



Spring Edition, 2024

Psychiatry–West Midlands

The West Midlands Division e-Newsletter



Contents

Editorial	2
Get Involved	3
Chair's Column	4
Prizes and bursaries	7
RCPsych West Midlands Division Winter Conference 2023	8
Matriarchs: Their Role in Modern Society and What They Can Teach Us	9
Use of Pharmacogenomic testing in treatment of children and adolescents with complex mental health conditions	12
Reflections from the National Student Psychiatry Conference 2024	14
Meet the member	16



Editorial



Dr Erin Gourley

*CT3 in Psychiatry
E-Newsletter editor
BMA LTFT Trainee
Representative for West
Midlands*

It is my pleasure to welcome you to the Spring/Summer edition of the West Midlands Newsletter, and to introduce myself as the new editor. I am a core trainee based in Coventry and Warwickshire and am excited to showcase all the good work that goes on within the region.

It would be remiss not to acknowledge the challenging social and political landscape that continue to exist both nationally and further afield. The post-pandemic world is one of grinding austerity at home and brutal conflicts abroad; our thoughts are with colleagues from all backgrounds who continue to be affected.

Ongoing industrial action continues to dominate the political landscape with SAS doctors continuing in their dispute with the government and junior doctors ongoing fight for full pay restoration, with strike action as recent as February. We are pleased to hear that the consultants recently reached an agreement and hope the other groups will follow suit soon. We continue to recognise and thank the consultants, (junior) doctors, locally employed and SAS colleagues who have maintained patient safety during these periods of strike action. As a BMA representative myself, we hope for a satisfactory resolution soon.

Despite these challenges it is fantastic to see the continued efforts and drive for excellence from our colleagues. For example the interesting case report and review on page 11 on the use of pharmacogenomic testing, the positive impact on one patient's care and the potential to generalise this more widely could have huge implications for psychopharmacology.

It is also important to acknowledge the vast amount of effort that goes into arranging talks and conferences that inspire and motivate. You can read about the experience of Rachel Mulroy who is a medical student at Keele who, supported by a

bursary from the RCPsych West Midlands division attended The National Student Psychiatry Conference run by the Sheffield Psychiatry Society (pg 13-14).

As someone with an interest in women's health I enjoyed immensely the Women in Mental Health SIG (@womeninmind) conference on 8th December 2023 at the RCPsych in London. The theme was "Matriarchs" and there were many inspirational talks from senior women both within and out with psychiatry. They covered a wide range of topics including, but not limited to feminism and race, challenges within the workplace, sex work, obstetric care, abortion and parenting as well as wider reflections on patriarchy and how it applies to us today. A personal high point for me was the talk by Naomi Stadlen, author of What Mothers Do. Her talk covered many of the topics from her book which is a fantastic resource for new parents and has influenced not only my approach my own exhausting toddlers but also aided my understanding of mothers' experiences and attachment. You can read my own reflections on Lessons from Matriarchs on page 9.

In conclusion, despite all the difficulties we are facing there is also much to celebrate regarding the achievements and resilience of our colleagues, both nationally and within the West Midlands; as such it is my hope is that this newsletter is a space where we can showcase that. To that end, if you would like to contribute to our next issue or have suggestions of content you would like us to cover, please do contact us. Otherwise, I wish you all the best and I hope you enjoy the issue!

Best wishes
Erin

X: @ErinGourley1

Email: erin.gourley@covwarkpt.nhs.uk



Get Involved!

If you would like to submit an article for inclusion in the next edition, please send it to (westmidlands@rcpsych.ac.uk).

The division welcomes articles of local interest relating to psychiatry. We encourage trainees to get involved as well as patients and carers.

Submissions could be along the following lines:

Interest articles

Are you personally involved in any local work that you would like to increase awareness of? Is there a topic in mental health which you find interesting and would like to share with your colleagues? Do you have a personal experience within psychiatry you'd like to share?

Event articles

Would you like to share a review/feedback from a conference or other mental health related event that you've attended?

Opinion pieces/blog articles

Are there any issues in mental health that you are passionate about and wish to discuss with a wider audience?

Cultural contributions

This could be in the form of artwork, photography, poetry or an article relating to your insights, interpretations and observations of relevant popular culture, the arts and theatre.

Research/audits

Have you been involved in any innovative and noteworthy projects that you'd like to share with a wider audience?

Patient and carer reflections

This should be a few paragraphs detailing a patient or carer's journey - you may have a patient whose story you would encourage to share; or it could be a case study including a patient's perspective. Confidentiality and Data Protection would need to be upheld.

Instruction to Authors

Please consider your articles to be as precise as possible. As a guideline, articles on interesting topics, research/audits, good practice and opinion pieces may be up to 1000-word limit which may include up to around 5 essential references. Articles on events or conferences should be within 500 words. Please follow [Instructions for Authors of BJPsych](#) for reference style. Authors must obtain written permission from the original publisher if they intend to use tables or figures from other sources, and due acknowledgement should be made in the legend.

Authors are expected to be aware of and comply with best practice in publication ethics. Please declare any conflict of interest related to the article.

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

[Back to contents page](#)



Chair's Column *by Dr Muhammad Gul*



Dr Muhammad Gul, West Midlands Division Chair

Welcome to the West Midlands Division Spring e-Newsletter, it's fantastic that the e-newsletter is being published again after a pause for over 2 years. I'd like to thank Dr Erin Gourley for taking over as the e-newsletter editor and helping to bring it back to life.

Events

The West Midlands Spring Conference – 'Transcultural Psychiatry' is taking place on 15 May 2024, 9.25-1pm – it's online and so will be available to watch on demand if you can't make it on the day. To view the programme and to book please visit our website: [West Midlands Spring Conference 2024: Transcultural Psychiatry \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/conferences/west-midlands-spring-conference-2024)

Mindmasters Quiz - is returning at the RCPsych International Congress 2024. Gather your team of four RCPsych members and represent your region, speciality, faculty, grade, or SIG. The heats and finals are taking place on the same evening, **6-8pm on Sunday 16 June at the Congress in Edinburgh**. Travel support of up to £100 is available, and if you participate, your Congress registration for Monday 17 June is on us. Don't miss out – register your team early to secure your spot. See our Mindmasters [webpage](#) for further details. No playing? No problem, come and cheer on your favourite team and enjoy the complimentary refreshments.

Division News

West Midlands Executive Committee—all West Midlands members welcome: During 2024 we are

opening the executive committee meetings up to all members to encourage wider membership. Please get in touch if you would like to attend.

New subgroup supporting neurodiverse clinicians:

The West Midlands Executive Committee have set up a new subgroup looking into how we can best support our neurodiverse workforce - if you have an interest in this area we would love to hear from you.

Mentoring: Please continue your engagement with the [West Midlands Division mentorship scheme](#) which is led by Dr Andrew Leahy and Dr Naresh Rasquinha, Mentoring Leads. The mentoring scheme is entirely voluntary. The mentors are consultant psychiatrists, SAS grade doctors and senior trainees working within the West Midlands. If you would like to become a mentor or would like to be put in touch with a mentor, please get in touch with your details.

West Midlands Independent Psychiatrists Group

(WMIPG): The West Midlands branch of [PIPSIG](#) provides a network for independent psychiatrists, promotes responsible practice in relation to appraisals and revalidation and acts as a source and resource for continuing professional development. The WMIPG is Chaired by Dr Alfred White and the group meet 3 times a year. Anyone interested can be added to the contact list – please contact us.

Student/Foundation Doctor Associate: Please also invite your foundation doctors and medical students to sign up to associate status, which is free via the [College website](#).

Join us: We have a number of [vacancies](#) on our West Midlands Division Executive Committee, please take a look at them. It's a great way to network, get involved in local policy and College work.

X: Use our X account [@rcpsychWM](#) to connect with colleagues and raise awareness of important issues related to psychiatry in the West Midlands, currently with 1282 members.

Contact us: Email Westmidlands@rcpsych.ac.uk with your suggestions, ideas and feedback on what you would like to see happening in your division and if you would like further information on any of the topics mentioned in this section.

Best wishes
Gul



Chair's Column *continued by Dr Muhammad Gul*

Executive Committee

We currently have a number of opportunities for members to join our Executive Committee. It's a fantastic opportunity to build on the work of the College, to help support fellow colleagues and to network.

Vacancies

There are currently the following vacancies within the West Midlands Division Executive Committee:

- [Academic Secretary](#)
- Academic Psychiatry Regional Representative
- Addictions Psychiatry Regional Representative
- Eating Disorders Psychiatry Regional Representative
- Rehabilitation and Social Psychiatry Regional Representative
- Deputy Regional Advisor x2
- [Wellbeing Champion](#)
- [Mentoring Lead](#)

Find out more about our [Regional Advisors and Specialty Representatives](#) roles, including [full job descriptions](#) (PDF). Further information is available on the [College website](#).

Please email westmidlands@rcpsych.ac.uk for further information.

Job Description Approval Process

The division hosts an electronic job description approval process and during 2023 we received and reviewed 49 job descriptions from Trusts within the West Midlands region.

The West Midlands Regional Specialty Representatives and Regional Advisors review and grant final approval to local Trust job

descriptions. This is important work as it helps to quality assure the job descriptions, ensuring the psychiatrists and specialty doctors roles are manageable and result in the best outcomes for service users.

Find out more about the process via our website: [Job description approval process | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)

Upcoming events

West Midlands Spring Conference 2024: Transcultural Psychiatry

- 15 May, online via Zoom from 9.25AM to 13.00PM

This event will cover the topic of Transcultural Psychiatry. We will hear from four esteemed speakers who work in this field, ranging from Neuropsychiatrist to Occupational Therapist. Full programme coming soon.

To book your place, please visit our website: [West Midlands Spring Conference 2024: Transcultural Psychiatry \(rcpsych.ac.uk\)](#)

Suicide Prevention West Midlands Webinar

- 11 September, online via Zoom from 14.00PM to 15.30PM

Our guest speaker for this webinar will be Hajrah Khan, Programme Senior Office for Suicide Prevention for Birmingham City Council.

To book your place, please visit our website: [Suicide Prevention: Webinar with RCPsych](#)

Addictions across psychiatry—Trent and West Midlands Winter Conference 2024

- 06 December, in Coventry from 9.15AM to 16.30PM (exact venue will be confirmed shortly)

For further information, programmes and speakers, or to book your place, please visit our website: [Addictions across psychiatry - Trent and West Midlands Winter Conference 2024 \(rcpsych.ac.uk\)](#)



Chair's Column *continued by Dr Muhammad Gul*

RCPsych Mindmasters Quiz 2024

- 16 June, RCPsych International Congress at Edinburgh from 18.00PM to 20.00PM

Get ready for the 2024 Mindmasters quiz! You can enter by emailing quiz@rcpsych.ac.uk expressing your interest.

It's happening in Edinburgh at the RCPsych International Congress 2024. RCPsych members can represent their region, speciality, faculty, grade, or SIG.

It would be great to have a **Midlands England team** made up with our colleagues in the East and West Midlands. So please sign up and help us spread the word.

The heats and finals are taking place on the one evening on **Sunday 16 June from 6-8pm**, in front of a live audience. Don't miss out – register to secure your spot. If you participate travel support of up to £100 is available and your Congress registration for Monday 17 June is on us.

Not playing? No problem, come cheer your colleagues along and enjoy the complementary refreshments.

Contact quiz@rcpsych.ac.uk or see our Mindmasters [webpage](#) for further details.



Prizes and Bursaries

Clinical Audit and Quality Improvement Project Prize

The winner of the Clinical Audit and QI Project prize is Dr Mohamad Arifin: A quality improvement project to improve satisfaction with Junior Doctors handover process at Bushey Fields Hospital.

Congratulations!

West Midlands Research Prize

The West Midlands Division runs a Research Prize for Foundation Doctors, Psychiatric Trainees, SAS Doctors and Consultant Psychiatrists in their first year of employment working within the West Midlands region.

The winner receives a £100 prize and a chance to present their project at the Spring/Summer Conference.

The winner of 2023 is Dr Nathan Hodson, Developing a digital micro intervention to support evidence based parenting skills.

The prize has been paused for 2024.

For further information about our prizes and bursaries please visit our website: [West Midlands division prizes and competitions \(rcpsych.ac.uk\)](https://rcpsych.ac.uk/west-midlands-division-prizes-and-competitions)



RCPsych West Midlands Division Winter Conference 2023

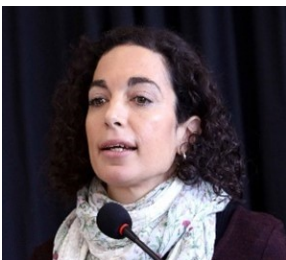
The West Midlands Division came together on 24 November 2023 at the Midlands Art Centre, Cannon Hill Park in Birmingham for our in person Winter Conference. The theme of the conference was the role of sleep in mental health conditions and we had a full programme with engaging and knowledgeable speakers. Thank you to our 60+ members who joined us on the day and helped to contribute to a successful event. A big thank you to all our speakers who gave up their time for the College and also to Dr Alfred White who kindly captured our speakers in the photographs below.



Dr Muhammad Gul, RCPsych West Midlands Division Chair and CAMHS Consultant Psychiatrist, Midlands Partnership Foundation Trust opened the event and welcomed members to the conference and also presented on Autism, Co-morbidities and Management Challenges.



Dr Mohamad Arifin was awarded the Clinical Audit / Quality Improvement Prize 2023 and presented his winning submission of 'a quality improvement project to improve satisfaction with Junior Doctors' handover process at Bushey Fields Hospital'.



Dr Isabel Morales—Munoz (on the left), Assistant Professor, University of Birmingham and Dr Daniela Borges (on the right), ST4 General Psychiatry, PTC



Representative, RCPsych gave a presentation on Sleep Postpartum Psychosis.



Professor Caroline Richards, School of Psychology, Birmingham University, presented on Sleep and Neurodevelopmental Disorders in young people.



Dr Nicole Needham, Clinical Research Fellow, University of Edinburgh, presented on Light sensitivity and circadian rhythm in bipolar disorder.



Dr Hugh Selsick, Consultant Psychiatrist, University College London Hospitals NHS Foundation Trust, presented on Psychological and behavioral treatment of sleep disorders.



Dr Sarah Reeve, Lecturer in Clinical Psychology, Norwich Medical School, updated on the role of sleep problems and psychotic symptoms (delusions and hallucinations).



Matriarchs: Their Role in Modern Society and What They Can Teach Us *by Dr Erin Gourley*

' Grandmothers are voices of the past and role models of the present. Grandmothers open the doors to the future.' - Helen Ketchum¹

When I think of a matriarch, I think of my Granny Lizzie. I have an image of her in my mind sitting in the centre of her miniscule living room in her terraced house in East Belfast, surrounded by the glorious chaos of her children and grandchildren. They have amassed around her from various parts of the United Kingdom, as if she exerts a gravitational pull.

Born in 1921 to a working-class family, Elizabeth "Lizzie" Gourley spent her childhood in East Belfast. As was usual for the time, she departed formal education at a young age to work within the home. In her eighty-seven years of life, she only ever moved a matter of streets away from her childhood home in East Belfast. She was a teenager during World War Two, which brought with it the Belfast Blitz and then she subsequently grew up with the increasing political unrest in Northern Ireland. As a result, her fortitude and no-nonsense nature was evident and will always be epitomised for me by the time, in peak Troubles nineties Belfast, she politely declined to leave a bank during one of the frequent bomb scares. The reason given, amongst vague murmurings about the IRA, was that "it's never a bloody bomb - I've just gotten to the front and I'm not queuing again".

Granny Lizzie was the family glue, which was the case both before and after the death of her husband, my grandfather. Her leadership was difficult to characterise but undeniably present. She was an ambassador of our core family values; even though none of us could write you a list of what they were we certainly knew when we had not lived up to them.

My family's experience of my grandmother is like a compass which guides us via some strange, intangible electromagnetism. I use the present tense very deliberately as her influence and guidance has continued far beyond her death in 2018.

Throughout the course of this essay, I aim to expand on the invisible matriarchal force and consider the role of matriarchs as it pertains to the learning and development of younger generations - both women and men. I will focus on common themes of what we have learned from matriarchs from the limited data, and whether how they teach us might represent a previously unexplored strength, and one which can inform how we learn from them going forward. Plus,

for me I have the added joy that in improving my understanding of this topic, I might better understand my Bomb Proof Granny Lizzie.

It was important that I told you about this formidable woman, namely as a mechanism to declare my bias and contextualise my views when it comes to this subject. Our approach to matriarchs and women more generally is deeply rooted in our own culture, family and personal histories. Depending on many factors the way in which senior women are woven into families and communities can be very different. This diversity of culture and experience is a strength but can make it difficult to generalise specific lessons across communities. My own experience should be viewed through the lens of my positive experience of senior women within my family and wider culture, which I will inevitably feed into my choice of which senior women influence me on a societal level.

As an example, a "Barbie" living in the fictional matriarchal utopia "Barbie Land" would likely choose a different elder female role model than a woman living in a patriarchal society, and thus the lessons would be different². Here in the "Real World" matriarchal societies, like the Mosua in China, do exist where the women never marry, and property passes down the female line³. Of course, examples of patriarchies are more common. Even within our Western culture the norm of taking the husband's name after marriage, and the ongoing struggle to address the gender pay gap might lead us to believe we are not as far from a patriarchy as we might like to believe - but that is an essay for another day.

Definition of a Matriarch

Nowhere within the dictionary definitions of "matriarch" does it suggest any knowledge or wisdom is required to qualify for the role. You simply must be a "woman who is head of a family or social group"⁴. Yet somehow the word conjures a warmth and positivity that its counterpart "patriarch" lacks. Perhaps in part as the matriarchy has less to answer for socially and historically, or maybe due to the gender stereotype of women being gentler and responsible for more of the caring roles within society.

The common consensus is that matriarchs do not necessarily need to be mothers, and certainly not all mothers will reach the status of "matriarch". In addition to the narrow dictionary definition comes a presumed wisdom and grit born of successfully navigating a breadth of life experiences.



Matriarchs: Their Role in Modern Society and What They Can Teach Us continued *by Dr Erin Gourley*

But if it is true that not all women will automatically become matriarchs with age, how do we recognise who has the characteristics of a “matriarch”? And what makes a good one? To that end, let us consider a group who are experts at navigating a matriarchal society.

Lessons from the Amboseli Matriarchs

“It looks like matriarchs become less gregarious and more conservative in their old age”. -Lesley Evans Ogden⁵

Amboseli National Park in Kenya houses one of the largest undisturbed populations of a true matriarchal culture: elephants⁶. In contrast to other animal groups led by males, it is not physical domination that wins power amongst female elephants, but wisdom born of experience and judgment. Many of the specifics of how they communicate their decision-making remains a mystery, however through a forty-year period of observation by Cynthia Moss, founder of the Amboseli Elephant Research Project, there are some things we have learned from these elephants⁶.

A key lesson was that advanced age of the female elephants seems to confer better judgment, and as such can positively impact survival of the group⁶. Through data gathered from groups of elephants during a drought in Tangarire National Park in Tanzania, we see that families led by older matriarchs were more likely to travel to areas with food and water, and therefore their young were more likely to survive. Younger female matriarchs were more likely to stay put and thus their calves more likely to die. In addition, matriarchs aged over sixty made better decisions when it came to responding to predators. They spent longer than their younger counterparts listening to specifically male lion roars (as they are the main threat to a grown elephant) and would instigate a protective group huddle faster in response. In general, the female elephants became less impulsive with age, and this increasingly measured response combined with a large database of life experience seems key to the older females’ success in keeping their community safe.

The importance of an experienced matriarch was further exemplified when a population of elephants decimated by poachers was studied⁶. By dint of this tragedy, their society generally contained much younger matriarchs, and it was observed over time that societal bonds weakened, and as a group they were more stressed (as measured by cortisol levels in elephant faeces).

If we needed further evidence that the school of “Mum Knows Best” have a point, the Amboseli Matriarchs lesson to us is that with age comes experience, and with experience comes wisdom. Age also seems to bring with it an ability to act more “conservatively” and less impulsively, creating a distance between thoughts and actions leading to a more considered response. The resultant decisions and actions therefore are more likely to yield a positive result, and even a survival advantage. Expanding on this idea, might tempering impulsively and encouraging more pause for consideration be a strength of elder women within communities?

Coregulation as a teaching device: an important lesson in itself?

“I believe that the souls of women flatten and anchor themselves in times of adversity, lay in for the stay. I’ve heard that when elephants are attacked they often run, not away, but toward each other. Perhaps it is because they are a matriarchal society.” -Elizabeth Berg⁵

Both on family and societal levels we have been known to repeat the mistakes of previous generations. The reasons behind this are complex, so rather than provide you with a list of errors that we have perpetuated I have chosen to reflect on aspects of how elder women teach, and some nuanced strengths that matriarchs may possess. I will draw on some of what we have discussed so far and consider whether there are skills specific to these influential women at a family level which might enable us to identify opportunities for learning going forward.

Revisiting the Amboseli elephants, they led me to think about the role of self-regulation and its impact on learning. Specifically, when they referenced the females becoming “less gregarious and more conservative” with age, and also spending longer listening and analysing before committing to a plan, for example when listening to the lions roars.

In humans, we know that children lean heavily on adults to support them via coregulation⁷. This is a process by which people can adjust their actions and emotions relative to another person to maintain a positive state⁹. In theory over time this process aids children in developing their own innate self-regulation⁷. Through infancy to young adulthood the prefrontal cortex (PFC) within the frontal lobe of the brain is immature which affects processes that relate to judgement, emotional regulation and decision-making⁷. Anyone who has ever tried to reason with a toddler mid-tantrum knows what I am talking about. The process of maturation of the PFC



Matriarchs: Their Role in Modern Society and What They Can Teach Us continued *by Dr Erin Gourley*

continues well into the twenties, making children more susceptible to impulsivity, poor judgement and outbursts of emotion. In simple terms adults coregulating during these periods of emotional dysregulation can be seen as children “borrowing” some of our more developed frontal executive function to supplement their relative deficiency. The end goal (of this process, and arguably parenting generally) is for them to achieve a state of sufficient calm to make considered decisions for themselves.

In terms of how this relates to how matriarchs convey lessons on a smaller scale, Skoranski et al showed in their 2017 study that mothers could be so attuned with their children that when they engaged in more positive behaviours such as teaching, they would synchronise a particular breathing pattern called respiratory sinus arrhythmia (RSA)⁸. For the purposes of this study, this acted as a proxy measure for coregulation. The opposite was also true, whereby a higher degree of disengagement by the mother resulted in reduced RSA synchrony, and thus impaired ability to coregulate.

Another study in pre-schoolers demonstrated a correlation between disruption in this synchrony and an increased in observed externalising behaviours in the children¹⁰. Let us continue to indulge the idea that coregulation continues to be influential into adulthood, we could surmise that those elder mothers may demonstrate a superior ability to coregulate with others. It follows that this could foster better self-regulation even amongst adults, as we see with children. This lesson goes beyond the didactic approach and would foster an environment more conducive to learning, reducing stress and ultimately supporting the autonomous decision-making of the younger generation.

Conclusion

I hope to have made sense of some of the more intangible aspects of the “matriarchal force” I alluded to at the start of this essay to the clear benefit of their lessons to society and their unique ability to deliver their wisdom which a side of coregulation, thus rendering it more palatable. I have not tried to encapsulate the rich and diverse wisdom from matriarchs, as I would only do them a disservice within the constraints of this essay. I do however hope that I have given you some tools to find your chosen matriarch – your own Granny Lizzie.

References

1. Helen Ketchum: available at: 45 Thankful for Grandparents' Quotes to Express Your Gratitude (retirely.co)
2. Barbie, 2023: WarnerBros.co.uk | Barbie (2023) | In Cinemas Now | Warner Bros. UK | Movies
3. Madaus S. 2019. 6 Matriarchal Societies Around the World. Town and Country Magazine. Available at: 6 Matriarchal Societies Around the World - Matriarchal Societies List 2022 (townandcountrymag.com)
4. Oxford Learner's Dictionaries website, 2023. Oxford University Press. Available at: matriarch noun - Definition, pictures, pronunciation and usage notes | Oxford Advanced Learner's Dictionary at OxfordLearnersDictionaries.com
5. Elizabeth Berg, 2012. Talk Before Sleep, p184. Random House.
6. Evans Ogden, L. January 2014. Pachyderm Politics. New Scientist. January 2014 ed. P 42-45.
7. Blum R, Giedd J and Johnson S. Sept 2009. Adolescent Maturity and the Brain: The Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy. Journal of Adolescent Health. Elsevier. Available at: Adolescent Maturity and the Brain: The Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy - PMC (nih.gov)
8. Skoranski AM, Lunkenheimer E and Lucas-Thompson RG. November 2017. The effects of maternal respiratory sinus arrhythmia and behavioural engagement on mother-child physiological co-regulation. *Developmental Psychobiology*; 59(7) p. 888-898.
9. Definitions for Coregulation. Available at: www.definitions.net/definition/coregulation
10. Boker SM, Buss KA, Lucas-Thompson RG et al. December 2015. Coregulation of respiratory sinus arrhythmia between parents and pre-schoolers: differences by children's externalising problems. *Developmental Psychobiology*; v57(8) p.994-1003



Use of Pharmacogenomic testing in treatment of children and adolescents with complex mental health conditions *by Dr Ramesh Billemane*

Introduction

Pharmacogenomics is the study of how a patient's genome can influence how they respond to medicines. Variants in an individual's genome can increase the functioning of medicines or make them ineffective. West Midlands Regional Genetics Laboratory, Forward Thinking Birmingham and Inagene Diagnostics UK are conducting a pilot project identifying barriers to incorporating Pharmacogenetic testing into NHS prescribing. Parkview clinic is part of this pilot project.

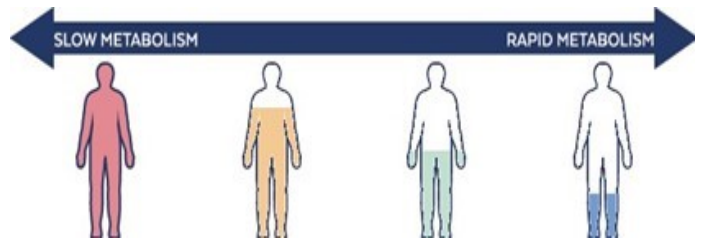
We report a case of a 17-year-old young male with autistic spectrum disorder, anorexia nervosa, obsessive compulsive disorder and mixed mood disorder who was in a catatonic shutdown state for 2 years requiring nasogastric feeding at least twice daily under restraint.

He was prescribed various medications, but they were ineffective in improving his condition. Pharmacogenomic testing showed gene variation that affected his drug metabolism. This information helped in his treatment planning and made a huge impact on his recovery with a positive outcome.

Background

The presented case highlights a vulnerable male patient with complex needs. There were significant challenges regarding diagnostic clarity, treatment planning and risk management. Pharmacogenomic testing gave insight into his drug metabolism that informed his treatment plan. Pharmacogenomic testing works by investigating known copy number variants and single nucleotide polymorphisms in specific genes with known gene-drug interactions. The results can predict how an individual will metabolize or otherwise respond to certain medications, allowing personalized prescribing of the medications most likely to be effective and/or

have minimal risks of side effects for a patient.

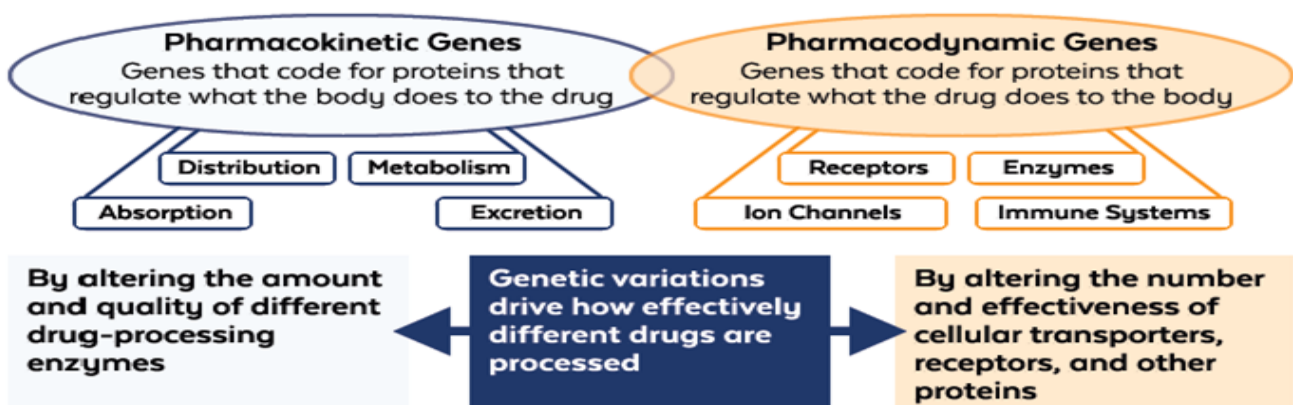


Case Summary

17-year-old male with a diagnosis of autistic spectrum disorder (ASD), anorexia nervosa, mixed affective disorder and obsessive-compulsive disorder. June 2020 - Oct 2020 admission to eating disorder unit following a period of poor dietary intake and declining mental state over several months. Discharged on CTO following weight restoration. He was prescribed Sertraline and Olanzapine. Readmitted within few weeks to general hospital due to noncompliance and suicidal attempts. He was later transferred to a general adolescent unit however they were not able to meet his needs and his physical health deteriorated. He was then transferred to a Paediatric ward for treatment and stabilization of his physical health. Jon 2021 - September 2023 admitted to NHS CAMHS inpatient unit.

Due to his continued restriction of his oral diet, fluid and medication he required nasogastric feeding under restraints. He became more withdrawn and reluctant to engage or communicate verbally with staff.

Genes & Individual Drug Responses



(Figure adapted from Pirmohamed and Park, 2001)



Use of Pharmacogenomic testing in treatment of children and adolescents with complex mental health conditions continued *by Dr Ramesh Billemane*

During this time, he presented with challenging behaviours such as smearing faeces, urinating in the communal areas, touching staff inappropriately and resisting physical interventions.

He also presented with severe depressive symptoms and catatonic features. There were diagnostic uncertainty and treatment challenges due to atypical presentation and complex needs.

Required bespoke care package and nursing in a low stimulus area under long term segregation.

He had been trialled on several medications including fluoxetine, sertraline, mirtazapine, venlafaxine, olanzapine, diazepam, promethazine, lorazepam, zolpidem and clonazepam with limited results. We then performed the Pharmacogenomic testing which showed that he had gene variation in the following:

CYP2D6 - ultrarapid metabolizer for mirtazapine and venlafaxine
CYP1A2 - rapid metabolizer for olanzapine
CYP2C19 - rapid metabolizer for sertraline
UGT2815 - slow metabolizer for lorazepam

Further complication due to hyperthyroidism which was treated with carbimazole and propranolol. He was prescribed high dose of lorazepam and risperidone. His presentation improved significantly with verbal communication, compliance with diet and fluid intake and independent self-care. He displayed hypomanic features therefore venlafaxine was discontinued and started on mood stabilizer. His presentation fluctuated however he was successfully discharged to a placement in Aug 2023 after 2.5 years of admission to Tier 4 unit. He was discharged on Lorazepam 7 mgs/day, Risperidone 5 mgs/ day and Semi-sodium valproate 750 mgs/day, Carbimazole 10 mgs/day and Propranolol 20 mg/day.

Discussion

Pharmacogenomic testing provided a personalized guide to the patient's unique genetic information which affected their response to medications. The patient had a detailed assessment of several genes and found to have gene variation affecting drug metabolism. These were the genes that had effects on antidepressants and antipsychotics such as mirtazapine, sertraline, olanzapine and venlafaxine. It helped us to understand the reason for treatment resistance and change our treatment plan.

Conclusions

This case study suggests that there could be benefits to expanding the use of Pharmacogenomic testing as it could potentially reduce the risk of adverse drug

reactions, optimize response to medication and reduce lengthy hospital stays due to early optimization of treatment. There is a need for further large scale study to gain insight into use of pharmacogenomic testing.

References

- <https://www.genomicseducation.hee.nhs.uk/blog/whot-is-pharmacogenomics/>
- Bousman et al. 2019. Pharmacogenomics; 20: 37-47.
- Bull et al. 2002. Annals of Pharmacotherapy; 36: 578-584.
- Morris et al. 2022. Clin. Pharmacology & Therapeutics; 112: 1318-1328. Pirmohamed M, Park BK. 2001. Trends Pharmacol Sci; 22:298-305

Acknowledgement

Parkview clinic took part in this pilot study which was sponsored by Birmingham Children's hospital charity in collaboration with Inagene and regional genetic lab.



Reflections from the National Student Psychiatry Conference 2024 by Rachel Mulroy

On the 13th and 14th of January, Sheffield Psychiatry Society hosted the 2-day National Student Psychiatry Conference, which I attended with the help of a bursary from the West Midlands Division of the Royal College of Psychiatrists. Lectures by world-renowned speakers, engaging workshops and a specialty carousel made up an excellent, jam-packed weekend.

It can be hard in medical school to stay motivated sometimes, when you are surrounded by people discussing the current state of the NHS or when doctors on placement are surprised by, and not supportive of, your aspirations to pursue a career in psychiatry. Conferences are a great way to remember why you are at medical school and how much there is to come in the future of psychiatry. I recommend student conferences in particular as they are more wallet friendly and offer a great opportunity to not only network with psychiatrists but also like-minded students who will be your future colleagues.

The event was themed around the idea of 'Me, Myself and I' and explored topics including lived experience, personality, and the environment.

The first day was a mix of lectures and workshops, and concluded with a social. My day 1 highlights include:

- Lived Experience
- Professor Peter Tyrer's talk on Personality
- From Freud to Ghazali talk by Dr Rania Awaad

Lived experience was weaved throughout the first day. Sheffield Flourish talked about how they support people through a community-approach alongside the mental health trust. Professor Brendan Stone gave an insightful talk on his experiences with the mental health system as a patient and offered advice and wisdom to attendees, as the next generation of budding psychiatrists.

I particularly enjoyed Professor Peter Tyrer's eclectic talk on personality, which included humour, singing and poetry, and highlighted how psychiatry is never boring. I also found Dr Rania Awaad's talk particularly interesting when discussing the history of Maristans as well as offering a framework for how to ask

patients about their religious and spiritual beliefs, termed the religiosity assessment.

The second day began with a faculty carousel, exploring the various specialties within psychiatry, followed by lectures and student poster presentations. My day 2 highlights include:

- Faculty Carousel
- Dr Dasal Abayaratne's talk on climate change and its association with psychiatry
- Psychedelic Psychiatry by Professor David Nutt

The ability to explore so many different subspecialties was a very useful way to kick off day 2. A range of psychiatrists who were passionate about their fields, varying from academic psychiatry to rehabilitation and social psychiatry, were open to our questions and this allowed for a more personal small group discussion.

Climate change has huge impacts spanning multiple fields. Its impact and association with psychiatry was presented by Dr Dasal Abayaratne. Direct consequences of climate change, such as forced migration, can lead to community breakdown and emotional distress for those involved as well as those who learn about such events. I learned how people living with psychiatric illness have a higher risk of climate change impacting their mental health due to a number of factors. For example, antipsychotics reduce thermoregulation and heat waves have been associated with hospital admissions due to psychosis.

Professor David Nutt gave an engaging and hopeful talk about psychedelics as the next frontier in psychiatry. He discussed how Australia are now using psychedelics in the management of treatment-resistant depression and post-traumatic stress disorder.

*Rachel Mulroy
Final year medical
student at Keele
University*





Reflections from the National Student Psychiatry Conference 2024 continued *by Rachel Mulroy*

There were multiple opportunities across the weekend to learn more about the psychiatry training pathway and college programmes on offer. From essay prizes to the PsychStar scheme and the Psychiatry Foundation Fellowship, there is a lot to get involved with in psychiatry even before reaching specialty training.

Take home points:

- Attend a conference if you can.
- Don't be afraid to ask questions and put yourself out there.
- Choose Psychiatry





‘Meet the member’ series by *Dr Daniela Borges*



*Dr Daniela Borges
ST4 General Adult
Psychiatry
PTC WM Trainee
Representative,
PTC Secretary*

Biography

Daniela is the current Secretary of the Psychiatric Trainee's Committee. She is an international medical graduate and specialty registrar in General Adult Psychiatry.

Daniela completed an Integrated MSc in Medicine at the University of Coimbra (Portugal) with an original research project in psychological medicine. She completed Core Psychiatry Training in the Thames Valley region (August 2019 - January 2023), during which time she had a 12-month part-time secondment as Wellbeing Trainee Improvement Fellow with Health Education England Thames Valley working with the regional Professional Support and Wellbeing Service, as well as developing peer support groups for doctors in postgraduate training. Daniela has been involved in trainee representation and medical education throughout her medical training, with her latest role as trainee PTC representative in RCPsych.

What made you choose psychiatry?

I had the experience of seeing loved ones struggling with mental health problems from an early age. I struggled with panic disorder at university and have experienced first-hand the power of psychological interventions such as CBT. I became interested in the power of the mind, but also how our circumstances and background can influence it. In school, I was interested in Biochemistry, Philosophy and Psychology. Having decided to complete a medical degree, I identified I wanted to help people with mental health problems and completed my master's thesis in Psychological Medicine. One way or another, Psychiatry has been intertwined with my life, and I was curious about how we can intervene

and help people with mental illness. I felt it was meant to be.

Tell us about your current professional role?

I am a speciality registrar in General Adult Psychiatry and currently work in a CMHT in Coventry focusing on supporting people with a psychosis diagnosis. I am also involved in research for patients with Postpartum psychosis.

What would you say to someone considering a career in psychiatry?

Psychiatry can provide you with a very fulfilling career with multiple opportunities and ways of working with people with mental illness. It comes with challenges due to workforce shortages and increasing population need. However, you can work with other professions, develop skills in medicine, psychological approaches, and social interventions, and deliver care that can change people's lives. You will also learn a lot about yourself and develop some transversal skills along the way. What I love the most about my work is the opportunities to hear about people's life stories and try to formulate a coherent narrative in which they feel identified and seen. Beyond all our evidence-based interventions, the act of active listening can be very powerful and therapeutic. It is a cornerstone of psychiatric work – bearing witness to people's difficulties and strengths.

What does your role as a PTC Trainee Representative at the Colle involve?

My role as the PTC WM trainee representative and PTC Secretary means that I can contribute and bring trainees' views to the college. At the same time, I collaborate and develop projects which can help the college address any issues or improve trainees' experience in psychiatry. For instance, I have organised with other PTC representatives the Study Leave national survey to provide data to the college about trainees' experience and how to improve it.

What do you enjoy most about being involved in the work of the College?

By working with the PTC, I feel I am more aware of what is happening all around the UK in Psychiatry as well as in different areas of the College. I was also able to be involved in inspiring projects which allowed me to help in very practical ways as learning more about Sustainability and how we can help future psychiatrists develop these skills during training.



Psychiatry– West Midlands Division

Royal College of Psychiatrists
21 Prescott Street
London
E1 8BB

Phone: 0121 803 9075

Email:
westmidlands@rcpsych.ac.uk

The Royal College of Psychiatrists is the professional body responsible for education and training, and setting and raising standards in psychiatry.

The West Midlands Division is made up of members from Birmingham and the Black Country, Staffordshire, Shropshire, Warwickshire, Herefordshire and Worcestershire.

We would like to thank all members for their contributions towards West Midlands Division activities throughout the year.

West Midlands Division

Deadline for next edition

Submit your articles for the Summer/ Autumn edition by 31st July 2024 at westmidlands@rcpsych.ac.uk

Royal College of Psychiatrists - West Midlands Division E-Newsletter

Editorial Team: Editor Dr Erin Gourley

Chair: Dr Muhammad Gul, South Staffordshire & Shropshire Healthcare NHS Foundation Trust

Review Board: West Midlands Division Executive Committee, Royal College of Psychiatrists

Production: Marie Phelps, Divisions Committee Manager, Royal College of Psychiatrists

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