iMind Newsletter July 2017

Blog from the Chair

As I write, over 350 of you have completed our survey on the current state of general adult psychiatry. It's nearly two years since our last survey, which informed our contribution to the Crisp commission report. Back then we got over 600 responses, so I very much hope we can do even better this time round.

The analysis and publication of the survey results will be a major activity for the Faculty over the coming months. The first results will be announced at our conference in October at a workshop which will also include an update on the work the College is doing to implement the Crisp commission recommendations.

We will use the survey results to update our 2014 report, "Service models in adult psychiatry" (CR188). Back then we wrote that "continuity of care is key to safe and effective services" and what we want to know if whether this is being compromised in current service models on the back of financial pressures. The simplest way you can influence this work is to respond to the survey.

This month's College Council endorsed a new strategy on quality improvement. This is another key area of work for us in the coming year. There will be a symposium at the October conference which will showcase quality improvement activity around the country. We plan to publish a short report using case examples from the conference, along with ideas about how members can engage in quality improvement activity and promote it within your organisations.

This year's College elections have meant not just a new College President. We also have a new Faculty Vice-Chair, Billy Boland and 7 new members of the executive committee – you can find their names on the Faculty webpage. It also means we say goodbye to our outgoing Vice Chair Paul Rowlands who has made a tremendous contribution, in particular in acting-up as Chair for 2 years and in persistently promoting the physical health agenda. I would also like to thank Andrea Malizia, Faisal Sethi, Asif Balchani, Reiner Heun and Savitha Eranti for their contribution as elected members over the last 4 years.

Finally, please can I encourage you to register now for the October conference. We are returning to Newcastle / Gateshead but to an exciting new venue – The Sage– the landmark venue in the North East. In addition to plenary lectures from Anissa Abi-Dargham and Allan Young, we have symposia on drug discovery, psychedelic drugs, suicide and ECT, in addition to update sessions on psychosis, mood disorders and personality disorder. Not to mention 12 workshops and masterclasses on a fantastic range of topics and our traditional debate, this year to argue "this house believes it is negligent not to test all psychotic patients at least once for autoimmune encephalitis".

You can book your place at the conference on the College website, here.

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Important survey on state of general adult psychiatry

It is now almost 18 months since the Acute Adult Psychiatric Care Commission report, which made 12 recommendations to improve acute and inpatient care. Following the publication of the report, the government has made commitments about improving funding for mental health services. The General Adult Faculty is keen to hear from colleagues about the current status of local services (community, crisis & inpatient). We would appreciate your views, as these will inform the way in which we influence the government to implement the recommendations.

You can access the survey, here.

The General Adult Faculty Executive Committee is looking for a new Higher Trainee representative to join the committee.

The primary responsibility of the Higher Trainee Representative is to act as the voice of higher trainees on the General Adult Faculty Executive Committee. The post provides excellent experience and valuable insights into how the Faculty and College work. The successful candidate will be expected to:

- Attend three Executive Committee meetings a year and the annual Faculty Strategy Day;
- Provide a trainees' report and raise issues as required, in conjunction with the Psychiatric Trainees Committee representative on the committee;
- Take an active part in relevant working groups;

- Help to organize the trainee meeting at the annual General Adult Faculty conference.

The length of term of the post is two years, or until you obtain your CCT, whichever is earlier.

If you wish to apply for this role, please send a copy of your CV, along with a statement of no more than 300 words explaining what you would bring to the position and how you would effectively represent Higher Trainees in the General Adult Faculty. The deadline for applications has been extended to Friday 10th August.

For further information about the role, please contact either Dr Alex Langford (alexanderlangford@googlemail.com), or Dr Lenny Cornwall (lennycornwall@nhs.net).

2016 GAP/CAP Oral PresentationPrize winner: Inequities in support for relatives bereaved by psychiatric patient suicide: findings of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

Dr Alexandra Pitman

January 2017 was a busy month for mental health policy announcements. On 9th January the Prime Minister announced a package of measures to transform mental health support, highlighting the "shocking reality" of 13 deaths by suicide a day in England. On the same day the Department of Health published a progress update on the suicide prevention strategy, setting out an intention to improve responses to people bereaved by suicide. This had been one of the two overarching objectives of the revised 2012 suicide prevention strategy, but three years on the progress report acknowledged that "delivery in this area has not progressed enough to ensure that there are good quality and consistent suicide bereavement services in every area across the country".

These pronouncements on suicide bereavement have direct relevance to mental health trusts. The recent 20 year review of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness reported that 18,172 psychiatric patients in the UK had died by suicide over the period 2004 to 2014, representing 28% of general population suicides. We now understand the effects of suicide bereavement on mental health and suicide risk, and there is a growing awareness that each of those suicides will have had an impact on relatives, partners, friends, and mental health professionals. Guidelines set down in 2009 by the National Patient Safety Agency indicate that after the suicide of a psychiatric patient, mental health teams should offer families and carers "prompt and open information" and "appropriate and effective support" as well as involving them in a routine post-suicide review. Until now it has not been clear how often this happens in practice.

Our recent analysis of National Confidential Inquiry data, published in the US journal Psychiatric Services, revealed that relatives of psychiatric patients who died by suicide from 2003 to 2012 were not contacted after the death in 33% of cases. In this analysis we had hypothesised that specific, potentially stigmatizing, patient characteristics would influence whether the family was contacted after a psychiatric patient's suicide. We found that a patient's forensic history, unemployment, and primary diagnosis of alcohol or drug dependence or misuse were independently associated with a reduced likelihood of staff contacting the relatives in the event of their suicide. We noted that these were markers for suicide risk in themselves. However, minority ethnic group, and recent alcohol or drug misuse were not associated with staff contacting relatives.

We felt these findings suggested that relatives experience inequities in access to support after a potentially traumatic bereavement. This was a concern given the recognised association of suicide bereavement with suicide attempt, and the possibility that patients' relatives share risk factors for suicide. Mental health trusts should use these findings to revise their policies on serious and untoward incidents; incorporating protocols for the provision of support to relatives and to trust employees after a patient's suicide. Considering the impact on fellow patients is also important. Resources such as Help is at Hand, published by Public Health England in 2015, list organisations providing support and information and should be disseminated where indicated. We are grateful to the RCPsych Faculties of General Adult Psychiatry and of Child and Adolescent Psychiatry for the opportunity to disseminate these findings at the joint faculties' annual conference in Birmingham in October 2016, and for their award of the oral presentation prize. Onwards dissemination to mental health staff and clinical leaders has the potential to improve the support offered to people bereaved by suicide, in keeping with national suicide prevention strategy.

What it is like to be on the Executive Committee of the General Adult Faculty of the Royal College of Psychiatrists: Personal Views

Dr Michael Doherty

I was elected onto the GAF executive in 2015. It has more than met my expectations of being involved in the college nationally. Getting this wider perspective of college work and mental health service developments throughout the UK has enhanced my contributions, in a more informed way, to policy development locally in

Northern Ireland. I have also had the opportunity to contribute to UK policy development. One of my interests has been in developing student mental health services in Belfast, which is an area that needs to be developed further throughout the UK. I was nominated by the GAF Executive onto the Mental Well Being in Higher Education (MWBHE) working group and also onto the Universities UK (UUK) working group on Mental Wellbeing. The UUK work is very interesting and will be bringing forward recommendations for universities and co- commissioning of services at the NHS interface for both primary and secondary care. It is very stimulating and informative to meet with the representatives of the universities, student support services and student organisations in this forum.

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Dr Helen Crimlisk

I was an elected member on the GAP Executive from 2013 - 2017 and am now co-opted to continue work around communications, service user experience, medical education and quality improvement. During my time I have attended 2-3 meetings per year and also helped organize and run sessions at the GAP conferences. When I can't attend there is the opportunity to contribute by teleconferencing. I see it as a way of joining up work that I am interested in locally with the opportunities which arise through being part of an influential national organization. Members are expected to coproduce and contribute to the work streams, but there is enormous degree of choice and I have focused on issues which are of particular interest to me. I have worked with a range of others both within the faculty and in conjunction with other parts of the College to several pieces of work around quality improvement, physical health and youth mental health work streams. I have now been co-opted onto the Academic Faculty to develop the undergraduate curriculum work I am contributing to.

I would encourage people to consider putting themselves forward for election (especially if you are a woman as despite a new female president and dean there are still too few women active in college business in my view). I now compile the GAP newsletter – so I hope you are enjoying the read…

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Dr Billy Boland

It was a privilege to serve as an elected member of the GAP Faculty Executive for 4 years. I'm delighted now to be the new Vice Chair. I'm looking forward to contributing to the work of the Faculty in new ways over the course of my tenure. In my day job, I'm a consultant in general psychiatry (it's still where my heart is), and I do some medical management work as the Associate Medical Director for Quality and Safety at Hertfordshire Partnership University NHS Foundation Trust. Earlier this year I joined the advisory board at the Money and Mental Health Policy Institute who are doing some ground breaking work around debt and mental health.
Learn more.

One of my commitments which I set out in my election statement was to help the Faculty work more closely with members. I've already spoken to our chair, Lenny Cornwall, and we have agreed in principle we would like members to have more access to the business of the committee. I'd also set out my desire to have a "virtual surgery" - my term for an opportunity for Faculty members to put questions or problems to the committee to try to address or help with. With this in mind we are planning on having a discussion with you at conference about this at the business meeting to find out what would work best for you. In the meantime if you have any thoughts or suggestions around this please don't hesitate to contact me:

billy.boland@hpft.nhs.uk, @originalbboland

From "What the FECC" to "Get in the SAC"

I'm not sure how these acronyms came about but at least it makes some shake their head wryly!

What was previously the FECC - Faculty Education Curriculum Committee is now the Specialty Advisory Committee.

What does the SAC do?

General Adult Psychiatry (GAP) Faculty is the largest faculty in the country and includes sub-specialties such as Perinatal, Neuropsychiatry and Eating Disorder (which used to have their own FECCs but will now work with GAP SAC). As such, GAP SAC deals with all manner of things educational concerning the Faculty. The main objective is to ensure that at the end of their training trainees are ready for Consultant-level practice and that training helps deliver high quality patient care.

Given that this objective is impacted by a range of factors - how busy trainers are, service configurations, the kind of training placements available, trainees' and trainers' stress levels and content of the curriculum - the SAC has a broad remit concerning educational matters.

Routinely SAC, in consultation with the GAP Faculty's Executive committee considers requests for amendments to the higher specialist curriculum, provides questions for the MRCPsych exam, provides a weather report on the state of training in the Faculty to the GMC and contributes questions to the national trainees' survey.

SAC is also responsible for designing the curriculum for dual training (for e.g. General Adult/Medical Psychotherapy) and to help determine the Faculty response to educational and training-related issues such as recruitment or supporting trainees in difficulty.

But the SAC will look at training/patient-care hotspots for e.g. concerns about lack of physical healthcare skills in psychiatrists or concerns about the erosion of formulation skills.

Is This All Just For Geeks?

Well, the SAC does deal with *educational* matters but the main focus of its work is on the interface between the clinical and educational world. So purely service matters for e.g. the decommissioning of substance misuse services to the 3rd sector or the private sector are issues that SAC would look at. Equally, SAC would help formulate the Faculty's response to the mounting pressure on SPA time in Consultant job plans.

Why should I care?

Good training is an investment in the future. Medicine, our Faculty (and Psychiatry more broadly) is facing a recruitment and retention crisis. Ensuring that we continue to attract a new generation of high quality trainees, ensuring that our care pathways deliver high quality care but also provide excellent (and safe) training is a challenge for all clinicians. Designing innovations in training or assessment needs to go hand in hand with service transformations.

How do I get involved?

If you would like to join the SAC – please email Tony Roche: tony.roche@rcpsych.ac.uk

If you have ideas about how to improve training in General Adult Psychiatry or any of its sub-specialties or if you wish to discuss the role of SAC or your involvement with SAC in more details – email me:

subodh.dave@derbyshcft.nhs.uk, @subodhdave1

Vacancy: Chair of Specialty Advisory Committee (SAC)

And following on from the above…we need a new Chair for the SAC. Subodh Dave has been acting into the role for the past year, but we need a new chair to take on the work over a four year term. As the SAC chair you will represent the faculty on the College Education and Training Committee.

The responsibilities of the role are as follows:

- Chair and lead the SAC meetings, delegating to individuals or subgroups as appropriate and approved and ensure follow up of work streams;
- Act as a representative (or identify another member of the committee to deputize) and articulate the views of the SAC at the Curricula and Assessment Committee;
- Keep all SAC members up to date with items discussed at the Curricula and Assessment Committee;
- Support the College's Specialist Curriculum and Adviser and relevant Faculty to undertake reviews of their curriculum and assessment methodology to ensure they are fit for purpose and continue to conform to the needs of both the profession and the regulatory requirements of the GMC;
- Coordinate the voice of TPDs and feeding this back to the relevant Committees;
- Develop a strong working relationship with the Faculty Chair and the College's Adviser for the Curriculum;
- Undertake periodic reviews of the SAC membership to ensure appropriate engagement and skill diversity;
- Respond to new policy or other documentation on behalf of the SAC;
- Input into National Recruitment specialty specific selection design as required;
- Report regularly to the Education and Training Committee;
- The SAC chair will be a member of the Faculty Executive and report regularly on training matters.

If you are interested in applying to be the Chair, please get in touch with either Subodh Dave (acting chair, SAC) or Lenny Cornwall (faculty chair).

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