

## iMind Newsletter November 2016

### Blog from the Chair

It's a few weeks since our joint conference in Birmingham and it must go down as our most successful conference ever. With inspiring plenary speakers, stimulating symposia and authoritative masterclasses, there wasn't one disappointing session. My thanks go to our academic secretaries, Dr Stuart Watson and Dr Paul Stokes, for developing the programme in conjunction with our colleagues from the Child & Adolescent Faculty. I have had people ask when we are going to have another joint conference. The answer is not next year, when we will be in Newcastle, but maybe in a few years' time.

The conference highlighted the need to address the changing patterns of psychiatric morbidity we are dealing with. Young women now have the highest prevalence of symptoms of common mental disorders, with one in five reporting a history of self-harm behaviour. Meanwhile the proportion of young adults screening positive for ADHD has increased to ~ 15%. These results from the Adult Psychiatric Morbidity Survey will confirm the anecdotal impressions many of us have and we need to prepare for the changes in clinical practice that will inevitably follow.

- [Read the report in full.](#)

Our conference also coincided with another major publication: the [Annual Report of the National Confidential Inquiry into Suicide and Homicide](#).

It showed that the wide range in suicide rates across the UK is marked (6.9 per 100k in South West London; 18.1 per 100k in Eastern Northern Ireland). And this report comes at a crucial time as we look to implement the recommendations of the Crisp Commission - how to get the balance right between crisis care and acute inpatient care. Of concern was their comment: "CRHT has become the default option for acute mental health care because of pressure on other services, particularly beds". They again highlighted the importance of eliminating out-of-area admissions for acutely ill patients. Your Faculty executive is working on how to build on the Crisp Commission's definition of the purpose of acute inpatient care and so support the assessment of service capacity in each local area.

Finally I have come across what I think is the first large scale study into the validity and utility of the Mental Health Clustering Tool as the means of achieving payment by episode rather than payment by block contracts in England. Specifically, [they tested whether the MHCT can cluster people with similar levels of need](#).

Given the time and effort we have spent on this activity in recent years, this study is of major importance. The results showed substantial variation in costs between NHS Trusts, indicating that if the new episodic funding system was introduced in its current form there would be major differential financial impacts. However, sticking with the current model of block contracts is no solution. Block contracts continue to put us at severe risk in the current NHS economic climate as it is much easier for commissioners to cut block funding.

The problems we face in delivering the quality of service we aspire to are immense, and at times might seem insurmountable. The reports I have described here highlight the problems but also I think can help us to think about the solutions. The key for me is for psychiatrists to understand and use quality improvement methods to help redesign their own services. Working out how the College and Faculty can help us do this is going to be a major strand of work that your Faculty executive will be undertaking in the coming year.

Dr Lenny Cornwall

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### Intercollegiate report on improving physical health

The Academy of Medical Royal Colleges has published a major new report: "Improving the physical health of adults with severe mental illness: essential actions". Your Faculty Vice-Chair, Paul Rowlands, was a member of the working group.

- [Access the report](#)

On a similar note, the Faculty has funded a public education video, "Keeping the Body in Mind" which was conceived and produced by Dr Safi Afghan, your Faculty Finance Officer:

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### Open Dialogue

Dr Russell Razzaque writes: "I'm very excited to announce that we have organised a day long Masterclass on Open Dialogue at the College on December 13 2016. The key trainers in the NHS project will be speaking about the background, theory and practice of OD, and we will also hear from colleagues working this way in their services, after completing the training. It'll be a good introduction for those who have not had any training in OD to date, so I'd very much recommend it." The event is free of charge but places are limited.

- [Book your place](#)

You can also join the Open Dialogue clinical network which the Faculty hosts by contacting our Faculty Committee Manager, [lauren.wright@rcpsych.ac.uk](mailto:lauren.wright@rcpsych.ac.uk)

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### **Small Project Grants**

There has been a delay in reviewing the applications which were submitted for Faculty small project grants. We will report the outcome to all applicants by the end of the year, but we know there will be a large number of disappointed applicants as there have been far more submissions that we have the resources to support. We will be running another competitive process during mid-2017.

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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: long-term use of benzodiazepines. Dr Cosmo Hallstrom, author of the survey, writes: Benzodiazepine prescription is a controversial area. Whilst benzodiazepines are in many ways among the safest and most effective short-term treatments in psychiatric practice, their use beyond two to four weeks is generally discouraged in the Committee of Safety of Medicine Advice, as published in the British National Formulary. They are only indicated for the short-term relief of severe disabling and unacceptably distressing symptoms in the short-term, whereas a proportion of anxiety disorders tend to be long-term and can be very disabling. Benzodiazepines are potentially effective treatments for long-term anxiety too. This places prescribers in a dilemma, as to whether to prescribe outside of the guidelines and risk censure. The guidelines are clear, but many doctors appear to disregard them. I should like to ask the membership whether they agree with the guidelines, or believe that they are too proscriptive.

- [Take the survey](#)