



West Midlands Division Newsletter

autumn 2018

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Editorial

by Dr Nilamadhab Kar

Editor



Welcome to the 2018 autumn newsletter from the West Midlands Division.

It is encouraging to see the diversity in the contributions for this season's newsletter. Many colleagues have shared their experiences in academic programmes, audit findings, and contributed their reflections. There are articles on mentorship and its usefulness. It has been great to have these articles and it is hoped that they are interesting for the readers. It is encouraging to see some of the trainees as authors. This is a great trend; please continue informing and involving trainees to contribute regularly, from all levels including undergraduate students. We sincerely thank all the contributors of the newsletter.

The ideas about the theme of the articles for the newsletter should continue to remain interesting and wide; with a root in the West Midlands region and in line with the College work and values. Methods and improvement in undergraduate and postgraduate psychiatry training in the region, innovative methods of improving psychiatric services established through Quality Improvement Projects and audits, summary and clinical implications of locally completed research projects, interesting development of new services for patients in the region along with service users experiences are some of the types of articles we are keen to see.

We would like to have your feedback and suggestions about the articles and newsletter.

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Welcome

Dr Ignasi Agell

West Midlands Division Chair

Welcome all of our 1032 members to this new edition of the West Midlands Division's newsletter. Many of you were able to attend the spring academic meeting which received very positive feedback. I look forward to meeting you again at our winter meeting on 30 November at St John's Hotel, Solihull with Professor Swaran Singh, Professor Hugh Rickards, Dr Suzanne Reeves, Professor David Daley, Professor Femi Oyeboode and Professor Sukhi Shergill as speakers. We also look forward to hearing the clinical audit prize winner's presentation. Remember to follow us at #WMmeeting @rcpsychWM.

Many of you also attended the RCPsych International Congress in Birmingham, an event that was extremely well attended and showcased the international influence of the College.

Our Mental Health Act AC/S12 training courses continue to be popular, further courses for 2019 were recently advertised and places book quickly.

I do want to continue encouraging the engagement with mentorship. The Mentoring Skills Workshop organised by Geoff Marston and Rahul Chandavarkar took place on 5 November at the Redwoods Centre, Shrewsbury, and continues to provide a blueprint for other schemes in the country.

The West Midlands Independent Psychiatrists Group (WMIPG) continues to meet 3 times a year in Birmingham. 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. Anyone interested can be added to the contact list.

The third phase of the Choose Psychiatry recruitment campaign was launched on 9 October. Please consider using social media to tell us who inspired you to #ChoosePsychiatry and why, and nominate others to share their story too! @Choose_Psych

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

Looking forward to meeting you at our forthcoming academic meeting.

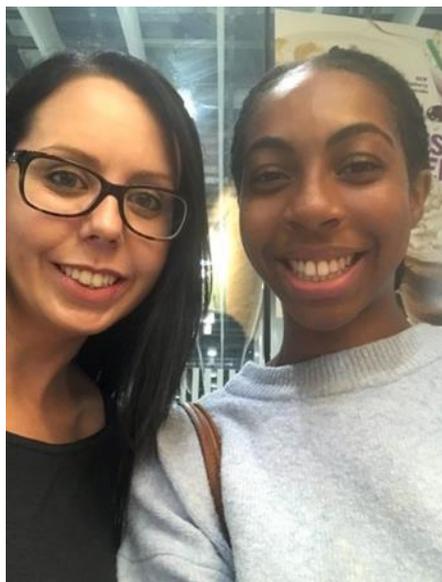


@ignasiagell

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Mentoring with the Social Mobility Foundation in Birmingham: a shared experience

by Nicole Stoney and Dr Rebekah Bourne



The Royal College of Psychiatrists has been working hard to improve recruitment via a wide range of initiatives. As well as focusing on medical undergraduates, the College works to widen access to a medical career in secondary education. A key message of this work is “make every moment count”, the concept that all interactions psychiatrists have with students offer an opportunity to open up the speciality, promote interest and diversity.¹ Outside of the activity of the College there are many ways psychiatrists can support students into medical school and maybe to work in the field in the future.

The Social Mobility Foundation (SMF) is a national charity that supports upward social mobility and makes a difference in the career choices and paths of young people from low-income backgrounds. SMF enables students to

develop networks of support and opportunities in a number of career sectors; medicine is one of the most popular. Over the last few years SMF has expanded to open bases around the country to offer opportunities to young people wherever they live in the UK. Since opening a Birmingham office in 2016 they have been able to offer their Aspiring Professionals Programme to students across the West Midlands.² This offers mentoring, workshops and other opportunities in individual career paths. We wanted to share our experiences of a mentoring relationship in the hope that we may interest psychiatrists in the division in working with the SMF.

The Mentee

Before attending sixth form, I had never thought of medicine as a career option for me. Coming from a family with no medical background, I was very unaware of what medicine really entailed. However, after being presented with the prospects of studying medicine at sixth form, I decided to research more into the job and arranged work experience placements in hospitals and later realised that becoming a doctor was the perfect career for me. Despite becoming very keen to study medicine, I lacked the confidence that I could successfully secure a place at medical school due to my background, not obtaining straight A* results at GCSE and due to only recently viewing medicine as a possible career,

compared to my peers at sixth form who grew up inside the profession. To further my knowledge and insight into careers in medicine and to gain support and advice for my university application, I decided to apply to become a member of the SMF. I was passionate about having a successful career in something that I truly enjoyed and knew that I needed further insight into the profession to ensure I was making the right decision and had support and guidance to create a successful application for university. The mentoring scheme has been extremely valuable to me. My mentor has not only supported and guided me through the application process and given me interview advice, but she has helped to improve my confidence and self-esteem, helping me to truly believe that I had a chance at getting into medical school. Obtaining advice from a consultant has been invaluable, sharing her experiences and finding similarities in both our lives gave me the inspiration and determination I needed to pursue medicine. My parents always gave me as much support as they could but having guidance from a professional within the field who understands the process, guidelines and challenges was extremely useful in helping to increase my chances of getting into medicine. Applying to university has been stressful and demanding but having a mentor who appreciates and has been through the process helped to ease the pressure and stress. SMF has been a crucial part in helping me grow my confidence and create a competitive application. The support and guidance that the program and my mentor have given to me has helped me to successfully gain a place at university to study medicine this September.

The Mentor

When I decided to sign up to be a mentor with the SMF I had no formal experience of this role and my distant memories of the university application process were seriously out of date. I did, however have a passion to offer support and opportunities for young people considering a career in medicine, especially those who like me are from a non-medical family. I reflected on some of the worries I experienced and how I would have valued having someone in the profession to offer me advice. After completing the application process and online training offered by SMF, I was excited to get started.

After receiving the first introductory email from my mentee it was clear she not only had the intelligence and skills to be a doctor, but that her personality would be an amazing asset. The mentoring programme offered by SMF is primarily via email, but encourages mentors and mentees to meet face-to-face. After an initial few emails getting to know each other and setting some targets, we decided to meet up at one of the Mentor Meet Ups that SMF offers. After meeting face-to-face, it seemed easier for us to connect over email and plan what we wanted to work on together. Although I was somewhat out-of-date regarding processes and timelines for the medical school application process, we both learned together how best to tackle the various stages. What I felt I could offer throughout was reassurance and a regular space to reflect and plan. I continually thought about my own experiences and how confidence and belief in your abilities is a huge factor in successfully applying for medical school. Her success in gaining a place to start medical school this year is due to her hard work and dedication and

any part I may have been able to play in supporting her has been worth it. Whilst Nicole may not go on to be a psychiatrist, I am pleased that someone with her enthusiasm and passion is a future doctor.

We would both like to encourage psychiatrists in the West Midlands to consider signing up to work with the Social Mobility Foundation. As psychiatrists of any grade we have the skills in listening and reflection to support young people during this stressful time. We also offer the wealth of our personal experience during training and our careers. SMF is always looking for new mentors, people to support workshops and offer work experience.

Anyone interested in signing up with SMF should visit the following website:
<http://www.socialmobility.org.uk/>

References

1. Royal College of Psychiatrists. Recruitment Strategy: January 2017-December 2019 [Internet]. Available from: <https://www.rcpsych.ac.uk/pdf/PRIP%20strategy%202017-19%20Final.pdf>
2. Social Mobility Foundation Annual Review 2016-2017 [Internet]. Available from: <http://www.socialmobility.org.uk/wp-content/uploads/2017/11/SMF-Annual-Review-16-17.pdf>

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Cascaded mentorship: a possible strategic new model for sustained career long support

by Dr Mohammad Alwaheedy, Dr Sophie Young and Dr Rahul Vivek Chandavarkar

FY1, CT1 and Consultant Psychiatrist

The Redwoods Centre, Shrewsbury, Shropshire, Midlands Partnership NHS Foundation Trust

Background

In the current geopolitical environment of our current NHS, difficulties with recruitment and retention are often discussed at various forums. As we aspire to be the next generation of consultant psychiatrists like our current supervising Consultant, we have collectively recognised the impact of recent transition in our career grades both as trainees and as a new consultant in psychiatry.

We would like to share our views and suggestions about some of the benefits we have experienced through a novel cascaded system of approaching mentorship and support, which we have developed and trialled as a pilot project.

Our experience

As a recent final year medical student from a London deanery, moving to pursue foundation training in relatively rural and unknown Shropshire, away from family and friends and the environment I was used to, required a fair bit of adjustment both personally and professionally. Fortunately, I was able to discuss some of my early concerns with my clinical supervisor from the outset. We both thought a

supportive environment with a named mentor would be beneficial to me from the first day of my foundation year training in addition to any currently existing supervision arrangements. Transition from foundation training to core training can be equally daunting. During my foundation years I felt that I had benefited from having had a named mentor. From my very first day of being a core trainee in psychiatry I was enthusiastically willing to help consider developing and piloting a new approach to mentoring.

Our clinical supervisor has always believed that having a mentor in his recent higher training years and also now in his current position as a consultant psychiatrist has been of great value. We collectively agreed to develop this new model, where mentorship was cascaded down from consultant to FY1 and then potentially beyond to medical students at the very grassroots.

Our views and suggestions

Based on our recent collective experience we believe that our pilot model of 'cascaded mentorship' could be a strategic way of reinforcing

existing support mechanisms for all grades of doctors.

Our suggestion is that in today's challenging NHS environment, every opportunity to galvanise support systems could have potential benefits both in recruitment and retention in our specialty.

We would also like to suggest that our model of 'cascaded mentorship' could be further filtered through to medical students at grass roots level and beyond.

Conclusion

A personalised approach to developing a mentoring relationship with a 'named mentor', who one can trust from the very early stages of one's career, might be of benefit. This level of support need not only be during periods of career transitions, but may also be a strategic way of reenergising and reinvigorating the workforce in psychiatry. Thus, we could potentially develop a way of providing continuity of support in the same way as we would like our patients to have continuity of care.

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Faith leaders as first responders

by Dr Nick Stafford and Dr Rahul Chandavarkar

This is a call for your involvement in an exciting new public health initiative we are piloting in the West Midlands. We are developing an internet information resource for UK faith leaders and communities to aid them in the management of the mental health of their worshippers. Faith leaders are increasingly finding that they are the first responders to people presenting with signs of a mental illness and find they are not always equipped to deal with them. The web resource is aimed to provide information support but also act as a way for faith communities to work together on mental health related initiatives. It will be comprehensive in terms of the faiths it covers, but also the range of mental health expertise presented. We plan to work in partnership with mental health agencies.

We are looking for:

1. Psychiatrists of any grade with an interest in improving the mental health care of people through their faith communities. In particular, we are looking for people to play a leadership role in the project by taking responsibility for a particular faith/denomination/sect.
2. Anyone with a technical interest and experience in website development, to play a part in the design of the site. This is already quite developed but is now at a stage where broader involvement of colleagues is required.

The time commitment in the first instance is likely to be one meeting every 2 months in the West Midlands (likely somewhere close to Birmingham). In addition, there would be work generated by your role in the project depending on your role.

If you would like to express an interest please contact Dr Nick Stafford (nick.stafford@me.com), Regional Specialty Representative (general adult).

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'This will be the last time'

by Teresa Black

I've just had to check the lyrics of the Rolling Stones song and in fact it says 'this *could* be the last time' rather than will be, which rather alters the meaning. You see, I have just retired for the third time. Bets are out in the admin office; 'oh, you'll be back!' But in the clinical office they said; 'it would be too embarrassing for you to come back now.' I once went to an interview wearing a black and white blouse which reflected my feeling about the job - well, they'll either want me or they won't (I got the job). I wish this felt as clear-cut. While I was away on holiday walking in Scotland it was fine, though curiously the markers on the long distance walk we were following were often displaced or had disappeared altogether, but back home I'm sort of waiting for the next thing to happen. I've had occasion to ring my old secretary a few times over the last few months when she was working for the locum covering my post and still jokingly correct her when she says *his* name rather than mine! While away, I was talking to a GP friend who has been retired for 5 years, I asked her if she misses the job still; she said the patients sometimes, the management side never. She has become very involved as a trustee of her local hospice. She was not trying to persuade me still to see patients but said what a loss it would be if I hung up my metaphorical stethoscope. I think I would still like to be involved in teaching and training if that proves possible.

On the holiday we were walking over a beautiful golf course (no, I will not be taking up golf) and saw three distinctive birds with long bills. We

were so pleased when after discussion and consultation of the bird book we were confident that they were black-tailed godwits which are fairly rare. We told the warden in the local observatory about the sighting and he said 'I'll put them on the official record.' I think we all felt proud he had trusted our expertise.

So, *will* this be the last time?
Open to offers...

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Quality in prescribing and monitoring of antipsychotic medication in children and adolescents: An audit in a community-based CAMHS

Auditors:

Dr Moosa Faizal, CAMHS consultant psychiatrist

Dr Kozara Nader, core trainee (CT3)

Dr Davidson Nousua, CAMHS higher specialty trainee

Background

Quality in healthcare entails it being safe, effective, efficient, and well-led.¹ Quality improvement in healthcare requires change,² with this change being a continual learning process and measurement against certain standards of care. All of these very much apply to the prescribing of medication, particularly with respect to the use of psychotropic medication in children and adolescents,³ as one particular psychotropic medication that has caught the attention of many, in both public and professional arenas, is the group of second-generation antipsychotic (SGA) drugs.⁴ In recent years there has been an increasing trend in the prescribing of SGA medication to children and adolescents,^{5,6} as well as growing concern about the long-term safety of these agents as they all have a propensity to “boost kids cardiovascular risks (cardiometabolic risks)”.^{6,7} Furthermore, there has been concern about the inappropriate use of SGA medication in children, as these agents may be used too soon to treat disorders for which they are not indicated nor recommended by guidelines.⁴ In the United Kingdom (UK) guidelines and standards of care

are in place to ensure due vigilance takes place, with the focus being on safe prescribing and provision of high-quality care.^{3,8}

Aims

As part of a quality improvement project within Birmingham Child and Adolescent Mental Health Service (CAMHS), an audit of prescribing practices and monitoring of antipsychotic medication in a community-based service covering a specific geographical area was conducted, the focus being on whether there was compliance with guidelines.

Criteria and Standards

For prescribing practices, specifically, therapeutic indications for use, the relevant section of the British National Formulary [BNF] for children was referred to.⁹ For monitoring of physical and metabolic parameters, the relevant clinical guideline (CG155) from NICE³ and The Maudsley Prescribing Guidelines were referred to.¹⁰

Methods

This was a retrospective audit over a 6-month period (February to August 2014). A prescription log book/register

in one community-based CAMHS centre was examined. All prescriptions for antipsychotic medications were selected for inclusion. Repeat prescriptions for the same patient, and those for patients from another centre or service, such as Learning Disability, were excluded. Psychiatric case notes for the selected prescriptions were examined for documentation of diagnosis of mental disorders, medications prescribed, and for any evidence of physical and biochemical monitoring. The laboratory electronic database was accessed to corroborate blood investigation results for the selected case records.

Results

Thirty prescription records were selected. Twenty-nine case notes were examined; one case note was not accessible as it had been archived.

Age and gender: Number of prescriptions for antipsychotics issued for girls (13) was almost equal to those for boys (16), with a fifth (20.6%) for children between 6-11 years of age, just over a half (51.7%) 12-15 years, and more than a quarter (27.6%) 16 years and above; none were issued for children under 6 years.

Choice of antipsychotic and dosages: Risperidone (52%) and Aripiprazole (24%) were the most commonly prescribed antipsychotics (Table.2.). Haloperidol, a first-generation antipsychotic, was not used at all.

Table.2. Medication prescribed and dosages

Antipsychotic	No. (%)	Dose range (mg/day)
Risperidone	15 (52)	0.5-1.5
Aripiprazole	7 (24)	4-10
Quetiapine	5 (18)	25-250
Olanzapine	1 (3)	2.5
Clozapine	1 (3)	250
Haloperidol	0 (0)	N/A
Other	0 (0)	N/A

Indications for use: Non-psychotic conditions were slightly more represented (55%) as being the reason/s for use as compared to a psychotic condition (45%)- Psychosis/Mania (Table.3.); of those where a non-psychotic condition was cited as the reason for use (n=16), 44% were for Autism Spectrum Disorder-related challenging behaviour and 12.5% were for ADHD-related behaviour; other conditions treated but lesser in number were, sleep disorder, PTSD, Tourette's Syndrome, and an anxiety-related eating disorder. All prescriptions issued were by child and adolescent psychiatrists; none were by non-medical prescribers (NMPs).

Table.3. Indications for use of antipsychotic medication

Indication/s for use	No. (%)
Psychosis [First episode psychosis/Schizophrenia]	11 (38)
Mania	2 (7)
ASD with challenging behaviour	7 (24)
Conduct disorder	1 (3)
Other [ADHD, PTSD, Tourette's Syndrome]	8 (28)

Shared decision making/informed consent: Explanation to the patient and parent/guardian of the indication for use of antipsychotic medication, its benefits and its side-effects, took place in less than two-thirds (62%) of the

cases, information leaflets were provided only in a tenth of the cases, and verbal/written consent was obtained two out of three times.

Physical monitoring and investigations:

At baseline, weight, height, pulse rate and blood pressure were recorded in 62% of the case notes examined (n=29), whereas waist and hip circumference were not recorded in any; with regards to biochemical parameters, fasting blood glucose was done in a quarter (24%) of the cases and HbA1c in a minority (7%), with both prolactin level and lipid profile being done equally and a few more times (14%); ECG was done in over a third (34.5%). At 12 weeks (3 months), after commencement of antipsychotic medication, weight, blood pressure and pulse rate had been measured in 18 (62%) of the cases, whereas, once again, waist and hip circumference were not recorded in any; fasting glucose had not been done at all, HbA1c and lipid profile was done in just a single case, each, and prolactin level in only five cases (17%). At 6 months, height and weight were recorded in under a half (45%), pulse and blood pressure in more than a third (38%), all of which had decreased substantially as compared to baseline, except for waist and hip circumference measurement, which remained at zero; fasting blood glucose, HbA1c and blood lipid profile were measured only in a minority (7%), and prolactin level was the same as at 12 weeks (17%).

Limitations

This audit was a 'snap-shot' of the prescribing practices and monitoring of antipsychotic medication as it was limited to a 6-month period and the cohort size was relatively small in number. The audit was restricted to

only one of many centres or service areas within a CAMHS that serves a large city in the UK. It would be useful to conduct a city-wide audit to get a 'bigger picture', and to compare and contrast practices in the different service centres and areas.

Conclusion

This audit and its findings served to be a critical review and reflection of the prescribing practices and the monitoring of anthropometric measures, cardiovascular parameters and metabolic side effects related to the use of atypical antipsychotic medication in children and adolescents. Regrettably, standards for involving patients (or their caregivers) in shared-decision making processes and for the monitoring of physical and metabolic parameters were not fully met. However, there was judicious and safe prescribing of antipsychotic medication. In order to ensure compliance with guidelines and high-quality standards of care standardised and consistently applied local protocols at a service level need to be in place. There was an expectation that these audit findings would feed into on-going quality improvement work and better outcomes for patients and services.

References

1. Care Quality Commission. *A fresh start for the regulation and inspection of mental health services*. Newcastle upon Tyne (GB): Care Quality Commission; 2013. 17 p
2. NHS Improving Quality. *From shared purpose to joint action: telling the story and capturing the learning from the NHS Change Model Final report* [Internet]. Leicester (UK): NHS Improving Quality; Dec 2013 [Cited 2014 Nov 6] Available at: http://www.nhs.uk/media/2431614/change_model_final_report.pdf
3. National Institute for Health and Care Excellence. *Psychosis and schizophrenia in children and young people: Recognition and management*. NICE Guidelines CG155: England (GB): National Institute for Health and Care Excellence; Jan 2013.
4. Comer JS. Psychotropic Polypharmacy Increasingly Common in Pediatric Outpatient Practice [Internet]. Medscape; Sep 2010. [Cited 2014 Nov 7] Available at: <http://www.medscape.com/viewarticle/729311>
5. Harrison JN, Cluxton-Keller F, Gross D. Antipsychotic Medication Prescribing Trends in Children and Adolescents. *J Pediatr Health Care*. 2012 Mar; 26(2):139–45. doi:10.1016/j.pedhc.2011.10.009.
6. rango C, Giraldez M, Merchan-Naranjo J, Baeza, I, Castro-Fornieles, J, Alda J, et al. Second-Generation Antipsychotic Use in Children and Adolescents: A Six-Month Prospective Cohort Study in Drug-Naïve Patients. *J Am Acad Child Adolesc Psychiatry*. 2014 Nov;53(11):1179–90
7. Cassells C. More Evidence Atypical Antipsychotic Use May Boost Kids' Cardiovascular Risk. [Internet]. *Medscape*; Nov 2009. [Cited 2014 Nov 7] Available at: <http://www.medscape.com/viewarticle/712079>
8. General Medical Council. *Good practice in prescribing and managing medicines and devices* [Internet]. London (GB): General Medical Council; Jan 2013. [Updated 2017 Mar; cited 2014 Nov 7] Available at: https://www.gmc-uk.org/-/media/documents/Prescribing_guidance.pdf 59055247.pdf
9. Joint Formulary Committee. *BNF for Children*; London (GB): BMJ Group and Pharmaceutical Press; 2014
10. Taylor D, Paton C, Kapur S. *The Maudsley Prescribing Guidelines in Psychiatry*. 11th Edition. 2012. Wiley-Blackwell. ISBN: 978-0-470-97948-8

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Fourteenth Annual Suicide Prevention Symposium, Wolverhampton

by Dr Nilamadhab Kar

On 14 September 2018, the 14th Annual Suicide Prevention Symposium was held at The Beeches, Wolverhampton. This year, the theme of World Suicide Prevention Day was 'Working Together to Prevent Suicide'. The symposium was introduced to the audiences by Joyce Fletcher, Executive Director of Nursing, Black Country Partnership Foundation Trust.

At the outset, a clinical audit on suicides in Wolverhampton was presented by Dr Nilamadhab Kar and Dr Tulika Prasad, highlighting the complexities involved in suicides known to mental health services and compared the local findings with that of The National Confidential Inquiry into Suicide and Safety in Mental Health.

Dr David Boyda, Faculty of Education, Health & Wellbeing, University of Wolverhampton presented research on parental psychopathology, adult attachment and risk of 12-month suicidal behaviours. This provided a key understanding about the influence of parental mental health and attachment issues linking to suicidality.

Suicide in older people was presented by Dr Ayesha Bangash, Consultant Psychiatrist from Yorkshire; where she also discussed about the emerging issues related to physician assisted death.

There was a very useful talk on factors influencing self-harm in children and

adolescents, highlighting current concerns by Dr Toni Stafford, Consultant Psychiatrist, CAMHS, Black Country Partnership Foundation Trust.

The presentations were followed by a lively discussion amongst the attendees about various topics and clinical scenarios they have encountered. Some of these included how to use of MHA provisions to prevent suicide, predictability of suicide, internet and suicidal behaviours, and management of people who are threatening to attempt suicide for non-clinical reasons. The issue of multidisciplinary involvement in the suicide prevention initiatives was stressed.

The symposium was conducted by Dr Nilamadhab Kar. It was attended by around 50 delegates. Information about future symposia on this topic is available from Gaye Johnson.

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Neuroscience Project news: Brain Camp comes to 'Brum' and extends its global reach!

'Brain Camp': Supporting a high-quality educational experience in neuroscience for trainee psychiatrists

by Dr Gareth Cuttle

More than 50 enthusiastic participants converged on Birmingham on 1 June for the latest instalment of 'Inspiring excellence in neuroscience education', the training-the-trainers programme from the RCPsych's Gatsby/Wellcome Neuroscience Project.

The event drew people from across the West Midlands and beyond and we were excited to welcome our first international participant to Brain Camp in the shape of Professor Gerry Craigen of the University of Toronto, Canada.



Dr Gareth Cuttle & Prof Gerard Craigen

A packed programme featured presentations on cutting-edge neuroscience research from Dr Mandy Johnstone (University of Edinburgh) and Dr David Cousins (Newcastle University).

Dr Johnstone, a Clinical Research Fellow and Liaison Psychiatrist, held the room

transfixed as she described how skin biopsies from patients with schizophrenia can be turned into cerebral organoids and grown *in vitro* as a model to study brain development.

Later, Clinician Scientist Dr Cousins showed some fascinating imaging studies that he and 'Team Lithium' have been involved in to investigate the distribution of lithium in the brain.

A key part of the day was a series of interactive sessions to illustrate engaging approaches to the teaching and learning of neuroscience.

Dr Cousins ran an extremely popular masterclass on 'Teaching Imaging Techniques', and this was followed by practical workshops on 'Talking to your Patient about the Brain', 'Making your Journal Club a Success Story', and the ever-popular 'Build your Brain' hands-on neuroanatomy with Play Doh, which everyone found hugely enjoyable.



Watch out for announcements on further Brain Camp opportunities around the UK.

For all enquiries, please contact neuroscienceproject@rcpsych.ac.uk.

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Active participation is a hallmark of Brain Camps and everyone was eagerly involved throughout the day.

There was universal enthusiasm for the presentations and the ample time allowed for discussion, the sharing of ideas and good practice was thoroughly appreciated.



After taking part in Brain Camp, people felt more in touch with modern neuroscience research and much more confident in their ability to teach neuroscience to trainees. Brain Camp, and the Neuroscience Project, will continue to 'inspire excellence in neuroscience education'.

Report on 'Supporting Carers of Children in Care' Event

by Dr Pravir Sharma and Dr Anupam Gupta

Consultant Old Age Psychiatrist and Consultant Child and Adolescent Psychiatrist

Conflict of Interest: Dr Sharma and Dr Dave have no conflict of interest to declare. Dr Gupta owns Moonstone Lodge, a private Care Home which was the venue for the event.

An event on Supporting Carers of Children in Care was held at Moonstone Lodge, Great Barr, Birmingham. This was attended by over 30 participants, mainly a mixture of carers of children in residential settings, foster carers and allied professionals. The morning session comprised talks by two young persons currently in residential placements who described their journeys in care and offered a valuable insight into how carers and their roles are viewed from a service user perspective. This was followed by a talk by a former young person in care who is currently a student psychiatric nurse. She gave a unique account incorporating perspective of a service user and a service provider.

Dr Anupam Gupta, Consultant Child and Adolescent Psychiatrist with Forward Thinking Birmingham, a local care provider trust presented several case studies to the participants which stimulated a vigorous discussion and debate on a range of issues. There was scope for networking during the breaks. Foster and residential carers mixed with managers of local care homes, social workers, social work managers and commissioners from the neighbouring CCGs.

The afternoon session focussed on Adoptive carers and was led by Dr

Ananta Dave, Consultant Child and Adolescent Psychiatrist and Clinical Director of Dudley and Walsall Partnership Trust who was able to bring her own unique view of service delivery, challenges and solutions through case-based discussions. The day was concluded with an opportunity for all delegates to ask questions, express their views and make suggestions. The overwhelming, almost unanimous request was for this opportunity to engage to be continued on a regular basis.

This event demonstrated a successful collaboration between patients, carers, psychiatrists, social workers, commissioners and a private organisation. The attendees felt that it was able to deliver useful insights through case discussions. Inclusion of service users enriched the training.

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Interview

Dr Gabrielle Milner

West Midlands Division, Immediate Past Chair

Currently I am appointed as Deputy Chief Medical Member for the Mental Health Review Tribunal in England. In this role I support the chief medical member and am involved in organising training events for tribunal members and supporting doctors in their appraisals for the GMC. In addition, I work independently at the Spire Parkway Solihull and also prepare independent reports for solicitors.



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

As a junior doctor was in a play at Cannon Hill about the issues related to 'Clause 28' which banned the promotion of homosexuality in local authorities and schools.

What trait do you deplore in others?

Not being able to accept responsibility for your actions.

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

The Greatest Showman - film - highlighting the importance of pursuing your dreams and the importance of

nurturing and understanding individuals whatever difficulties or disabilities they have.

When not being a psychiatrist, what do you enjoy?

Aquarobics. bridge and going to cinema and theatre.

Which people have influenced you the most?

Dr Bruce Burns - one of my first trainers, excellent trainer and teacher. He used to have ward rounds in the grounds of Hollymoor Hospital in the summer. Professor Brockington - seeing him interview a patient and analysing the history in extreme depth. Both trainers emphasised the importance of listening to the patient's story and developing a full formulation of the problems.

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

Lawyer or event organiser.

How would you like to be remembered?

An enthusiastic inspirational trainer with the ability to communicate with colleagues and patients alike.

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Mentoring scheme

The West Midlands Division mentorship scheme for psychiatrists held its fifth annual induction day for new mentors on 5 November 2018, at the Redwoods Centre, Shrewsbury. The event was supported in full by the Midlands Partnership Foundation Trust who made fantastic hosts. Thanks to Martine Stokes, Dr Rahul Chandavarkar and trainees Dr Sophie Young (CT1), Dr Mohammad Al-Waheedy (FY1) and Dr Monika Maciejewski (FY1) for all their help in organising and running the day. Also, to all the speakers and delegates who gave their time and energy so willingly.

This induction day was extended to SAS grade doctors and senior trainees, with a vision that over the next few years mentoring/coaching training and support will span the full career of psychiatrists in the West Midlands. We were pleased to welcome 37 colleagues who participated fully and brought a lot of energy to the challenge of developing their mentorship skills. We hope that they will all go on to join the West Midlands scheme, offering their time voluntarily to assist their colleagues in developing their professional lives. Thanks again to them and all the volunteers on the scheme.

The morning was led by Dr Geoff Marston (WMids Division Mentoring Lead) and Dr Jan Birtle (College Specialist Advisor in Mentoring) who facilitated discussions around the shared and differing aspects of being a mentor, coach or expert; later highlighting the skills and values needed to fulfil the role of mentor/coach (many already encompassed within our psychiatric

training). These included key values such as respect, empathy and genuineness; along with the skills of rapport building, active listening, asking powerful questions and encouraging actions by creating an empowered learning environment where the mentee can reach their full potential.

The group went onto to learn about a basic model of mentoring (GROW) - Effective Coaching 2nd Ed (2003), Myles Downey - that could act as a framework around which to develop a mentoring relationship. Throughout the morning delegates were able to practice a range of skills and approaches, gaining feedback from their peers to help them develop. One skill included the importance of negotiating clear ground rules at the start of any mentoring relationship, to ensure a confidential and secure space in which both parties could work collaboratively.

Following a networking lunch, Dr Ignasi Agell (WMids Division Chair) talked about linking mentoring to quality and leadership, followed by Jan Birtle's talk on building resilience in the workforce and the latest College strategies around supporting psychiatrists in the UK, throughout their career span.

Dr Andrew Leahy then set the challenge to delegates of conducting a mentoring session using questions that could never be answered simply by 'yes or no'. Thanks to Dr Ananta Dave for offering herself as his unsuspecting mentee in the demonstration and well done to all the delegates who managed the task. He went onto explore some of the things he wished he knew earlier, covering some dos & don'ts, options for using mentoring/coaching, how to be a

good mentee and aspects of diversity and inclusion.

Finally, Geoff Marston reflected on the day and encouraged all the delegates to sign up to the mentoring scheme and complete a pen portrait; to make reflective notes and to take one action point around further developing their skills away with them; to be aware of the GMC position around medical mentoring in good medical practice, as follows: -

57. You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals.

58. If you have agreed to act as a mentor, you must make sure that you are competent to take on the role... including undertaking appropriate training and keeping your skills up to date. You must be clear about the aims and purpose... the scope... and your availability to provide advice and support when needed.

So where to for the West Midlands in 2019?

We hope to expand the delivery of training and mentoring support throughout the career span by networking with key stakeholders such as the national College mentoring development group, school of psychiatry, regional trusts, medical schools and NHSE; we hope that partnerships will grow and resources develop.

Dr Rahul Chandavarkar has agreed to take on a lead role in developing mentoring for SAS and trainee doctors, following on from his earlier work in this area (i.e. [cascaded mentorship](#)).

We have 4 local support and development meetings scheduled for

2019 at the Uffculme Centre. All psychiatrists providing mentoring, preferably those signed up to the scheme, are welcome to attend. You can find more details on the mentoring web page.

We encourage **all colleagues** to check out the [national](#) and [divisional](#) mentoring web pages and provide feedback on this to Geoff Marston (westmidlands@rcpsych.ac.uk). For those of you who are already signed up to the scheme, please make sure you have added/updated your pen portrait to assist mentees in choosing a mentor. For those of you who are not, why not make a PDP plan to attend some training in 2019 and consider signing up?

Best wishes from the mentoring team.

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Academic meetings

Winter meeting

Fri 30 Nov 2018
St John's Hotel, Solihull
[Programme](#)

Report from spring meeting

The spring 2018 academic meeting was at the Copthorne Hotel Merry Hill, Dudley on 11 May.



Dr Saeed Farooq, Academic Secretary

Dr Saeed Farooq, Academic Secretary organised an impressive programme that received excellent feedback.

Dr Ignasi Agell, Division Chair opened the meeting with his annual report. This was followed by an excellent talk by Dr Liz McDonald, Hon Consultant Perinatal Psychiatrist and RCPsych Clinical Lead for Perinatal Psychiatry. She highlighted the effects of maternal mental disorders on mother and child and the implications of these disorders for training and education of mental health professionals.

The research presentation competition featured three trainees who had been shortlisted to present their research in just 10 minutes. The panel of judges assessed the presentations and selected this year's winner, Dr Yousuf Zakaria.

The morning session also featured a talk by Professor Athula Sumathipala, Professor of Psychiatry at Keele University on management of Medically Unexplained Symptom (MUS). He elaborated the role of cognitive behavioural therapy in the treatment of MUS, and with the help of some practical examples showed how the metaphors could be used in the treatment of MUS.

The afternoon session had three interesting lectures. Dr Rachel Uptegrove Clinical Senior Lecturer at University of Birmingham presented a useful talk on depression in Schizophrenia. She gave detailed presentation on causes, consequences and therapeutic options for depression in schizophrenia in the light of recent evidence.

Professor George Tadros, Professor of Liaison psychiatry and Dementia, Aston Medical School highlighted the role of digital technology in improving liaison psychiatry integration.

Dr Subodh Dave, Honorary Associate Professor at the University of Nottingham and RCPsych Associate Dean talked about using NHS Benchmarking data and clinical dashboards to improve quality outcomes in clinical care. He highlighted that the NHS benchmarking collects over 5000 data items which could be used for peer comparisons and to improve quality outcomes.

Thank you to Dr Alfred White for the photography.



Dr Liz McDonald



Prof Athula Sumathipala



Dr Tobias Rowland
(Research competition)



Dr Rachel Upthegrove



Dr Bethany Kingston
(Research competition)



Prof George Tadros



Dr Yousuf Zakaria
(Research competition)



Dr Subodh Dave

Prizes

Research Presentation Prize

The 2018 research presentation prize trophy was awarded to Dr Yousuf Zakaria for his research entitled 'Long-term validation of the SAD PERSONS scale for prediction of repeat self-harm in A&E patients with and without a prior self-harm history'.



Left to right: Dr Yousuf Zakaria, Dr Saeed Farooq, Dr Ignasi Agell

International Congress bursary award

The divisional international congress bursary this year was awarded to Charlotte Preston, 1st year medical student, Warwick University and William Drew, 4th year medical student, Birmingham University.

Report by Charlotte Preston

Research: The Effect of Exposures and Event Boundaries on Ability to Predict what is Around the Bend

I was fortunate enough to receive a bursary from the West Midlands Division to enable me to present my research as a poster at the Royal College of Psychiatrists International Congress 2018. This was the first international congress I have attended and being a first year medical student,

it is fair to say I felt a little out of my depth with the knowledge and expertise I could offer compared to my fellow delegates. However, it was a fascinating experience, not only being able to present my poster but also attend seminars and talks from leaders within the field. The conference gave me a chance to network with fellow students, as well as those established within the field of psychiatry and get an insight into the work I may be able to get involved with in the future. It also allowed me to understand the clinical relevance of my learning from university studies and see how it is applied to real life scenarios. It was inspiring to hear the new research that is being undertaken and also the most up-to-date knowledge with talks ranging from ADHD to dementia. The conference ran extremely well and benefitted from an app which allowed us to plan the day efficiently and ask questions live in seminars. In summary, my experience of the conference was very positive, and I came away feeling excited about my future medical career and prospects within the field of psychiatry.

The division will again be awarding a bursary to enable a medical student to attend the College's International Congress in London, 2019.



Further details about [divisional prizes](#) can be found on the website or by contacting the divisional office.

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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 online (member login required).

2019 meeting dates, 10am-12.30pm:

- Friday 15 February
- Friday 28 June
- Friday 25 October

Recent appointments

- Dr Jayne Greening, School of Psychiatry Representative

Elected post-holders (to take office at College's Annual General Meeting, International Congress, July 2019)

- Dr Tamal De, Vice Chair
- Dr Rashi Negi, Education and Training Committee Representative
- Dr Vasudevan Krishnan, Executive Committee Member

Vacancies

- Neuropsychiatry Regional Specialty Representative

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Section 12(2) and Approved Clinician Training Courses

[Book now](#) to avoid disappointment, there are 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.

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.

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

[Section 12\(2\) Induction Course, Birmingham, 30 & 31 January 2019](#)

[Section 12\(2\) Refresher Course, Birmingham, 13 February 2019](#)

[Approved Clinician Induction Course, Birmingham, 13 & 14 March 2019](#)

[Approved Clinician Refresher Course, Birmingham, 27 March 2019](#)

Further courses are scheduled for autumn/winter 2019.

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Get Involved!

If you would like to submit an article for inclusion in the spring newsletter, please send it to Dr Nilamadhab Kar (westmidlands@rcpsych.ac.uk), Editor.

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 be 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

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