



iMind

August 2021

General Adult Faculty Newsletter



iMind

August 2021

In this issue

- 1| Vice-chair's blog |
Dr Jonathan Scott, Vice-
chair General Adult Faculty
- 3| Community Mental Health
Framework | Dr Billy
Boland, Chair General Adult
Faculty
- 4| Introducing the new
members of GAF Executive
Committee
- 6| Spring Conference 2021
- 9| RCPsych Data Conference
2021

Featured

- 11| RCPsych Report on the
Mental Health of Higher
Education Students |
Dr Latha Weston
- 15| A Remote New World:
Physician Perspectives on
the benefits and challenges
to using remote
consultations for mental
health care in the
community – lessons learnt
from COVID-19 | Urvi
Bihani
- 16| On dissociation and trauma |
Dr Gordon Barclay

Vice-chair's blog

by

Dr Jonathan Scott



It has been a little while since our last newsletter; I think the demands of COVID have weighed heavily on us all. Hopefully we are now entering the 'new normal' and can look forward to a little more routine and predictability. Yet there is a great deal going on, perhaps most notably for general adult psychiatry the impact of the Community Mental Health Framework. Considerable funding is associated with this initiative but also very considerable change. Those of us who work in the twelve pilot sites are seeing the impact of this first hand. At our most recent exec meeting, on 11 June, Professor Linda Gask, Presidential Lead For Primary Care, spoke to us about the need for general adult psychiatrists to take a lead on how our roles will develop in the future. The last attempt to do this, 'New Ways of Working' did not have a huge impact, probably because we were not at the centre of defining how we ourselves can work best.

This is a good example of how the Faculty can have significant influence on future developments. There are now eight new elected members of the exec (of 12) who took up office at the time of the annual general meeting of the College (held at the International

Congress). We were very pleased to have a significant number of colleagues stand for election and that the group is very diverse, reflecting our membership. I would like to thank those who are standing down, having come to the end of their four-year term, for their hard work and dedication. Our service user rep, Kate King, has also left the committee. Kate contributes a great deal to the College and felt she did not have the time to do justice to her role with us. I would like to thank her for her considerable input over a number of years. I have always valued and learnt from Kate's involvement and she will be much missed.

Congratulations are also due. Subodh Dave has played a key role in the exec over recent years and we are very pleased that he has moved on to take up his post of Dean of the College. Our Chair, Billy Boland, has recently started as Medical Director at South West London and St George's Trust. Personally, I am very pleased Billy has chosen to take this step as I know he has a great deal to contribute to the role. (Although it is very demanding, one reason I am doing this introduction!). Billy has an article in this newsletter giving more information on the community framework.

Over recent years we have developed a Faculty strategy to seek to identify and influence

such developments. Indeed, previous work has helped in refocussing national priorities on to core adult services. We met on 10 June, with the leaving and joining members of the exec, to renew this strategy and will be refining it in the coming weeks. Another recent element was a focus on student mental health. Latha Weston, who has put a great deal of work into this along with a past exec member Michael Doherty, gives us an update on the issues and the report that has been produced.

From the Faculty perspective, perhaps the biggest change we have seen is the move to online conferences. Although many of us have missed the chance to meet face to face, socialise and network, the upside has been easy access and good attendances. Feedback has also been positive. We took the decision some time ago to hold the next October conference online as it takes a year to plan and we were very uncertain of the future. Moving forward we need to try and work out how we might combine the benefits of face to face meetings with an online option. The main October conference is primarily organised by academic secretaries, co-opted to the exec. Andrea Malizia and Alessandro Colasanti are stepping down after a number of excellent meetings, signing off last October. Many thanks for all their hard work. Oliver Dale and Abdi

Sanati have now taken up the roles.

In addition to the main conference, we have in recent years held additional meetings. An overview of the spring meeting is provided by Priya Natarajan and Jon Van Niekerk, exec members, and Jacquie Jamieson, our carers rep, who put in a lot of work to organise it. There was a comprehensive programme with a particular focus on coproduction, a key part of our strategy and something Jacquie has worked hard to move forward over recent years. Asif Bachlani, our treasurer, also provides a review of the better data conference held a couple of months ago and for which he was the driving force. Asif has also been key to putting together this newsletter.

A recent issue that has been very high profile is the Serenity Integrated Mentoring programme that was run by the police. There are very strong views about this but there remains a need to review how we interface with police and work with those who we can find difficult to engage.

If you have any comments, responses or thoughts on this newsletter please do get in touch by emailing our Faculty Manager, Stephanie Whitehead at Stephanie.Whitehead@rcpsych.ac.uk

Community Mental Health Framework



by

Dr Billy Boland

@originalbboland

Dear Colleagues,

Many of you in England will be working right now on the Community Mental Health Framework. There's no doubt that investment in community mental health services is long overdue. We at the Faculty are keen to support members in making the best of this opportunity.

If you want to learn more, we've shared [this short piece](#) recently about the initiative, and the benefits and challenges it might bring. We have also collaborated with other faculties and colleagues from across the College in developing [eight key messages](#) to consider when implementing this investment and change at local level.

Furthermore, we were delighted that the extended version of the [guidance on the community mental health framework](#) and what it entails was published earlier in the year. We hope that this information will help empower leaders at a local level.

All change can be daunting, and the changes envisioned in the

framework are complex. It can be difficult to ask questions about what is being proposed when things move at pace, jargon is used and people assume particular levels of knowledge. But the involvement of psychiatrists at a local level is really important. The framework will have a meaningful impact on service delivery and is likely to affect the jobs and working lives of psychiatrists. Psychiatrists can use their clinical expertise to advise on how best to invest resources and develop services, and they can use their voice to champion co-production with patients and carers.

If you need the support of the faculty in better understanding the proposals and what is to come then do get in touch. We are working with the new [College Engagement Network](#), who are focusing on the Community Mental Health Framework, to help psychiatrists and organisations make sense of learning that is happening around the country. But if you have other suggestions on how we can support you and your community realizing the best outcome for services, do let us know.

Thanks to those of you who supported our spring conference and data conference (hosted with other faculties). We look forward to you joining with us at our [conference in October](#).

Best wishes
Billy

Introducing the new members of the General Adult Faculty Executive Committee



Dr Mosun Fapohunda is a consultant psychiatrist in the community in Watford, and Medical Lead for Quality at Hertfordshire Partnership University NHS Foundation Trust. She is an Associate of the General Medical Council and a Founding Member and Welfare Lead of the Association of Black Psychiatrists, UK. She will be supporting the Faculty with engagement of members and Quality Improvement projects.



Dr Joan Rutherford is Chief Medical Member for the Mental Health Tribunal in England, and an Honorary Consultant Psychiatrist with South London and the Maudsley NHS Foundation Trust. She wishes to improve the experience of patients, clinicians and trainees

attending Mental Health Tribunal hearings.



Dr Mudasir Firdosi is a consultant general adult psychiatrist at South West London & St George's Mental Health Trust in London. In addition, he is an honorary senior lecturer and undergrad tutor at St George's, University of London. Dr Firdosi will be taking a new role as clinical director for quality improvement & consultant psychiatrist at Kent and Medway NHS & Social Care Partnership Trust later this year. He is keen about improving patient care by coproduction, quality improvement, and digital modernisation in the NHS.



Dr Clare Morgans is a Consultant Community Psychiatrist in Early Intervention in Psychosis in County Durham, as part of Tees, Esk & Wear Valleys NHS Foundation Trust. She is the ADME in Undergraduate Education & Clinical Lead for Newcastle University Students. She is a

CASC Examiner and is passionate about all matters pertaining to Medical Education, specifically high-quality experience and training of both medical students and trainees in Psychiatry. She is also interested in trauma focused/informed care and improving co-production/shared decision making with our service users.



Dr Jo Farrow is an acute adult inpatient psychiatrist in St Albans, Hertfordshire and is the Deputy Medical Director at Hertfordshire Partnership University NHS Foundation Trust. Her interests include improving the physical health of patients, suicide prevention and inclusivity.



Dr Tim Alnuamaani is a consultant psychiatrist working with the new Greater Manchester Universities Student Mental Health Service - an innovative multidisciplinary service jointly funded by the NHS and five local Higher Education Institutions.

Alongside his interests in student mental health he is joint lead consultant in Central Manchester for urgent care psychiatry.



Dr Jeya Balakrishna is a community psychiatrist in Defence Primary Healthcare, looking after British Forces. A former infantry medical officer, he has worked in forensic and general services in the NHS and the independent sector, in clinical, managerial and educational roles. He is an honorary consultant with the charity Combat Stress, and as a STEM Ambassador enjoys inspiring students to consider healthcare careers.



Professor Sonia Johnson trained in medicine at the Universities of Cambridge (pre-clinical) and Oxford (clinical). She also obtained a BA in Social and Political Sciences at Cambridge and an MSc in Social Psychology at LSE.

She trained in psychiatry at the Bethlem Royal and Maudsley Hospitals and obtained her early research posts, including a post as Clinical Lecturer in Community Psychiatry, at the Institute of Psychiatry. In 1997 Dr Johnson moved to UCL as a senior lecturer, subsequently becoming a Reader (2007) and then Professor of Social and Community Psychiatry (2008). Her initial clinical consultant post was in the Drayton Community Mental Health Team. Since 2003 Dr Johnson has worked in the Camden and Islington Early Intervention Service, which she co-founded and has helped develop. Dr Johnson's main focus in clinical work is now on people experiencing the early stages of bipolar disorder.



Dr Meda Apetroae is a Psychiatry Specialty Trainee Year 4 working in Hertfordshire Partnership University NHS Foundation Trust. She is the Trust's higher trainee and BMA LNC representative. She has a special interest in medical education and is one of the link tutors in the Physician Associate Programme at the University of

Hertfordshire. In the RCPsych General Adult Faculty, she is the higher trainee representative and she wishes to improve the wellbeing of trainees working in General Adult Psychiatry, but also create a networking system that will allow the trainees across the country to explore both challenges and achievements during the course of their training. If you have any queries around your training or any other matters, please do not hesitate to contact her on the email address: meda.apetroae@nhs.net

Spring Conference 2021

By

Jacquie Jamieson, Priya Natarajan and Jon Van Niekerk

The original Spring Conference in 2020 was sadly cancelled due to the pandemic and its original theme was rooted in Co-Production. The Faculty was therefore keen to ensure that co-production was still prioritised in 2021.

The 2021 GAF Spring conference, Revitalising Psychiatry: Involve, Inform, Innovate and Inspire was set out as 2 half day sessions on 16 and 17 of March. The conference started with a keynote address from Dr Adrian James, President of the Royal College, who briefed us on the Royal College's position and updates on key subjects such as equality and diversity, mental well-being,

planning for COVID, parity of esteem, training and curriculum and Integrated Care Services.

We had a wide range of expert speakers and a sizeable proportion of them were either women or from a BAME background or patient and carer representatives, reflecting the College's drive to promote equality and diversity.

Community transformation:

This session on the Community Mental Health Framework started off with a conversation with Karen Persaud and David Shiers about their perspective as carers, whilst elaborating on their aspirations for this transformation. National Leads for Getting It Right First Time (GIRFT), Ian Davidson and Sridevi Kalidindi gave us information about the principles behind this transformation framework and the updates in implementing the changes across acute care pathways and rehabilitation psychiatry.

Coproduction:

Co-production is one of the Faculty's 4-year strategy objectives and this session had excellent speakers and examples from the GA Faculty Co-Production Steering group.

"Enabling Town Slough – a model of co-production" was presented by Rex Haigh, Natasha Berthollier, Sam Cribb, Jodie Webdell and Tony Mallah. The presentation focussed on the [Enabling Town Slough project](#)

which is a "community-driven, co-produced mental health and well-being partnership, which builds holistically on people's strengths and abilities through their engagement with community opportunities. These opportunities are aimed at people using secondary mental health services, their friends, family and carers alongside people working within mental health.

This was followed by "Music 2 empower" presented by Raf Hamaizia (Expert by Experience Lead). Raf spoke about harnessing the power of music through therapy and how this can help people across mental health care settings, "where it is used to promote improvements in people's social relations and connectedness, as well as building confidence and self-esteem". Raf Hamaizia said: "With an established and growing body of evidence demonstrating its importance for people experiencing mental ill health, music therapy offers a major opportunity for individuals to put themselves at the heart of their recovery".

<https://www.youtube.com/watch?v=WJamT95Mmtw>

Using DIALOG+ to engage:

We heard from the innovators and collaborators, Rahul Bhattacharya and Claire Ruiz about DIALOG+ an online programme measuring meaningful outcomes for interventions provided to mental

health patients. We heard from the team that adapted DIALOG+, Rachel Eborall as Lead for Peer worker development and Richard Morton as expert with lived experience, who presented their views on the user-friendly domains incorporated within DIALOG+ and its value as a multitasking tool in recovery.

Debate: This house believes that the faculty needs to be renamed to Faculty of Adult Psychiatry

Day 2 kicked off with a skilful debate between Lenny Cornwall and Jon Van Niekerk over renaming the Faculty. Although Lenny won the debate, from an upsurge of votes against the motion at the end of the debate. The majority still voted with Jon who argued for the renaming to Faculty of Adult Psychiatry; the discussion after the debate gave opportunity for a rich discourse of ideas from a wide range of members in the audience favouring a name change.

Collaboration in person centred care - The essence of Person Centred Care - Integrity and Grace. Co-chaired by Dr. Sammi Timimi and Jacquie Jamieson

Continuing the theme of co-production with a focus on collaboration in person centred, we heard from Veryan Richards, IRS Lay Reviewer, who shared her ongoing work on **"The importance of shaping**

language as a constructive tool in healthcare".

Person Centred Care- How it looks like when working well...how it feels when not.

Ruth Marple, Mother & Carer of a young Adult with Autism and Learning Disabilities whose son is held in a Forensic Setting due to lack of appropriate beds for young people with Autism. Ruth gave a moving account of her struggles to obtain proper care through the current health service. We heard first hand of her struggles and the systemic inequalities that persist in accessing appropriate care at the right time.

"She self-harmed due to her diagnosis".

Keir Harding, Occupational Therapist and DBT Therapist alongside Hollie Berrigan, Integrative Counsellor and Consultant Lived Experience Practitioner gave a very inspiring talk on mutuality in managing risk, creating therapeutic space for healthy discussion around risk/safety from a person centred foundation. Sharing their extensive experience in delivering training, consultation and clinical input around those who typically receive a personality disorder diagnosis.

<https://www.beamconsultancy.co.uk/>

Involving patients in training:

Finally, as an inspiration to future generation of trainees, we had Helen Crimlisk, Ahmed Hankir and Alexa Sidwell, elucidate on the

merits of including patients as an integral part training and medical education.

This Spring conference was an immense success and obtained excellent feedback from the attendees in terms of the content and relevance. We are keen to continue to share and promote good practice examples through our ongoing workshops, proposed Guidance and College Position Statement, webinars and conferences.

RCPsych Better Data, Better Care Conference



By

Asif Bachlani

2021's RCPsych Better Data, Better Care conference was held a year later than planned due to COVID virtually on 13 and 14 May 2021. The conference was open to all members and followed the success of the General Adult Faculty conference in 2019.

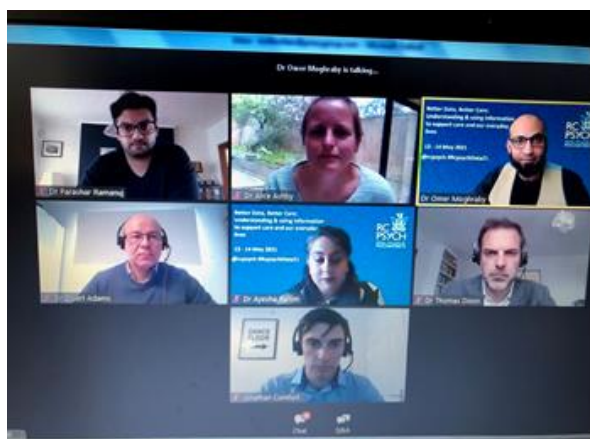
This year's conference focused on the value of data to clinicians, how to access the already available mental health data sets on your local population, how to develop clinician friendly dashboards, the connection between data, digital and

outcomes as well as 'real life' examples of how clinicians have used data to improve their service.

On the day we had some of the top experts in data, clinical utility of data and how to use data to improve clinical services for patients. Kicking off the day was the RCPsych President, talking how the RCPsych prioritised vaccinations of SMI in discussions with Prof Whitty, about the value of data and how data made major improvements in cancer care where 98% of people have evidenced based care and people with psychosis its only 30% and how RCPsych is supporting use of data via Mental Health Watch. Then Lambeth Councillor Ed Davie (expert by experience) where he spoke about illness being a multi-disciplinary concept and social determinants have a huge impact.

The next session was on the available data sets within Mental Health, with Stephen Watkins speaking about NHS Benchmarking data who discussed the impact of COVID on mental health services, that CMHT caseloads remain 5% lower than pre covid, with shift of contacts from face to face to digital or face to face. CAMHS services moved to 27% digital consultation whereas Adult services used telephone as the alternative with only 7% of appointments being digital. Next up was Dr Sridevi Kalidindi and Guy Northover speaking about

the value of GIRFT data sets in Rehab Psychiatry and CAMHS to improve quality and reducing variation in care.



The last workshops of the day focused on how to provide clinician friendly dashboards with talks by Ayesha Rahim on how to start from the beginning focusing on the principles, SWLSTG team on developing dashboard following patient's journey, care needs and focusing on outcomes and final session on system wide dashboard in North West London.

Day 2 of the programme kicked off with Prof Santosh showing how technology such as Healthtracker system used in South London can deal with relapses of psychosis, deterioration of physical illness and inform clinical decisions in children and young people, Prof Shankir on how data has reduced polypharmacy in the STOMP programme for people with intellectual disabilities saying "We have been taught to drive, not to reverse; deprescribing is an art form" and then Dr Christina Kyriadou and colleagues from SLP

on how their data collection on how to reduce OOA of placements for people with complex psychosis.

Workshop 5, had Dr Amanda Thompsell on how she has become a data convert and how data can drive change in clinical services as well as the impact of COVID on dementia rates and referrals into memory services. Dr Rahul Bhattacharya on DIALOG+ as care planning tool which is revolutionising care planning as providing key outcome data. The last workshop in collaboration with the RCPsych Digital SIG where James Woollard spoke about value of patients in designing IT and Digital systems, importance of ethics in digital as well as usability of IT systems being a clinical safety issue. Dr Barbara Arroyo spoke about the SLAM Beth digital platform which enables patients to assess their own records and enables co-production. Prof Subodh Dave speaking about improvements in digital and data since COVID pandemic, but important not to drowned in data and how we have left people behind by not engaging enough with the digital agenda. Prof Subodh Dave asked us to think about why we need this data, how will it improve outcomes for patients and encouraged us to discuss data, population health and social deterrents of health in our local CPD groups.



RCPsych Report on the Mental Health of Higher Education Students - CR231

By

Dr Latha Weston

The GAP Faculty was co-organisers of the conference with Rehab and Old Age Faculties as well as Informatics Committee and we were delighted to welcome 190 delegates which included international medical students, trainees, speciality doctors, consultants, CCIOs and Medical Directors.

It is impossible to organise such a conference without the staff at RCPsych that make the conference possible with a particular thanks to Emma George and her team. I would also like to thank my co-members of the organising committee – Josie Jenkinson (Old Age faculty), Rajesh Mohan (Rehab faculty), Omer Moghraby and Hashim Reza from RCPsych Informatics Committee.

We very much hope you will join us at #RCPsychdata22 which will be on Wednesday 27 April 2022 with RCPsych President Adrian James opening the conference.

General adult psychiatrists working in most settings will have higher education (HE) students on their caseloads. All psychiatrists will have personal experience of being a university student and may remember the particular rewards and challenges that this stage of life brings. Mental health conditions should not be a barrier to accessing HE, experiencing it positively or benefitting from its opportunities (UMHAN UK university mental health advisors network).

More and more choose to study beyond school. Those that do so are more diverse. This timely report highlights the ongoing need to Support and care for our higher education students beyond education, particularly in their mental health. Students should be able to access coordinated, timely and appropriate care in parity with the rest of the population. This report reviews the components of care that need developing and provides a resource for those working with students.

The Covid pandemic has thrown up a new set of concerns that will

have to be considered in the context of student mental health. These will apply to all students but will weigh more heavily on those who come to university with past histories of mental ill health. Such students may already find it difficult to integrate with a new social environment and to build relationships with clinicians, support staff, academic staff and their fellow students. These difficulties will be exacerbated by the restrictions arising from Covid. Covid has exploited and amplified the difficulties that young people embarking on higher education face in accessing good mental healthcare.

So why are HE students special? They are often young people leaving home and facing the developmental challenges of independence for the first time. The financial and social situations that they find themselves in may exacerbate or initiate illnesses that may be lifelong. There may be great difficulty in getting continuity of care due to term times and pressure of work. Away from family for the first time, social supports are very different. Students are suddenly treated like adults who can manage their own healthcare. However it may be a time when they are more open to exploring issues in their mental health and thus can be a critical time for concern and also for intervention. Investing in young people is critical. It will reduce many years of avoidable

lost productivity and personal loss for the individuals involved. This College report gives practical help to anyone attempting to improve the care and treatment of mentally troubled and vulnerable students. It will assist HE institutions and others to put in place policies and procedures. There are examples of pathways of care, epidemiology and information on mental disorder.

Since the publication of the last report on student mental health, the landscape has altered. The demand for university-based counselling and Mental Health Advisor services continues to rise. The student population is becoming increasingly diverse and some of this diversity is creating new pressures on counselling and mental health services.

At the same time, there have been changes in universities and other HEIs which have made them less able to cope with mental disorders in students, for example staff: student ratios have declined through failure to increase staff numbers in proportion to the increase in numbers of students. Academic staff are under constant pressure to maintain and improve research output as well as to develop their teaching, and this can mean that less time is available for pastoral care. It seems likely that pressure on public finances will exacerbate these problems in the next few years.

Environmental factors have also played their part. Traditional universities were usually based on a single campus, with most students living nearby. The majority of them lived away from home and were drawn from a fairly homogeneous social background. In contrast, newer universities are often dispersed across multiple sites, often in large conurbations. Increasing proportions of students live at home and may have to commute long distances to study. There is an increase in modular learning which can result in them progressing through courses over differing timescales. As a result, they are less likely to form stable relationships with their peers or academic staff. The tutor system, which used to play a very important role in offering personal and academic guidance to students, has been eroded in many HEIs.

Students are subjected to the same risk factors for mental disorder that apply to the general population of young people. Rates of family breakdown have increased enormously over the past few decades. When parents separate, the resources of the family are more thinly spread and there may be less financial support available for a young person at university. Some students experience diminished family support following parental separation because of a breakdown in the relationship

between the student and one or other parent.

At the same time public financial support for students has decreased drastically. Student grants have largely been replaced by loans and onerous tuition fees have been introduced. Students are increasingly taking on part-time paid work to help meet their basic needs. This can detract from the time and energy available for academic study and personal development, and places them at an unfair disadvantage in relation to their more affluent peers. Students who are managing mental health difficulties can experience additional financial disadvantage as they may be less able to cope with the demands of both study and work and are more likely to have to repeat modules or years of study.

Students who move from school to university are at a stage of transition between dependence and independence. While this is usually a positive transition, they have to cope with the stresses of moving from home to university at an age when they are negotiating significant developmental changes. They may have to adjust to the change from an educational curriculum that is structured and closely supervised to one in which they must take a more active role in managing time and planning their studies. Older students have to

make a transition from work to an academic environment.

Of course, there are also many potential benefits to be accrued from studying at university. For example, there are new opportunities for developing friendships and pursuing intellectual, social, recreational, and sporting interests. The higher education environment also offers a wide range of easily accessible student support services that are not routinely available in earlier educational years. Even in relation to mental health issues, the university environment itself can enable students to be more able than others to benefit from psychiatric and psychological help, especially psychotherapy. In terms of their mental health and wellbeing, the fact that students are usually bright, articulate and knowledgeable means that they are more likely to be psychologically minded and curious about themselves. Times of change can present opportunities for growth and maturation, as well as challenges.

By ensuring that the higher education environment and relationships are conducive to mental wellbeing, many difficulties can be ameliorated. Higher education may offer benefits to students with a history of mental illness or psychological difficulties by providing new sources of self-esteem and opportunities for engagement with peers and wider society.

Students are at a stage in life open to a range of possible futures; if problems that arise are caught early, it may be possible to set someone on a life path that is more positive and less difficult.

The Key recommendations arising from the report are as follows:

- 1 NHS mental health services should provide parity of access for the student population.
- 2 NHS mental health services should provide continuity of care.
- 3 All HEI should have a working group to oversee implementation of good practice in relation to student mental health.
- 4 There should be Integration of mental health services, university mental health services and counselling services with clear care pathways.
- 5 Fair resource allocation is required to meet the increasing demand for counselling and mental wellbeing, for special groups such as those with pre-existing severe mental illness, international students and those with developmental disorders.
- 6 Improved Communication with families- think family, think student.
- 7 Investment in Research - Practice and provision needs to be informed by up to date research into the prevalence, outcomes, and relationship between mental wellbeing and academic performance.

8 Provision for the Impact of COVID-19 -addressing the impact of the pandemic on the current and future health of students.

A longitudinal assessment of the impact of Covid on students is underway and can be accessed [here](#)

It is hoped that general adult psychiatrists will use the resources available in this report and share them with their multidisciplinary colleagues and anyone else who wishes to increase their knowledge and care of this special group.

Correspondence to Dr Latha Weston (Consultant psychiatrist, former executive member GAF RCPsych, member of student mental health working party) Latha.weston@nhs.net

Student mental health working Group chaired by Dr John Callender, Consultant Psychiatrist NHS Grampian
Members: Dr Ruth Caleb MBE; Dr Martin Cunningham; Dr Michael Doherty; Dr Dan Doran; Dr Leonard Fagin; Dr Clare Lamb; Joanna Lester; Eileen Smith

A Remote New World

Physician Perspectives on the benefits and challenges to using remote consultations for mental health care in the community – lessons learnt from COVID-19

By

Urvi Bihani

Facing the dual aim of safe service provision and prevention of SARS-CoV-2 transmission, in March 2020, GPs and community mental health services underwent a process of rapid virtualization. Almost overnight, consultations were being conducted remotely. Over the past few months, myself and my team undertook the task of investigating the benefits and challenges experienced by community mental health practitioners, interviewing both GPs and general adult psychiatrists.

The focus of our qualitative study was on the diagnosis and follow up of general adult psychiatric patients seen in the community. Our mixed methods study identified a variety of interesting benefits and challenges experienced across GPs and psychiatrists, of which I will be sharing a few. Firstly, was the added convenience that teleconsultations provide for doctors but also patients who do not have to leave their 'safe spaces' to talk to their doctors,

which can help them open up more. Furthermore, it was commonly noted that clinicians perceived teleconsultations to be very suitable for mild-moderate anxiety and depression. Moreover, it was found that a more telemedicine-based approach to care brought about efficiency, as clinicians were able to see more patients in a day.

However, teleconsultations also brought about a host of challenges. On a personal level, there were still clinicians that felt their technophobia or discomfort with technology impeded their ability to fully utilise the potential of the platforms. Clinically, the absence of non-verbal cues posed a great challenge and most noted were the multitude of technical issues often faced, particular with the use of video consultations over telephone. An interesting finding to also note is the extra time taken for the set up of video consultations when compared to telephone – this was in fact reflected as a key difference between GPs and psychiatrists. GPs tended to have a preference towards telephone appointments due to shorter appointment slots. In contrast, the longer appointment slots for psychiatrists facilitated the uptake of video consultations.

This is just a small glimpse into some of the identified benefits and challenges, but there is still an untapped goldmine of research opportunity in this area. Do

teleconsultations lead to better health outcomes for mental health patients? Are they cost-effective? And most importantly, what is the patient perspective? We therefore look forward to seeing what the future holds for telemental health.

On dissociation and trauma

By

Dr Gordon Barclay

An online colloquium on Friday, 28 January next year entitled ***Historical, Scientific and Clinical Perspectives on Complex PTSD and other ICD-11 Trauma Related Disorders*** is being hosted by the College's Centre for Advanced Learning and Conferences and will comprise five presentations and a plenary session at the end of the meeting.

The College members organising this meeting, currently constituting as The UK Psychiatry Trauma and Dissociation Interest Group, have plans to organise further meetings after this first outing if there is sufficient interest to support this, and likewise to apply for official College SIG status next year.

This inaugural colloquium will be an ideal opportunity to engage with historical, scientific and clinical perspectives of our shifting nosological landscape as ICD-11, released on the 18 June

2018 and presented at the World Health Assembly in May 2019 for adoption by member states, comes formally into full effect on 1 January 2022.

So please put Friday, 28 January 2022 into your CPD diary, and we hope very much to be able to welcome you to the meeting, and a programme for the meeting will be sent to all College members in due course.

Dr Gordon Barclay
Psychiatry/Integrative Therapy
MA, MBChB, DRCOG, MRCGP,
MRCP, MPhil, MRCPsych
CAT (Cognitive Analytic Therapy)
Therapist
CRM
(www.comprehensiveresourcemodel.com) Supervisor and Trainer
Honorary Clinical Senior Lecturer,
School of Medicine, Glasgow
University

Editorial team:

Dr Meda Apetroae	- meda.apetroae@nhs.net
Dr Asif Bachlani	- Twitter: @asifmbachlani
Dr Mudasir Firdosi	- Twitter: @drmfirdosi
Dr Andrea Tocca	- andrea.tocca@cntw.nhs.uk

If you wish to publish an article in the next issue of the newsletter, please do not hesitate to contact us.