



West Midlands Division Newsletter

Autumn 2019

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Editorial

Dr Nilamadhab Kar, Editor



Internet and mental health care

Supportive role of Internet and digital technologies in mental health care has been already established. Tele-psychiatry, [1] diagnostic screening, psychotherapies such as online or computer based Cognitive Behavioural Therapies (CBT), even email-based CBT are common and have been reported to be effective.[2,3,4] Different modalities of psychotherapies, self-help, mental health first aid, support and counselling are available online. There are excellent resources on mental illness and their management in the Internet from professional bodies and organisations working on specific disorders. Besides these, Internet makes communications with patients and carers easy and timely.

However not everything online is helpful; there are inaccurate and harmful materials in the Internet. People try to get self-diagnosed and medicated or search for specific interventions guided by the information available in the Internet. There are alarming information related to self-harm and suicide; especially in social media; and although there are many supportive sites the damages may have far reaching consequences.

However, considering the utility of the Internet, it has been reported that the benefits outweigh the risks.[5] Internet helps patients and caregivers through membership to online forums for specific disorders; which could be local, national and international. It provides peer support which can be helpful in the recovery process. Besides improving communication with the patients in real time and prescription of medications, digital technologies make it possible to share detailed and specific information easily.

Digital technologies are helping professionals as well in many ways: sharing knowledgebase, continuing medical education initiatives, improving and making training methods more effective through webinars, podcasts, and interactive online training, without contributing to carbon footprint! It may actually help during clinical interaction answering questions with reference to the most up to date evidence base. In research and clinical trials, online facilities are making data collection and transmission easier, hassle-free and quick even from remote areas. The trials are becoming more cost-efficient as well.[6] There is a great possibility that digital technologies will help conducting research during routine clinical activities and from general public without much input from clinician time, which would help to develop large databases which will contribute to improving Artificial Intelligence (AI).[7] These technologies may help in the process of diagnosis and management of mental illnesses in future.

At present, there is a need to study the usefulness of the online resources, especially their clinical benefits, and to

update the information as the evidence base grows or changes. With worldwide reach of the Internet, mental health resources and support can be delivered in remote areas and professional expertise can be shared widely. Online potential for mental health resources and care is unimaginable and this needs to be responsibly explored and utilised.

References

1. Hubley S, Lynch SB, Schneck C, Thomas M, Shore J. Review of key telepsychiatry outcomes. *World J Psychiatry*. 2016 Jun 22;6(2):269-82.
2. Ahern E, Kinsella S, Semkowska M. Clinical efficacy and economic evaluation of online cognitive behavioral therapy for major depressive disorder: a systematic review and meta-analysis. *Expert Rev Pharmacoecon Outcomes Res*. 2018 Feb;18(1):25-41.
3. Vallury KD, Jones M, Oosterbroek C. Computerized Cognitive Behavior Therapy for Anxiety and Depression in Rural Areas: A Systematic Review. *J Med Internet Res*. 2015 Jun 5;17(6):e139.
4. Alavi N, Hirji A, Sutton C, Naeem F. Online CBT Is Effective in Overcoming Cultural and Language Barriers in Patients With Depression. *J Psychiatr Pract*. 2016 Jan;22(1):2-8.
5. Robinson J, Rodrigues M, Fisher S, Bailey E, Herrman H. Social media and suicide prevention: findings from a stakeholder survey. *Shanghai Arch Psychiatry*. 2015 Feb 25;27(1):27-35.
6. Rosa C, Campbell AN, Miele GM, Brunner M, Winstanley EL. Using e-technologies in clinical trials. *Contemp Clin Trials*. 2015 Nov;45(Pt A):41-54.
7. Rutledge RB, Chekroud AM, Huys QJ. Machine learning and big data in psychiatry: toward clinical applications. *Curr Opin Neurobiol*. 2019 Apr;55:152-159.

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Welcome

Dr Ignasi Agell, West Midlands Division Chair

Welcome to the winter #WMmeeting. I want to encourage you to use our Twitter account @rcpsychWM to communicate with your peers, share best practices and raise the profile of psychiatry in the West Midlands, currently with 1090 members.

Our Mental Health Act AC/S12 training courses continue to be popular, further courses for 2020 were recently advertised and places book quickly.

I do want to continue encouraging the engagement with mentorship. The next Mentoring Skills Workshop organised by Geoff Marston is taking place on **Friday 13 December** at the Midlands Partnership NHS FT, Learning Centre, Trust Headquarters, Corporation Street, Stafford, ST16 3SR. To register for a place please email westmidlands@rcpsych.ac.uk

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.

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



@ignasiagell

Recent appointments to the Executive Committee: -

- Ram Benning, Forensic Regional Representative
- Joji George, General Adult Regional Representative
- Rajkumar Kamatchi, Financial Officer (until next election) and Deputy General Adult Regional Representative
- Manny Bagary, Neuropsychiatry Regional Representative
- Andy Owen, Quality Improvement Representative

Vacancies: -

- Eating Disorders Regional Specialty Representative

To apply forward a CV and details of 2 referees to westmidlands@rcpsych.ac.uk

Find out more about our Regional Advisors and Speciality Representatives roles, including full job descriptions.

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15h Annual Suicide Prevention Symposium, in Wolverhampton: from an attendee's perspective

by Dr Thushara George, ST6 General Adult Psychiatry, Bushey Fields Hospital

There were various interesting discussion points from the 15h Annual Suicide Prevention Symposium, which is being organized Dr Nilamadhab Kar over the years in Wolverhampton. It was held on 10th September 2019, the world suicide prevention day.

A lecture of the linguistic Professor Dariusz Galasinski and his views on suicide created some controversies, followed by a good discussion. Statements like "A compassionate approach is good but that alone won't pay the individuals mortgage"! The discussion brought forward that part of the suicide prevention strategy should be focusing on a holistic approach when agreeing on a management plan; addressing the various stressors in a patient's life and taking into account the bio – psycho – social aspect of it. Professor Galasinski also pointed out the different language which is used by various professionals and family members. Should we say "died by suicide" or "committed suicide"; the former according to him takes away the responsibilities of the individuals. He also pointed out that suicide is a long process and it doesn't stop with the death of the individual.

Dr Nilamadhab Kar presented Recent Advances in Suicide Prevention. Some of the take home messages

were that suicide is preventable but not predictable and risk assessment tools, which categorize risk, may not be indicative of the actual outcome. Also, mentioning preventive factors like children, family etc. is only useful, if there is a clear mitigation plan at the end of the assessment, which should match with the risks one has identified. Another salient point from the symposium was the ASQ - Ask Suicide-Screening Questions, a set of four screening questions that can be asked in any medical setting and can help health professionals successfully identify adolescents at risk for suicide. Similarly other short questionnaires are available to identify suicide risk in adults.

Another topic that was presented in the programme included a talk about the "Zero Inpatient Suicide Ambition Plan", which is a collaboration of NHS trusts, businesses and individuals who are all working towards suicide prevention in the UK and beyond. The main objective is to prevent suicides in the wards and other health care premises. It also aims to support people by raising awareness of and promoting free suicide prevention training which is accessible to all.

There was also a talk titled 'In the coroner's court' by Dr SP Singh,

which were well received. Relevant medicolegal issues were addressed.

Towards the end the discussion was opened after a short video was shown of the neuro-anatomical background in suicidality. It was shown that there is an apparent deficit, in individuals who have committed suicide, in the orbital cortex. There are also some abnormalities in the receptors receiving serotonergic signals and moreover there is a loss of cells in certain parts of the brain. Many of the attendees of the symposium agreed that it is good to have found a biological basis for suicide and it's undoubtable a great contribution to science. Everyone agreed that the biopsychosocial factors of suicide are becoming more robustly understood.

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Doctors' Mental Fitness Programme, request for interested parties

by Dr Nick Stafford, Consultant Psychiatrist, Black Country Partnership FT

My name is Dr Nick Stafford, I am a consultant psychiatrist in the Black Country and an executive committee member of the General Adult Faculty. I am the Royal College of Psychiatrists' lead in supporting doctors with mental health needs. This role is part of the College's Workforce Wellbeing Committee, recently established by Dr Adrian James and chaired by Dr Mihaela Buhur. This committee reports to Council through the Education and Training Committee. We are also working in collaboration with other committees in the College as well as external agencies in the field of workforce wellbeing.

Currently one of our main projects in development is called the 'Doctors' Mental Fitness Programme'. This is an ambitious and comprehensive online system of tools designed to help doctors (and hopefully eventually other healthcare professionals) survive, stay well and thrive in the workplace. The primary function of the programme is to support doctors with a mental health problem, past history of a mental health problem or history of work-related stress. However, it will also be designed for those without mental health problems.

Those subscribed to the programme will work through a comprehensive set of psycho-education tools developed by the Committee and its collaborators. Subscribers will complete self-assessments in a number of their health, work and

personal domains. They will use the results of these self-assessments to think about having conversations with their healthcare professionals, colleagues, managers and occupational health staff as appropriate. They will also be presented with educational material to help them improve their coping abilities and skills in each area covered. Content will be evidenced-based where required.

Subscribing to the programme will require some commitment but will be as confidential as you would like, or you might wish to share some of the results with others, such as your manager. The domains covered in the programme are:

1. A review of your mental health care in partnership with your specialist. In this you will build a self-management plan considering your early-warning signs and triggers, with particular focus on your workplace. This section will have a general structure for all mental health conditions and supplemental parts for specific conditions. Common lower cluster conditions as well as more serious conditions will all be included.
2. An annual review of your job plan, so that you can highlight areas of your work that could be improved to help with your mental wellbeing.

3. A stress-risk assessment to identify stress pinch points at work that can be prevented or managed as they occur. This will cover the demands of your job, the support you receive from managers and colleagues, the role you play in your organisation, the control you have over your work, the relationships you have in the workplace and how well you can manage change.
4. Your relationship with your manager, and the conversations you can have with them about aligning the needs of your employer and your health needs.
5. Your relationships with colleagues at work, patients and their carers.
6. An assessment of your organisation's culture and strategies you might need to adapt to it.
7. An overview of your lifestyle and advice on how making adjustments to your lifestyle may make big improvements to your overall health.
8. A validated resilience assessment to help you think about your personal competencies, social competencies, family coherence, social support and personal structure.
9. As part of the resilience assessment you will appreciate the importance of your social life outside work and your family life.
10. An assessment of those things in life that are important to you and sometimes thought of as spirituality.
11. There will be additional tools to help you manage specific situations, such as being a single parent, the difficulties of being an international trainee and what to do if your workplace is particularly challenging.

We are looking for people to consult with on the Doctors' Mental Fitness Programme who:

- a) Have an interest in workplace wellbeing and the support of healthcare practitioners with mental health needs.
- b) Are doctors themselves with mental healthcare problems who would like to help advise on the content of the programme. Your confidentiality would be strictly adhered to, and your name would be acknowledged as part of the programme development only at your choice.
- c) Are psychiatric trainees with an interest in this area and might in addition have skills, as younger members, in web, app and social media development skills.

If you would like to know more about our programme please contact me:

Email: nick.stafford1@nhs.net Tel: 0121 612 8661

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Interview

Dr Olubukola Adeyemo MB BS, FRCPsych

Medical Director and Consultant Old Age Psychiatrist



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

I find baking bread from scratch is a good way to wind down. Kneading bread dough, aroma of fresh bread from the oven – fantastic.

What trait do you deplore in others?

Insincerity – It's an important part of working in a team particularly MDT.

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

Film – Glory Road – true story based on events in the USA in 1966 relating to college basketball. It tells a story of perseverance and belief.

When not being a psychiatrist, what do you enjoy?

Cooking and singing.

Which people have influenced you the most?

It's the people quietly working away in the background, often not seen but without whom things would fall apart. I am humbled by them as they do not seek recognition for their achievements.

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

Probably a chef.

How would you like to be remembered?

Compassionate.

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We are (not) God, We are (only) a psychiatrist

Dr Nurul Yahya, ST4 Dual Trainee GA and OA, Coventry & Warwickshire

Some people think we are God
Equipped with magic pills
You believed us when we say it will work
But to tell you the truth, for aught I know!
Sometimes it makes you ill, numb and bare
Storming and swaying hither and tither
But still, you take on our words

You are filled with hopes
You asked me will this work?
We nodded our head
But hey, there will be time of relapses
Trust, when I tell you it's not simple case of jaundice
40 pounds lost and gained
And lost again
And one suicide attempt and one cutting your brain.

So, what do we do?
We gave you more and more magic pills
We locked you in the room
We zapped your brain till it become a mushroom
You will go to a place where you will feel nothing but sadness and neglect
But trust me, this is not the end
You will get better
Because we just knew it, like you said, we are God

But of course, nothing we do will change the fact that you are now slightly worse
My vertebrae twisted rope of despair seeing you the way you are
You come and go
Do you know how much I want to know
Your feelings of dismay and decay

I'm abandoning fear
I do and I don't want to suffocate
On misery, questions and shame
Moving me into this valley of perpetual infamy
There is nowhere to run or hide
Your failure consumes me and leaves me broken

When I see you, I'm putting on my brave face
Nestling the tears from the fume that has won
I wonder if you could see my broken face.
A friend's grasp, a lover's gentle embrace

The fact lays awake
We are not who you think we are
So walk with me in a new sunny day
Once you have us all figured

Academic meetings

Report from summer meeting



Prof Saeed Farooq, Academic Secretary

The summer 2019 academic meeting was held at the Village Hotel Club Walsall.

This was a popular meeting with 104 delegates who registered for attending. We had an excellent line up of speakers. These included eminent academics from the leading academic institutions.

The conference received excellent feedback with high ratings of good or very good and participants found the programme relevant to their professional development needs. The conference generated an income of £9,700.

I would like to thank Ignasi Agell for chairing the afternoon sessions and Alfred White for being our photographer for the day. I am grateful to the West Midlands division team for their efforts.



Dr Ignasi Agell

On behalf of the West Midlands Executive Committee I would like to thank Prof Saeed Farooq for arranging another successful event.

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(courtesy of Alfred White)

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Dr Peter Bentham



Dr Brendon Stubbs



Prof Richard Morriss



Dr Subodh Dave



Prof David Kingdon

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Prizes

Research Presentation Prize Winner

The 2019 Research Presentation prize was awarded to Dr Tobias Rowland for his presentation on 'Short-term outcome of first episode delusional disorder in an early intervention population'



Dr Tobias Rowland

Further details about [divisional prizes](#)



can be found on the website or by contacting the divisional office.

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Research Presentation Prize Abstracts

Short-term outcome of first episode delusional disorder in an early intervention population –

Dr Tobias Rowland (CT1)

Background:

Previous evidence suggests that delusional disorder has a later onset and better functional outcomes compared to schizophrenia. However, studies have not examined longitudinal outcomes in a first episode population, where confounding factors may be adjusted for.

Methods:

A nested case control study was designed within the National EDEN study; a cohort of 1027 first episode psychosis patients. Patients with a baseline diagnosis of delusional disorder (n = 48) were compared with schizophrenia (n = 262) at 6 and 12 months with respect to symptomatic and functional outcomes. Regression analysis was used to adjust for possible confounders.

Results:

Delusional disorder patients had a shorter duration of untreated psychosis compared to schizophrenia but were similar in other baseline characteristics. At baseline, delusional disorder patients had lower symptom scores but higher function scores compared to those with schizophrenia. At 12 months the differences persisted for symptoms scores but not overall function scores. After adjusting for baseline score, age and duration of untreated psychosis, differences between the groups

remained significant only for Positive and Negative Syndrome Scale (PANNS) negative, general and total scores and recovery rates. There were no differences in changes in outcomes scores.

Conclusions:

Delusional disorder in a first episode psychosis population presents with less severe symptoms, higher recovery rates and better functioning than schizophrenia, but at 12 months differences are ameliorated when adjusting for baseline differences.

Authors: Rowland T, Birchwood M, Singh S, Freemantle N, Everard L, Jones P, Fowler D, Amos T, Marshall M, Sharma V, Thompson A

The effectiveness of methylphenidate in the management of Attention Deficit Hyperactivity Disorder (ADHD) in people with intellectual disabilities: a systematic review –

Dr Nick Tarrant (ST6)

Background and hypothesis

The effectiveness of psychostimulants in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in the general population of typically growing children and adolescents is well established through a large number of Randomised Controlled Trials (RCTs). Among the psychostimulants, methylphenidate (MPH) is most widely used.

However, their effects on people with intellectual disabilities (ID) and ADHD are not that well established.

Aims

Our aim was to conduct a systematic review of RCTs in people with ID that assessed the effectiveness of MPH on the core ADHD symptoms.

Method

A search was made of electronic databases (MEDLINE, PsycINFO, EMBASE) and a hand search for articles in key journals between 2010 and August 2017. The Cochrane Library and online clinical trial registries were also searched.

Results

No RCTs of adults with ID were found. Fifteen papers from 13 studies on children and adolescents with ID were included (315 participants were on MPH and the same number on placebo), 12 of which used a cross-over design, and one a parallel design. On average around 40-50% responded to MPH in the ID group (effect size approximately 0.5) whereas a 70-80% response rate was reported among non-ID children (effect size 0.8-1.3). Significant adverse effects included sleep difficulties and poor appetite along with weight loss. Other important adverse effects included irritability, social withdrawal and increased motor activities including tic. The type and rate of adverse effects among ID children appeared similar to non-ID children (average around 12-24%).

Conclusion

Overall, the evidence was of poor quality, making it difficult to draw any definitive conclusion about the

effectiveness of MPH in treating ADHD symptoms in people with ID. It seems that MPH may be effective in some but not all children and adolescents with ID and ADHD. A higher dose of MPH seems to be associated with a better response rate but perhaps at the expense of a higher rate of adverse effects.

Dr Nicholas Tarrant, Specialty Registrar in Forensic Psychiatry, Midlands Partnership Foundation Trust; Dr Meera Roy, Consultant Psychiatrist, Leicestershire Partnership NHS Trust; Professor Shoumitro Deb, Honorary Professor of Neuropsychiatry, Department of Brain Sciences, Faculty of Medicine, Imperial College London; Ms Smita Odedra, Trial Manager, Birmingham Clinical Trials Unit, University of Birmingham; Dr Ashok Roy, Consultant Psychiatrist, Coventry and Warwickshire Partnership NHS Trust; and Dr Ameeta Retzer, Research Fellow, Centre for Patient Reported Outcomes Research, Institute of Applied Health Research, University of Birmingham.

The impact of long acting paliperidone palmitate on clinical outcomes and hospital stay: a 6-year mirror image study –

Dr Katy Mason (ST7) and Dr Sofia Pappa

Background

Typical depot antipsychotics may at a low cost significantly reduce relapse rates and enhance treatment continuation in patients with schizophrenia. Paliperidone Palmitate one-monthly (PP1M) is a long-acting second generation antipsychotic that has been shown to be effective and well tolerated in clinical trials.

However, there is a need for real world data on long-term clinical and health resource utilization outcomes.

Aims

The main purpose of this study is to establish the effects of PP1M on treatment continuation and hospital stay in routine clinical practice comparing the number and length of admissions three years pre and post initiation of PP1M. **Methods** This is a naturalistic mirror image study of PP1M used in routine clinical practice in a large, urban mental health trust in the UK. Demographic information was collected from the patients case notes, alongside information about antipsychotic treatment prior to the initiation of PP1M and the reason for change, primary diagnosis, substance misuse and compliance, cessation & hospitalization rates 3 years pre- and 3 years post PP1M initiation.

Results

173 patients were included in the study. In the patients who continued with PP1M for 3 years (n=95), the mean number of hospital admissions decreased significantly from 1.44 to 0.53 and the mean number of bed days from 93 to 29 bed days 3 years before and 3 years after PP1M initiation ($P<0.001$). The group of patients with schizophrenia who continued for 3 years (n=79) demonstrated similar outcomes. The median number of admissions was 1 before and 0 after; median bed days fell from 19 days before to 0 days after initiation of PP1M. These findings are similar to a previous 4-year mirror image study. In both groups the clinical outcomes improved further with 100% treatment compliance.

Conclusions

The introduction of PP1M had a significant impact on long term clinical outcomes such as reduced hospitalization and high continuation rates in this naturalistic cohort. More than half of patients were still continuing on PP1M at 3 years after initiation. The number of admissions and bed days reduced by two thirds, while more than half of patients had no admission during 3 years follow up. These results add to the body of evidence indicating that PP1M may be cost effective in clinical practice and may indicate that assertive management of compliance may improve outcomes further.

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).

2020 remaining meeting dates, 10am-12.30pm:

- Friday 14 February
- Friday 26 June
- Friday 16 October

Vacancies

- Eating Disorders Regional Specialty Representative

To apply for the post please forward the following to the [division office](#):

- an up to date CV
- the name and contact details of two referees (who must be Fellows or Members of the College but not a member of the Education and Training Committee).

Applicants for the Regional Specialty, Financial Officer and Policy and Public Affairs Committee posts should have held a substantive Consultant or Specialist Associate post for at least 2 years, however this requirement may be reduced to 1 year with the agreement of the Regional Advisor.

Find out more about our [Regional Advisors and Speciality Representatives](#) roles, including full job descriptions.

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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, 29-30 January 2020](#)

[Section 12\(2\) Refresher Course, Birmingham, 12 February 2020](#)

[Approved Clinician Induction Course, Birmingham, 11-12 March 2020](#)

[Approved Clinician Refresher Course, Birmingham, 25 March 2020](#)

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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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