite the fact all of us have one, and half of us both.

What can I say? I’m not one for abiding by social norms and keeping quiet over topics that I feel need to be debated, so settle in, get comfy, get yourself a cup of tea, and join me in exploring menstruation and mental health.


I have lived with complex mental illness since the age of 14, and now at 22 it is a part of my life that I’ve learnt to manage to a certain extent. However, there is one thing that derails me on a regular basis: my menstrual cycle.

Each month during the Luteal phase, the span of time between ovulation and bleeding, typically associated with PMS, my illness gets hold of the reins and I descend into the depths of my mental illness. Seeing as I’m always tiptoeing and wobbling on a fine line of stability above the chasm of crisis anyway, I have no room for anything that could knock me off balance. For me, PMS isn’t just getting a bit ‘sensitive’, it’s often a mental illness crisis with suicidal ideation, increased hallucinations, rapid cycling mood changes, a complete inability to function including attending to personal hygiene, eating properly, working, etc. Looking back, almost all of my major incidents and hospitalisations have occurred during the week before my period. This is not a coincidence, and it’s not just me.



Since I have been exploring my own experiences, I have been surprised by how many of my female peers with mental illness also experience this link. I have also been struck by how few of us have brought it up with our clinical treatment teams.

I can’t help but ask why this is? I can only speak of my own experiences, but I have not in the past realised this link because I had internalised the belief that I just had to put up with issues associated with my period. I didn’t seek help because I assumed being a woman meant I just had to endure. Since I have started to talk about this topic openly, this belief has been evident in many of the women around me. I was told that I would just have to ‘put up’ with the monthly hell-weeks (as I’ve termed my luteal phase), but as I naturally question and challenge most things I’m told and this was no exception, I questioned and challenged.



Why should I 'put up' with this? It is stopping me from being able to live my life, so why should I keep quiet and accept it as something I must endure? I'm deserving of better, so why would I settle for this? My answer: I would not accept that I simply must endure, I would seek help and treatment.

Alas, I hit another roadblock:

The professionals who are part of my care and treatment didn't know what to do, or how to help me. Some told me to 'think it away', or to do 'nice things' for myself when in my luteal phase, but I cannot control my body's biological processes, or the reactions my body and mind have to them. Although I work very hard to keep myself well, it is a slap in the face to be told to 'try harder', especially when it's something out of my control. Eventually, it was decided the best solution was to get an appointment at a family planning clinic and attend with my MH nurse.

The outcome of this appointment:

I have a severe form of PMS named Premenstrual Dysphoric Disorder (PMDD). This is a condition recently listed in the DSM and the ICD. In simple terms it's PMS on steroids, which explains why my menstrual cycle and mental illness are so closely linked - my brain and ovaries are at war with each other. Getting PMDD under control is going to be a systematic process of finding a contraceptive method that stabilises my hormones without aggravating my mental illness. I will continue to receive support from mental health services in the meantime to help me manage my mental illness. Upon speaking to other women with the same disorder it may take some time to get things right, but at least I have an answer.

This whole experience has been churning in my mind. If women with mental illness are accessing MH services, why isn't their menstrual cycle taken into account? As with myself, many women work hard to stay well and the menstrual cycle could be stopping some of us from being able to do that effectively. It could be having a negative impact on our ability to function and overall quality of life, which are the two things MH services aim to increase. Even women who don't necessarily have PMDD but do have mental illness, their illness can be aggravated by the fluctuations in hormones. Does the belief that women must 'put up' with 'women's problems' really run so deep that even healthcare providers and professionals buy into it?

Another issue relating to menstruation is menstrual hygiene, and period care for women who are very ill and cannot care for themselves. From my own experience, I can remember being in a psychiatric ward, getting my period, asking a nurse for a pad, and then my request being forgotten. I was too caught up in illness to ask again, turning to toilet paper instead. Another time I was on 1 to 1 (when you require constant supervision from a member of staff, including in the bathroom), a man happened to be assigned to me and I needed to change my pad but there were no women to swap with the male member of staff. If a woman is requiring care as intimate as needing help with personal hygiene, then her period care needs to be considered. It should be done, as with all other care, with dignity and respect, not as an afterthought or as an inconvenience.

It's time we dropped the embarrassment, stigma and hush-hush over menstruation. In the frame of mental illness and menstruation, it could be affecting women more than we can currently see. If women are experiencing worse outcomes and poorer care because services aren't able to accommodate menstrual needs, it becomes a health inequality that must be addressed. Women deserve better. It's time we started to unpack this issue and take a long hard look at how we support women going into the future. I myself feel women's lives are at risk, including my own, and so will not stand by and participate in nonsensical stigma. I hope others can do the same. "

Mair is the patient representative on the executive committee of the Royal College of Psychiatrists Wales. She will be working to create a document for clinicians on menstruation and mental health, this will include gathering the experiences of interested people.

For more information about the condition, please go to <https://iapmd.org/>

This featured article has been reproduced from an RCPsych Wales blog.

Every few weeks, we host a guest blog on a discussion topic.

If you would be interested in submitting a blog for the RCPsych website, please get in touch with oliver.john@rcpsych.ac.uk

recruitment & retention showcase

Ollie John

Manager, RCPsych Wales

The showcase is a new initiative aiming to understand, develop and build upon innovative ideas to enhance recruitment and retention in Wales.

Members have the opportunity to highlight projects that they've initiated and that are having an impact locally, or likewise they've the opportunity to propose ideas for support.

What we hope is that we'll be able to identify a number of projects that we can endorse, publicise or help further develop.

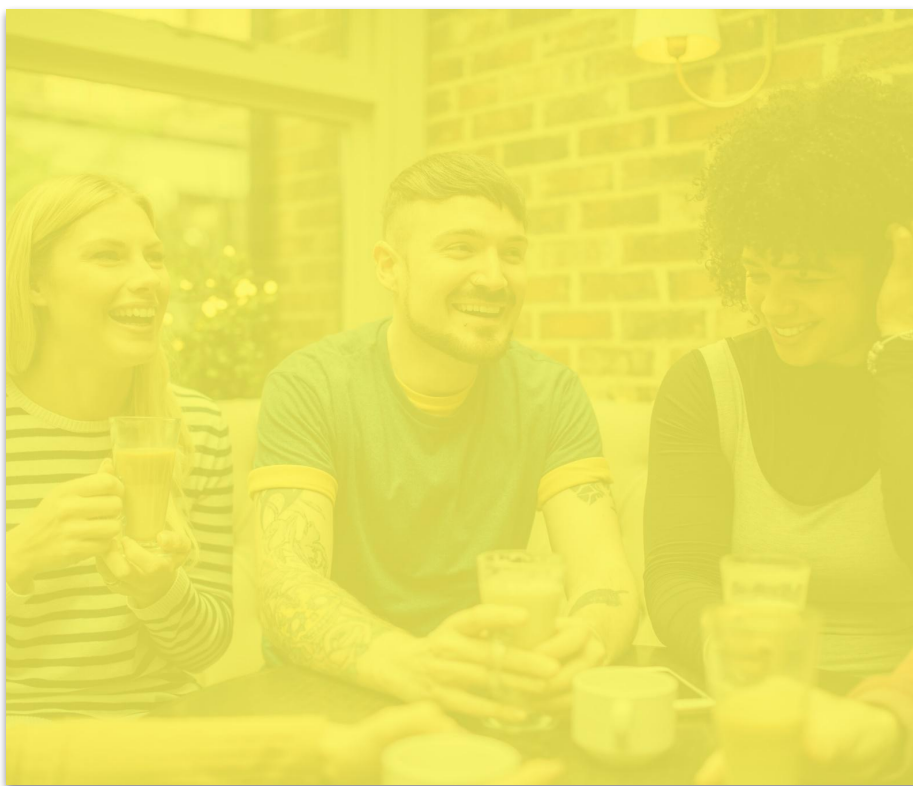
In July, we held our first showcase, hopefully the first of many.

Several projects were discussed and presented at that event. They are really exciting projects, some current, some planned but it's fantastic that these are projects that have been generated by members and will be supported by the College.

Just some of the projects and areas discussed:

- Additional and unique bursaries for medical students and trainees in Wales
- Mentoring opportunities for ST6 trainees
- A repository for academic posters presented at Welsh conference
- Mentoring support for international medical graduates

.... and many more



We're really keen to replicate this event across the Country and are looking to arrange an event in North Wales in the coming months.

We'll be producing a document to highlight the projects that have been proposed and will be taken forward and supported by the College in Wales.

As a flavour of this document, we've highlighted a project that has been initiated by Dr Anand Ganesan in this edition.

Ultimately, it's a programme that we'll look to expand and build upon, but it's fantastic to see the interest that it's already generated.

**Speciality Associate in Training
Proposed by Dr Anand Ganesan
Executive Committee Member, RCPsych Wales**

The SAT - SAS post, a Royal College of Psychiatrists Wales & Wales Deanery joint initiative, is a 5-year fixed term post with SAS pay scale that offers the post holder built-in training opportunities.

The portfolio career post offers a structured programme of Specialist training, working towards achieving competencies required for Certificate of Specialist Registration (CESR). SAT - SAS post is based on the idea to marry the opportunities of both service and training posts to make it lucrative and improve recruitment and retention in hard to fill geographical areas, because traditionally, SAS posts are service posts with little opportunities for career progression.

SAS doctors rarely receive any personalised support / supervision or access to structured training opportunities. Currently SAS doctors who intend to apply for CESR go through an uphill battle to achieve and / or demonstrate Specialty Specific Curriculum competencies, and do not get adequate Supporting Professional activities (SPAs) to develop a full range of skills and knowledge required for a CESR applicant.



Current SAS Recruitment and Retention

SAS workforce is the backbone of NHS service delivery, and any vacant SAS posts add significant burden to that service delivery (there is also an added financial burden when these posts are filled by expensive agency locums).

Lack of training opportunities and career progression render the SAS posts unattractive, plus SAS doctors who complete CESR usually stay within their Health Board to fill vacant Consultant posts.

Recruitment within Hywel Dda UHB

Rurality poses significant recruitment and retention challenges in Hywel Dda UHB, and there are currently several long-term unfilled SAS posts in Psychiatry (these are currently being filled by agency locums at high cost). Hywel Dda Health Board has a good track record of supporting CESR applicants; they currently have 3 successful CESR applicants within Mental Health and 2 SAS doctors working towards CESR application.

HDUHB has a Good track record of training ANP, MTI, Physician Associate, and because of their approach to recruitment, the vacant Consultant posts provide excellent scope for future employment opportunities.

Proposed Solutions to SAS Recruitment

- Develop local infrastructures to support SAS doctors.
- Offer meaningful career progression opportunities.
- Offer a structured programme of training mapped to Specialty Specific Guidance.
- Offer structured, tailored Portfolio career days to gain required CESR competences.
- Provide access to additional training opportunities that support personal development.
- Access to HEIW funded secondment opportunities for targeted competency achievement.
- Access to Royal College of Psychiatrists Portfolio and support.
- Access to Recognised Trainer input in the form of Named Clinical Supervisor and Educational Supervisor.
- Provide Portfolio review and support.
- Offer Annual review of competency progression (ARCP).
- Access to Professional support unit (PSU).

Left: Dr Anand Ganesan (Picture courtesy of Train.Work.Live)

cont'd

The Pilot Post Proposal is a cost neutral initiative which aims to effectively utilise the existing resources to improve training opportunities. This innovative post satisfies key, shared aims between HEIW, HDUHB and the Royal College of Psychiatrists, and will be open for application from enthusiastic SAS doctors who are keen to work on General Adult Psychiatry CESR application.

The pilot will be trialed in a vacant SAS doctor post in GA Psychiatry within Hywel Dda UHB, and will be a fixed term 5-year post, the duration which GMC stipulates to collect evidence for CESR application. The successful applicant will have an initial CESR portfolio assessment to ascertain suitability for the programme, and will be offered a clearly identified structured programme of training (with a dedicated Educational Supervisor and a Named Clinical Supervisor). With regards to training, the successful post holder will have Portfolio career day, typically 2 sessions a week dedicated to building the portfolio towards CESR; HEIW funded secondment opportunities to gain competencies as identified in ARCP / PDP Including opportunities; and support to achieve Section 12(2) and AC (Approved Clinician status) approval.

The post holder will have SAS pay scale as per SAS pay terms and conditions enabling them to work and train in General Adult Psychiatry with opportunity to split their sessions between Community Psychiatry and Acute Psychiatric services.

The SAT project is just one project, proposed from the recruitment and retention showcase that we'll be supporting in its development. Further information about other projects will be highlighted in a publication next month, look out for that.

We will be holding further showcase events around Wales in the near future.



RECRUITMENT RETENTION SHOWCASE

10 MINUTE PRESENTATIONS . NO POWERPOINT

manager's message

Ollie John

Manager, RCPsych Wales

The publication of these newsletters really allows for us to take stock of what's been a busy and successful period.

We've received the fantastic news of 100% recruitment into core training in Wales, we've welcomed new members of staff and have had the opportunity to reflect on a number of different, successful and exciting projects and events initiated by the College and by members.

This particular newsletter edition really does provide a focus on efforts to recruit and support doctors in their training in Psychiatry. It's really heartening to see that there is so much personal investment from all levels of the profession to supporting future psychiatrists.

The recruitment and retention showcase was a particular highlight for me. Several projects discussed and presented at that event will be written up, documented and promoted. They are really exciting projects, some current, some planned but it's fantastic that these are projects that have been generated by members and supported by the College.

I must highlight the passions of Dr Ceri Evans and Dr Rob Stamatakis in offering guidance and strategy to existing and future efforts to improve levels of recruitment and retention into Psychiatry in Wales.

Elsewhere, We're able to offer up some guest blog space on the RCPsych website, if there is a particular topic that you are passionate about - particularly if we can link to some policy or project development for the College. You'll see a great example from Mair's blog which has been re-produced for this edition, this has received significant attention across the Globe as it'll look to inform her own project work.



I'm absolutely delighted that we've appointed Louis Mertens as our new policy officer. In the short time that Louis has been with us, he's very quickly picked up on the programmes that we currently offer and is contributing in shaping much of the future plans of the College in Wales.

You can read a bit more on Louis in this edition, a little later on. With Louis' enthusiasm, he'll be a regular supportive presence at College events, a great addition.

We'll continue to produce these quarterly newsletters, I'm particularly grateful for those who've offered suggestions on content and for those who've written articles or been so accommodating with our requests for information.

We feel passionately that this is a great medium to highlight our work, but as you'll read, a great medium to highlight the work of members across Wales.

In keeping with communication, Laura Varney, our comms officer has significantly increased our media coverage. We're working closely with Laura to align our policy work to gain even more media attention as political parties in Wales begin setting priorities for the future Assembly elections.

in the media

Working with the media is extremely important to the college. It gives us the opportunity and a platform to promote our work, support issues and causes that share our values, and to convey vital messages to a wider audience. We are fortunate to have close working relationships with several mainstream media outlets in Wales, including BBC & ITV Wales, and S4C, all of whom are incredibly supportive of the work we do at a local level.

We've worked hard to build and nurture these relationships with our media partners, and as a result many of them are now working in a very proactive (as opposed to reactive) way to promote stories and features about mental health. More often than not, because of the high regard they hold for the college, we are the first point of contact for any breaking stories that require comment, input or simply guidance.

There is much work to do in terms of education and breaking down preconceptions of certain areas of mental health and the media play a vital role in that. We are fortunate here in Wales because there is a lot of goodwill by local media to support and highlight stories that aren't just about 'making headlines', but can actually make a difference to the work we and others are trying to do.

Recently the College in Wales has been supporting the media with some great pieces of work.

I do need to say a special thanks to Dr Anita Naik, who kindly agreed to take on the job of Associate Editor for this edition, she's done a fantastic job.

Thank you all again for your continued support for what we're doing. Do feel free to get in touch with me at any time if you'd like any further information about the college's work.

Diolch

Ollie



- Professor Ann John contributed to a story about social media and self-harm – ITV Wales (May)
- Professor Keith Lloyd welcomed the launch of the 'Reading Well' book prescription scheme – BBC Wales today (June)
- Professor Keith Lloyd contributed to two features regarding out of area placements – BBC Wales Live & BBC Wales Today (June)
- Ollie John contributed to a story on the issues of advertising to young people and how it impacts on problem gambling for this age group – ITV Wales (June)
- Professor Keith Lloyd & Ollie John contributed to a story on bereavement support for unexpected death – Manylu, Newyddion / BBC Cymru (July)
- Dr Rhys Bevan Jones was also interviewed for a feature about support for unexpected death – S4C (July)

If you have a story and for all things media, news and PR Laura can be contacted on: laura.varney@rcpsych.ac.uk or 07841009224

summer's associate editor

Dr Anita Naik

Policy & Public Affairs Attachment, RCPsych Wales

I am pleased to introduce myself as the associate editor of the current Wales Newsletter. I am currently training to be a Child and Adolescent psychiatrist and am based at the Ty Llydiard inpatient unit in Bridgend. I have been involved with the College in facilitation of mental health debates for school students aimed at promoting mental health awareness in young people.

I am undertaking the trainee attachment to Policy and Public Affairs post and will soon be involved in the colleges work towards transition services across mental health. I have also contributed to Undergraduate education and medical examinations.

I am very grateful for being provided with the opportunity to be part of the editorial team of Wales Newsletter. It is a great initiative that helps us to showcase all the great work that is happening within RCPsych Wales and I feel proud to be contributing to it.

RCPsych Wales has always strived for high standards both in clinical care and training of future doctors and also promotes active engagement of public to improve mental health services in Wales.

Finally, I would like to thank those of you who have contributed their valuable time and effort to this edition despite all the constraints of their day job and have made this a success.

I hope you enjoy my article!

maintaining wellbeing in psychiatrists

Dr Anita Naik
Policy & Public Affairs Attachment
RCPsych Wales

Wellbeing is paramount for any individual to function.

Wellbeing includes both psychological and physical wellbeing.

Maintaining wellbeing is vital for both doctors and patient's health. Growing pressures and demands on the NHS, ever increasing patient lists, low staffing levels, increasing expectations of patients and complaints can make stress unavoidable. Added to this, if one has a physical illness or family related issue or any other stressful event happening in their life, wellbeing could easily dwindle. Physical and psychological wellbeing can be seen as the two wheels of a bike and if one of the wheels doesn't work properly, one can expect to have a bumpy ride or a crash.

As Psychiatrists, the patients and the varying risks that we encounter can be very challenging. Some patient contacts can be emotionally very draining and can take a toll on us. Regular Balint groups, peer supervision and reflective practice help us understand some of these underlying dynamics and we emerge as better risk assessors and risk managers for patients.

As doctors, we are very good in advising our patients about how to maintain wellbeing and look after themselves. However, when it dawns upon us, we hesitate to heed to the same advice. Recently published results from a survey [1] carried out by BMA in 2018 (British Medical Association) with over 4300 UK respondents including both doctors and medical students showed that 80% were at high/ very high risk of burnout; 40% reported currently suffering with emotional difficulties and about 90% stated this

to be contributed by their current work/ study environment.

I can remember the days of being a core trainee where keeping up with my training, on-calls, the pressure of exams, maintaining a family life and being a new mum all a bit too much! The feeling of psychological exhaustion and overwhelm made me question my choice of this profession. However, my decision to reduce hours by becoming a less than full time trainee which came eventually was a huge factor, and the support of my peers/ supervisors and family helped a great deal in easing some of the pressures. In my case, being able to recognise the problem and taking the step towards resolving it came about by giving myself the headspace to reflect, understand my own expectations and from discussions with colleagues, family members and friends.

We all know that too much stress is bad and especially chronic stress can lead to health problems like poor sleep, impaired attention, irritability, anxiety, depression and also problem drinking and drug misuse as unhealthy coping strategies. It can also lead to physical health problems like heart disease, diabetes and memory problems. An individual's functioning and performance can diminish in turn causing more stress and unless recognised early, the person may feel stuck in this vicious cycle. Suicidal thoughts and attempts to take their life are also common amongst health professionals. Figures from Office for National Statistics [2] showed that between 2011 and 2015, 430 health professionals committed suicide. Female doctors have four times the risk of suicide than the general population.

So what makes it so hard for us to seek timely help? There could be some intrinsic and extrinsic factors at play. As health professionals, we are considered as the hard working, intelligent and the ones that strive for the best even in the most stressful situations. Given all this, it does not come naturally to us to voice that "I am feeling stressed and I need help!" We fear that it may be seen as an inadequacy or as being incompetent!!

References

Caring for the mental health of the medical workforce report, BMA survey from 2018
<https://www.bma.org.uk/advice>

Office for National Statistics: Suicide by Occupation, 2011-2-15;
<https://www.ons.gov.uk/>

The fear of losing career and its implications like financial, reputation or disciplinary action if patient safety is compromised or if drugs and alcohol are involved. Then, there is the fear of stigma associated with all this making the individual hesitate or even reluctant to accept that there is a problem. Suffering in secret begins! We are humans after all and not machines!! We experience the same emotions as the population that we treat, but individual tolerance and resilience may differ. Some fortunate or insightful ones may start their remedial process either by themselves or with support from colleagues, family and friends.

A lot of work is being done to improve the wellbeing of health professionals at all grades. It is being recognised that healthy doctors can keep patients healthy.

How can one maintain wellbeing?

- First and foremost is for the individual to look after oneself.
- Maintain good physical health
- Do not compare yourself to others. Instead analyse your problem
- Seek help early if you feel you are at that verge.
- Understand your limitations and resilience.
- Indulge in activities/ hobbies to keep your mind off work.
- Maintain a healthy support network of people you trust
- Keep a work life balance that best suits you.
- Review your job plan

Alongside help from GP and Occupational health, there are several other agencies that are offering help and support for health professionals:

Psychiatrists Support Service from RCPsych

Free, confidential advice and support via telephone helpline for psychiatrists at all stages of their career. High quality peer support is delivered by fully trained Doctor Advisor, College members.
www.rcpsych.ac.uk/members/supporting-you/psychiatrists-support-service

BMA

There support service provides 24/7 confidential support and advice which is free to all doctors. No need of being member to avail this service.
www.bma.org.uk/advice/work-life-support/your-well-being/counselling-and-peer-support

Doctors Support Network

It's a confidential peer support network for doctors and medical students with concerns about their mental health. No subscription required but it involves a suggested voluntary donation.

www.dsn.org.uk/

Doc Health

Provide confidential, not for profit, psychotherapeutic consultation service for all doctors. It is a joint initiative between the Royal Medical Benevolent Fund and BMA.

www.dochealth.org.uk/

NPHP

It is based in London and offer free, confidential NHS services to doctors in London. For doctors from other areas of UK, telephone advice and signposting to local areas provided.

www.php.nhs.uk/

Health for Health Professionals: (9am-5pm)

It's a confidential, face-face counselling service for all doctors in Wales, fully funded by Welsh Government and administered by Cardiff University. It provides with access to a BABCP accredited therapists (British Association of Behavioural and Cognitive Psychotherapies) in local area.

www.hhpwales.co.uk/

Professional Support Unit in HEIW

It provides advice and support to all doctors in training Welsh training schemes.

www.psu.walesdeanery.org/

Other initiatives like StartWell from RCPsych is a consultant led initiative which focuses on supporting new consultants in their first 5 years of the consultant role. Mentoring schemes are being developed by RCPsych for supporting psychiatrists and help them achieve their full potential.

Mentoring for doctors of all grades is also available for free from the Faculty of Medical Leadership and Management (FMLM) to members. HEIW is also looking at developing its own mentoring programme for Higher trainees and New Consultants in Wales.

www.fmlm.ac.uk/members/individual-support/mentoring

Doctors Support Service

It's a service commissioned by GMC and provided by BMA to doctors facing GMC investigation. It is recognised that being subject to GMC complaints can be extremely stressful. Free, confidential support and emotional help is provided by fellow doctors and this service functions independently of GMC.

Samaritans

Available 24/7 and provide free phone support when someone is feeling suicidal or going through a difficult time. Number to call 116 123.

www.samaritans.org/wales

100% fill rate into core training

The number of junior doctors choosing to train in psychiatry in Wales is at an all-time high, according to official statistics.

New figures from Health Education England reveal a 100 percent uptake this year.

With 21 junior doctors accepting 21 places to specialise in mental health. This is compared to just a 33% fill rate in 2017, when only one in three posts were filled with 18 places on offer and six accepting.

The figures also reveal a significant improvement in the past 12 months. In 2018, there were 22 places on offer with only 13 junior doctors accepting – a 59% fill rate.

The 2019 figures are the highest rate ever in Wales and the joint greatest increase across all regions in Great Britain since this time last year.



With the most recent RCPsych Census showing 1 in 11 consultant posts were vacant across Wales, the increase in those training to become psychiatrists is welcome news for both patients and services.

Professor Keith Lloyd, chair of the Royal College of Psychiatrists in Wales, said:

“Being a psychiatrist is a very rewarding career and this is exciting news for patients as well as the specialism.”

“Psychiatry is simply a brilliant career choice, dealing with real life. In Wales we are world-leading in many aspects of mental health, so our trainees have the chance to become part of some ground-breaking research.”

“Schemes like RCPsych’s UK wide Choose Psychiatry campaign have helped enormously as well as the Welsh government’s Train.Work.Live programme.”

“But we must not be complacent. People will always need psychiatrists, it’s a fascinating career and we need to do all we can to continue to promote it as an excellent career choice for all junior doctors.”



Above: Image Courtesy of Train.Work.Live and Dr Marisa Dias at the RCPsych Medical Student Conference

Minister for Health and Social Services, Vaughan Gething said:

“Our Train Work Live campaign has focused on promoting the benefits of training and working in Wales as a Psychiatrist.

“Since the launch of the psychiatry phase of the campaign in 2017 we have seen sustained growth in the numbers of people training in Wales. It’s fantastic to see take up increasing from 33% to 100% in just two years.

“Mental Health is an area that we have invested significant resources in and I’m pleased that we are attracting new talent to our nation to provide the support and care people need.”

For further information about the complimentary #TrainWorkLive and #ChoosePsychiatry campaigns please go to

<https://trainworklive.wales/>

<https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry>

JUNE 2019

100%

FILL RATE INTO
PSYCHIATRY
CORE TRAINING IN WALES

Annabelle Hook
RCPsych Psych Star

An ambitious young doctor has decided to set her sights on Wales to train and study in psychiatry.

Annabelle Hook, 23, hails from the south of England near Southampton but wants to study in Cardiff and forge a career as a top psychiatrist.

The trainee doctor says the country has a lot to offer: *"For me it was a combination of the place and the course. Cardiff seems unique in that it has beaches very close, it has beautiful countryside, even within the city there is Bute park.*

"It's also good for shopping, nightlife and restaurants – a good mix of everything!"

But the other side for Annabelle is the medical degree on offer:

"The degree itself is quite different to other courses in that encourages early clinical exposure, valuing the patient as well as the team and taking a holistic approach in health care."

Wales is currently enjoying a surge in the number of young doctors taking up training places in the specialism – which has been recognised by the Welsh government.

Annabelle says this could be for a number of reasons:

"I am interested in going into psychiatry because it is a very holistic career; you need to be interested in both the person and their story.



"It has a great mix of clinical and academic work, you get to meet interesting individuals and work in a big team. It's such an exciting time to want to go into psychiatry, with all the latest advancements in technology and research, it looks like a lot is going to change in the coming years."

Annabelle goes on:

"I think that is probably due to a combination of decreasing stigma surrounding mental health in society, as well as various campaigns within psychiatry such as the Pathfinder Scheme which encourage medical students to be interested in the subject from early in their career.

"They really root for you. psychiatric research is currently taking place at a phenomenal rate-improvements in genetics, imaging and the growing consortiums. It's a very exciting time."

Above: Annabelle Hook and members of the organising committee of the RCPsych Medical School Conference

ptc committee

Dr Harriet Slater
Dr Ann Collins
Dr Sarah Bennett

The Royal College of Psychiatrists Council has overall responsibility for education and training, policy, professional practice, professional standards, public engagement, quality improvement and research within the College.

The Psychiatric Trainee Committee is a formal committee of the Council and is composed of divisional and other selected representatives from across the UK, including Wales. It is an integral part of many other committees both within and outside of the College.

The Psychiatric Trainee Committee's involvement with Council and this wider committee representation, allows them to drive improvements that will better support trainees throughout the UK and ultimately, improve the quality of care and lives of people with mental illness.

Harriet Slater, Ann Collins and Sarah Bennett are the PTC representatives here in Wales and are engaged in some very exciting work. There has been a lot going on these past few months including:

Supported and Value Conference

The Supported and Valued Conference was held in January, and heavily subsidised for trainees with a special focus on non-clinical topics. Feedback was extremely positive, and trainees found it a great way to network and learn about topics they don't necessarily have the chance to during their normal working day. Because it was such a huge success, the PTC are currently exploring the feasibility of this becoming an annual event.

Core Trainee Forum

The core trainee forum was held in November in Royal Glamorgan Hospital with trainees overall reporting that they were enjoying their training and that psychotherapy experiences were improving. Concerns were raised about the difficulty passing exams, finding revision isolating and lack of appropriateness of MRCPsych course.

Aims were set including TPDs to develop study days better and rotations to be set in a location for 3 years. Morale and lack of social contact was highlighted, and trainees were encouraged to socialise more. The STC are looking into a virtual network system, such as Workplace. Physician assistants and the Cwm Taf UHB and Bridgend merger were also discussed.

Higher Trainee Forum

The higher trainee forum was held in February in Llandough. In general trainees are enjoying their training but continue to have difficulty arranging academic placements and psychotherapy. The upcoming DBT and balint group training was discussed. Following this forum details on academics to help support projects was circulated. Liam is also arranging for an SpR day in September to include an introduction to academic projects in Hayden Ellis. It was clarified that higher trainees can request an extra session a week to complete an academic project (on top of the academic session and special interest session they already have available). This can be arranged with your clinical supervisor and TPD. Stepping down into long term rota gaps was also discussed.

Psychiatric Training Committee

There have been two recent meetings. Individual projects were discussed including a handbook for parental leave, the psychotherapy experience survey, policy for writing directly to patients and social media guidelines. Also an option for direct patient feedback, in the form of a well-being assessment was suggested and will be discussed with the RCPsych portfolio team.

The second meeting was in March where the RCPsych Leadership and Management Fellow Scheme 2019/20 was discussed. This combines a bespoke, high impact leadership development training programme with an apprenticeship model where fellows proactively engage in local leadership projects and are mentored by senior medical leaders within their organisations. It is open to ST4+ higher trainees and is in-programme, utilising special interest time. An amazing opportunity!

The progress of the projects listed above was also discussed. Most are in their final stages.

cont'd

Speciality Trainee Committee

The Speciality Trainee Committee meeting was held in December where a new trainee day was provisionally planned for June, the idea being to celebrate good work and inspire others. The self-assessment forms at higher training interviews were also discussed – it was established that CT3s will need some guidance to be made available as to how to complete this form and training is being arranged. Recruitment for core trainees have focused on changing Oriel applications. Now 6 locations will be listed, rather than just 'Wales.' This will allow trainees to know what area they will be based in. Difficulties with psychotherapy training were discussed. Cardiff has outsourced its psychotherapy, and this was described as being a success. Balint groups now have a clear pathway for trainees but other areas of psychotherapy would benefit from similar. A google group was set up for voluntary participation but this has been poor. Differential attainment was also discussed. This was linked with the trainee feedback that they lack a peer group sitting the same exam and the lack of focus on exams on the MRCPsych course. To improve peer group support RCPsych Wales is looking at Virtual medium, such as Workplace.

In March the STC met again. The trainee day was set for the 21st June. Higher trainee interviews were upcoming but due to the CASC success rates this year there is likely to be competition for HT posts available in August for those wishing to remain in Wales. Differential attainment was again discussed. For the CASC, Wales are doing better than National rates, however not all trainees sit the CASC. Leona in the Professional Support Unit (PSU) can help with language barriers but it is felt often people are reluctant to take up support. The PSU will be contacted to see if they can be involved in a generic teaching programme. The higher trainee forum was also discussed. It is not acceptable for trainees to be stepping down to cover long term rota gaps. Higher tutors were reminded of this. It was also recommended that trainee reps for each health board attend appropriate meetings within their own organisations in order to escalate locally and trainees to involve their educational supervisors.

It was fed back to the PTC representatives that increased engagement from the trainees in general needs improvement and supervisors/tutors are concerned that some trainees do not know the proper pathways of highlighting concerns (e.g. clinical supervisor first, then educational supervisor, then college tutor or TPD). We would encourage trainees to also highlight concerns via the PTC surveys and forums.

Socials

There have been two socials this academic year. The first was at Techniquet's After Hours event in December where Dr Judith Harrison gave an excellent talk on code-breaking in Psychiatry. The second was a Quiz Night in March in North Cardiff, a charity night to raise money for the Paul Ridd Foundation.

The work of the Psychiatric Trainees Committee is multifaceted, and often involves the softer skills of influencing colleagues behind closed doors.

They work hard to improve engagement with trainees and the following reports are a demonstration as to how this approach turns into practice :

- Supported and Valued? A trainee led review into morale and training, and
- Supported and Valued? Staying Safe – A trainee led review into fatigue within psychiatry

these have led to improvements at both local and national levels.

The Psychiatric Trainee Committee are keen to engage with as many members as possible and to encourage everyone to support and value one another - together we can make a real difference.

If you would like any additional information about their work, please do get in touch with them via Facebook, Twitter or by emailing ptcsupport@rcpsych.ac.uk.

introducing louis mertens

We're delighted to welcome our new Policy Offer, Louis Mertens to the college.

"I have just finished my degree in Politics and International Relations from Cardiff University, and during that time I've been working as a Data and Monitoring Officer for Deryn Consulting, a public affairs consultancy in Wales, plus volunteering to support the Senior Policy Officer at Sustrans Cymru.

A lot of my work involved monitoring the Welsh Assembly's Health, Social Care and Sport Committee, and after almost 3 years there, I was becoming quietly frustrated that I wasn't in a position to tackle the policy issues myself!

I'm an absolute politics geek, and I chose to come and study in Wales because it has an active parliament. For me, it's incredibly exciting that 4 miles from my front door, decisions are being made on a daily basis that affect the lives of 3.2 million people. I've seen how the Royal College of Psychiatrists Wales draws on the expertise and knowledge from its membership from having watched them give evidence many times at the Assembly, so when I saw the post advertised I knew that this was the next step for me.

I'm really excited to join the Royal College of Psychiatrists and to be playing a part of making changes to policy in Wales. I'm keen to learn more about the fantastic pilot projects that psychiatrists in Wales are coming up with, and then have the chance to proudly showcase that innovation to policymakers.

I'm really looking forward to working with you all." Louis.



coming soon



MRC summer school welcomes delegates

Between 8 - 11 July 2019 the MRC Centre in Cardiff welcomed the delegates of the 10th Annual MRC CNGG Summer School in Brain Disorder Research.



Over four days, 42 attendees learned about groundbreaking brain disorder research with talks from some of the most respected researchers in their respective fields of psychiatry and neuroscience, including Professor Sir Mike Owen.

Delegates from Sweden, Germany, Belgium, South Africa and Poland, as well as students from closer to home and within the centre, joined the Summer School for several of the talks.

Attendees were invited to take part in clinical and scientific career workshops where they had the opportunity to ask questions and discuss career paths with more experienced clinical and scientific researchers.

During the week, there were also interactive demonstrations of making neurons from stem cells and high-throughput sequencing, and a tour of the Cardiff University Brain Research Imaging Centre (CUBRIC).

This article has been reproduced with kind permission of the MRC Centre for Neuropsychiatric Genetics and Genomics at Cardiff University

As well as the chance to gain an insight into research careers in psychiatry and neuroscience, this was also an opportunity for students, scientists and clinicians to come together and share their knowledge and discuss possibilities for collaboration.

The Summer School has already received lots of positive feedback:

"As a student, it was a great introduction to the world of research."

"Interacting with peers with the same interests was an amazing opportunity. Also, being able to have a one-on-one conversation with professors about certain subjects was very interesting."



"It helped to get a very good overview of potential research avenues in psychiatry and enabled me to start thinking about an academic career."

"A great opportunity for inspiring conversation with other attendees on scientific and non-scientific topics and potential career paths."

"I loved everything about this summer school, especially the epigenetics talk."

youth forum on problem gambling

On 27 June 2019, we were delighted to get involved in the first youth forum event of its kind in the UK.

Young people from across Wales met to discuss problem gambling.

The event, held at the Pierhead Building in Cardiff Bay, was organised by a number of stakeholders including the Living Room, Beat the Odds and the University of South Wales aimed to reach out to 13 and 15 year olds on the dangers of gambling including how young people are often exposed to a number of promotions in the mass media, without even knowing it.

Organisers of the event the Living Room, Beat the Odds Initiative, Royal College of Psychiatrists Wales and the University of South Wales are already part of The National Assembly's Cross-Party Group on problem gambling.



Currently, around 66 per cent of 11 to 16-year-olds have seen gambling advertised, while 1.7 per cent in the same age group are identified as “problem gamblers”.

And last year, the Chief Medical Officer for Wales identified problem gambling as a major public health risk.

The event was sponsored by Darren Millar AM and featured seminars from experts including Professor Samantha Thomas, (Associate Professor of Public Health at Deakin University, Melbourne), Marc Zarb-Cousin (Campaign for Fairer Gambling) and Gaelic Footballer Niall McNamee who spoke candidly about his own person experience and journey. The day was full of interactive sessions and activities, all aimed to raise awareness for the young people in attendance.

Professor Keith Lloyd, chair of RCPsych Wales, said:

“Whilst recognising that gambling can be a source of enjoyment for some, it can lead to financial difficulty and harm, including anxiety, stress, depression, alcohol and substance misuse for others. Gambling does not just affect the individual; it can impact on their family, friends and wider society. That’s why we’re delighted to be involved with this event, raising awareness amongst young people.”

Wynford Ellis Owen, specialist counselling consultant to Living Room Cardiff & CAIS Ltd, said:

“This is the first Youth Forum of its kind on gambling. Tackling the issue head on from an early age is a better approach than attempting to cure a problem later in life. If we listen to young people and give them a forum to talk they and us adults can learn a great deal. I hope the day will break new ground in looking at gambling policy with particular effect on its impact on young people in Wales.”

Dr Gareth Roderique-Davies, Associate Professor at the University of South Wales, added:

“There’s increasing evidence that young people are being targeted by gambling adverts and embedded promotions in their wider everyday activities such as gaming and sports. It’s important that young people are able to develop resilience to these pernicious messages.”

Wales Youth Forum on GAMBLING



CLIVE WOLFENDALE
CHIEF EXEC, CAIS

BEFORE THIS, I WAS A POLICE OFFICER! I SAW PEOPLE TRYING TO HELP THOSE IN NEED.

WHAT HAPPENED WITH SMOKING 50 YEARS AGO, IS HAPPENING WITH GAMBLING NOW!

GAMBLING CAN DESTROY LIVES OVERNIGHT.

DARREN MILLAR, AM

GAMBLING

IS A PUBLIC HEALTH CRISIS!

TV GAMBLING ADS BANNED!

CHILDREN AND YOUNG PEOPLE ARE AT RISK!



FORNITE

BUY: £ = £ = £ =

IN GAME GAMBLING

WE NEED TO SHOUT LOUDER for CHANGE!



SAMANTHA THOMAS
DEakin UNIVERSITY, AUSTRALIA

TOBACCO INDUSTRY SAID:

14-24 YEAR OLDS

FUTURE MARKET!



SNEAKY TACTICS...

MUSIC VIDEOS

PERSONALISED ADVERTISING

EXPOSURE

4000-10,000 ADS EVERY DAY!

NEW!

INSTAGRAM INFLUENCERS

GAMBLING ADVERTISED IN SPORTS

75% OF OVER 8 YEAR OLDS IN AUSTRALIA...

I CAN REMEMBER A GAMBLING COMPANY!



APPEAL STRATEGIES

EMOTIONAL

CATCHY JINGLES

PEER BELONGING

RATIONAL

1/125

RISK TAKING

CAN'T REALLY LOSE

CELEBRITY ENDORSEMENT

SO, WHAT CAN WE DO?

WORK TOGETHER:

PROTECT CHILDREN from EXPOSURE to GAMBLING ADVERTS

NO CELEBRITY ENDORSEMENT!



I ain't doin' that no more!

LIVED EXPERIENCE



SALLY HOLLAND
CHILDREN'S COMMISSIONER

CHILDREN HAVE EXTRA human rights

KEPT SAFE FROM RISK OF ADDICTIVE BEHAVIOUR

PROTECTING PRIVACY

SOCIALISE SAFELY

RELAX, PLAY!

RIGHT TO BE HEARD!

UN HOUR 12



NIALL MCNAMEE

IT STARTED WITH HORSE RACING...

I might be REALLY GOOD at this!

PLANTED a seed.

I worked but every break I would go to the bookies... I isolated myself and made excuses.



MATT ZARO-COUSIN

ROULETTE IS DANGEROUS: SHORT TERM WINS - IMPOSSIBLE TO WIN LONG TERM!

ONLINE GAMBLING

MONITORS BEHAVIOUR

BUSINESS MODEL BASED ON PEOPLE LOSING!

IF HE KEEPS WINNING, WE'LL CLOSE HIS ACCOUNT!

IMPACT:

MENTAL HEALTH

LOSS OF CONTROL


SELF ESTEEM

THERAPY

DEBT

Medication

PANEL & DISCUSSION



LONG TERM CONSEQUENCES



SHARING the PROBLEM GIVES YOU POWER OVER IT!



GAMBLING NOT THE SAME LEVEL OF SUPPORT!

ONLINE GAMES ARE DESIGNED to be ADDICTIVE!

MAKE HARMFUL PRODUCTS LESS SUCCESSFUL!

What helped?



1-1 COUNSELLING

PEER SUPPORT

I'm not ALONE!



UNDERSTANDING HOW MY GAMBLING AFFECTS OTHERS

BRILLIANT & TALENTED PEOPLE BUT:

We can still get addicted to gambling!

Visual by: LAURA SORVALA.com @auralab

Wales Youth Forum on **GAMBLING**



DR. FRANK ATHERTON
CHIEF MEDICAL
OFFICER FOR WALES

WE NEED TO
GUARD
AGAINST A
SHIFT
— ON THE—
GAMBLING
SPECTRUM

WE NEED:

- PREVENTION
- REGULATION
- TREATMENT

1. THINGS KIDS SHOULD KNOW ABOUT GAMBLING

GAMBLING IS JUST AS BAD AS ALCOHOL & DRUGS!

YOU CAN NEVER WIN.

YOUR IDEAS: DON'T HAVE TO TRUST THEM

UNDERSTAND MONEY!

PAY ATTENTION TO MARKETING — HOW COMPANIES DO IT?

2. MESSAGES TO SPORTS CLUBS, TV STATIONS WHO ADVERTISE GAMBLING?

GAMBLING CAN BE A PROBLEM.

MORE HONESTY IN ADS

SHOW THE FLIP SIDE!

WARNINGS

ANTI-GAMBLING ADS TOO!

BET FEED

LIMIT SPONSORSHIP

SORRY, WE'RE FULL.

& LIMIT GAMBLING ADS!!

LIMIT EVENING ADS

SPORTS TEAMS & TV STATIONS TAKE MORE RESPONSIBILITY!

HEALTHY ADS

WHAT'S NEXT?

1. PINPOINT AN IMPORTANT QUESTION FROM FEEDBACK
2. DARREN MILLAR TAKES IT TO THE GOVERNMENT
3. THE RESPONSE IS RECORDED...
4. ...AND SHARED BACK WITH THE SCHOOLS!

3. MESSAGES TO GOVERNMENT & LESSONS IN SCHOOLS

GAMBLING: NATIONAL APP! HELP KEEP TRACK

NATIONALISE TREATMENT

MANAGING GAMBLING PROBLEMS

MENTAL HEALTH CAMPAIGN!

4. THINGS PARENTS AND TEACHERS SHOULD KNOW ABOUT GAMBLING?

WARNING SIGNS

TO BE ABLE TO BE THERE TO HELP!

HOW TO HELP: YOUNG PEOPLE & ADDICTION

GAMBLING MARKETING

5. THINGS TO HELP PEOPLE WITH GAMBLING ISSUES

SHARE WORRIES WITH PEOPLE YOU CAN TRUST!

STOP FREE BET ADS

IMPACT OF GAMBLING TALKED ABOUT MORE

I'm not alone

WARNING ADS

LIMITING GAMBLING AMOUNTS

DON'T GAMBLE!

INTERNATIONAL DIMENSION!

WHAT DO YOUNG PEOPLE THINK IN IRELAND, ENGLAND, AUSTRALIA?

values and behaviours

Paul Rees

Chief Executive Officer, RCPsych

We're a medical Royal College that other colleges look to for advice on how to deliver results.

And there's one area, in particular, in which we are making great strides...and that's in embedding our new values and behaviours...

Now the issue of values and behaviours can seem a little bit dry, or little bit corporate.

But it's an issue that's vital if (like us) – as an organisation

- You want to create a culture in which everyone is respected
- If you want to create a culture where everyone is encouraged to be open to change, and to work in collaboration, in order to achieve excellent outcomes for patients.

Values and behaviours are what create the culture of an organisation.

Our values, as a College, are:

- Courage
- Innovation
- Respect
- Collaboration
- Learning, and
- Excellence.

The acronym spelled out by the first letter of each value is C-I-R-C-L-E.



But why did we choose these six particular values?

Well, we chose **Courage** – because as an organisation that represents a specialty that can sometimes be looked down upon by other medical specialties...and questioned by some other practitioners in the mental health field...it's critical that we have the courage to promote the benefits of psychiatry.

We chose **Innovation** – because as the world outside changes, it's imperative that we change, as an organisation, to ensure we remain relevant to our members, and continue to help them deliver excellent patient care.

We chose **Respect** – because as an organisation with a global and diverse membership – it is critical we promote diversity and challenge inequality.

We chose **Collaboration** – because we want to help doctors from all the specialties and sub-specialties within psychiatry...and other members of the mental health multi-disciplinary team...to work together, in a spirit of partnership; and for all College staff to work together as 'One College'.

We chose **Learning** – because it's imperative that we learn from the College workstreams that have been successful, and those that have not, in the spirit of continuing improvement.

And..

We chose **Excellence** – because we want to deliver an outstanding service to members, patients, carers and other stakeholders; and to promote excellent membership and employee experience

Now, at many organisations, the values and the behaviours are agreed enthusiastically by the Senior Management Team and the Trustee Board...

But then what happens?

They end up sitting on a shelf gathering dust.

They end up withering on the vine.

They end up being forgotten.

But that's not the case at the RCPsych.

At the RCPsych, the introduction of the values and behaviours has been taken very seriously.

We've put up posters, highlighting the values, on every floor at our central London headquarters, and in our offices in Scotland, Wales and Northern Ireland, as well as in the English regions.

We've created a section on our values on the College website, and on the staff intranet.

We've included an article on the values in the latest edition of our popular membership magazine, RCPsych Insight...

We've ensured that all tiers of management have had coaching on how to implement values-based leadership.

We've started to appraise all our staff on how they perform against the values, as well as against their objectives.

The introduction of the values and behaviours has had a substantial impact...across the organisation.

Now, I'd just like to concentrate for a moment on one of our values in particular: that of Respect.

The first of our behaviours under Respect is...promoting diversity...and challenging inequality.

Now, the RCPsych is an organisation that's naturally aligned with the concept of diversity.

It is diverse in so many ways.

For example, it is an ethnically diverse organisation...

It had one of the first non-white Presidents of any medical royal college when Dinesh Bhugra took up the helm in 2008.

36% of our members come from a Black, Asian and Minority Ethnic background.

More than **20%** of our staff are B.A.M.E.

And when I was appointed as Chief Executive of the RCPsych in November 2016, I was the first B.A.M.E. Chief Executive of any UK medical Royal College.

So, we can be proud of our record on diversity when it comes to race.

But we are diverse in so many other ways as well.

Four of our last nine Presidents including our current incumbent Professor Wendy Burn – have been women...

45% of our members are female.

Our previous Chief Executive was Vanessa Cameron.

And **75%** of our workforce, at the College, are women.

As well as being one of the first B.A.M.E. Presidents of a UK medical royal college, Dinesh...

...was one of the first openly gay presidents of a medical royal college...

cont'd

One of our Special Interest Groups (which are known as the College SIGs) is the Rainbow SIG, which discusses LGBTQ+ issues and promotes equality for people who are LGBTQ+.

This SIG has **1,150** members from among the ranks of our overall **18,400** membership.

In addition, we've recently set up a Sexuality, Gender Equality and Inclusion Forum for our staff team.

So, since we started work on our values what have we done to promote diversity and challenge inequality?

Well, last year, we published our Position Statement on Racism.

This important statement – which was led on by our President Wendy Burn – acknowledges the wide range of inequalities that individuals from B.A.M.E. backgrounds often face.

The statement says people from B.A.M.E. backgrounds are more likely to experience poverty, have poorer educational outcomes, be unemployed, and come into contact with the criminal justice system – all of which can be factors in mental illness.

On the back of our value of Respect, we've introduced a Speaker Diversity Policy which says College members and employees – involved in creating College event programmes – should strive to ensure that rosters of speakers represent the full diversity of our membership...

On the back of our value of Respect, we've decided to carry out a gender pay audit, across the College staff team – even though the College is not legally obliged to carry out such an audit due to its staff headcount being just below the legal threshold of 250 people.

On the back of our value of Respect, we issued rainbow lanyards to all delegates at last year's International Congress, in June, as a celebration of diversity...and have made rainbow lanyards available for all College staff to wear.

On the back of our value of Respect, for the first time we've celebrated Pride at the College – with a powerful blog being posted on our website and staff intranet by one of our openly gay members, Dr Louise Theodosiou...and with Pride banners...

...being put up at our central London office.

On the back of our value of Respect, the disciplinary codes for members and College staff have been tightened up, with the inclusion of a requirement to behave in line with our values.

On the back of our value of Respect, we've proactively promoted Fellowship of the College to groups of members who've often considered that Fellowship is for other people – which has coincided with a huge increase in the number of applications for Fellowship from members who are B.A.M.E.

Put quite simply, we're an organisation that celebrates diversity.

We're an organisation that values difference.

We're an organisation that is inclusive.

Our commitment to diversity has been shown in many ways.

Of course, while promoting our values, we also encourage free speech and wish to maintain an environment where challenge and debate are welcome.

In essence, we want to create a College where people enjoy what they do.

We're creating a culture that is positive, enabling...and fun...

We want every doctor, and every member of staff, to feel empowered to make their contribution to the enhancement of patient care.

We want every member and employee to feel supported and valued.



Our Values and Behaviours

At the RCPsych, we want to build a consistent culture that is positive, empowering and enabling for all of our staff and members. Please take the time to look at our new values and behaviours, and think about how you can play your part.

Courage

- Champion the specialty of psychiatry and its benefits to patients.
- Take every opportunity to promote and influence the mental health agenda.
- Take pride in our organisation and demonstrate self-belief.
- Promote parity of esteem.
- Uphold the dignity of those affected by mental illness, learning difficulties and developmental disorders.

Innovation

- Embrace innovation and improve ways to deliver services.
- Challenge ourselves and be open to new ideas.
- Seek out and lead on new ways of working.
- Have the confidence to take considered risks.
- Embrace the methodology of Quality Improvement to improve mental health services and the work of the College.

Respect

- Promote diversity and challenge inequalities.
- Behave respectfully – and with courtesy – towards everyone.
- Challenge bullying and inappropriate behaviour.
- Value everyone's input and ideas equally.
- Consider how own behaviour might affect others.
- Respect the environment and promote sustainability.

Collaboration

- Work together as One College – incorporating all members, employees, patients and carers.
- Work professionally and constructively with partner organisations.
- Consult all relevant audiences to achieve effective outcomes for the College.
- Work together with patients and carers as equal partners.
- Be transparent, wherever possible and appropriate.

Learning

- Learn from all experiences.
- Share our learning and empower others to do the same.
- Value and encourage personal feedback.
- Use feedback to make continuous improvements.
- Create an enabling environment where everyone is listened to, regardless of seniority.
- Positively embrace new ways of working.

Excellence

- Deliver outstanding service to members, patients, carers and other stakeholders.
- Promote excellent membership and employee experience.
- Always seek to improve on own performance.
- Promote professionalism by acting with integrity and behaving responsibly.
- Demonstrate accountability in all that we do.
- Uphold the College's 'Core Values for Psychiatrists'.

partner spotlight

Here at RCPsych Wales we actively strive to work with and support other organisations and groups whose work links into what we do, sits with our strategic aims, but most importantly shares our goals and values. Collaborating with others is always a great thing to do and something we'll always continue to do. It presents an opportunity to share work, ideas, and visions, which enables us all to achieve the best we can, wherever our areas of expertise lie.

RCPsych Wales has enjoyed working and building relationships with a number of Welsh organisations. In every newsletter we will be featuring a section dedicated solely to some of those groups, with projects that the College has been involved with or will be of interest to members.

In this edition, Diabetes UK and the Reading Agency have both kindly contributed, and here is some information about some of the exciting work they're currently doing.

If you would like any additional details about the brilliant things they do, do feel free to get in touch with them directly to find out more.



Josh James
Policy & Public Affairs Manager, Diabetes UK

"It's a ticking time bomb"...

That's what we often say at Diabetes UK Cymru when we talk about the rising prevalence of diabetes in Wales. It sounds sensationalist, but it's true. Numbers of people diagnosed with diabetes have risen dramatically over the last two years and Diabetes UK estimates that **by 2030 more than 311,000 people in Wales will be living with diabetes...**

...and yet our nation's plan on how to deliver diabetes services runs out in a year.

Most of us are likely to know at least one person with diabetes. Many people live well with the condition, which, while positive, means many of us underestimate how serious a condition it can be. In fact, diabetes can be very serious; it carries the risk of devastating complications such as sight loss and amputation, and having Type 2 diabetes puts you at a higher risk of developing heart disease, stroke and cancer. But if people living with diabetes are supported to manage their condition well, many of these complications are preventable.

Type 1 diabetes is different from Type 2, in that it is an autoimmune condition and there is nothing you can do to avoid developing it. Rates of Type 1 diabetes are also slowly rising, with 1500 children in Wales currently diagnosed. Even though Type 1 and Type 2 are different, people living with Type 1 diabetes can still develop many of the same devastating complications, so good care, good management and the right support is still important.

We know that as many as three in five cases of Type 2 diabetes are preventable through lifestyle change. However, Wales has failed to deal with the issue and support people who are at risk of developing Type 2 to make effective changes to the way they live. As a result, incidence of Type 2 diabetes continues to rise - and fast

Currently, we estimate that there are a total of around 250,000 people living with diabetes in Wales which costs NHS Wales £500m a year, or 10% of its annual budget. Much of this is spent on treating often preventable complications. It is clear that our current approach to Type 2 diabetes; by supporting people once they already have it, is unsustainable. We need a new approach: one which prevents people from developing Type 2 diabetes, rather than just treating them once they are diagnosed.

We need change. That's why we've just launched our new report, [Tackling the Crisis: our call for a new plan for the future of diabetes services](#). Welsh Government and NHS Wales must work together to secure the best care possible long into the future, for everyone living with diabetes.

The improvements we want to see are wide-ranging, but some areas must be prioritised:

Most of all, mental health.

Research from organisations such as The Kings Fund and the Mental Health Foundation has shown that mental and physical health are interlinked. Poor mental health can lead to poor physical health and vice versa. Diabetes is no different. We conducted extensive research into living with diabetes and mental health to inform our campaign; [It's Missing](#), which launched earlier this year.

This showed that people living with diabetes are more likely to experience poor mental health than those without the condition, and 76% of people living with diabetes who tried to access psychology or mental health support couldn't. That's why we believe psychological support is such a vital part of any new plan to deliver diabetes services in Wales.

With rates of diabetes continuing to rise, doing nothing really isn't an option. We want Welsh Government to take action to commit to developing a new plan for diabetes care, and ensure that this includes access to the psychological support people living with diabetes across Wales have made it so very clear that they desperately need. We need a plan to tackle this crisis.

You can access more information about our mental health campaign [It's Missing](#) at: www.diabetes.org.uk/get_involved/campaigning/emotional-wellbeing

For copies of our report *Tackling the Crisis* or our report on access to mental health support for people living with diabetes in Wales, please email joshua.james@diabetes.org.uk

Annie Robinson
Programme Manager

Our impact evaluation means that we know that our programmes work. There is a huge evidence base around the value of reading to support health and wellbeing, as well as the value of libraries as a non-stigmatised space that is both welcoming and empowering for people with mental health problems.

The Reading Well programme is evaluated each year to ensure that it continues to deliver positive outcomes. Health professionals, library staff and users are surveyed on their experiences of the programme, as well as information on reach being calculated through book loans and book sales data. To date (The Reading Well programme has reached over 931,000 users).

Have you used the Reading Well Books on Prescription scheme?

This year, The Reading Agency is running a national evaluation of the scheme in Wales, and needs your feedback. Fill in this [short survey](#) to support programme development and be in with the chance to win a £50 voucher. You can also share the user survey with any patients who have been prescribed books from the list. It's a brilliant programme, and the more feedback we can get to enhance it the better, so please do send us your thoughts

For more information about the 'Reading Well' programme, or for further information about any of the other exciting pieces of work we're doing, then please get in touch

www.readingagency.org.uk
www.reading-well.org.uk

DARLLEN
YN WELL

READING
WELL

reading-well.org.uk

Llyfrau ar
Bresgripsiwn

Dementia

Dod o hyd i lyfrau yn
eich llyfrgell leol a
all eich helpu

Books on
Prescription

Dementia

Find helpful books
at your local library

Wedi'i argymhell a'i
gymeradwyo gan
weithwyr ieuchyd
proffesiynol

Recommended and
endorsed by health
professionals

abstract corner

Just some of the awarded, abstract and poster presentations from our recent 'Psychiatry in Evolution' conference with the Welsh Psychiatric Society.

Right: Francesca Welham being presented with an award from Professor Keith Lloyd at 'Psychiatry in Evolution' conference

We'll be accepting poster abstracts at our upcoming joint Winter conference with the Welsh Psychiatric Society.

November, Cardiff



Mental Disorders and Patterns of Education in Children and Young People in Wales

Aura Frizatti
Yasmin Friedman
Sarah Rees
Anita Thapar
Tamsin Ford
Ann John

Introduction

The way pupils interact with their school environment can shed light upon their psychological and emotional wellbeing. Previous studies have reported a significant relationship between mental disorders in children and adolescents and school variables, e.g. poor exam attainment, high rates of absenteeism and high levels of disciplinary exclusion..

Objectives

The aim of this study is measuring levels of attainment, absenteeism and exclusions in primary and secondary school in Welsh children and adolescents with a record of a mental health issue (attention deficit hyperactivity disorder, anxiety, autistic spectrum disorder, bipolar disorder, conduct disorder, depression, drugs and alcohol misuse, eating disorders, learning difficulties, other psychotic symptoms, schizophrenia and self-harm behaviour)

in primary or secondary care between ages 10 and 24. These measures will be compared to those found in the rest of the Welsh pupil population.

Methods

A retrospective electronic cohort study will be carried out using data from the Secure Anonymized Information Linkage System (SAIL) databank. Routinely collected medical records from Welsh general practices and hospitals will be linked to demographic and education data provided by Welsh Government. Associations between education variables and presence/absence of mental health conditions will be tested using regression models. Gender, age at diagnosis, socio-economic and special education needs status will be used as covariates.

Results

Results will be provided in the form of descriptive statistics (percentages and means) and odds ratios.

Conclusions and recommendations

The results will help in identifying education patterns distinguishing students with and without a mental health condition.

Self-Harm Research UK (SHARE UK)

Amanda Marchant
Ann John

Research idea

Self-harm is a growing public health issue. Current research is largely based on populations presenting to healthcare services leaving a large number of vulnerable individuals un-represented. There is substantial research interest into the nature and influence of internet use in those who self-harm.

This study aims to assess the feasibility of a web-based platform for self-harm research. This platform will aim to bring together: questionnaire data; routinely collected healthcare data and uploads to a databank of online material.

Proposed methods

An online platform for self-harm research has been developed. This platform functions as a questionnaire delivery platform and as a place for individuals to upload sources of advice/information from the internet. These uploads will form a databank of media sources that can be used for future research.

Participants will be given the option to sign up to the UKs first self-harm research register and to consent to having their data linked with routinely collected healthcare data.

Anticipated outcomes

Then platform has been launched and now has over 300 participants signed up with over 90% signed up for the research register. We will be using the research register to recruit for in-depth email interviews. A feedback survey has also been run.

This project demonstrates the utility of an online platform for self-harm research. It has also resulted in the creation of a register of individuals who self-harm that can be contacted for future research.

Relevance to health and social care policy/practice

It is hoped that results will assist identifying vulnerable group and potential avenues of intervention beyond the healthcare system. This may include social care and schools. It also intended that results can be used to identify other needed sources of support for individuals such as support with housing and education.

Contacts with Health Care Services Before a Fatal Suicide Attempt

Marcos del Pozo Banos
Ann John
David Gunnell
Michael Dennis
Jonathan Scourfield
David Ford
Nav Kapur
Keith Lloyd

Introduction

Suicide and suicidal behaviour are recognized as important issues for public health policy and practice in the UK and worldwide. Many people who die by suicide have been in contact with a range of health services prior to their death. This provides a unique opportunity for intervention.

Objectives

To explore the type of health care services contacted by those who die by suicide.

Methods

We identified all deaths by suicide in Wales, in those aged 10 years and older between 1st January 2001 and 31st December 2017. We identified 5 matched controls per case. We linked at person level demographic, primary and secondary routine health data. We used conditional logistic regression to measure odds ratios while adjusting for deprivation.

Results

We identified 5,314 deaths by suicide over the study period. Over the year before their fatal suicide attempt, those that died by suicide were more likely to contact health services than the general population. In the last week before the FSA, 43% of cases and 39% of controls had a contact with health services. The most common last point of contact was primary care. 43% and 35% of cases had a contact with emergency department and hospital admission respectively in the year before their death, compared to 17% and 13% of controls.

Conclusions and recommendations

We may be missing opportunities to identify those at risk of suicide as they present to health care services in the year before they die. Emergency department attendances and hospital admissions seemed to be important markers, particularly in the weeks before an acute crisis. Therefore, GPs, which are often the last point of contact, should be made aware of their patient's contacts with other health services, as these seem to be more strongly associated with risk of suicide.

Champions for Health: A feasibility study of a web-delivered acceptance and commitment therapy (ACT) intervention to enhance subjective wellbeing and encourage engagement with lifestyle behaviour changes

Menna Brown
Nic Hooper
Owen Bodger
Phil James
Matt Jones
Ann John

Introduction

Poor health and wellbeing are a growing worldwide public health concern. Health behaviour and health related lifestyle choice represent a significant, contributory factor, for individual health status and wellbeing; often contributing negatively on physical and mental health outcomes.

Web-based applications, delivered in an accessible and sustainable manner, employing Human-Computer Interaction (HCI) techniques are effective modes of delivery. However adherence and drop-out is a significant issue for health interventions which limits effectiveness.

Objectives

Assess feasibility and acceptability and explore;

- Health outcomes
- Adherence and engagement with the website
- Wellbeing outcomes

Methods

A 12-week intervention based on Acceptance and Commitment Therapy (ACT) was developed utilising qualitative research methods.

A randomised control trial was conducted to assess acceptability and feasibility of the intervention and website.

Results

- N=124 healthcare staff completed the consent and registration process
- N= 41 users enrolled in the wellbeing intervention
- Engagement varied across users and across modules
- The website effectively randomised participants to one of four trial conditions based on self-reported location.

ADHD Medication Monitoring Audit in General Adult Outpatients Department, April – May 2019

Alexander McDermott

Problem or issue

ADHD medication has several different side effects, which includes weight loss, tachycardia and hypertension.

Definition of criteria & standards

2018 Nice guidelines (NG87) state that BMI, Blood Pressure and Heart Rate must be monitored in all patients every 6 months.

Audit of current or baseline practice

20 patient notes were reviewed. 36% of patients had monitoring for all parameters within the last 6 months. The mean number of days that patients were last monitored was 309 days, or 10.3 months.

Comparison of performance with criteria and standard

Guidelines state that 100% of patients should have monitoring for ADHD medication.

Implementing Change

Change will be implemented by the foundation of a nurse led clinic for ADHD monitoring. Any doctor will be able to refer into this, either from an outpatient appointment or when completing ADHD medication scripts.

Re-auditing & sustaining improvements

We will then re-audit later in 2019, after the nurse led clinic has been running for 6 months, thus closing the Audit loop.

Quality Improvement Project to Ensure 100% Compliance on Annual Risks Acknowledgement Form for Patients in Valproate in Childbearing Age Group

Anand Ganesan
Julia Kramer
Napoleon Lorin

Background

Valproate is an effective treatment for epilepsy and bipolar disorder. Valproate contains valproic acid, an active ingredient with known teratogenic effects. 1 out of 10 children are likely to have physical birth defects. 3-4 out of 10 children are likely to have early developmental problems that can lead to significant learning disabilities. Valproate should not be used in girls and women of childbearing potential unless treatments are ineffective or not tolerated. It must be initiated and supervised by a specialist experienced in the management of epilepsy or bipolar disorder.

Aims

The objective is to ensure 100% compliance on annual Risks Acknowledgement Form for patients on Valproate in childbearing age group and develop a system necessary to minimize the risks to the patients and to ensure patient has an adequate level of understanding of the risk.

Methods

To run through several PDSA cycles with the following proposed interventions:

- Raise awareness across all clinicians within the health board regarding the risks of Valproate on childbearing age group through MDT and liaising with the GP.
- To develop a register of all patients on Valproate across all counties. To assess current compliance rate.
- To better understand the current prescribing practices.
- To develop a sustainable system in order to review patients regularly i.e. as part of Care and Treatment Planning (CTP).

Results

Progress will be monitored regularly and cascaded both locally and nationally through Postgraduate meeting and QI forums.

A Service Evaluation of the CAMHS LD in South Wales Adherence to STOMP Guidelines

Francesca Welham
Amani Hassan

Aim

To evaluate the prescribing of patients in the Child and Adolescent Mental Health Service (CAMHS) Learning Disability (LD) in South Wales by comparing current practice to stopping the overmedication of people with a learning disability, autism or both (STOMP) guidelines.

Method

A retrospective analysis was carried out using the notes of patients currently attending the CAMHS LD, which were compared to STOMP guidelines.

Results

100% of patients under the CAMHS LD had a clear statement of indication for psychotropic drugs. Documentation of capacity and consent to treatment was only carried out at the initial appointment and not renewed. 83.9% of patients had attended an appointment within the last 6 months, and hence had adhered to STOMP guidelines regarding regular monitoring of

treatment response, side effects and reviewing the need for continuation of psychotropic drugs. Investigations were also evaluated, with 100% of patients having a growth chart in which weight was completed in 81.6% and height in 70.1%. In patients on antipsychotics, blood results were carried out in 80% and ECGs in 23.6%. Whilst in patients on antiepileptics (for psychiatric indications), blood results were carried out in 78.6%.

Conclusions

The majority of STOMP guidelines are being met by the CAMHS LD in South Wales. An area highlighted for improvement is the documentation of the person with parental responsibility's consent to treatment. The uptake of ECGs in patients on antipsychotics could be improved, as well as the documentation of explanations outlining the reasons why such investigations may not be appropriate to carry out.

in closing

In the next few weeks, we'll be issuing a data bulletin for Wales. This will be a document that we'll be sharing with members, government and the assembly.

We're currently undergoing a census of the workforce in Wales. Health Boards are providing us with this updated information so that we can support HEIW in the development of the Health and Social Care Workforce Strategy, whilst we further evidence our own policy development.

A couple of stellar events to highlight.

The General and Child & Adolescent Faculties have joined forces for a joint conference that will focus on ['transitions'](#), this is on the 6th September in Cardiff.

Our Old Age Psychiatry conference in November will take place at Big Pit National Coal Museum in Blaenavon. We'll shortly be highlighting our presenters, it's a really fantastic line up.

want to submit an article?

Do you have an idea or story that you'd like to share with the membership in Wales?
We're looking for articles for our autumn edition.


To get in touch with us,

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rcpsych.ac.uk/wales

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rydyn
ni nawr
yn trydar
yn gymraeg

@seiciatreg



CYFLWYNIADAU RECRIWTIO A CHADW

CYFLWYNIADAU 10 MUNUD . DIM POWERPOINT

#HyfforddiGweithioByw

100%

SWYDDI HYFFORDDI A
LENWYD MEWN
SEICIATREG





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