

# iMind



Faculty of General Adult Psychiatry  
March 2019

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## What is general adult psychiatry? - Chair's blog

Dr Lenny Cornwall  
Chair, GAP Executive

@lennycornwall



This is an old question which has been around for as long as I can remember. It's also one which I never thought there was much merit in spending time on – both because I don't think there is a definitive answer, but also because too much introspection can look self-indulgent.

But the question has been put to us by the GMC to justify ourselves as a recognised specialty in medicine as part of the wider review of specialist curricula. So your Faculty executive committee spent some time at our recent meeting considering how we can answer the challenge from the GMC.

When I did my higher training it was described as general psychiatry and this of course has the same historical origins as general medicine and general surgery – specialties defined by being what they are not, so not forensic psychiatry, not endocrinology, and not orthopaedic surgery. And that is the way it is still

described by the GMC. In the College we changed the name of our Faculty from the General Psychiatry Faculty to the General Adult Psychiatry Faculty some years ago (when we last had a major discussion on our identity). Back then, a large majority of general adult psychiatrists did broadly the same job – working in a sector team covering both inpatient and community care. These days only a small minority work in that model and the rest of us have specialised to a greater or lesser degree. So in what sense are we still general adult psychiatrists?

The answer to that is that we all work with working age adult patients who are liable to receive care and treatment from core generic adult services: community, crisis and inpatient care. The skills required to work in these services are broadly similar and it is common for colleagues to move from a job in one service setting to another without needing further training. Some areas of general adult practice are clearly more specialist than others, for example PICU inpatient care or assertive outreach community care, but in my view that does not refute the basic argument. Our strength lies in the diversity of our clinical practice – and we generally do not and do not want to set exclusion criteria for the patients we are not willing to see.

So in summary here is my definition of general adult psychiatry for the benefit of the GMC: general adult

psychiatry is the specialty in medicine relating to the care and treatment of adults with mental disorders who are seen in community, crisis and acute inpatient settings. These core general adult services are characterised at their best by prioritising continuity of care and co-production with access based on clinical need rather than any exclusion criteria. Training needs to focus on gaining clinical experience with a wide variety of patients across a diversity of healthcare settings and sometimes (but not always) that will include working in sub-specialty areas such as rehabilitation, liaison, addictions, perinatal, neuropsychiatry and eating disorder services.

The other significant discussion at the February executive committee was on the NHS Long Term Plan, and particularly the plan for community mental health services. There's not enough space to cover that here, but rest assured we will brief you as we get more detail on the implementation of the plan.

The minutes of the GAP exec meeting in February will be found [here](#)

## Who's Who – new members of the GAP Executive Committee

Following the recent elections, the General Adult Faculty Executive Committee welcome newly elected members who will start in July 2019.

### Chair elect



Dr Billy Boland is a community psychiatrist in St Albans, Hertfordshire and is the Deputy Medical Director at Hertfordshire Partnership University NHS Foundation Trust. His special interests are social inclusion and quality improvement. He is the chair elect of the Faculty of General Adult Psychiatry.

### Vice Chair elect



Dr Jonathan Scott is a consultant psychiatrist at West London NHS Trust. Currently his main role is Chief Clinical Information Officer (CCIO), leading on digital development from a clinical perspective. He is co-chair of the NW London Technical Design Authority and in the first cohort of the NHS Digital Academy. His clinical work is in the Crisis

Resolution & Home Treatment Team.

### Finance Officer elect



Dr Asif Bachlani is a consultant psychiatrist in the community in Kingston and CCIO for St George's Mental Health NHS Trust. He is also co-chair of NHS London Mental Health in Integrated Care Systems (Mental Health Tariff Group). Over the next 4 years he will work with the executive committee to improve data literacy of clinicians, ensure clinical services routinely collect outcomes and promote digital mental health.

### Members elect



Dr Joanna Moncrieff is a Reader in Critical and Social Psychiatry at University College London and an honorary community psychiatrist in North East London Foundation Trust. She is co-chairperson of the Critical Psychiatry Network, and her interests include appraisal of drug treatments for mental disorders.



Dr Abdi Sanati is a consultant inpatient psychiatrist working at East London Foundation Trust. He is also chair of the Philosophy Special Interest Group and vice-chair of the Human Rights Committee of the RCPsych. He is interested in conceptual and ethical issues raised in psychiatry.



Dr Nick Stafford is a consultant psychiatrist in West Bromwich, in the Midlands. He has special interests in mood disorders and the public understanding of psychiatry. He is a trustee of national Mind, the mental health charity.



Dr Jon Van Niekerk has worked as an inpatient psychiatrist within the independent sector until recently, and now works full-time as a Regional Clinical Director for Cygnet Healthcare. He is passionate about authentic leadership, results driven management and patient experience.

## Modernising the Mental Health Act

Kate King

Advisor on Lived Experience, Working Group member of Mental Health Act Review



It can be difficult at the moment to see anything happening apart from Brexit and the related fall out, but squeezed in between votes, **Modernising the Mental Health Act**, the final report of the MHA review was launched on December 6th - maybe not quite an all singing and dancing event, but definitely with a great deal of slightly exhausted enthusiasm. Matt Hancock attended the stakeholder launch and announced that the government has already accepted two of the recommendations: those relating to replacing the outdated nearest relative provision and the introduction of statutory advance choice documents.

One overarching consideration of the review was human rights, as covered by the European Convention on Human Rights (ECHR) and the Convention on the Rights of Persons with Disabilities (CRPD), and we particularly looked at how to improve compliance. This has led to recommendations

relating to length of detentions, the ability to appeal both against detention and treatment and ways in which to address the disproportionate detention of people from BAME populations. Compliance with the CRPD is not straightforward as the Committee on the Rights of Persons with Disabilities, the UN body overseeing the treaty, views involuntary detention and treatment of persons with disabilities based on risk or dangerousness, alleged need of care or treatment or other reasons tied to impairment or health diagnosis as contrary to the right to, and an arbitrary deprivation of, liberty. This view is not one upheld by the European Court of Human Rights and, for better or worse, at present most people, patients, carers and mental health professionals, see MHA detention as unavoidable at times for the safety of the patient or others. Acknowledging this current situation, does not mean unquestioning acceptance of all detention and the review looked at possible reasons for increasing rates.

People from BAME populations suffer high rates of detention and sadly, awareness of this has not impacted disproportionate rates of increase over the last few years. The review is recommending the adoption of a community driven Race Equality Framework (PCREF) to enable organisations to drive and assess improvement. Such a

framework should focus on awareness, staff capability, behavioural change, data and monitoring, and service development. As with many other recommendations in the review, working jointly with patients and carers is regarded as integral.

Where the ECHR and Committee on the Rights of Persons with Disabilities do agree is on the importance of people with disabilities being involved in decisions relating to their treatment and care. Involvement, co-production, shared and supported decision making: these are not just nice things to do in an ideal world with ideal patients; they are essential if we are to respect the legal human rights of patients and their families. Advance choices documents are aimed at addressing this in part by enabling those, who wish to, to make advance capacitous choices about treatment. The law will ensure respect and regard for those choices and allow people at times even to make choices that individual clinicians may sometimes not regard as ideal, but are nevertheless not unreasonable. It is important not to see this as an imposition. Good clinicians already make treatment and care decisions with their patients and pay due regard to their patient's experience and opinions (sometimes called 'epistemic regard') but, as the CQC and service users contributing to the review have related, too often they are disregarded.

A huge number of service users and carers contributed to the review, from the intelligent, inspiring and irrepressible vice chair, Steve Gilbert, through the service user and carers group, the African Caribbean group (MHARAC), membership of the summer topic groups, through a nationwide survey, engagement events, focus groups run by organisations around the country and people's involvement in work and research that was submitted. Apart from the unquestionable value of such work to the review and the working group in particular, I personally found the submissions we received were essential as I endeavoured to represent service users at the table and I have deep respect for all contributors for the effort they made, often revisiting very difficult times.

I became aware as the year progressed, the diverse ways that different service users and carers can contribute to improving care. When I was a detained inpatient, I saw how people's wishes and expressed needs were sometimes overruled across the whole spectrum: from decisions as trivial as which shampoo they bought, to those that trivialised severe physical illness in a way that brought life into real danger. Such care disempowers or traumatises patients and leaves them less able to rebuild independent lives. For some patients, just genuinely listening to what they said and respecting them would immeasurably

improve their treatment. Other service users have relevant experience as well as the skills or education that enables them to work effectively in other ways: contributing to or running committees, carrying out or co-producing research, developing policy and pouring enthusiasm and ability into creating movements and events. Sometimes it was difficult to find these people, sometimes they were hiding in plain sight. I thought how often people put up barriers to engagement and co-production in case of 'difficult patients', I thought how important it is to allow everyone to contribute in some way, for their sake as well as ours. These concerns are of growing importance to all areas of medicine, and I think that psychiatry has the chance to lead the way.

We are at an extremely difficult time for mental health services. Low funding has put everyone under immense stress, from trusts and staff to the patients seeking help. There are chinks of light: some additional money in the Long Term Plan, a focus on core and community services and a move towards integrating health and social care, small steps but steps nonetheless. It's really important at such a time, that clinicians, patients and carers find ways to develop mutual respect and trust, because it is only then that we can develop genuine and resilient ways of working together therapeutically, in training and research, and in

developing services fit for the 21st century.

Reference:

[Modernising the Mental Health Act – final report from the independent review](#)



## First ever Primary Care Mental Health Conference hosted by the RCPsych – 24 October 2018

Dr Safi Afghan

RCPsych Lead on Primary Care

@safiafghan1



Organising a conference on primary care mental health was one of the key tasks of my role as the College lead on Primary Care. The conference aimed to raise the profile of primary care mental health, bring together key professionals working across the primary care and mental health divide, provide an opportunity to share and showcase innovative models of service delivery as well as good examples of collaboration and integrated working in the light of the rapidly changing landscape of mental health where primary care is gaining increasing focus from health policy makers.

The conference entitled "Overcoming barriers, working together" was hosted at the RCPsych on 24 October 2018 with approximately 95 delegates including over 30 GPs. The conference dealt with a wide

variety of topics including the primary care and mental health interface, mental health policy, evidence-based treatment approaches, training, models of care and innovations in service delivery.

The highlight of the conference was the keynote address by Clare Murdoch, National Mental Health Director for NHS England, who shared and expanded on the key elements of the Five Year Forward View on Mental Health and the pivotal role of primary care mental health.



The College gestured their strong backing for the Conference with President Wendy Burn delivering her first keynote address advocating for bridging the gap in training and closer working relations between GPs and psychiatrists. The conference was formally inaugurated by Paul Rees, Chief Executive, who shared his vision of the RCPsych and his previous work with RCGP. Dr Adrian James, RCPsych Registrar, led the panel discussion on influencing policy in mental health care with participation from Dr Victoria Tzortziou Brown, Joint Honorary Secretary RCGP, Sophie Corlett, Director External Relations MIND, Dr Jed Boardman,

College Lead on social inclusion and Dr David Shiers.

The morning session kick started on the theme of prevention in mental health with Professor Linda Gask's passionate talk on suicide prevention in Primary Care, Dr Clare Gerada providing an overview of her award winning GP Health Service which she has successfully lead for a number of years and Prof Rafey Farooqui focusing on preventive aspects of brain health.

Session 2 dealt with innovations in service delivery where Dr Phil Moore, Deputy Chair of Kingston CCG, provided impressive mapping of service developments in primary care mental health in London. Dr Paul Turner, Joint Clinical Director West Midlands NHSE, made a plea for addressing the unmet needs of large segments of people who fail to access appropriate care and support due to unbalanced and inadequate resource allocation in mental health. Prof Vimal Sharma from University of Chester and Dr Bennett Quinn GP in Moreton gave a joint presentation on training GPs on Global Mental Health Assessment Tool (GMHAT/PC).

There were two parallel workshops. The first workshop dealing with training and education was led by Prof Linda Gask with excellent contributions from Dr Jonathan Tomlinson, GP from Hackney via videoconferencing sharing his examples of delivering

GP training in mental health and Dr Peter Hughes, Consultant Psychiatrist sharing his experiences of delivering mhGAP training in middle and low income countries. The second workshop was themed around managing complex conditions in primary care. There were 3 excellent presentations by Dr Matteo Pizzo, Consultant Psychotherapist, on managing people with personality disorders in primary care, Dr Sophie Atwood, Consultant Psychiatrist, on managing people with Medically Unexplained Symptoms, and running a primary care MUS service and Dr Sharmi Battacharyya, Consultant in Old Age Psychiatry, North Wales, on managing people with dementia in primary care.

The penultimate session dealt with managing people with long-term conditions. Prof Carolyn Chew-Graham from Keele University presented her work on management of co-morbid anxiety and depression in people with long-term conditions. She also delivered the presentation of Prof Tony Kendrick from Southampton (who was unable to join) on his cutting edge research on long-term antidepressant prescribing in primary care. Prof Richard Byng from Plymouth spoke on the need for devising integrated services to fill the gap for a large segment of patients who are considered too complex for IAPT and not meeting the threshold for

specialist mental health service.

Dr Elizabeth England, Mental Health Lead from the RCGP, summed up the proceedings and gave the vote of thanks.

The conference provided an excellent opportunity for psychiatrists, GPs, nurses and third sector organisations to have meaningful conversations and interactions, which definitely set the scene for more collaboration and integration of clinicians at the primary care interface.

I would like to acknowledge the major contribution of Prof Rafey Farooqui, Consultant Neuropsychiatrist from University of Kent, in providing valuable suggestions at the planning phase of the conference programme as well as Emma George and Sarah Morrissey from CALC who worked superbly throughout all the stages of coordinating, managing and supporting the conference programme.



## Curriculum Review - High Level Outcomes

Dr Indira Vinjamuri

@IVinjamuri



Hello from the SAC! We are busy compiling High Level Outcomes for the GA-ST curriculum with a submission date of May 2019. We are also discussing whether the ST curriculum should use the word 'General' anymore, as it gets in the way of justifying Adult Psychiatry as a specialty. Efforts are being made to compile purpose statements for the GMC. The endorsement specialties have been asked to undertake the work of revising the current curricula in line with the new GMC requirements. There have also been ongoing discussions about the length of ST training (2 v 3 years) and the role of special interest sessions.

Anyone willing to give us a hand with these or comment on matters could join us online on Workplace if interested. Let us know your ideas and thoughts at [curricula@rcpsych.ac.uk](mailto:curricula@rcpsych.ac.uk).



## GAP Spring Conference: Better Data, Better Care - Understanding & using data for quality improvement – 22 February 2019

Dr Asif Bachlani

@Asifmbachlani



On Friday 22 February 2019, the General Adult Faculty had its inaugural Spring Annual Conference at the RCPsych, London. The theme for this conference was one of the key objectives of the Faculty: the importance of data for clinicians with the aim of the conference to increase data literacy for psychiatrists and colleagues working in mental health.

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 Stephen Watkins, Director of NHS Benchmarking, who informed the audience that the NHS has the best quality data on mental health in the world when speaking about what clinicians can learn from NHS Benchmarking Data. The data says that in the UK we have had a 34% reduction in adult beds in the last 6 years with high levels of acuity and the 3rd highest

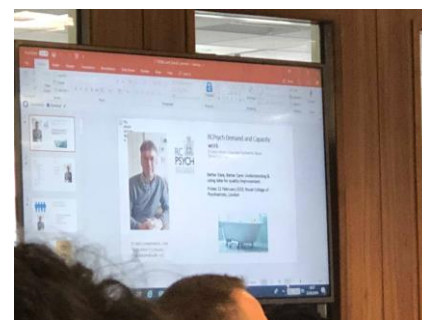
length of stay (LOS) in the Western world. We also learnt that the LOS for CAMHS is even higher; a CAMHS bed cost £250k/year, which is significantly higher than a general adult bed at £140k/year. Dr Geraldine Strathdee reminded us that there are other data sources including CQC Insights, Public Health England Needs Analysis and CCG Annual Plans which can help improve population health.

So once we have all this data what do we do with it? Dr Billy Boland and Dr Helen Crimlisk in their respective sessions spoke about the importance of QI and how we should not get stuck on the jargon but how QI can improve local services.

Throughout the day we had series of workshops. Morning workshops focused on how clinicians have used data to improve services with examples from Tees, Esk & Wear Valleys, South West London and Sheffield. In the afternoon the workshops focused on how to develop dashboards that support clinicians in getting their hands on data. We had examples from across the country including the North West London dashboard which is shared across primary and secondary care so that both GPs and psychiatrists are able to access it.

Apart from being the inaugural Spring conference, we had another first during the conference: a pre-recorded session on RCPsych Capacity and Demand work by Dr Andy Moore,

Consultant Psychiatrist, Devon Partnership Trust, who was off skiing during the conference. This was one of the main highlights of the Spring conference both due to the importance of mental health clinicians being supported to carry out capacity and modelling work and to the technical abilities of Dr Moore who was able to record such an interesting and captivating talk which thoroughly deserved its round of applause.



One of the other highlights of the day was Lambeth councillor Ed Davie, who in his own words is a "recovering alcoholic and depressive". He spoke about the Lambeth model where they are working hard to tackle inequalities faced by BAME populations.

The day ended with a talk by Dr David Somerfield and Prof Martin Pitt who spoke about the capacity and modelling work done in Devon in collaboration of University of Exeter, resulting in Devon receiving £8 million in funding to build a new unit.

Although the event was organised by the GAP Faculty, we were delighted to welcome 120 delegates from a variety of specialties including Old Age and CAMHS as well as CPNs,

CCIOs, Informatics Leads and trainees who all were tasked to ensure that they had seen their NHS Benchmarking and CQC Insights Reports.

We felt that the conference was a great success and I would like to say a thank you to all the speakers and delegates who took part as well as top tweeters – Lenny Cornwall, Kate Lovett, Doug Stewart and Raka Maitra - who helped the conference trend on twitter with hashtag #gapdata19.

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 Sarah Morrissey. Finally I would like to thank all those involved in organising and marketing this conference – Lenny Cornwall and Billy Boland from the General Adult Faculty, David Somerfield from the Leadership and Management Committee and Hashim Reza, RCPsych Informatics Committee.

A measure of the success of a conference is whether the audience wants more, with many delegates saying that they are looking forward to #gapdata20. Maybe this should become a RCPsych annual event so maybe the hashtag should be #RCPsychData20!



## RCPsych Library Resources

Fiona Watson

Library and Information Manager, RCPsych

The goal of the College Library is to supply the resources members need to support their practice. The collection is built completely on member recommendations, so if you cannot find something you need, just let us know.

We offer College OpenAthens accounts to members, which allow access to a wide range of databases and journals.

**Databases** – the College provides access for members to Medline, PsychINFO and Embase.

**Journals** - Lancet Psychiatry, the American Journal of Psychiatry and Comprehensive Psychiatry.

**Books** - We have a physical library and members are welcome to borrow books, which we will send out in the post for free. We also provide access to online versions of the BNF and the Maudsley Prescribing Guidelines.

For any articles not available through our own subscriptions, we offer inter-library loans; finding what

you need in another library and sending it out to you by email.

We also offer a free and unlimited literature searching service for those who do not have the time to search through the medical databases. This can also be combined with training for anyone who wants to refresh their skills.

You can find all these resources on the College [website](#).

Or get in touch with us directly:

[infoservices@rcpsych.ac.uk](mailto:infoservices@rcpsych.ac.uk)

020 3701 2520

020 3701 2547



## Call for nominations for a higher trainee to join the committee

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;
- assist with other ad hoc
- pieces of work as they arise.

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 to [Stephanie Whitehead](#). The deadline for applications is 30 April 2019.

For further information about the role, please contact either [Dr Robert Freudenthal](#) or [Dr Lenny Cornwall](#).