



West Midlands Division Newsletter

Spring 2019

In this issue

- 1 **Editorial | Finding Happiness** Dr Nilamadhab Kar
- 2 **Welcome** | Dr Ignasi Agell

Your articles

- 3 **An Audit to evaluate the quality of GP referrals to Solihull Mental Health Services for Older Adults** | Dr Meena Murugan and Dr Afrin Ahmed
- 6 **Mind the GAP: consider the interface between Mental Health Services and General Practice** | Dr A Burlingham and Dr H Greenstone

Interview

- 7 **Interview** | Dr Surendra P Singh, Consultant Psychiatrist in Wolverhampton

Division activities

- 9 **Academic meetings**
- 11 **Reflections from trainees given complimentary places at the winter meeting**
- 13 **Prizes**
- 14 **Executive Committee** - Read the latest approved minutes
- 15 **Section 12 and Approved Clinician training courses**
- 16 **Get involved!**

Editorial

Dr Nilamadhab Kar, Editor



Finding Happiness

Finding happiness is a pursuit most people undertake. It's considered not a destination, but a journey. States of happiness last variable periods, from moments to sustained phases. Majority of people without mental illness in general surveys suggest that they have been happy. Interestingly, patients with mental illness too in large proportions report happiness; although less frequently than the general population. While it is understood that poor health robs people of their happiness, it does not mean patients do not feel happy. Suffering is not unhappiness; nor does mental illness equate to unhappiness.¹ Along with the ailments, people can be happy, build up their positive potential and well-being.

It is said that 'money can't buy happiness'. Although there is a relationship between income and happiness, unhappiness is more due to physical and mental illness than economic inequality or hardship. It has been reported that 'eliminating depression and anxiety would reduce misery by 20% while eliminating poverty would reduce it by 5%.² The importance of allocating adequate resources for mental illness cannot be over emphasized.

Happiness is a much broader concept, beyond health and economics; it has

social, cultural and philosophical underpinnings. Now there are biological markers for happiness identified and even neural substrates linking specific activities to happiness.³ Happiness is already being used as an index for holistic development of a country; it is now being increasingly measured in clinical sciences as an outcome variable or an end point in clinical trials. It may not be far off when it will be routinely used in psychiatric clinics.

References

1. Bergsma A, Veenhoven R. The happiness of people with a mental disorder in modern society. *Psychology of Well-Being: Theory, Research and Practice*. 2011 Oct 24; 1(1):2.
2. Clark A, Flèche S, Layard R, Powdthavee N, Ward G. *The Origins of Happiness: The Science of Well-Being Over the Life Course*. Princeton: Princeton University Press; 2018. 336p.
3. Park SQ, Kahnt T, Dogan A, Strang S, Fehr E, Tobler PN. A neural link between generosity and happiness. *Nat Commun*. 2017 11;8:15964.

[Back to contents page](#)

Welcome

Dr Ignasi Agell, West Midlands Division Chair

Welcome to all our 1074 members. Our Division is slowly increasing its membership which can only mean good news for us.

Our Winter meeting at St John's Hotel, Solihull, received very positive feedback from its 122 attendees. Speakers included Prof Swaran Singh, Prof Hugh Rickards, Dr Suzanne Reeves, Prof David Daley, Prof Femi Oyebode and Prof Sukhi Shergill who provided a though provoking day of professional development. The 2018 clinical audit presentation prize was awarded to Dr David Morris, CT3 for his audit entitled 'Inpatient: Antipsychotic prescribing and physical health monitoring re-audit', which was well received.

I look forward to meeting you at our [summer meeting](#) on **7 June 2019** at Village Hotel Club Walsall, with Dr Peter Bentham, Prof Richard Morriss, Prof David Kingdon, Prof Brendon Stubbs and Dr Subodh Dave as speakers. We also look forward to hearing the research presentation prize competitors' presentations. Remember to follow us at #WMmeeting @rcpsychWM.

[Mental Health Act AC/S12](#) training courses are still very popular, further courses for 2019 have been advertised so remember to book quickly as they are very popular and in high demand.

Mentorship: The local support and development meetings take place 4 times a year, from 2pm-5pm at the Uffculme Centre, Birmingham B13 8QY. The remaining 2019 dates are: 17 Jul and 4 Dec.

West Midlands Independent Psychiatrists Group (WMIPG)

continues to meet 4 times a year. WMIPG provides a network for independent psychiatrists. To be added to the contact list email westmidlands@rcpsych.ac.uk



@ignasiagell

Membership: Please invite your [foundation doctors](#) and [medical students](#) to sign up to associate status, it's free!

Recent appointments to the Executive Committee:

Elections: Elected post-holders to take office at College's Annual General Meeting, International Congress, 1 July 2019.

- Dr Tamal De, Vice Chair
- Dr Rashi Negi, Education & Training Committee Rep (co-opted until 1 July)
- Dr Vasudevan Krishnan, Committee Member

Appointments

- Dr Rahul Chandavarkar, Public Engagement Officer
- Dr Canel Tinsley, Specialty Doctors Committee Representative
- Dr Udaya Balakrishna, Deputy Old Age Psychiatry Regional Specialty Rep
- Dr Helen Whitworth, Regional Advisor
- Dr Jayanth Srinivas, Deputy Regional Advisor

Vacancies

- Eating Disorders Regional Specialty Rep
- General Adult Psychiatry Regional Specialty Representative
- Neuropsychiatry Regional Specialty Rep

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

[Back to contents page](#)

An Audit to evaluate the quality of GP referrals to Solihull Mental Health Services for Older Adults

by Dr Meena Murugan and Dr Afrin Ahmed

Introduction

In managing treatment for persons with mental illness, GPs need to communicate with mental health professionals in various settings over time to provide appropriate management and continuity of care. However, effective communication between PCPs and MH specialists is often poor.¹ This audit looked at the quality of information transfer via referrals between GPs and an older adult mental health team.

Community Mental Health Teams (CMHTs) as part of secondary care services are utilised for specialist input into patient care. Solihull Mental Health Services for Older Adults (MHSOP) is a CMHT for older adults dealing with both dementia and frailty and functional mental health problems. Solihull MHSOP itself is split into two teams – North and South based on geographical location of patient's GP. Solihull MHSOP receives referrals from various sources, frequently from General Practitioners (GPs). GPs screen patients within their community and refer when required.

The trust has produced standardized referral form for all GPs to use. The referrals then go to the Single Point of Access (SPOA) who vet referrals and allocate accordingly.

Lack of information from GPs can lead to inefficient and inaccurate handling of the referral by SPOA and can also lead to delays in patient care, mismanagement by CMHTs and misassessment of risk

when seen by CMHT.^{1,2} Although similar audits have been carried out in other areas of BSMHFT, no previous audits have been carried out in Solihull MHSOP to look at the quality of referrals received from GPs.

Audit aims

- To assess the quality of all referrals to Solihull MHSOP from GPs over a two month period
- To assess proportion of GPs using the standardized referral form
- To review whether all relevant information is being sent prior to assessment by CMHT
- To gain further information about the split of patients between the two teams within Solihull MHSOP
- To inform GPs on results found and advise on which areas can be improved

Audit Standards

The audit standards were derived from the SPOA form itself. The standards were set as 100% for all sections in the SPOA form: Patient details, Referrer details, Patient consent, Last GP review, Support details, Urgency of referral, Known to secondary mental health services, Reason for referral, Risk to others, Drugs/alcohol, Safeguarding, Current medications, Allergies, Recent diagnostics, Recent bloods, Past medical history.

Methodology

The audit was retrospective. Inclusion criteria included all referrals to Solihull MHSOP between 1st September to 31st October 2018. Exclusion criteria included any referrals out of this time frame, referrals not from GPs and referrals to other hubs. Relevant patients were identified through a referral book which is kept within the team documenting all referrals made to the team in date order. RIO numbers were documented and patient records were reviewed on RIO. The data was collected on an audit tool which was created on Excel and analysed.

Results

- Total of 129 patients were referred to Solihull MHSOP – 66 to the North team, 57 to the South team and 6 referrals that were allocated incorrectly and subsequently bounced back to SPOA.
- Overall 67% of referrals came from GPs, 19% from the memory assessment service, 8% from RAID. The remaining were from IAPT, general hospital and transfers of care.
- Total of 86 patients were included in the audit.
- 81% of GPs used the recommended SPOA form as opposed to a referral letter.
- Documentation rates for each section: Patient details 100%, Referrer details 100%, Patient consent 38%, Last GP review 51%, Support details 19%, Urgency of referral 70%, Known to secondary mental health services 44%, Reason for referral 98%, Risk to others 56%, Drugs/alcohol 56%, Safeguarding 6%, Current medications 90%, Allergies 60%, Recent diagnostics 62%, Recent bloods 48%, Past medical history 83%.

Discussion

The target standard met for patient details and referrer details. They were not met for any other criteria. No referrals documented every criterion. Where the SPOA structured referral form was used, the quality of the referral was higher, with a greater amount of relevant information included. The sections most poorly completed included safeguarding, patient consent and patient support details. Risk was only documented in 56% of referrals. Over half of referrals did not contain most recent blood results, which in the older adult population is vital to rule out physical health complaints and infection which could impact on mental state.

Recommendations

Recommendations included reminding GPs to use the recommended SPOA form for all referrals to CMHT. GPs were also requested to attach the medical summary to all referrals made to CMHT (as this contains current medication list, past medical history, vital signs and bloods). The results were discussed within the team and presented at local PGME. The results of the audit were sent to all GPs practices in the area via email and also published in the practice newsletter which is distributed to GP surgeries. A re-audit will be completed in 6 months' time to see if any improvement has been made.

References

1) Durbin J, Barnsley J, Finlayson B. et al. Journal of Behavioural Health Services & Research. 2012. 39: 445.
<https://doi.org/10.1007/s11414-012-9288-9>

2) Burbach FR, Harding S. GP referral letters to a community mental health team: An analysis of the quality and quantity of information. *International Journal of Health Care Quality Assurance*. 1997. 10(2-3):67-72

[Back to contents page](#)

Mind the gap: considering the interface between mental health services and general practice

by Dr H Greenstone, Senior Clinical Teaching Fellow in Psychiatry, Avon and Wiltshire Mental Health Partnership Trust

and Dr A Burlingham, Specialty Doctor in Psychiatry, Worcestershire Health and Care NHS Trust

Introduction

It is evident to doctors across all specialties that GPs are stretched to their limits. As psychiatrists, we have the advantage of more time to consult our patients, many of whom can be hard to engage and rarely access their GP. With this in mind, and in a world of increasingly complex interplay between physical and mental health, where do the roles and responsibilities of the GP and the psychiatrist fall? There are some points that most would agree on; management of an acutely psychotic patient requires the psychiatrist; management of a hypertensive patient on antidepressants likely falls to the GP. But what about the grey area? The patient on antipsychotics with metabolic syndrome? The patient with anorexia nervosa and ECG abnormalities?

Methodology

We surveyed 141 doctors working in psychiatry across the Midlands and the South West of the UK. They ranged from F2 doctors doing psychiatry rotations to consultant psychiatrists across a full range of subspecialties. One particular area of enquiry concerned role boundaries of professional groups regarding the physical healthcare of patients under psychiatric services. Respondents were asked whether they thought one professional group should be primarily responsible for monitoring and

managing the general physical health care of psychiatric patients.

Results

The responses indicated divided opinion. 42% felt GPs should lead on this whilst 48% felt there should be shared responsibility. Perhaps surprisingly almost 5% indicated that the psychiatrist should lead the general physical health care of psychiatric patients.

Conclusion

Our findings perhaps raise more questions than they answer. If psychiatrists did dedicate more time providing physical healthcare, would this be an adequate level of care compared to an experienced GP? Is even raising this as an option risking undermining the distinct and equally valuable skills of two traditionally undervalued specialists? Can psychiatrists really continue to 'leave that to the GP' when it's their antipsychotic medication causing significant physical abnormality for their patients? And where does that leave patients who are hard to engage? Perhaps they'll see their mental health support worker once a week, but wouldn't ever set foot in the GP surgery? The solution seems unlikely to be simple.

[Back to contents page](#)

Interview

Dr Surendra P Singh, Consultant Psychiatrist in Wolverhampton

I work as a consultant psychiatrist in Wolverhampton. I am also an honorary member of the digital research staff with the British Library (UK), have affiliation with the local University and manage a small IT firm dealing with data automation and analyses.



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

I had a profound interest in mathematics from my early teens as it brought so much magical feelings and excitement. I hoped to pursue my further study in mathematics, but decided to join medicine as a career for the social reason and to serve the community at large. However, my entwined affair with mathematics has remained as enchanting as at the beginning throughout during medical education and afterwards until now. Statistics, as an extension of mathematics, probably makes me think differently about the strength and weakness of existing methods of evidence generation. My venture into computing, as other a related discipline, in the 80s from basics and mnemonics has taken me to the automated literature search and remote data-analysis for small and big data, and then to the application of machine learning on a set of 140TB of digital archives from all British local

newspapers published until 1900. In this journey, you come across something new every day you could have never imagined – like how four players individually can fight their battles on one chess board as noted by Al Beruni during his travel into the 10th century India.

I do not believe in patenting of knowledge. I am indebted for the open-source knowledge base. I wish if I can change everyone to use Linux which is totally free and far superior to any other operating systems. Similarly, I could not have lived without R. If you do not know what it is, find it out!

What trait do you deplore in others?

Being habitually selfish and knowingly breaking trust change my approach. It does not cause enmity or personal conflict but sets a limit to my expectations and priorities.

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

I have read only a few fictions and novels on my train journeys and nothing beyond. I like films because of their songs, music, theme, and stories in that order. I read the whole Ramayana when I was 7 or 8. It generated a sense of responsibility and commitment. Reading and knowing of Bhagavat Gita that states to follow the right path and process without worrying for the result, has helped me a lot in handling stress from all sources whether from exams or day to day life situations.

Strangely, as pointed out by my colleagues only, they found me reading books on maths and physics to relax during exam periods. And one of the books from that time was on the theory of relativity from the works of Einstein. His curiosity to understand unknowns was astonishingly impressive even if they appeared only absurd and illusionary. For example, he first conceptualized and then proved mathematically that the phenomena of seeing the same star at multiple points was due to force of gravity - now called as gravitational microlensing. The first field experiment on this subject was carried out 100 years ago only this week (29th May).

Nowadays, the books are in digital format. I have just counted 303 such partially read books and monographs on mathematics, physics, statistics, history, and evolution. And I discover new books to add in my archives on a regular basis. I like them all and I read them in my own time. All are equally facilitating in some unique ways.

When not being a psychiatrist, what do you enjoy?

I have already provided enough material in the above text to answer this question. I run my profession as a psychiatrist in parallel to my everlasting hobbies and curiosities. I hope when I retire I shall have more time for my interests.

And one thing that I have not said yet and only very close friends know this. I work in my bed with a keyboard on my side and monitor on a table in my field of vision with Bollywood songs on the radio in the background all weekdays until 02:30 AM when I have to retire to wake up at 08:00 AM in the morning to go for my work as a psychiatrist. If I force myself to sleep for more than

this, I shall falter the whole following day in a state of lethargy and tiredness.

Which people have influenced you the most?

I am consciously aware that my parents, the extended family and the society have provided me everything unconditionally whatever I wanted. I still vividly remember my childhood learning tables of frictions from my grandfather and calculating recurrent interest rates from my great-grandmother who could count only up to 20. I also cannot forget to honour one of my Primary school teachers called Pandi Ji (Sri Bindeshwari Pandey) who laid the foundation of my formal learning and my high school mathematics teacher Pathak Ji (Sri Din Bandhu Pathak) who told me first about Lilawati which is about algebra in the ancient times.

There are many scholars whom I remember by their works rather than by their names. And some of the brightest stars from that list are Panini for his excellent unparalleled work on the logic and mathematics of language in communication as evident in Sanskrit and its grammar, authors like Al Beruni who helped in preserving the history of mathematics, and Einstein as the most admirable scientist and mathematician for me. I also believe that 'Markov Chain' from Andrei Markov has given an additional dimension of statistical analysis which was realised only after the availability of high powered computing hardware.

In the field of psychiatry, I was humbled by affection and support from Dr Leila McIntyre and Dr D A Primrose for their extraordinary brilliance and wealth of knowledge. Both were from Stirling in Scotland and my trainers in psychiatry. When I joined psychiatry in

1976, I was fascinated by the work of Arvid Carlsson as a first step towards understanding biological basis of schizophrenia.

[If you were not a psychiatrist what other profession would you choose?](#)

In fact, I had a plan to continue my further study in mathematics through engineering in aeronautics until I changed my mind to become a doctor. Retrospectively, it seems that I am still continuing with my first love while working as a psychiatrist.

[How would you like to be remembered?](#)

It is not for me to judge myself. Ending with just one comment – learning never ends.

[Back to contents page](#)

Academic meetings

Report from Winter 2018 Meeting



Prof Saeed Farooq, Academic Secretary

The Winter 2018 academic meeting was held at the St Johns Hotel, Solihull on 30 November.

This was our most popular meeting ever with 122 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. The participants who provided the feedback rated the programme as good or very good and almost all participants found the programme relevant to their professional development needs. There were lot of positive comments by participants such as 'enjoyable day, worthwhile conference. Well organised' and 'good range of speakers with a variety of relevant topics'. The conference generated an income of over £8000.

I would like to thank Ignasi Agell and Harm Boer for chairing the sessions and Alfred White for taking some great photos. Angela Appleby was a great help in organising the programme and I am grateful to her and the West Midlands division team for their efforts.



Dr Ignasi Agell



Dr Harm Boer

© Royal College of Psychiatrists
(courtesy of Alfred White)

[Back to contents page](#)



Prof Swaran Singh



Prof David Daley



Dr David Morris (Clinical Audit Prize)



Prof Femi Oyeboade



Prof Hugh Rickards



Prof Sukhi Shergill



Dr Suzanne Reeves

© Royal College of Psychiatrists
(courtesy of Alfred White)

[Back to contents page](#)

Reflections from trainees given complimentary places at the winter meeting

Aditya Krishnan, 4th year medical student, University of Birmingham

As comes with being at the bottom of the proverbial food chain, it is no doubt easy to develop a cynical view of our positions as medical students — we call it self-awareness. Be it teaching that gets indefinitely postponed, or a nurse trying to control the group of youths suddenly crowding their ward, it is natural to feel — as dramatically as I can phrase it — abandoned¹. I was pleased to have a vastly different experience with the Royal College of Psychiatrists: both as an organisation, and as the specialists who make it up. Through their *Choose Psychiatry* campaign, the Royal College broadcasts events (such as the winter academic meeting) to the yet-undecided students and trainees seeking orientation for their careers.

I have frequently postulated that I cannot — or *should* not — appreciate the cutting edge before first mastering the basics, and consequently, have avoided similar opportunities. Yet, I was delighted that beyond fascinating talks about treatment-refractory schizophrenia which made me nod my head in a *I know those words, and that sounds cool* fashion, lay cognisant reflections about the impacts of psychiatry — and most thrilling of all, an audience of professionals taking initiative to engage and encourage the

slightly awestruck medical student in the penultimate row.

Changes to medical education and students' perceptions will take time; but in inspiring those developing minds, I think this is a speciality from which many professionals should learn a lesson.

1. Lempp H and Seale C. The hidden curriculum in undergraduate medical education: qualitative study of medical students' perceptions of teaching. *BMJ* 2004.

Mavra Mirza, Foundation Doctor (FY1)

I was very grateful to receive a complimentary invitation to the winter academic meeting in November 2018. It culminated a challenging yet thought provoking four months in psychiatry for me. Being a Foundation Year 1 doctor, it was my first job as a qualified medic and I was heartened by the psychiatric profession's drive to get more doctors to #ChoosePsychiatry.

This drive proved essential in my interest in attending the winter meeting as I was keen to network with psychiatrists from different specialties and hear of the amazing work which was being done. A highlight for me in particular was Prof Swaran Singh's talk regarding the UDAAN project in Nagpur, India as it highlighted the positive effect of championing patient's choices and needs on their mental health.

It appealed to me because coming from a South Asian background, I was able to relate well to the stigmas and struggles, which patients face in the South Asian community.

Similarly, learning about the exciting concepts of Biomarkers in Huntington's disease and the work into treatment refractory Schizophrenia has certainly wetted my appetite into the vast array of research opportunities which are available in psychiatry.

Overall it was a privilege to attend the event and has definitely reinforced my desire to pursue psychiatry as a career. A special thank you to the Royal College of Psychiatrists West Midlands Division for the invitation and to the chair Dr Iggy Agell for his support as my consultant these past four months.

David Morris, Core Trainee (CT3)

In the current climate of increasing workload and rota gaps, on the backdrop of portfolio and exam pressures, and maintaining the elusive healthy work-life balance, the academic side of psychiatry can be neglected. Rediscovering the fascination and novelty of research may not always be found through the black and white print of monthly journals. So, with study leave in hand, I sought out to reignite that interest by sharing in the passion of local psychiatrists, at the winter academic meeting.

It may be a tall order to ask of six psychiatrists, but these meetings are a place where you can hear enthusiasm and be reminded of the wonderment and breadth of psychiatry that makes it such an interesting field to work in.

There wasn't a pure biological focus, with talks on delivering mental health care in resource challenging environments, a reminder of the importance of listening to patients to drive reform and service improvement, or a more philosophical approach to the concept of empathy. There were still practical and relevant talks summarising research and guidance, the debated over use of antipsychotics in biological and psychological symptoms of dementia, and confounders for the increased stroke risk, something I'll take away when oncall in future. Learning about the journey towards disease modifiers in Huntington's was a reminder of the advancements possible in psychiatry. It was also a helpful refresher of neurobiology. A description of the evidence around behavioural interventions for ADHD provided some useful explanations of these interventions (and statistics) worth remembering for examinations. In addition to the practical knowledge gained, I could walk away from this year's winter academic meeting with more invigoration in psychiatry as a career, motivation to read the growing pile of unread BJPsychs on my desk, and a reminder of the fascinating and varied field we work in. I would encourage any trainee at any level, even those just starting out on their psychiatric career, to consider attending. There are more to these meetings than just the content of the slides.

[Back to contents page](#)

Prizes

Clinical Audit Prize Winner

The 2018 clinical audit prize was awarded to Dr David Morris, CT3 for his audit entitled 'Inpatient: Antipsychotic prescribing and physical health monitoring re-audit'.



Dr David Morris and Dr Ignasi Agell

Further details about [divisional prizes](#)



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

[Back to contents page](#)

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 remaining meeting dates, 10am-12.30pm:

- Friday 28 June
- Friday 25 October

Vacancies

- Eating Disorders Regional Specialty Representative
- General Adult Psychiatry Regional Specialty Representative
- Neuropsychiatry 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.

[Back to contents page](#)

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, 18 & 19 September 2019](#)

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

[Approved Clinician Induction Course, Birmingham, 16 & 17 October 2019](#)

[Approved Clinician Refresher Course, Birmingham, 13 November 2019](#)

[Back to contents page](#)

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

[Back to contents page](#)