

Psychiatry of Intellectual Disability

Newsletter of the Faculty of Psychiatry of Intellectual Disability

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**Recruit
&
Retain**

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Submitting articles: This is the Faculty members' newsletter and we encourage anyone to submit articles. The shorter the article and the more straightforward its language and style, the more likely it is to be read. We welcome thought-provoking and controversial material which might get a constructive response from readers. The Editor reserves the right to edit contributions as deemed necessary. Copyright of submissions are retained by its author, but the College reserves the right to reproduce the article on the Faculty website pages.

Please email articles to either the [Editors](mailto:psychidnewsletter@gmail.com) (psychidnewsletter@gmail.com) or [Kitti Kottasz](mailto:intellectualdisability@rcpsych.ac.uk), Faculty Committee Manager (intellectualdisability@rcpsych.ac.uk) by 6 March 2020 for the next issue (due before the ID Faculty Spring Conference 2020).

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Editorial



Giri Madhavan
Editor

Reena and Kathleen jointly summarise some of the activity that took place at the Spring Conference 2019. Jason Lang and Saloni Peatfield-Bakhshi, give an overview of the recent CAIDPN conference. Rebecca Brown writes about the East Midlands Neurodevelopmental Psychiatry Event. Finally, as usual, we give a brief summary of relevant upcoming conferences as well as Faculty prizes.

Recruit and Retain

Welcome to the September 2019 edition of the Faculty Newsletter.

Thank you to all of our contributors. In addition to our regular columns, the National Trainee representatives, Kathleen Levick and Reena Haq, will be starting their regular report from this issue on.

Since our last issue, as Transforming Care in NHS England ended, we have had the disturbing events of Whorlton Hall. In a recent [BMJ Editorial](#), Professor Glynis Murphy discusses this further and why “Transforming Care had not achieved its objectives” and, amongst other things, suggests that “government must reverse cuts and invest substantially in community services”. Many of us working in the field see this first hand.

In this issue, Rachel Steele provides a digest of ID research including abuse in institutional settings as well as transition from child to adult services. We have our regular ID SAC update from Mary Barrett. Mary covers the curriculum changes, recruitment, Trainee/Trainer Survey and the Key Point document. Kathleen and Reena summarise their numerous activities since being appointed just a few months ago. Elizabeth O'Rourke has curated tweets across the past few months that may have been missed by those not yet on Twitter. Indermeet Sawhney writes about the worrying issue of bullying in the workplace. Laura Korb feeds back on a focus group of Core Trainees on placements in ID and choice of career in ID. Kevin Tharumanayagam shares his experience as a medical student with a student selected component in ID.

It seems fitting that this issue is heavily trainee-led. Tom, Elizabeth, Geoff, Indermeet, Sujeet and I are delighted to welcome Kathleen Levick, National ID Trainee representative, to the editorial board shortly.

Locally we have had a several eminent retirements over the last couple of years with a few imminent. Nationally there appears to be a similar picture. Undoubtedly, rules regarding pensions are unlikely to be helping. At the recruitment end, it is essential that this picks up and it is clear that the Faculty and the College as a whole has been putting much effort into this. [#ChoosePsychiatry](#) is one part of the strategy.

Speaking of retirement, sadly, I will be stepping down from my role at the Newsletter. It has been a pleasure to have served members in this role and have been given the opportunity to do so. I leave with a healthy number in the editorial group that will continue to take the Newsletter forward.

As always, we would like to hear from you. Whether this is for articles related to ID psychiatry that would be of interest to members, or suggestions on how to take the newsletter forward. Details are on the [Contents](#) page.

We look forward to meeting many of you at the [Annual Residential](#) in September. [#PsychID2019](#).

[Giri Madhavan](#), September 2019

Co-Editors:

Tom Berney, Sujeet Jaydeokar, Geoff Marston, Elizabeth O'Rourke, Indermeet Sawhney



Dr Ken Courtenay

Chair of ID Faculty

[@KenCourtenay](#)



**Consultant in ID Psychiatry, Barnet
Enfield and Haringey Mental Health
NHS Trust**

I am pleased this edition of the Newsletter focuses on Recruiting and Retaining psychiatrists in our specialty. The current level of recruitment to the specialty is a challenge and one that we must all face head on in order to ensure services in MHID in the future continue to be safe and well-led by skilled psychiatrists. You will be aware of the College's [Choose Psychiatry](#) campaign that has successfully led to an increase in the number of Core Trainees entering training. It is very gratifying to see the impact it has had on recruitment and offers hope for the future.

The Faculty has been closely involved in the campaign since recruitment to Higher Specialty Training is intimately linked to Core Specialty Training. I established the Faculty's Recruitment Steering Group in 2018 to actively develop our strategy on attracting trainees to the specialty. Our efforts are beginning to bear fruit with the profile of Psychiatry ID for the first time in the latest Choose Psychiatry promotional video. In the video you will see Dr. Kathleen Levick, Specialty Trainee, as our ambassador for the specialty.

The Core Trainees have told us that a good quality experience in a clinical placement is the crucial factor in deciding to enter the specialty. To support colleagues in providing high-quality clinical experiences in placements, the Steering Group has developed a Recruitment Guide for all supervisors and trainees. It contains useful suggestions on how all of us can engage with trainees to promote the specialty in whatever service we work. Ultimately, success in attracting more trainees to enter the specialty relies on efforts by all of us in local services to promote what we do and the unique aspects of the specialty. The Faculty is dedicated to supporting colleagues in local services by disseminating innovative ideas and collaborating with local initiatives. The Guide will be available this month.

In 2018 we had the publication in England of the [NHS Long-term Plan](#) with the two key clinical priorities of 'Learning Disability' and 'Autism' prominent in it. In May we learned how NHS England envisages how the plan would be implemented for the benefit of people with Intellectual Disability. The Plan supports greater engagement by GPs and carers in ensuring the physical health of people is monitored and benefit from regular health checks.

In speaking with colleagues from across disciplines and in various agencies, the general view is that 'now is our time' when we need to take advantage of the prominence of the clinical priorities in the consciousness of Government to advocate for better services and workforce. We all have a role in our services to seize this moment to highlight the needs of people with ID to achieve change for the better in the care that people receive.

It is [election time](#) again when the Faculty Executive Committee will have five vacancies in 2020. The College has moved to synchronising all elections in October for vacancies in the coming year. I encourage colleagues interested in contributing to the specialty to consider standing for election. We need to achieve a better balance in diversity on the Executive Committee. The closing date for submissions is 18 October 2019.

We return to Leeds this year for our [Annual Residential Meeting](#) on 26 – 27 September 2019. It is our opportunity to catch up, learn, and refresh ourselves for the year ahead. I look forward to meeting many of you there.

Ken Courtenay

Chair, Faculty of Psychiatry of Intellectual Disability

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September 2019



View from the ID Specialty Advisory Committee

Dr Mary Barrett



SAC Chair

I'll keep you updated in subsequent issues as to how things are progressing.

2. Recruitment

The SAC continues to work with the Faculty Exec to support recruitment into the Specialty. A number of SAC members, including myself, are actively involved in the Recruitment Strategy Working Group and have been sharing good practice around recruitment events and also contributing to the Recruitment Toolkit currently being produced by Ken Courtenay, which promises to be a really useful resource.

The SAC has had a busy few months, meeting both face-to-face and also through email discussions. Here are the key highlights of the year so far:

1. The Curriculum

The SAC's main focus at present is completing the ID Higher Training Curriculum rewrite. We have spent the last few months pulling together our COG application, to send to the GMC by mid-September. The Curriculum Oversight Group (COG for short) is the GMC Committee which reviews the first-stage applications of all training curricula across the different medical specialties and sub-specialties. They will look at our Purpose Statement and Higher Learning Outcomes, which provide the evidence of the need for a specific three-year training programme and separate CCT in Psychiatry of ID.

If the COG approves our application we can then start work on our second-stage Curriculum Advisory Group (CAG) application which is due for submission in August 2020 and will contain the detail of the proposed curriculum.

Although it sounds like a long-drawn process, each step needs a massive amount of time and effort to pull the work and evidence base together, so my thanks go to the many colleagues who are contributing their time, knowledge, skills and patience!

3. 2019 Trainee/Trainer Survey

The SAC successfully saw to completion the first survey of TPDs and higher ID trainee reps on the state of ID training across the 4 nations earlier this year. A good response rate was achieved and key findings were presented at the Faculty Spring Meeting by Dr Simon Bonnell, Dr Fionnuala Williams and myself and generated a wide-ranging discussion. The findings have been subsequently written up by Dr Catherine Walton and are currently being submitted for publication.

4. 'Key Points' Documents

The SAC has now completed the 'Key Points' guidance documents on Out of Hours management of ID and of ASD. The guidance is aimed primarily at ST trainees from other psychiatric subspecialties, but is equally relevant to other psychiatrists who do not regularly work with people with ID.

The College Curriculum and Assessment Committee has now agreed for their release and both documents will shortly be made available through a range of channels, including via the PTC (Psychiatric Trainees Committee) to ensure maximum reach.





View from the National Trainee Representatives

Dr Kathleen Levick



Dr Reena Haq



National ID Trainee Representatives

Since our appointment in April this year, 6 months have flown by and we are already half way through our term!

Our first duty as new co-reps was to attend the Faculty Executive Strategy meeting in April and take handover from our wonderful predecessors Catherine and Fionnuala. It was an inspiring experience to meet with the rest of the Faculty Executive Committee and hear about the on-going work, plans and issues that the committee is working on, such as recruitment and carer's engagement at the Royal College.

It has been a learning curve, getting used to new environments such as this, with useful insight into the workings of the Faculty. It's something that would definitely be so valuable for other trainees to experience, as it felt slightly daunting at first; however, it will doubtless stand us in good stead for future management roles, and luckily the Chair, Ken Courtenay, has very kindly offered an observer place for a trainee at each Strategy Executive Meeting moving forward (excellent CV fodder, as well as experience) ...You too could join us! Book early to avoid disappointment!

Following the meeting we attended the Faculty Executive Committee dinner; as well as a great opportunity to network, learning about both people's work and personal interests, one of the highlights was that we got to meet Baroness Sheila Hollins and talk to her about her great passion for working with individuals with intellectual disability and her books "Beyond Words".

The following 2 days, saw the Faculty Spring Conference in full swing at the RCPsych headquarters in London and our work continued here, engaging with people through social media. We shared highlights of the day with other colleagues and general public via Twitter and Facebook, leading to great

comments and discussion.

Giri Madhavan, the hard-working editor of the ID faculty newsletter asked us if we would write up the ID faculty spring conference for the newsletter, which we did; it was an opportunity to reflect on a diverse programme and also an amazing opportunity to get published.

We have built up our reach with the Basecamp app, as a convenient way for all trainees across the UK to stay in contact in one place; if you're still not a member, please do contact Kitti Kottasz at the RCPsych to ask to be added so that we can build up the virtual community (kitti.kottasz@rcpsych.ac.uk). We know that particularly in some areas of the country, trainees are spread widely and so do not have local peers to share their experience with. This is a great way to maintain connections with colleagues in between face to face meetings such as the conferences.

We have maintained regular contact to discuss and plan our contribution to upcoming events, as well as think about how best we can support and represent our fellow trainees; as we have frequently commented via Basecamp, we are eager to get any feedback from trainees across the country, good or bad, so don't hesitate to be in touch.

We have been sharing the responsibility to maintain contact with trainees via Basecamp and the twitter account for ID Trainees UK [@idtraineesuk](https://twitter.com/idtraineesuk)

Kat has been tasked with administrating the Faculty of ID psychiatry on Facebook; again, any contributions or suggestions for either of these would be welcome and would contribute to broadening the reach and appeal of posts.

The rep role comes with added responsibilities, such as the chance to add your voice to the Special Advisory Committee (SAC) and the Recruitment Steering Group. The SAC has been involved in feeding back about a curriculum review, and the Recruitment Steering Group has been focussing efforts on how to increase the public image of this speciality and entice medical students, junior doctors and CT psychiatrists to join our ranks. It's something that every member of the Faculty can play a role in and to this end, a 'Toolkit' is being developed, to help with ideas around this and as a memory aid to clinicians as to how they can support the future of the discipline. We have been interested to read it and give our feedback and would be very glad to put forward any ideas that you might have in this area.

Excitement is growing around the upcoming residential conference in Leeds in September. As well as looking forward to a fantastic and brimming programme, we have been working with Giri Madhavan to gather speakers for the spotlight sessions, which gives a platform for trainees to present their research work or a topic of interest in the media or an update relevant to clinical practice in brief 10 minute focussed presentations. There will be some interesting topics presented this year including ADHD and the continued relevance of Transforming Care in today's inpatient services; we are both looking forward to co-chairing with Giri.

November will see the Trainee Conference, held in Cardiff this year, which boasts another full and exciting programme, aimed not only at ID higher training specialists, but also more junior colleagues from FY doctors upwards. At such a reasonable price, it will be wonderful opportunity to meet colleagues, gain knowledge in key curriculum areas and there will be a social event afterwards as well; hopefully we can inspire some of tomorrow's ID Psychiatrists.

Many more projects are in the pipeline for this academic year, so watch this space! We especially look forward to working with the trainees on any issues in order to support them in their projects to achieve their training needs.

Dr Kathleen Levick and Dr Reena Haq, your National Higher ID training co-reps.

Contact us at klevick@doctors.net.uk, and reena.haq@nhs.net.



Current and immediately previous National ID Trainee Representatives outside Prescott Street

L-R: Fiounnuala Williams, Kathleen Levick, Catherine Walton, Reena Haq





Research Roundup

Rachel Steele

Clinical Librarian with Tees, Esk and Wear Valleys NHS Foundation Trust.

[@TEWV_library](#)



Rachel Steele, Clinical Librarian with Tees Esk and Wear Valleys NHS Foundation Trust, begins the I-Spy Research Series with a focus on transitioning from child to adult services with a round-up of the latest Intellectual Disability research available.

The BBC's *Panorama* television documentary recently exposed abuse of people with intellectual disabilities (ID) at the Whorlton Hall specialist hospital in County Durham. This latest scandal follows earlier incidents, such as the 2011 "Winterbourne View" scandal (in which the physical and emotional abuse of people with ID was broadcast in another BBC documentary) and adult protection scandals such as the Longcare Inquiry into abuse in two privately owned care homes (Buckinghamshire County Council, 1998) and mistreatment within the Cornwall NHS Trust (Healthcare Commission, 2006). For a number of years, abuse was seen as an unavoidable consequence of institutional care which would diminish when people with ID were housed in the community (Wright, 2013). However, following the move towards a community ethos, private companies have purchased some of these former public institutional residences and created "micro-institutions" in their place (Wright, 2013).

A recent literature review considered three potential causative factors to abuse in institutional settings – the impact of challenging behaviour (CB) on staff, the "fear of crime concept" in terms of staff being frightened by CB and the impact of staff training on the prevalence of abuse (Wright, 2013). It has also been noted that public and authority figure responses to scandals such as Winterbourne and Francis often tend to 'blame and shame' those implications (whether this is front-line staff or boards or directors) (Beard & Barter, 2016). It is acknowledged that it is understandable to wish to seek to blame perpetrators but it has also been argued that in the longer-term, it may be more helpful to seek to understand why abuse may have occurred because focusing on blame by activate the threat-focused emotion regulation system which could then create further obstacles to compassion and increase the likelihood of with-

drawal and avoidance emotional responses (Beard & Barter, 2016).

Investigations continue into events at Whorlton Hall and it is to be hoped that further scandals of this nature will not be forthcoming.

I-Spy Research Round-Up

Fenn and Scior (2019) reviewed the literature around self-advocacy group membership (relating to asserting one's rights and engaging in self-determination) on people with ID. Key themes identified were empowerment and increased confidence.

Antipsychotics are used among 19-58% of adults with ID to alleviate challenging behaviour contrary to NICE guidelines (Shankar et al., 2019). A recent study described how, over three years, a structured pathway was developed to withdraw antipsychotics among adults with ID which involved people with ID themselves and their carers, GPs, community ID team members and pharmacists.

Attention is currently being paid to reducing sedentary behaviour in people with ID as well as the general population. A recent study summarised patterns of sedentary behaviour in adults with ID, finding that participants spent more than 70% of the day sedentary (8 hours) (Harris et al., 2019).

Psychological therapies may need to be adapted for use with people with ID as well as specific groups/individuals from the general population. A qualitative study interviewed people with ID regarding DBT in forensic settings and makes recommendations for increasing intrinsic motivation and reducing perceived coercion and distress (Browne et al., 2019).

A further review article considered how to improve procedural fidelity of behavioural interventions for individuals with ID (with most participants being teachers working with children in schools). There was a significant positive correlation between extent of procedural fidelity and client outcomes with feedback being the most commonly used strategy to improve procedural fidelity (Brady et al., 2019).

A qualitative study also examined the views of people with ID and depression regarding behavioural activation and guided self-help interventions. Participants were positive about both interventions and valued the therapeutic relationship but they also gave constructive criticism, relating to the time-limited nature of the interventions and a desire for longer-term help (Knight et al., 2019).

A qualitative study explored the views of parents with ID, with a particular focus on peer support. The authors found that the source of support was less important than the way the support was delivered and that the parents appreciated support given by someone who respected them as a person and as a parent and was interested in their views (Strnadova et al., 2019).

A recent review article considered the support needs of the children of parents with ID. They found that the children benefited from help and support from informal networks and that they also found formal support helpful if it met their needs' and interests (Gudkova et al., 2019).

A small RCT (n=29) compared Eye Movement Desensitization and Reprocessing (EMDR) and standard care with standard care alone for adults with ID meeting criteria for DSM-5 Posttraumatic Stress Disorder. Results were encouraging – the authors conclude it is feasible and potentially effective to treat adults with ID and PTSD with EMDR (Karatzias et al., 2019).

A qualitative study examined the views of support staff regarding discontinuing antipsychotics in clients with ID with challenging behaviour. A large majority of staff indicated that they perceived antipsychotics to be effective in controlling challenging behaviour. They were more confident about achieving reductions in challenging behaviour rather than complete withdrawal (Kleijwegt et al., 2019).

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Twitter Round up: "In case you missed it"

Dr Elizabeth O'Rourke



Consultant CAMHS ID Psychiatrist
West Midlands

"am very pleased and feeling so honoured to be shortlisted as a finalist in the Pennine Care People Awards -Inspirational Leader category Special thanks for shortlisting n nominating me"

Syeda Asma Hasan @SyedaHasan16

"Pleased that our paper on Psychosis in Autism + Intellectual Disability has been given a Highly Commended Award in the Emerald #literatiawards It's available here:

<https://www.emerald.com/insight/content/doi/10.1108/AIA-01-2018-0004/full/html> "

Sam Tromans @SamuelJTromans

"Prof. Glynis Murphy calls for investment in community services for people with #IntellectualDisabilities to avoid reliance on inpatient services in response to #WhorltonHall "

Psychiatry of ID @psychiatryofid

"Fully support @KenCourtenay making the case for specialist learning disability doctors @guardian

https://www.theguardian.com/society/2019/jul/26/a-case-for-learning-disability-doctors?CMP=share_btn_tw"

Rajesh Mohan @raj_psyc

"Our AiMIHD special issue on #challengingbehaviour is out now @EmeraldGlobal thank you

to our contributors! @Laurakorb @KenCourtenay @bathika @yonalunsky @daveq143

and those not on Twitter!

<https://www.emerald.com/insight/publication/issn/2044-1282/vol/13/iss/3/4> "

Rory Sheehan @dr_rorysheehan

"HUGE congratulations to @VerityChester for (as of 10 min ago!) having her 50th journal article accepted for publication! Verity has made a huge contribution to the intellectual disability and autism field, whilst always being incredibly generous with her time and expertise!"

Sam Tromans @SamuelJTromans

"Health Education England (HEE) has confirmed today that it will invest £2 million in 2019/20 to boost the learning disability workforce with an extra 230 registered nurses and 150 trainee nursing associates".

Rebecca Chester MBE @bexchester

"Oxford Textbook of the Psychiatry of Intellectual Disability that I co-edited with the one & only Sab Bhaumik is coming out on 9 January 2020 28 chapters, 73 authors and a foreword from @wendyburn #RADIANT "

Regi Alexander @regalexa

"Pleased to see last 3 years work in Cornwall on #STOMP published - A structured programme to withdraw antipsychotics among adults with intellectual disabilities: The Cornwall experience Journal of Applied Research in Intellectual Disabilities"

rohit Shankar @haritsa1

"Core Psychiatry training fill rates of 2019 just published. After two rounds of recruitment for Aug 2019 start = 92% post filled Wales = 100% post filled Best recruitment year in 10 years.

[#ChoosePsychiatry](#)"

Raja Adnan Ahmed @drraja_

"Appalling abuse at #WhorltonHall eight years after #WinterbourneView Sir Stephen Bubb angry about neglect in developing community services. So much NHS money spent on 'hospital care' that should be in community care. @CQC @NHSEngland @CBFdn @LdSenate"

Psychiatry of ID @psychiatryofid



Bullying

Dr Indermeet Sawhney



Clinical Director, Essex, HPFT

My two pence worth...

Your sense of humour got rusty or was it a uncharitable remark? Delusional paranoia or snide comments to embarrass you grounded in reality? Persecutory syndrome or being undermined every so often? Special treatment being dished out as an overbearing supervision for you? Like Superman/woman does it seem the responsibilities of your job role have no boundaries? Are you expected to be a psychic and clairvoyant and to anticipate and pre-empt everything at work? Differential treatment being offered to you compared to your peers; a very high threshold of scrutiny and accountability for you as compared to your peers with same job responsibilities? Are you damned if you do and damned if you don't.

The above rings true? The diagnosis is sinister bullying.

Prevalence: A BMA survey revealed that almost 40% of doctors think bullying is a problem at their work place. Over half of the respondents thought that it was difficult to challenge these behaviours, as they came from the top (1). There are concerns that the scale of the problem is greater as bullying is under reported.

Vulnerable group:

The results of the NHS England Staff Survey show that disabled staff followed by LGBT staff are more most likely to experience bullying. BME and female gender are more likely to be on the receiving end of bullying. Take heart in the fact that your strengths at work could well be making the bully insecure and threatened and trigger the bullying behaviour.

The manifestation of this malady can be varied and adversely effects the staff member, patients and organisations. Bullying can lead to increased feelings of burnout in em-

ployees (2) Bullying can lead to reduced staff motivation and morale and a decline in work quality. Staff who continue to work while being bullied are more likely to make mistakes and are less productive. A doctor being bullied will be less likely to speak up, report adverse events, will be less effective in team work settings and will also be less likely to ask for help when uncertain on clinical issues, thus impacting on patient safety and care (3). Bullying impacts organisational effectiveness because of increased sickness absence, reduced productivity, employee turnover, potential for new entrants into the NHS labour market, litigation costs and organizational reputation. It is estimated consequences of bullying and harassment have financial implications and cost NHS England £2.2 billion a year (4).

The 'mantra' to manage this condition is: "Keep calm and stand up". You owe this to yourself!

Talk to someone and often you will discover the bullying behaviour of the individual is an open secret. The attitude of acceptance of 'this how Dr Jo Blog is' needs to be done away with for a start. Bullying and inappropriate behaviour needs to be called out as soon as it happens and should be dealt with quite clearly, soon and proximate to the incident (5). In the Mid Staffordshire report, Robert Francis recommended that a culture of fear and compliance needs to be abandoned, and that efforts should instead focus on fostering an environment of 'openness, honesty and transparency' (6). He also opined that the myth of some doctors being indispensable should no protect bullying doctors from punishment (7). The BMA's advice on reporting bullying emphasises that it is the responsibility of the employer and the employer's human resources team to provide a policy on bullying to all employees, and that any concerns raised should be dealt with seriously and efficiently (1)

Other Prophylactic measures:

Staff training needs to be increased to improve staff awareness of bullying and equip them to challenge it. Staff need to feel empowered so that they feel enabled to speak up. Employers need to create a constructive and inclusive workplace culture and value diversity, with a thrust on collective leadership. It is imperative senior Consultants lead by example and model good behaviour. Organisations need to undertake staff surveys and feedback to identify bullying and capture how they feel about the processes to deal with

the issue to further improve on strategies to tackle this problem (1)

The poem of the nobel Laureate Tagore, comes to mind
“where the mind is without fear and the head is held high..”
Let’s aspire to create this world!

3) BMJ 2016;353:i2450

4) BMJ 2018;363:k4463

5) BMJ 2017;357:j2923

6) The Mid Staffordshire NHS Foundation Trust Public Inquiry
Chaired by Robert Francis QC, www.health.org.uk

7) BMJ 2018;362:k4075

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Choosing to specialise in Psychiatry of Intellectual Disability?

Dr Laura Korb



ST6 Psychiatry of ID

Feedback from the North London Focus Group of Core Trainees

The Chair of the Faculty of Psychiatry of ID, Dr Ken Courtenay, identified the need to increase recruitment into the specialty during his inaugural speech at the Annual Faculty Conference in 2018. In December 2018, the Faculty held a recruitment day and discussed how Core Trainees' experience during their ID placements is a crucial component when considering choices for Higher Training. To better understand how the perceptions of core trainees on their ID placements may affect choosing Psychiatry of ID for specialty training, we held a focus group for Core Trainee doctors who had completed, or were currently completing, a placement in the specialty.

We divided questions into four sections: attitudes both before and after the placement, their placement experience, what improvements they suggest for the service and for clinical supervisors, and what would influence their career choices. I summarise the responses below.

1. Attitudes

'Prior to starting an ID placement, what was your attitude towards people with ID and clinicians working within ID services?'

The feedback from trainees was that service-users with ID were more complex and 'mysterious.' The trainees felt that they had such little exposure to the specialty and patient group that it didn't cross their mind as an option. They had rarely come across higher trainees in the specialty and were not taught about ID in their mandatory MRCPsych teaching programme. They thought that communication with the service-users would be a challenge and the type of doctors that went into the specialty were kind and caring but not keen on 'high pace' specialties.

'After completing the ID placement, what was your attitude towards people with ID and clinicians working within ID services?'

The participants were positive about the work in general. They thought that the staff working with people with ID were highly specialised and managed risky people 'quietly'. They felt more comfortable working with and managing service-users with ID. Patients with ID were described as being less 'alien' after their placements. They acknowledged that they learned transferable skills including dealing with diagnostic uncertainty and thinking about autonomy. They enjoyed the variety of working with people with a range of ID. They described ID psychiatrists to be 'passionate' people that have found their calling rather than fallen into the job

2. Placement experience

What was good about your ID job?

Attendees had all worked in teams that were integrated with Social Care which was a new experience for them. They felt that it was a sensible way to manage a crisis and enjoyed the culture of working together. They felt supported and enjoyed working with members of the MDT. Participants said that they liked the person-centred and individualised approach to care and that they were impressed by how the team would try to "move mountains for a person". They liked the variety of clinical work such as new assessments, PBS assessments, transition, and opportunities to develop as a trainee for example QI projects and research work.

What was not good about your ID job?

The participants' main complaints were about little variety in the caseloads where they saw mostly people with mild ID, no complex patients, and people who were clinically stable. They did not like posts split between in-patient and out-patient work, or too many cases to manage within the constraints of a training post with other commitments such as on-call duty. In some cases they felt isolated from other trainees as they were working in a Local Authority building and not in a CMHT. Some expressed frustration with Local Authority processes for example, getting set up on IT and the 'social worker' component to their job.

3. Improvements

What guidance would you give to the service for them to improve the placement?

Participants suggested that the service offer shadowing sessions with other members of the MDT and be involved in at least one eligibility assessment. They suggested that the services could offer QI projects or research projects and extend

this to trainees not doing a Core Trainee post in Psychiatry of ID.

What guidance would you give to the clinical supervisor for them to improve the placement?

Participants suggested that clinical supervisors could give induction training on clinical topics such as challenging behaviour, MDT roles, and neurodevelopmental disorders. Clinical supervisors should be aware that ID is a novelty to Core Trainees and they have extremely limited knowledge or understanding of the specialty. They discussed that caseloads need to be reviewed to ensure a varied caseload with different levels of ID and disorders. They also did not like that there was no continuity of care for service-users if there was a 'trainee' specific caseload and would prefer a joint caseload with the Consultant.

Trainees wanted the opportunity to be involved with eligibility assessments which would increase confidence and understanding of ID. Ideally, they would have liked to spend time in Forensic ID or CAMHS-ID services. Finally, they felt that the clinical supervisor should not forget about the trainee's portfolio.

4. Career Choice

What would make you choose ID as a career?

The participants commented on the rewarding nature of the job as patients were often pleased to see the doctors and you could see positive changes within the six-month placement. Managing physical health conditions such as epilepsy was appealing. In addition, they felt that Psychiatry of ID was a small, friendly specialty with a relatively flattened hierarchy.

What would stop you from choosing ID as a career?

Participants felt that the patient group did not present with 'complex psychopathology'. Some trainees stated that if dual training programmes such as Forensic-ID, GAP-ID, or Old Age

and ID were offered then they would have chosen ID. Finally, as the specialty is small, they had concerns about the location of ST posts and future employment opportunities for Consultants.

Final thoughts

The focus group in North London was extremely insightful and useful but we would strongly encourage this to be replicated across the country to get a better understanding of the reasons for poor recruitment nationally. The messages from the focus group were that caseloads need to be manageable and have a varied selection of patients demonstrating the breadth of people using the service. A good mix of clinical and non-clinical work to avoid being stale. Opportunities to gain additional, taster experience would be appreciated. Offering dual training programmes would be valued and attract trainees to the specialty.

The focus group provided a valuable insight in to what is appealing to trainees and what factors affect their decisions when choosing a specialty as their career choice. The role of the Clinical Supervisor in influencing trainees is pivotal in how they can inspire trainees to consider the specialty. Looking ahead, attracting trainees to the specialty will rely heavily on Clinical Supervisors promoting the positive aspects of the job and the career to trainees. For services to flourish, they will need to 'grow their own' to ensure a good supply of Consultant colleagues trained in working with people with intellectual disabilities.

Please contact laurakorb@nhs.net and I will provide you with the materials to facilitate the session.





My experience of Intellectual Disability Psychiatry

Kevin Tharumanayagam



Year 4 Medical Student, University of Dundee School of Medicine

k.c.tharumanayagam@dundee.ac.uk

For my third year Student Selected Component block I was fortunate to get my first choice entitled “ Learning Disability and challenging behaviour”. This was a four-week attachment based at Strathmartine Hospital in Dundee. It involved becoming part of the multidisciplinary team within the inpatient challenging behaviour unit and specialist community team; therefore, only one student is given the opportunity for their SSC each year. Hence I was delighted when I received the confirmation of my SSC placement.

Third year at medical school began with neurology/ psychiatry block and I experienced my first taste of psychiatry. Knowing little about psychiatry, I found Royal College of Psychiatrists’ “Choose Psychiatry” online material for medical students very informative. During this time I learned that Intellectual Disability Psychiatry deals with almost every mental health conditions with its unique clinical presentations. It is therefore I thoroughly enjoyed my SSC project, which allowed me to integrate into the small, friendly and enthusiastic team who were passionate about providing high quality care to patients with intellectual disability. It was a well structured block with organised tutorials by Consultant/ Supervisor and other doctors, observing work by multidisciplinary team in assessment and management of challenging behaviour, time spent with AHP colleagues and of course time spent interacting with patients.

I managed to learn about intellectual disability and how it can affect patients. Particularly, I became familiar with various presentations of Intellectual disability and common comorbid conditions such as autism, epilepsy, substance misuse and mental illness. Furthermore, I had the opportunity to familiarise myself with important key ethical concepts applying to this patient group and various legal frameworks that is in place for safe guarding the patients. I felt that the block enabled me to develop good communication skills and great exposure to multidisciplinary approach in assessment of patient with intellectual disability. I learned about positive behaviour support model in addressing challenging behaviours.

As part of end of block assessment my supervisor encour-

aged me to complete an audit by reviewing Kardex for quality improvement. Once again, I found that the Intellectual Disability faculty of the RCPsych online material and resources very helpful. For instance, I learned about STOMP: Stopping overuse of medication in people with intellectual disabilities, a campaign to reduce the prevalence of antipsychotic medication use. In addition, I wrote an essay on positive behavioural support plans in managing challenging behaviours in intellectual disability. Throughout the block I had wonderful support for my learning experience, whether it was my supervising consultant, secretary or staff at SMH. Most importantly, I had plenty of exposure interacting with patients and their families and learning from their experiences was invaluable.

So, it was not a surprise, when I decided that for my fourth year longitudinal research project I selected to do a study on “pattern of offending in patients with learning disability and impact of diagnosis and treatment on recidivism”. Despite her very busy work schedule, my supervising consultant readily agreed and encouraged me to proceed with the project. She remained a constant mentor in guiding me to complete my project with advice on literature and research. While researching literature for my project, I realised that people with intellectual disability have historically been subjected to negative attitudes and assumptions. Furthermore, there seems to be systemic prejudice resulting in inadequate communication and care for people with intellectual disability. My placement certainly helped me to reflect upon these issues, most specifically my own preconceptions.

Speaking to the Junior (Specialty Training) Doctors within the unit, I gathered that they are exposed to Intellectual Disability Psychiatry mainly as core trainee in psychiatry. Although our curriculum allows us to rotate through various psychiatry sub-specialties, there are number of challenges to the teaching. Limited clinician time for teaching activities, difficulties in seeing patients and lack of multidisciplinary teaching are some of these challenges. Therefore I felt that I was fortunate to gather this invaluable exposure to Intellectual Disability Psychiatry early on as a medical student. I passed through the doors of Strathmartine Hospital not knowing what to expect but overall it was a very rewarding experience, helped me to develop good communication and clinical skills and great exposure to psychiatry as a specialty. I felt psychiatry in general a welcoming and dynamic specialty with immense opportunities open for research, even at the level as a medical student.

Acknowledgement: I would like to thank Dr. Eleanor Brewster, Consultant Learning Disability Psychiatrist, Strathmartine Hospital for her guidance and advice throughout my placement and fourth year research project. My thanks also to all the staff at SMH for their strong commitment to undergraduate education.

Reference:

<https://www.rcpsych.ac.uk/members/your-faculties/intellectual-disability-psychiatry/news-and-resources>

<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

<https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry>





RCPsych ID Conference Spring 2019 – 25 April 2019, Prescott Street

Dr Reena Haq

Dr Kathleen Levick

RH- ST5 Peninsula Deanery

KT- ST4 London South East

National RCPsych ID Faculty Higher Trainee Co-



On 26th of April 2019, 158 delegates gathered from all four nations for the Intellectual Disabilities (ID) Spring Conference. Following the faculty business meeting, the first keynote session began; this session was chaired Dr Ken Courtney, Chair of the Faculty of Intellectual Disabilities.

It was a great line up of speakers showcasing a range of excellent topics widely relevant to our day to day clinical practice in Intellectual Disabilities.



This session started with Professor Wendy Burn, President of the Royal College who spoke to the assembled company about the NHS 10-year Plan.

This was followed by an inspiring talk from Dr Tanja Sappok who travelled all the way from Germany to share her interesting work on Autism and emotional development. A particularly engaging and personal flavour was given to the talk by sharing her own clinical experience with a young girl with Autism and how she was able to express herself and engage with therapist during a music therapy session. Dr Sappok spoke further about how our knowledge of attachment styles and phases is relevant and how it can be thought about in the context of children and therefore also adults with Autism.

The third talk was on biases in information processing involved in perception, judgement and decision making by Dr Itiel Dror, University College London. A very mindful presenter who captured both hearts and minds of the audience, while he shared his clinical and personal experience of how people can develop biases while processing information and how this influences how they judge and make decisions or come to conclusions about something.

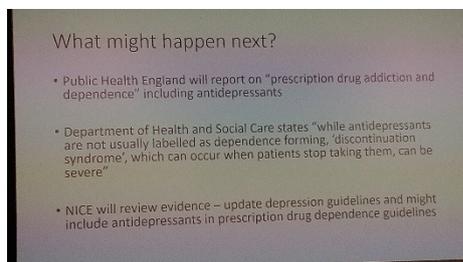


Dr Dror engaged the audience in drawing on their common background knowledge mixed with their own personal experiences to show how, even being aware of the possibility of bias, that it is not always possible to correct for this. In fact in some situations, it can be useful to be able to make swift judgements, though one must never forget how quickly inaccuracy can creep in due to understandable and ever-present bias. Dr Dror's humorous and relatable examples and engagement with the audience left everyone with plenty to reflect on with regards our personal clinical practice and everyday interactions.

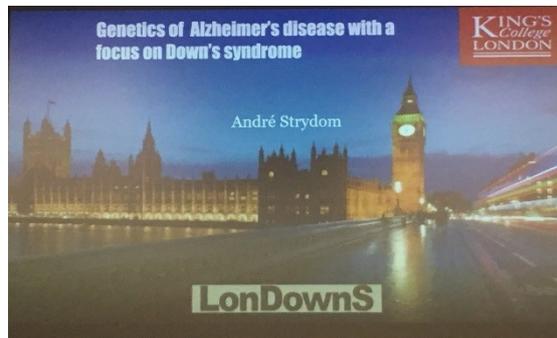


Following the coffee break and exhibition viewing, the second set of Keynote sessions started. This session was chaired by Dr Sujeet Jaydeokar, Finance Officer of the Faculty of Intellectual Disability Psychiatry.

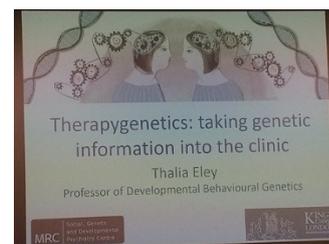
Again very topical titles for Intellectual Disability were presented during this session; it started with Dr Joseph Hayes UCL & BJP Psych trainee editor and Dr Sameer Jauhar who presented their review of the recent controversial antidepressant withdrawal paper, subtitled 'the paper behind the headlines', highlighting how careful analysis of the statistics can give quite a different picture to that held in popular opinion following media representations.



This was followed by a talk on Genetics of Dementia in ID with a focus on Down syndrome by Professor André Strydom, elucidating his team's research into this fascinating area, associated with King's College, London. He highlighted stark and unambiguous figures about dementia as the main cause of death in Down syndrome, with symptoms often present even in those without formal diagnosis. There were also discussions which included how this work might have repercussions for wider avenues of research and developments for the general adult population also.



The last talk before lunch was on "Therapygenetics" by professor Eley Kings, the very important factor of genetics were discussed along with the importance of considering it in our clinical practice- "taking genetic information into clinic".

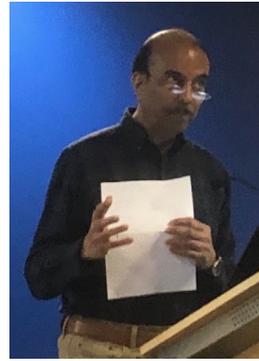


During lunch delegates met old friends and it was a fantastic opportunity to make new acquaintances and forge novel connections in the faculty. The exhibition corner was busy with viewings and discussion about posters and pieces of research presented at the exhibition.



Once everyone was refreshed after a delicious buffet lunch, there followed a Service Development and Policy Update panel in the form of several parallel forums; these included words from Dr Odioyoor, Dr Devapriam and Dr Haut, covering a

range of topics including details from around the country, experiences of being a consultant in different areas and managing cases of mild LD, which had insights which would be at home in teaching for general adult colleagues also.



Prof Shoumitro Deb of Imperial gave a fascinating review of the evidence base behind withdrawal of antipsychotic medication, followed by Dr Heather Angus-Lappan speaking on the use of Valproate in women with ID, of child-bearing age, telling us that the teratogenicity of valproate can be up to 40%, thus highlighting this as a very important issue to keep in mind.

The afternoon continued with another parallel forum; Dr Mary Barrett shared findings regarding training frameworks for STs and trainee service results. Whilst there was much positive feedback (trainees report being very happy in this speciality and by and large, well supported), there were some areas which trainees felt could be improved. Some trainees in more remote geographical areas felt isolated from other ST specialist doctors, and the effect of under-recruitment in this speciality made its impression in relation to this issue. There was also discussion about dual training possibilities, with the next most likely to be available being ID and Forensic. Trainees expressed interest in various other combinations also, and other routes to seek recognition of extra clinical experience gained during training was touched upon. This is fertile ground for us, as new ID higher trainee reps, and work we intend to build on by engaging with trainees across the country.



Dr Sarah Bernard valiantly took up the last slot of the day, and despite audience minds processing so much thought provoking information delivered throughout the day, she kept everyone absorbed and participating in an extremely significant discussion around the issues of transition from Child to Adult Services and the challenges we face in this area, as well as cooperative working that we can do in order to smooth these potentially difficult transitional periods.



Elsewhere, Parent/Carer/Psychiatrist relationships were explored, as were how we measure outcomes of our interventions.

The afternoon's keynote sessions rounded out a full day, packed with information.



As closing remarks were offered by Dr Ken Courtenay, it was widely agreed, with input from Twitter as well as colleagues and friends who had attended, that it has been a fascinating programme with academic as well as professional and social value; some discussions continued long into the night as the hot topics inevitably spilled over into social events in which colleagues consolidated friendships and professional networks.

As reps, we feel our work is cut out for us in following in such big footsteps, though we feel inspired by such commitment, stimulating discussions and great company and very much look forward to taking our part in future events.

Do join us for the ID Faculty Autumn Residential Conference with 'a format based on skills development and workshops', taking place in Leeds, on September 26th and 27th 2019. You can see for yourselves what all the excitement is about!



L-R: Rohit Shankar (Academic Secretary), Sujeet Jaydeokar (Financial Officer), Asit Biswas (Vice Chair), Ken Courtenay (Chair of ID Faculty)



CAIDPN Conference – 16th May 2019

Dr. Jason Lang

Dr Saloni Peatfield-Bakhshi



JL- Clinical Lecturer and Honorary ST6 in Child and Adolescent Psychiatry, University of Glasgow

SP-B– ST4, West Midlands

DAY 1

The conference this year was held in Glasgow, a previous European City of Culture and recent host of the Commonwealth Games. We were hosted in the newly build Radisson Red hotel, a rather avant-garde venue in the heart of an up and coming district in Glasgow, overlooked by famous landmarks including the Hydro, the Scottish Exhibition Centre, the Armadillo and most obviously, the Finnieston Crane.

The day began with a **welcome from Dr. Gill Kidd and Dr. Ama Addo**. Dr. Addo is retiring this year after many years of unstinting service to children and young people with learning disabilities. Her vastly knowledgeable approach will be sorely missed!

The **first session** was a really interesting and helpful session in the assessment and management of ADHD in young people with learning disabilities delivered by Dr. Rathwell from the service for Complex Autism and Associated Neurodevelopmental Disorders in London. In her talk, she outlined the importance of diagnosis taking into account the level of adaptive function and age equivalence (Chronological age X IQ / 100). She highlighted the overlap between other neurodevelopmental disorders and the risk of diagnostic overshadowing. There was an interesting discussion about the specific symptoms of ADHD and how these can often be seen as symptoms of ID. Evidence was presented, however, that the symptoms can be separated clinically, albeit that these symptoms are more common in the ID population.

The importance of developing a systemic understanding of the difficulties the child faces was highlighted along with the fact that this understanding should be shared with all partners in the care of the child. Dr. Rathwell recommended a multi-disciplinary and multi-agency approach to assessment

and treatment. The importance of often-overlooked risk assessments was highlighted. Dr. Rathwell recommended that interventions should be targeted, individualised and include both environmental and developmental interventions before medication is considered. In terms of medical therapy, she highlighted the risks of poly-pharmacy in this group of children and also some evidence that methylphenidate may be somewhat less effective in children and young people with ID and may be more prone to elicit side effects. There is, however, still evidence for effectiveness with the caveat that small initial doses (0.125mg/kg) be used with slow titration. Dr. Rathwell also briefly discussed the use of alternative medications such as Atomoxetine, Clonidine, Guanfacine and atypical antipsychotics for which there is some trial evidence. She closed by mentioning the CAMESA guideline project for monitoring the side effects of antipsychotics.

There followed a **conference address** from Claire Haughy (The Scottish Government Minister for Health) who herself is a registered mental health nurse. Ms. Haughy discussed the government plans to transform mental health care for young people in Scotland. She talked about the need to be "transformational and radical" in approach, recognising that, in view of the challenges faced, "small changes are just not going to cut it." The minister discussed planned developments in Scotland including the proposed new in-patient units for young people with ID and the need for a more joined-up service approach for young people with ID, utilising a whole systems approach with the following aims: 1) All children and young people will have a clear pathway to mental health services; 2) New services will be provided in the community and; 3) Improvements in partnership working will be developed across services.

After the Minister's entourage left the room we heard from Dr. Heather Hannah who gave us a very complete account of developments in Northern Ireland. Dr. Hannah and her colleague Dr. Rogan spoke of the difficulties which an absence of local governance has created in developing and coordinating new services. There seems to be a lack of clarity around the commissioning of children's ID services, however despite this, it was clear that Dr. Hannah and her team had made great progress for children and young people with ID in Northern Ireland. Dr. Hannah has recently been awarded Psychiatrist of the Year for her work! They have

developed an integrated ID CAMHS service with equality of access across Northern Ireland and they continue work to develop their service; moving away from the cultures and practices of the past towards effective early intervention community-based services.

Following a tasty buffet lunch, it was time for the **panel discussion**. The panel included an expert in equality and human rights, a Children's Commissioner, a parent and a representative of a Third Sector organisation each of whom delivered a short presentation on their area of interest. The ensuing discussion was wide-ranging, and delegates were afforded the opportunity to question the panel members on topics such as how could CAMHS improve its service for young people with ID and reflect that perhaps CAMHS is not the only response to children in distress. There was a discussion around the current training curriculum and a call for more developmental training for all psychiatrists. Further discussion centred on equality and parity of access for ID patients to services and it was suggested that people developing services involve their local Child Commissioner at an early stage. Additionally a suggestion for a national descriptor of what ID CAMHS services should look like nationally was made.

After the discussion, it was time to split into workshops. I chose to attend "**Changing Minds – Approaches to reducing restrictive practices in schools**" presented by Helen Downie and Jilly Catler from NHS Lothian. This workshop really caught my interest and not because it was located dangerously close to the hotel's terrace bar! I wasn't disappointed and Helen and Jilly presented a really exciting approach to liaison work with schools where they improved communication with local additional needs schools by employing a teacher onto their team. The difficulties which their team faced in interacting with education are probably well known to anyone who works in the ID CAMHS sector and certainly their anecdotes could have described much of my year long experience in ID CAMHS! The benefits of their approach are probably obvious in terms of being able to speak the same educational language as teachers and the resultant improvements in joint working. Under the mantras that "all behaviour is communication" and that "the function of behaviour needs to be understood" the team related a number of success stories from using this approach in schools. The team re-framed challenging behaviour to a "skills deficit" for educational staff. They convincingly argued that the conversation within education has to change from "He needs to learn" to "I need to teach him" and must include the need to develop unconditional positive regard towards young people. And thus day one drew to a close.

DAY 2

Day 2 of the CAIDPN conference began with the **business and committee meeting**. There was discussion regarding CAMHS and ID being shortage specialties and ideas to help engage junior trainees of all grades from foundation years onwards which included poster presentations, prizes and bursaries. There was also discussion around a possible CAMHS and ID fellowship in the future which has a focus on research. This sounded like an exciting possibility.

Dr Ken Courtenay, chair of the ID faculty gave a very interesting talk on ID-CAMHS development. He spoke of how in the executive faculty there were only 3 females out of 15 individuals. He advised that there would be 5 vacancies in 2020 and encouraged more females to apply. Furthermore he spoke of the poor recruitment fill rates in psychiatry as a whole but more so with ID and CAMHS. He acknowledged that the 'Choose Psychiatry' campaign by the Royal College of Psychiatrists had helped with this. He encouraged colleagues to get involved with the recruitment of consultants by looking at job descriptions and getting involved with this as well as the general interview process. There was discussion around training experiences for trainees and the factors which can affect this such as the quality of the placement, the number of patient contacts, the range of intellectual disabilities of the patients, MDT working, complex cases and having a mix of clinical and non clinical cases. He encouraged clinicians to think about how they can help their trainees. Examples of ways to do this included encouraging them with publications, posters, faculty prizes and helping to organise taster sessions in different areas for core trainees such as CAMHS-ID clinics or epilepsy clinics. Dr Ken Courtenay advised that recruitment is everyone's job and in order to help improve this it will require a collective effort.



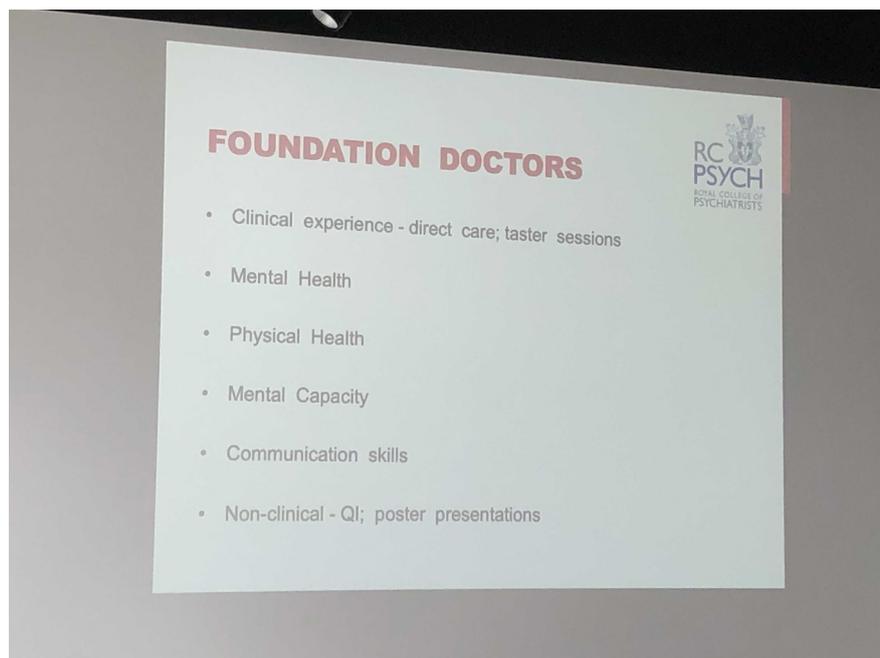
Pharmacist Christine Pacitti gave a very informative presentation on 'STOMP/STAMP – What is "appropriate prescribing" in LD CAMHS?'. She spoke of the many things to consider when using psychotropic medication for patients with an intellectual disability and even more so in paediatric patients with an intellectual disability. She encouraged people to con-

sider the effect of antiepileptic medication on vitamin D synthesis especially for children who are not mobile or getting outside as much. She advised people to remember that there is a service called the Medicines Information Services which is a national network of experienced pharmacists who can help advise with queries. She also spoke about gastrostomy tubes and to check which medications can be given via this route. For example Carbamazepine can be problematic via a gastrostomy tube due to the adherence of the drug to the tubing. Furthermore she spoke of the use of sorbitol in sugar free medications and that this can have a laxative effect which may lead to stomach cramping and diarrhoea. One particular medication to watch out for with this is Baclofen. As such she encouraged clinicians to be mindful of these things and in cases such as these to look at the SPC, contact the manufacturer and/or speak to a pharmacist. There was discussion around liquid medications and the short expiry dates and expensive cost. Christine encouraged clinicians to consider crushed tablets and mixing these in textured foods which a child may enjoy such as crunchy peanut butter, custard or jam for instance. She also talked about the importance of associating giving medication with motivating factors. There was a brief discussion regarding the circumstances in which covert medication may be used. It should only be essential medication which is administered covertly and this should occur after it has been offered and declined and if there is a risk of significant detriment to self or others. Finally she spoke of the importance of remembering to 'start low and go slow' when starting medication and equally to go slowly when reducing medication or withdrawing a medication.

The final session of the day was a **workshop which looked at several disorders** which included: psychosis, bipolar affective disorder, sleep, depression, anxiety, challenging behaviour and ADHD. Each person was asked to write down on a piece of paper the names of the 3 most common medications they use, the doses of these medications and in their experience which dose they had found was the most effective. This was all collected and then the room was split into groups and each allocated one of the disorders. Each group collated and summarised the findings for a particular disorder and then fed this back to the group. This raised lots of interesting debate and discussion.

Overall, this was a coherent, interesting and engaging conference which had lots of stimulating discussion with each presentation. As a trainee I found it very inspiring to see a group of clinicians who were keen to collaborate and learn about each other's practice and actively encouraged sharing resources. The conference was thought provoking and left me with lots of learning points and things to reflect on which will help benefit my future clinical practice. I would like to say a big thank you to CAIDPN for the bursary that I was given which enabled me to attend and I would strongly recommend trainees apply for this in the future.

The next CAIDPN conference in 2020 will be held in Belfast and I am sure it will be as intellectually stimulating as this year's!





Neurodevelopmental Psychiatry Event

Dr Rebecca Brown

CT2 Psychiatry Trainee

East Midlands



Our aim

I first became involved in the event, having been inspired by the working group in our Case Conferences. I had wondered why other trainees have not been similarly motivated into this area. I now realise that Intellectual Disability Psychiatry can sometimes be overlooked making days like this all the more important.

We sought to highlight how important awareness of this speciality is for all professionals, and to encourage recruitment.

Welcome

We were honoured to have Dr Ken Courtenay, Chair of the Faculty of Psychiatry of Intellectual Disability, open the event. His passion for the speciality and inspiring trainees came across, and I enjoyed learning more about the College and how it has evolved.

The programme then started with Professor Sabyasachi Bhaumik, who amongst many accolades has been awarded an OBE for services to Medicine. He reflected on his experience, demonstrating the possibilities for those starting out in their career.

Autism

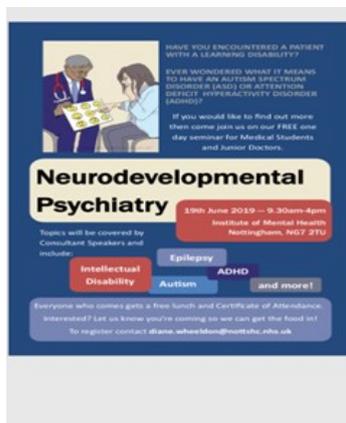
Next was an introduction to Autism from Dr Mary Barrett, who gave a lively and thought provoking presentation. The use of media helped the audience to appreciate Autism beyond clinical definitions.

Pause for thought

The morning stimulated much discussion, which continued into the break. We launched back into an interview with Dr Jo Jones, hosted by Dr Nasreen Shaikh. In 'Curiosity and Managing the Uncertain' Dr Jones gave an account of her varied career paths with her many contributions, both clinically and in education. Her fascination with genetics, neurobiology and also the individual really resonated.

The East Midlands Neurodevelopmental Psychiatry Event took place for a second year as a joint venture between Nottinghamshire Healthcare and Leicestershire Partnership Trust. The event was attended by medical students, foundation and core trainees.

It was held on Wednesday 19th June 2019 at the Institute of Mental Health in Nottingham University, providing an ideal setting to link with the academic opportunities highlighted in the day.



From the book "Sonia is feeling Sad" with the kind permission of "Books without Words" by Professor Shelia Hollins and Roger Banks (illustrated by Lisa Kopper)

The committee was led by Dr Niraj Singh, Consultant Psychiatrist, and Dr Nasreen Shaikh, ST6, along with Dr Mary Barrett, Consultant Psychiatrist, Dr Chaya Kapugama, ST6, Dr Samuel Tromans, ST5, and *myself*. I have reflected on the day from the perspective of a trainee with particular interest in this field and with career decisions to be made.



Research

Dr Samuel Tromans presented the topic of research using his experience as an Honorary Academic Clinical Lecturer. This encouraged consideration of how, as trainees, we can adapt our careers to suit our passions and also be able to impact on a broader service level.



Leadership

We were then treated to a presentation on leadership by Dr Ken Courtenay. He provided his personal journey through roles as well involving the audience in a discussion of world leaders. This stimulated us to consider our own role as leaders.

ADHD

There followed a presentation on ADHD, delivered by Dr Rajinder Bhaker, highlighting the importance of recognising and managing this, at times controversial condition.

Communication needs

Next we were able to explore Speech, Language and Communication, with Sian Wood, local lead in IDD SALT. The subtle communication cues made me consider how this field can be both so challenging and fascinating and even require some detective skills.

Let's apply it

A case scenario discussion was led by Dr Ben Ross. Everyone was happy to offer their thoughts, showing the friendly atmosphere at the event.

Epilepsy

We were then fortunate to have Sarah Pashley, Consultant Nurse in Epilepsy, explore diagnostic challenges. Thinking about the overlaps in physical and mental health was a reminder of not taking clinical presentation at face value.

Forensics

An introduction to Neurodevelopmental Conditions and forensics was delivered by Dr Abdul Shaikh. The description of his work opened my eyes to the range in sub-specialism.

How to join

Dr Chaya Kapugama, ST6, and *myself*, shared our routes and experiences in training. We explored highlights as well as potential opportunities at all stages.

Sign-up

Despite so much more to tell it was soon time for the closing remarks which were delivered Dr Niraj Singh. We provided opportunities for trainees for whom the event might have sparked further interest and were delighted to see the circulating sign-up sheet for "Taster Days" fill up!

Psychiatry of Intellectual Disability Trainees' Conference

**Holiday Inn,
Cardiff Central**
22 NOVEMBER 2019



Affordable Tickets at £10 - £40
Food included and discounted room rates are available

Open to consultants, SAS doctors, Trainees of all stages as well as foundation doctors and medical students

An exciting programme with internationally renowned speakers on a range of relevant topics

Highlights include

- Introduction to Epilepsy and behavioural profiles
- Neurodevelopmental disorders
- Research update in Intellectual Disabilities

Opportunity for trainee presentations and posters:

Please submit abstract (200 word limit) to ldtraineeconference@gmail.com by 24th October

The best 3 abstracts will be invited as 10 minute oral presentations and the remaining accepted abstracts invited as poster presentations

£50 voucher for best oral and £30 voucher for best poster presentations

Tickets and programme available at:
<https://cutt.ly/id-trainee>

Upcoming conferences

<u>DATE</u>	<u>TITLE</u>	<u>LOCATION</u>	<u>ORGANISATION</u>
MEETINGS			
26-27.09.19	Faculty of Intellectual Disability Psychiatry Annual Conference 2019	Hilton Leeds City, Neville Street, Leeds, LS1 4BX	RCPsych
22.11.19	Faculty of Intellectual Disability Trainee conference	Holiday Inn, Cardiff	ID Trainee National Conference planning committee
27.11.19	Neurodevelopmental Psychiatry Special Interest Group Annual Conference 2019	Prescot Street	RCPsych
24.04.20	Faculty of Intellectual Disability Psychiatry Spring Conference 2020	Prescot Street	RCPsych

Upcoming prizes

<u>DATE</u>	<u>TITLE</u>	<u>LOCATION</u>	<u>ELIGIBILITY</u>	<u>PRIZE</u>
PRIZES				
01.12.2019	The Professor Joan Bicknell Medical Student Essay Prize	Presented at the Faculty spring meeting, usually held in April each year	Eligible: All clinical medical students in the UK	Prize: £250 Awarded for an essay written by a medical student about their contact with a person (or people) with learning disability during
31.12.2019	The Gregory O'Brien Travelling Fellowship	Presented at the Faculty spring meeting, usually held in April each year	Applicants must be in an ap-proved UK training scheme working at CT1-ST6 level or within the first 3 years of a Consult-ant post.	Prize: £1,000 Intended to encourage psychiatric trainees and young Consultants to broaden their academic and clinical knowledge in a centre of excellence either in the UK or abroad.

