

West Midlands Division Newsletter - Autumn 2017

Editorial from Dr Nilamadhab Kar



Welcome to the autumn edition of the newsletter for the West Midlands Division. I hope the newsletter informs and showcases academic and other College activities, good practices and views of the members and trainees in the region. Many thanks to all the authors of this issue and for the support received from colleagues.

It will be great to have your contributions for the next newsletters. The articles can be of various types.

Some suggestions are: -

- Articles on specific topics related to advances in psychiatry, mental health care and service provision, etc.
- Reflections or learning from conferences and academic events from attendees' viewpoint.
- Results of any innovative and interesting research or audits conducted by the members in the region, making a difference.
- Sharing good practice – in clinical practice, undergraduate and postgraduate training in psychiatry.
- Opinion pieces about any topic related to mental health that you are interested in sharing.
- Creative expressions through paintings, poetry, photographs, etc.

Articles beyond these broad areas may also be considered, please feel free to discuss. The scope of articles can be further broadened to include input from service users and carers. On a specific note, we would like to have articles highlighting Psychiatric Heritage in the West Midlands, specifically describing important developments in psychiatry and mental health care in this part of the world.

If you have any further suggestions about the content, please let us know. With the support from all the members in the division, we will try to make the newsletter more useful for the readers, with resources to refer

Welcome from Dr Ignasi Agell, West Midlands Division Chair

As your new Chair I want to start by welcoming you to the autumn newsletter and by taking the time to thank Dr Gabrielle Milner for her work over the last four years.

Since our last newsletter, Professor Wendy Burn took over the post of President of the College and one of her objectives is to improve recruitment and engagement of members with the College, objectives that I would like to translate to our Division which currently has 1,006 members.

An important engagement opportunity is our academic meeting and following the success of the last one at Village Hotel, Walsall on 9 May I am pleased to invite you to our winter academic meeting to take place on 1 December at the Holiday Inn, Birmingham Airport.

Please also make time to register and attend our Specialty Doctors and Associate Specialists (SAS) event on 27 October.

Other significant events are our Mental Health Act AC/S12 training courses, which continue to be popular and with excellent feedback received. Induction and refresher courses are now being run separately with 2 more refresher courses taking place in November, and further courses scheduled for spring and autumn 2018.

It is important that we continue to support each other and to this end I would encourage you to consider mentorship, especially for new consultants in the Division, using the divisional scheme. Please register as mentors with the divisional scheme and attend Mentoring Skills Workshop - 9 November.

The RCPsych Choose Psychiatry recruitment campaign continues and can be followed in twitter with the hashtag #ChoosePsychiatry.

Recent appointments to the Executive Committee: -

- Dr Emma Barrow, Recruitment Lead
- Dr Rano Bhadoria, Workforce Lead
- Dr William Calthorpe, elected Committee Member and Rehabilitation and Social Psychiatry Regional Specialty Representative
- Dr Martin Curtice, elected Committee Member and Deputy Old Age Psychiatry Regional Specialty Representative
- Dr Saeed Farooq, Academic Secretary / Academic Psychiatry Regional Specialty Representative
- Dr Rajkumar Kamatchi, elected Committee Member
- Dr Nilamadhab Kar, Newsletter Editor
- Dr Geoff Marston, Mentoring Lead
- Dr Joseph Renju, elected Education and Training Committee Representative
- Dr Helen Whitworth, Deputy Regional Advisor

Vacancies: -

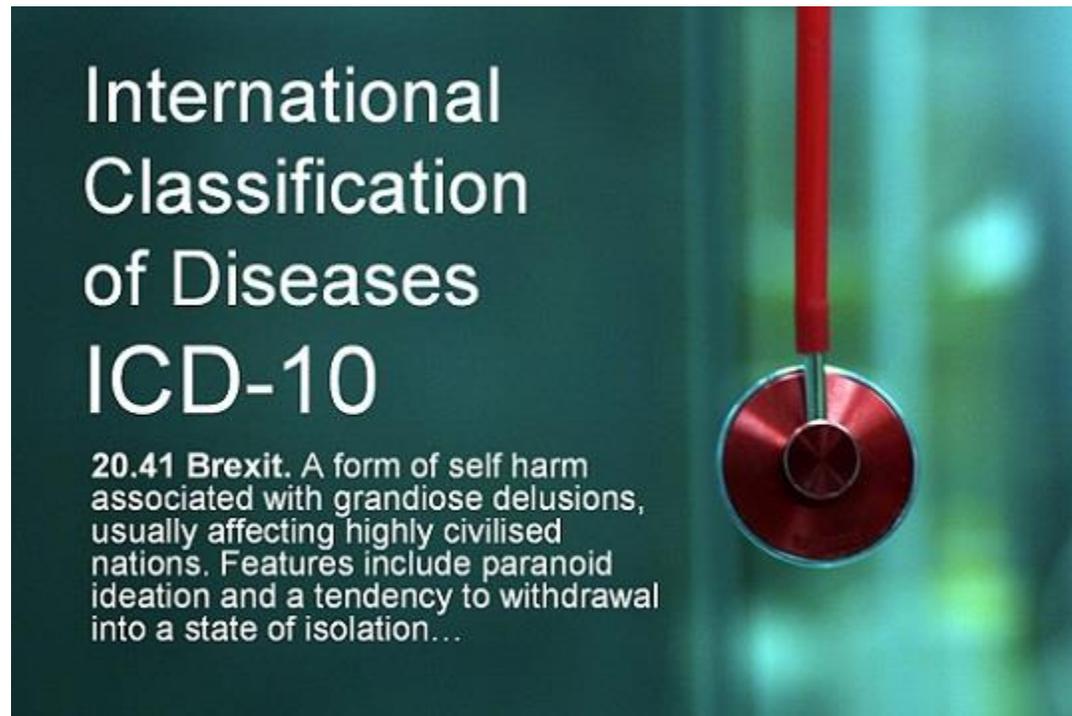
- [Perinatal Psychiatry Regional Specialty Representative](#)
- [Neuropsychiatry Regional Specialty Representative](#)

Dr Ignasi Agell, Chair of the West Midlands Division
@ignasiagell



The Madness of Brexit

By Dr John King, Retired Consultant



Deliberate self harm (DSH) is one of the commonest problems faced by the NHS, but until 23 June last year I had not considered it might apply to a whole country. Many gamble with their lives, but it seemed to me that Great Britain had been spun into the air like a coin, coming down tails on 24 June.

The world's press echoed that reaction. Why would any nation deliberately risk making itself poorer and less powerful? Why indeed would Britain want to commit suicide, the [Washington Post](#) wondered. Perhaps it was a case of United KingDUMM, the headline that immediately suggested itself to the German publication Bild, but which they refrained from running. (Dumm is German for stupid). But I prefer to think not, having spent my professional life trying to understand DSH rather than condemn it, like so many do.

Anger is often a big element in DSH, directed against the self as the nearest target. We know that anger and disaffection played an important part in the Leave vote, and there were plenty of reasons for it. But could self harm be considered to signify a more serious mental disorder here? If Britain was a person, would we be sending for a psychiatrist?

Ourselves as others see us

Other countries certainly tend to see us in this light. The [dominant view abroad](#) is still that we have taken leave of our senses. According to [Polly Toynbee](#) of the Guardian, "taxi drivers, bartenders, students and old-timers alike think we are mad". So could the Washington Post have been right, when it stated flatly that Brexit would be an act of insanity?

The layman's view of insanity is a condition involving loss of contact with reality. In other words, living in castles in the air rather than merely dreaming about them. As Jean-Claude Juncker once remarked, our leaders are not just on a different planet, but in a different galaxy.

What about the classic symptoms, such as grandiosity and paranoia? One might argue that both those features were observable in the frenetic campaign to leave the EU. Grandiosity is inherent in the notion of sovereignty, ruling the waves and harking back to the Empire. Paranoia is evidenced by exaggerated fears of being overrun by hordes of malevolent invaders, or convictions that all aspects of our lives are controlled by the tentacles of an evil bureaucracy in Brussels. Ideas which are not just wrong but seem almost delusional in their intensity.

As the [The New European newspaper](#) memorably said: "When one person suffers from a delusion, it is called insanity. When an entire government suffers from a delusion it is called Brexit."

The press – a prime culprit

The [tabloid press](#) has a lot to answer for. For years it has bombarded the public with inflammatory stories, always in a way calculated to cause maximum outrage. These provocative headlines have blazed out from newsstands every day for thirty or forty years, which cannot help but raise the emotional temperature. The stirring of anger is not good for mental health; otherwise known as "high expressed emotion" it is one of the classic risk factors.

What can we do about it? In a [letter to the British Medical Journal](#) before the referendum, I joked that what was needed was a drug active against hyperbole and bias, having been trialled on tabloid editors. Unfortunately it did not arrive fast enough, but we do have the [Leveson Inquiry](#). Leveson part 2 must now go ahead without obstruction, [Brian Cathcart](#) emphasises. In the meantime, it is to be hoped that the public will develop some immunity or scepticism in relation to the tabloid propaganda, or as we might say, develop the skills of critical appraisal.

The Divided Kingdom

In the 1970's when I was starting off in psychiatry, schizophrenia was poorly understood and even more stigmatised than it is now. But the Scottish psychiatrist [Dr R D Laing](#) claimed in his seminal book "The Divided Self" that sufferers were somehow more aware and enlightened than the society which rejected them. A charismatic man, he could be said to have succeeded in bringing a deeper understanding and hope to individuals riven by conflict and division. Today, our Prime Minister Theresa May has assured us that she will make a success out of Brexit, and a divided and disunited kingdom can be open to unique opportunities. It remains to be seen whether her implacable approach will kill us or cure us.

Conclusion

In the past I have commented in the medical press about the [mental health of politicians](#). It is a rather delicate area constrained in the USA by the Goldwater rule which discourages diagnosis from a distance, though the antics of Donald Trump have tended to overcome such inhibitions. Brexit presents a related subject for examination, somewhat less controversial since we are dealing with a sociopolitical phenomenon rather than venturing opinions on individuals.

All in all, whilst I doubt if Brexit will receive a coding under the ICD (international classification of diseases) just yet, there are enough parallels to make an interesting comparison. I'm sure the Brexiteers will retort that it is me that is in need of treatment and I should be taken away in an ambulance without delay. They are welcome to their opinion. I thought I had retired from psychiatry but Brexit has given me much to reflect on.

Legal Highs - Part 1 - Forty Years of Legal Highs

By Dr James Bashford, Core Trainee

The year is 1976, Concorde is taking its first flight, Apple computers is formed and Rocky is debuting on the big screen. But in a sleepy suburb in Maryland USA a promising chemistry student is in his parents basement using his home built laboratory to synthesise his own synthetic opiate.

Barry Kidston, then twenty three, was a good student who had unfortunately developed an interest in hard drugs. Being a chemistry major and not wanting to travel to dangerous neighbourhoods to purchase opiates, he decided to synthesise his own synthetic versions of the drugs. He read an article published in the 1940's about a drug, "MPPP" or "1-methyl-4-phenyl-4-propionoxypiperidine", an analogue of pethidine with seventy percent the potency of morphine which, crucially, was not subject to any legal restrictions.

Barry would go on to synthesise the drug and use it without incident for several months, until one day, he inadvertently overheated his compound. The drug produced an unusual burning sensation upon injection and a few days later he developed profound bradykinesia. Initially misdiagnosed with catatonic schizophrenia, it wasn't until he was later diagnosed with Parkinson's disease and treated with L-dopa that some of his symptoms were relieved.

News of this rare case of Parkinsonism in such a young patient reached the National Institute of Health and they set about investigating the aetiology. Fortunately whilst combing through the glassware in Barry's home laboratory there were still traces of the drug with which he had injected himself. The investigators discovered a novel compound produced during the rushed MPPP synthesis - "MPTP" or "**1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine**". The compound was then tested on rats, and although transiently producing Parkinsonian type symptoms, it was ruled out as the cause as it lacked the permanent features of Barry's case - this was an unfortunate case of bad luck, as it was later shown that rats in particular are resistant to the neurotoxicity of MPTP.

Barry improved with L-Dopa therapy, but, as tolerance set in he grew depressed, took an overdose of cocaine and died shortly after. His autopsy demonstrated the characteristic lack of dopaminergic cells in the substantia nigra associated with Parkinson's disease.

With conflict and uprising in Turkey and particularly Afghanistan in the late 1970's and early 1980's, heroin grew harder to come by. Enterprising garage chemists once again synthesised synthetic opiates and sold it to addicts, this time in California. In 1982 in the Bay Area, Dr William Langston was called urgently by his resident to see an odd case - a forty year old patient who had overnight developed waxy rigidity, with almost no spontaneous movement and yet was clearly awake. Through news alerts, police bulletins and "a bit of luck" - five other similar cases of "Frozen Addicts" were found, all of whom responded almost instantly to L-dopa. Through contacts in the police and what Langston referred to as "Friendly dealers" samples of the synthetic heroin were obtained and again MPTP found to be amongst the samples.

MPPP is now of course a schedule 1 drug and is controlled with the same tight restrictions in most countries as morphine. In fact the discovery of MPTP has helped researchers to develop an animal model of Parkinson's disease and further aid in our understanding and treatment of the disease.

Of course the synthesis of novel psychoactive agents continued unabated and not even the publicised cases of the "Frozen Addicts" did anything to slow this down. In fact Alexander Shulgin, an American medicinal chemist and psychopharmacologist, and now widely considered to be the "Godfather of Psychedelics", did much of his research in the years and decades following these cases - culminating in books, available as of today on Amazon, detailing the synthesis and the author's rating scale of a number of novel psychoactive substances. His laboratory was shut down a few years after the publication of these books.

Around the same time in South Carolina, Professor John Huffman and his researchers began developing synthetic cannabinoid compounds to aid research in multiple sclerosis, HIV and chemotherapy research. Years later in the late 2000's two of these compounds would turn up for sale in Germany as legal highs - their names - K2 and Spice.

Ushering us into the modern era is "Dr Zee" the moniker for an Israeli mathematician and drug designer. He is the man widely recognised for discovering mephedrone - sold by the street name Miaow Miaow - amongst many other modern legal highs (Mephedrone was actually first synthesised in France in 1929, but was rediscovered in the 2000's by Zee). Dr Zee has been featured widely in the British press and has had numerous documentaries, including with the BBC and Channel 4, detailing his synthesis and self-experimentation with his compounds.

China occupies much of the market for the synthesis of today's "Novel Psychoactive Substances". Recent BBC filming inside a legal high laboratory in Hebei province should send shivers down the spines of anyone with even a potted history of legal high synthesis - with dirty reaction vessels being re-used, each new batch now likely contains reaction products from the previous reaction meaning no two batches are ever likely to be the same.

A quick Google search demonstrates how effective the Psychoactive Substances Act 2016 has been at stopping the sale of these drugs. Research is being done into these novel substances in Universities across the globe, but with the rate of their production and the inconsistencies in the manufacture of the substances - that are often sold as incense, bath salts or plant food - it is almost an exercise in futility in detailing the long term effects that these substances will have. Parkinsonian symptoms have now given way to mortality statistics with over four hundred deaths involving legal highs in the UK alone between 2010 and 2016; and with the office of national statistics noting a sharp increase in the number of deaths involving these substances it remains to be seen what, if anything, can be done to stem the flow of novel legal high production and consumption.

Interview with Dr Chris Murphy

Associate Postgraduate Dean for Leadership Development, West Midlands

My initial career ambition was to become a general practitioner, and I started my training in Norwich as a psychiatric SHO. I enjoyed the work and the tutor encouraged me to stay in the specialty. I completed senior training in the West Midlands before taking up a consultant post in Shropshire.

I have held a number of education roles including College convenor, Programme Director for Adult Psychiatry, and then Head of School.

I retired from my main clinical role in 2014 but continued in medical education and I am currently an associate Postgraduate Dean in the West Midlands.



Q. Tell us something about yourself that most people don't know.

A. Well, not long after taking up my consultant post, I went to night school and completed a course on bricklaying. The course itself was interesting but also quite therapeutic. Each week we would construct a wall using lime mortar and at the end of the evening would then knock it down. The bricks were cleaned off ready for use at the college the next day. The skills came in quite useful when half way through the reconstruction of our family home, the builder went off to another job and did not come back. We just continued and completed the project ourselves. We have since built several extensions which so far are still standing.

Q. What trait do you deplore in others?

A. Hubris and arrogance. The finest doctors I have worked with (and I include several trainees here) were humble, and despite their recognised expertise, would never assume they were right. People who declare themselves to be expert often don't recognise the gaps in their knowledge which are usually discovered one way or another.

Q. Tell us about either a film or a book that left an impression on you?

A. This is quite difficult for me to answer as I am not a great reader of novels, nor do I frequently go the cinema. I think the last film I saw was La La Land. I usually hate film musicals, (as opposed to stage musical) and went under sufferance, but left saying it was one of the best films I have seen. I am sure that acting and directing a film is a craft and it makes sense to me that it was nominated for so many awards. An Evil Cradling by Brian Keenan. I could not finish the book, not because it was not well written, but found the narrative of captivity, enforced isolation and brutal treatment too upsetting.

Q. When not being a psychiatrist, what do you enjoy?

A. Even in semi retirement I do not have enough time for my interests. I am lucky enough to live in a beautiful rural location where I enjoy gardening and attending to my overgrown vegetable patch. I go trout fishing occasionally. I grow apples for cider making. There is usually some project under construction in my workshop. I probably spend some time each day playing my many guitars.

Q. Which people have influenced you the most?

A. The first consultant that I worked for as a house officer was a female surgeon; a rarity at that time. She was totally different to all the other consultants I had come across. Dedicated to her work, she involved herself in all aspects of patient care rather than just the cutting. In psychiatry I was most influenced by Dr Rajan Thavasoathy who I worked under for six months prior to taking up my consultant post. He was a great teacher and clinical practitioner. For all patients he insisted on a thorough review of the clinical psychopathology. Clinical reviews were a great learning experience. Questions would first be directed to the most junior member present; student nurse or junior doctor. Registrars and then the senior registrar in turn would be expected to contribute with an answer commensurate with their experience.

Q. If you were not a psychiatrist what other profession would you choose?

A. From my mid teens, I wanted to follow a career in medicine. For most of my generation we were able follow one track that took us through A-levels, medical school and then postgraduate training. It is hard to imagine doing

anything else. However in my early teens I was interested the world of wildlife. Perhaps impressed by TV programmes such as the Undersea world of Jacques Cousteau, I think I would have studied marine biology if I had been unable to enter medical school.

Q. How would you like to be remembered?

A. I have been very fortunate to have enjoyed a number of postgraduate education roles, and hope that my contribution has been positive. I am particularly pleased to have led the introduction of a programme for leadership development for psychiatry trainees in the West Midlands. I hope that it is a foundation for further growth in the teaching of the professional aspects of medical practice and enables the psychiatrists of the future to have influence in the services in which they work.

Executive Committee

The West Midlands Division [Executive Committee](#) meets three times a year at Birmingham Chamber of Commerce, Edgbaston, Birmingham.

Approved minutes from previous meetings can be accessed [here](#) (member login required).

2018 meeting dates, 10am -12.30pm: -

- Friday, 23 February
 - Friday, 15 June
 - Friday, 2 November
-

Winter Academic Meeting - Book now to secure your place!

Friday, 1 December 2017 - Holiday Inn, Birmingham Airport

- [Programme](#)
 - [Book now - limited places available!](#)
-

Report from Spring Academic Meeting 2017

The morning of the spring meeting held at the Village Hotel, Birmingham Walsall featured talks on liaison psychiatry by Dr Alfred White and the 'Human Rights Act - Essential Safeguard or Nonsense on Stilts' by Paul Barber.

There were 3 excellent presentations from the shortlisted candidates of the Research Presentation Prize: 'Association between antipsychotics and adverse outcomes in dementia: a retrospective study' by Dr Ayesha Bangash; 'Body Dysmorphic Disorder: This is Man's World' by Dr Esme O'Loughlin and Sophie Emesih; and 'Markers of prediabetes, psychotic experiences and inflammation: A cohort study from the Avon Longitudinal Study of Parents and Children' by the winner Dr Benjamin Perry.

The afternoon featured talks on 'Recent developments on Specialist Treatment for Persistent Moderate to Severe Depression' by Prof Richard Morriss; 'Improving physical health outcomes in people with severe mental illness: An evidence based approach' by Dr Saeed Farooq; 'Clinical repetitive Transcranial Magnetic Stimulation' by Dr Alex O'Neill Kerr; and 'Neurophysiology of Transcranial Magnetic Stimulation' by Dr Meetu Sonsati.



Dr Gabrielle Milner



Dr Alfred White



Dr Sophie Emesih & Dr Esme O'Loughlin, Research Presentation Prize Candidates



Dr Benjamin Perry



Mr Paul Barber



Dr Benjamin Perry, Research Presentation Prize winner & Dr Gabrielle Milner



Dr Saeed Farooq



Prof Richard Morriss



Dr Alexander O'Neill-Kerr



Dr Meetu Sonsati

Divisional Prizes



The 2017 Research Presentation Prize trophy was awarded to Dr Benjamin Perry for his research on 'Markers of prediabetes, psychotic experiences and inflammation: A cohort study from the Avon Longitudinal Study of Parents and Children'.

The winner for this year's Clinical Audit Prize will present their audit at the Winter Academic Meeting on 1 December where they'll be presented with a trophy.

The Division will again be awarding a bursary to enable a medical student to attend the College's [International Congress](#) in Birmingham, 2018.

Further details about Divisional prizes can be found on the home page under '[Prizes and Competitions](#)' or by contacting [Gloria Zachariou](#).

Mentoring Scheme

Further details of the mentoring scheme and pen portraits of the mentors within the Division can be found [here](#).

If you are inspired to become a mentor or would like to be put in touch with a mentor please email [Gloria Zachariou](#) your details.

2018 Mentoring Skills Training Workshop

After the success of last year's event, this year's Mentoring Skills Training Workshop (for psychiatrists working within the West Midlands who have held a substantive consultant post for at least 3 years) is taking place on Thursday 9 November 2017 at the Birmingham Marriott Hotel, 12 Hagley Road, Five Ways, Birmingham B16 8SJ.

On behalf of Dr Geoff Marston, West Midlands Division Mentoring Lead, we warmly invite you to this event.

The morning will be aimed at colleagues who are new to mentoring or who wish to refresh their knowledge and skills. It will include an introduction to the mentorship scheme and national overview; introduce a framework for mentoring and offer time to practice skills development.

The afternoon session aims to further develop mentoring skills, covering aspects of cultural diversity, identifying local support/training resources (including the College co-mentoring support group) and a mix of topics that are relevant to wider mentoring and coaching in the West Midlands/nationally.

There will also be time to discuss issues arising in mentorship.

There is no charge for attendance; lunch and refreshments will be provided throughout the day. We would encourage those who attend to be able to offer mentoring within the West Midlands scheme and register as mentors.

Click [here](#) to view the programme.

To book your place, click [here](#) to download and complete the registration form. Please return it by email to the [West Midlands Division office](#).

This workshop is eligible for **1 CPD point per hour** subject to peer group approval.

Mental Health Act - Section 12(2) and Approved Clinician Training Courses

[Book now to avoid disappointment - limited places available!](#)

Courses are open to candidates from all professions and have been approved by the Midlands and East of England Approvals Panel. All courses will take place in Birmingham.

We advise you to check with your [local approvals office](#) for information on the criteria for approval/re-approval, and to confirm which course is suitable for your requirements before making your booking.

Click on the link below for further details of each course and to book online.

- [Section 12\(2\) Refresher Course, Birmingham, 1 November 2017](#)
- [Approved Clinician Refresher Course, Birmingham, 15 November 2017](#)
- [Section 12\(2\) Induction Course, Birmingham, 28 February & 1 March 2018](#)
- [Section 12\(2\) Refresher Course, Birmingham, 14 March 2018](#)
- [Approved Clinician Induction Course, Birmingham, 21 & 22 March 2018](#)
- [Approved Clinician Refresher Course, Birmingham, 11 April 2018](#)

Please note that attendance at a course is only one part of the approval process, and a course certificate should not be offered or accepted as evidence of approval.

Get Involved!

If you would like to submit an article for inclusion in the autumn newsletter please send it to [Angela Appleby](#) by **Friday 16 March 2018**.

'What do Members want from their Division?' - [Contact us](#) with any additional comments, views and opinions on this topic for inclusion in the next edition of the newsletter.

Contact Us



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Further details about the Division, its Executive Committee, future meetings and events can be obtained from [Angela Appleby](#) or [Gloria Zachariou](#).

Your Contact Details

Members are encouraged to keep their contact details up to date – particularly email addresses as this is the main method of communication.

Please inform us if your contact details change by emailing membership@rcpsych.ac.uk or [Gloria Zachariou](#) at the Divisional Office.

Disclaimer:

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