

iMind Newsletter June 2016

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Over the last year we as a Faculty took forward a big piece of work engaging with members in order to provide College input to the Commission on Acute Adult Psychiatric Care. Using your feedback a series of 12 recommendations have been proposed that are intended to improve the status quo in acute care.

[Read more about the commission in the blog »](#)

Faculty conference, Birmingham ICC, 6-7 October 2016 - Call for Abstracts

The annual conference 2016 will be a two day joint venture with the Child and Adolescent faculty.

[More about the conference and the Call for Abstracts »](#)

Clinical Networks

Many of you will be familiar with the networks which the General Adult Faculty has set up over the last few years. A new network on Open Dialogue has been set up led by Dr Russell Razzaque.

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A psychiatrist's first year on Twitter

"Of course, I know the reaction many of you will have when I mention Twitter. Well, I thought I'd share my views on it having been challenged to give it a go a year ago." Dr Helen Crimlisk, Co-opted Member of General Adult Faculty Executive Committee shares her experience of how to make the most of Twitter.

[Find out how to make the most of Twitter »](#)

New Special Interest Group: Evolutionary Psychiatry

A new RCPsych Special Interest Group on Evolutionary Psychiatry (EPSIG) has been launched.

[More about the Evolutionary Psychiatry group »](#)

Executive Blog

Over the last year we as a Faculty took forward to a big piece of work **engaging with members** in order to provide **College input** to the **Commission on Acute Adult Psychiatric Care**. This was an independent commission chaired by Lord Nigel Crisp, former Chief Executive of the NHS in England and Permanent Secretary of the UK Department of Health between 2000 and 2006.

You might remember the Faculty Executive Committee asking you to complete a questionnaire asking for **your experiences on acute care in your local area**. We spent a considerable amount of time discussing the information you provided and used it to **inform our feedback** to the Commission.

One of my concerns as an elected member of the Faculty is whether I am truly representing members who voted for me rather than just doing what I think best, so I personally found it really useful to have this feedback from you.

A series of **12 recommendations** have been **proposed** that are intended to improve the status quo in acute care.

- [Read the full Independent Commission report](#)

Use of Quality Improvement (QI) approaches to drive up the **quality of care is recommendation 7** in the report.

Furthermore, a recent review by the [King's Fund in Improving quality for the NHS](#) states that it is clear that the NHS in England 'cannot meet the health care needs of the population without a sustained and comprehensive commitment to quality improvement as its principal strategy. It sees developing clinical leaders as a key tool to make this a reality. They go on to say 'this is best done by supporting clinical leaders through education and training in quality improvement methods, and developing organisational cultures where leaders and staff focus on better value as a primary goal.'

As a Faculty one of our principle missions is to support members in their development. One way we achieve this is through a number of very active [networks](#).

If you've never accessed these before, it is worth looking around them and taking part. They create the most value with the involvement of members, and are a useful way of us keeping in touch with each other about matters that are important to patients, carers and us as professionals.

We've already had a discussion about whether a **QI Network** would support members in making QI a reality. We have no fixed plan as yet, so it would be great to hear from any of you who have suggestions or views on this. There are a number of potential ways it could be used, for example: it might provide training in QI methods and it could help colleagues learn from each other, share good practice and generate ideas. Over time it could be used to influence the development of QI in the NHS.

[The King's Fund report](#) calls for a national strategy for QI. The [Health Foundation](#) offer a number of training resources and funds for quality improvement projects. This could be something we could have the opportunity to help shape.

We're hoping to come to a conclusion on whether there is a need for this at our annual strategy day in June. So please do get in touch, we would love to hear from you. Your comments would help us come up with the best solution. We're adopting a kind of QI approach to developing a QI Network if you like

Best wishes,

Dr Billy Boland
Elected Member of the General Adult Faculty

Faculty conference

Birmingham ICC, 6-7 October 2016

The [Annual conference 2016](#) will be a two day joint venture with the Child and Adolescent Faculty. The programme is currently being put together but will include content relevant to each individual specialty with a range of sessions aimed to appeal across the board.

The **Call for Abstracts** has a **deadline of 18 July 2016**.

Clinical Networks

Many of you will be familiar with the [networks](#) which the General Adult Faculty has set up over the last few years. The GAP Faculty represents an enormous number (over 40%) of psychiatrists and many who are active in other smaller faculties are nevertheless also members of GAP and keen to maintain links with us. However, we all have a limited capacity for engagement and the networks provide an opportunity to focus in on areas which cross faculties or are more specific in focus. Members of the college can sign up to any of the networks.

To **join any of the networks**, please contact Lauren Wright at lauren.wright@rcpsych.ac.uk.

Networks

Networks currently running are:

- [Early Intervention](#)
- [Community Diversion and Prison Psychiatry](#)
- [Obsessive Compulsive and Related Disorders \(OCARD\)](#)
- [Women's Secure](#)
- [Asylum Seekers and Refugees Mental Health](#)
- [Adult ADHD](#)
- [Acute Care](#)
- [Physical Health and Mental Health](#)
- [Open Dialogue](#)

New Open Dialogue network

The **Open Dialogue network**, led by Dr Russell Razzaque, is a new Faculty network. For more information go to [Open Dialogue network](#).

A psychiatrist's first year on Twitter

Of course, I know the reaction many of you will have when I mention Twitter:

"Something else for me to try and keep up with";

"I'm too old for that";

"Isn't it just a load of celebrities boasting and posing?"

Well, I thought I'd share my views on it having been challenged to give it a go a year ago.

Thanks [@HealthFnd](#) [@RCPsych](#) [#GAPchat](#).

Symbols

So what are all those symbols? The @ symbol before your username is sometimes called your "twitter handle" - in this case [@HealthFnd](#) is the Health Foundation whom I've been supported by over the last year (part of the Generation Q initiative) - who encouraged me to start tweeting. A Twitter username and handle is **uniquely yours**. To get a username you need to register with Twitter to set up an account (this takes seconds only!) But you don't need to register to look at them: Try: [@WesselyS](#) to see what our President has been tweeting about.

Hashtags

is a "twitter hashtag" - in this case the hashtag chosen by us at the General Adult Faculty. This provides a way of labeling or categorizing tweets according to content or interest. So, you can see all tweets labeled with a hashtag to see tweets which link to a topic you're interested in. We'd like to encourage you to use our hashtag [#GAPChat](#) for issues relevant to our Faculty. A hashtag is not unique - anyone can use it, so you may find not everything tagged with a hashtag is relevant to you. Hashtagged words which become very popular are said to be "trending". Try [#ImInWorkJeremy](#).

Privacy

Privacy anxieties: Twitter is open access and therefore your **tweets can potentially be seen by anyone**.

Different privacy settings are available, but most people use it as a means of connecting widely and so don't set them too narrowly. Obviously, caution is necessary about which views you share and which words you choose. Your tweets will mainly be seen by your followers (and whoever they "retweet" to). They *can* be deleted by you but this is not the place for views or words you wouldn't be happy to defend. You can block followers who are troublesome, but I've never had to do this.

How I use twitter

So, for me, (unlike my teenage children), Twitter is for me mostly work-related. I am clear that it is a way for me of linking in with people who I am interested in, or struggling with the same issues at work as me. I would be unwilling to use it as a means of giving medical advice or communicating with patients. Having said that, I follow and have followers, who identify as service users (although not my own patients) and find it an excellent way of engaging with the wider service user community. I use my real name and it is clear which organisation I work for. I find this helpful as it means the communication I have with people is transparent and clear. If you want though, you can have a username and handle which doesn't identify you or your place or role at work. This will at some level change the nature of the conversations you can have, but is a good way of trying it out if you are nervous.

Guidelines - how to use twitter

The RCGP and GMC have produced guidelines on the use of social media.

- [RCGP Social Media Highway Code](#)
- [GMC Ethical Guidance](#)

Who to follow? The best way of getting started is to "follow" a few organisations and people you are interested in and look at their Twitter feeds. "Following" is a single click once you've got an account - it's not as big a gesture as "friending" on Facebook, you're just showing an interest in their feed. They may or may not choose to follow you back. Personally I don't like to follow people who tweet incessantly or about things which don't interest me. But if you do make a mistake, you can always "unfollow" again.

If you see a tweet you like, you can "retweet" (often abbreviated to RT) which means the tweet appears to your followers on your "twitterfeed". Alternatively, you can share directly with others or comment and start or join a conversation. For starters try these organisations:

- [@RCPsych](#)
- [@ELFT_QI](#)
- [@PsyPost](#)
- [@MaudsleyNHS](#)
- [@PositivePracti1](#)
- [@careif](#)
- [@CrisisConcordat](#)
- [@RCPsych](#)
- [@School4Radicals](#)
- [@CentreforMH](#)
- [@Mental_Elf](#)
- [@NHSHealthEdEng](#)
- [@ExtremePsychiatry](#)
- [@NSUNnews](#)
- [@nhsconfed](#)

As well as following people, you can also look up hashtags (#) on topics which interest you. Conference hashtags are a great way of following what's happening at conferences – many now have live tweeting so you can see how talks are going down and join in discussions try [#RCPsych1C](#) to see last year's College meeting. Tweet chats are increasingly used to get people having online conversations by tweeting on a topic in real time. Try [@MedEdChat](#). Then there's hackthons, but now I'm getting out of my depth.

Maximizing the value of a tweet: Much is made of the brevity of a tweet, but this does not mean that the content needs to be superficial or flippant. The 140 characters allow you to write a comment or response, but you can add pictures, links to articles and videos to your tweet making them a potentially useful electronic resource to refer back to.

Etiquette: One of the most frequent anxieties people have about Twitter, is that they will not “keep up” or will miss things. The good news here is that you can choose how engaged to be. Unlike e-mail, it is accepted that you will “miss” things on Twitter. If it is thought significant enough, it will be retweeted. People do not expect a reply in the same way as by e-mail.

So - will Twitter work for you? Only you will know; but you'll probably only know after giving it a try! For me, the advantages of tweeting are the ability to connect with others outside the obvious circles. Tweeting tends to flatten hierarchies so conversations can include people from all walks of life; widening the possibility of extending your reach and finding innovative ideas and perspectives. I also enjoy the CPD benefits from following conferences/ meetings I would not be able to attend; I find I can keep up to date with policy, opinion, politics and new initiatives via Twitter. But above all I find it helpful for collaboration. I have benefited from the Twitter conversations I've had with people who share their thoughts and ideas generously. Disadvantages?

Well I've already mentioned the need to be vigilant about content. I've not had any problems - but as with all electronic media - if you're feeling emotional about something you should probably pause before commenting. Work/life balance - again, as with e-mail and other forms of social media, I find that I need to be careful about work intruding into my private life. You will need to be disciplined about getting the level of involvement that's right for you!

Dr Helen Crimlisk [@helencrimlisk](#)

Co-opted Member of General Adult Faculty Executive Committee

New Special Interest Group: Evolutionary Psychiatry

A new RCPsych Special Interest Group has been launched on [Evolutionary Psychiatry](#). It aims to:

- Raise awareness of the value of understanding the contribution of evolutionary theory to psychiatry.
- Encourage research into the evolutionary psychiatry.
- Provide a forum for psychiatrists and others to discuss evolutionary models, research ideas and data with fellow evolutionists.
- Facilitate networking with academic institutions and evolutionary scientists, biologists, psychotherapists, psychologists and other disciplines such as philosophy.
- Keep members and supporters of the SIG informed via a webpage and newsletter.
- Organise workshops, symposia and conferences on Evolutionary Psychiatry and related subjects.

- Organise sessions at the WPA and the RCPsych's International Congress as well as with other college faculties and divisions.