

## **iMind– Newsletter no 15 – Happy New Year from the Faculty of General Adult Psychiatry**

### **Chair's Blog**

A very happy New Year to all members of the Faculty. It seems a long time since our biggest and best conference ever held last October in London. This year, the Faculty is embarking on a new venture – a joint conference with the Child and Adolescent Faculty. My hope is that it will provide all the usual elements of our conference that have proved so successful over recent years but also give an exciting extra dimension to cover topics which might otherwise not get our attention. More details on how you can contribute to the programme are detailed elsewhere in this newsletter.

This year is undoubtedly going to be an important one for mental health services in England, with consequently an impact on the other countries of the UK. The final report of the Mental Health Task Force, describing the Five Year Forward View for Mental Health will be published soon. The public engagement findings have already been seen and it is clear that the major themes will be: prevention, access and quality. There will be greater attention on those services which are viewed as the key to delivering better long term outcomes, for example perinatal and early intervention services. Our focus must be to use the public and media interest the report will get to highlight how we can provide better services and what resources we will need to close the parity gap.

The demand for better outcomes will once again bring attention to how we measure clinical outcome. The College has been working with NHS England to produce a framework for outcome measurement and the Faculty has made a significant contribution to that work. We argued strongly for the application of simple, widely known measures and the use of only a single instrument for each CROM, PROM and PREM. It appears likely that the measures which will be mandated will be HoNOS (CROM), SWEMWBS (PROM) and the Friends and Family Test (PREM). The next stage will be to consider what recommendations we should make with regard to training requirements so that outcome measurement becomes meaningful, but also how to avoid the whole process being undermined by an unsound payment by results system.

Finally I want to remind you that the report from the Commission on Acute Adult Psychiatric Care will be published on 9 February. The report will make recommendations to providers, commissioners and government for upgrading inpatient psychiatric services across England and ensuring that anyone in need of inpatient psychiatric care has access to local, high quality, services. We need to be ready to respond positively and show that we can provide solutions if given the resources to do so. So I would urge any of our members with media contacts (and that includes social media) to do what you can to promote and enhance the College message.

With best wishes for 2016

Dr Lenny Cornwall

Chair, Faculty of General Adult Psychiatry

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**Faculty conference, Birmingham ICC, 6-7 October 2016**

We look forward to welcoming you all to Birmingham for the combined General Adult Psychiatry and Child and Adolescent Faculty Conference from 6-7 October 2016, in Birmingham.

In order to provide the most compelling programme, we are inviting networks and other groups (such as SIGs and special committees) to submit proposals for symposia and workshops to be incorporated into the overall programme. All conference sessions will be matched to the training requirements of the faculties and the academic secretaries will ensure that sessions are balanced and relevant at all times. We believe that this proposal will continue to deliver the highest possible quality.

Symposia are 90 minutes long and include 3 presenters and a chair; at this stage, we simply require a brief outline of the session along with provisional titles for presentations, along with the names of the speakers (who should have agreed to speak prior to your submission). The expectation is that the session proposer will liaise with speakers and will be responsible for the coordination of that session. Workshops are 75 minutes usually run by 1 or 2 people and are ideally more interactive. We would encourage people to get in touch with us if you have any queries and/or are struggling to finalise the symposium.

Please contact Catherine Ayres via [catherine.ayres@rcpsych.ac.uk](mailto:catherine.ayres@rcpsych.ac.uk) for more details.

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## **Open Dialogue**

Open Dialogue is a system of acute adult mental healthcare that is receiving growing attention around the world. It orientates services around a network approach to care, where all staff are trained in elements of family therapy and related skills in order to work with whole systems rather than the individual service user alone. Specific techniques are adopted to increase the agency of the service user and network around them, so that they are given the space to find their own meaning and make their own decisions in relation to their care. This person-centred, collaborative approach is used trans-diagnostically in crisis services in a number of countries and has produced some striking outcomes in terms of longer term recovery, prognosis and service usage. As a result, it is now being trialled in a multi-centre study in the UK. See [The NHS Open Dialogue Project](#) for more detail. (Link opens in a new window.)

Six NHS Trusts are training staff in Open Dialogue and a panel of senior academics, including Professors Tom Craig and Sonia Johnson, have submitted a bid for a substantial programme grant to run an RCT to evaluate these new teams. As a result, an increasing number of General Adult colleagues have become interested in Open Dialogue and many are receiving training in it.

The General Adult Faculty has been asked to set up an online Open Dialogue Network and will be considering this at the next Executive Committee meeting in February. This could potentially coordinate and cultivate this community as well as help to inform and educate others in this growing area within acute adult psychiatry.

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## **Faculty communications**

Members can already join our online clinical networks to engage in discussions on a wide range of clinical topics. The Executive is now opening up its own discussion board to any member wishing to join. This will allow members to participate in the discussions which

executive members have between Executive Committee meetings. Recent topics have included: good mental health services for young people, consultation on payment proposals, reviewing small project grant applications. You can join the Basecamp discussion board by contacting our Faculty Administrator, [lauren.wright@rcpsych.ac.uk](mailto:lauren.wright@rcpsych.ac.uk).

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### **Sports and exercise in psychiatry special interest group**

It's now Olympic year again and a proposal to establish a special interest group (SIG) in Sport and Exercise Psychiatry is before the College.

The next step is for all interested college members to register that interest. 120 signatories are needed for the SIG to be established.

Note that the proposal is for a sport and exercise SIG. This fits with how sport and exercise medicine is structured in the UK, opening up collaborative possibilities with that world (Psychiatry being one of the few medical specialities that seldom contributes to that field). It also creates much broader appeal for psychiatrists. Sports medicine is about ensuring that sportsmen and women get good treatment when needed - in respect of psychiatric care they often don't and it is hoped that the SIG will help to address this. Exercise medicine is about using exercise as an intervention (in obesity, in cardiac rehabilitation and more). Here the opportunities in Psychiatry are very broad indeed - helping adolescents struggling with ADHD; developing confidence, motor and social skills in LD; an intervention for primary care levels of stress/depression/anxiety; promoting social inclusion and recovery in severe chronic illness; an intervention in metabolic syndrome; sustaining cognitive function and vitality into old age. Thus it is likely that the proposed SIG will be of interest to adult and community psychiatrists and not just those who work directly in sport.

An explanatory video can be found here that includes instructions on how to sign up.

A notice about the proposal has also been posted in the College's e-newsletter (January 2016).

- [Read the newsletter and instructions.](#)
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### **Small project grants**

The faculty agreed to support a number of projects during 2015. The authors and project titles are:

- Dr Alhaj - Effects of Enhanced Home Treatment Care on the Speed of Recovery and Length of Inpatient Stay: A Randomised Controlled Pilot Trial
- Dr Garrett and Dr Kerslake - Dialectical Behavioural Therapy Skills Video Series
- Dr Jayakody and Dr Cousins - Relationship between Affective state and Personality ratings in Inpatient Depression (RAPID)
- Dr Rajput and Dr Alhaj - ARAB-RESILIENCE- Promoting Resilience and Challenging Stigma by the Development and Delivery of Psycho-education Package for Arabic Speaking Groups in the UK
- Dr Sathanandan and Dr Hughes - Inter-professional team Based Communication Skills
- Dr Slater and Dr Crimlisk - Short film: Service User Led Medical Education in Psychiatry

- Dr Smart and Dr Jones - The Electrophysiological Correlates of Semantic and Syntactic Processing in Schizophrenia: A Study Utilising a Self vs. Other Linguistic Paradigm.
- Dr Trevelyan - What is a good psychiatrist? Qualitative Research on Professionalism in Psychiatry
- Dr Ziauddeen et al - A service User Led Teaching Programme for Non-clinical Researchers Studying Mental Illnesses

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## New survey

Each newsletter we will post a survey that has been approved by the Faculty Executive Committee for distribution to the membership.

This month:

- [Integration of training in psychiatry and neurology](#), created by Dr Jasvinder Singh.



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## Useful resources