Choose Psychiatry
Launching our recruitment campaign

Quality Improvement
How it can help your services
Successful launch of Choose Psychiatry

The launch of the campaign was also covered by a range of newspapers, including the Sun, as well as the BBC website. The centrepiece of the campaign was a new video, made by a leading video production company in conjunction with the College, which promoted the important and challenging work of psychiatrists – through looking at the issues of old age, perinatal psychiatry, PTSD and bipolar – in a way that is attractive to medical students and foundation doctors.

On September 11, the RCPsych secured its most successful PR launch ever, when it rolled out the latest phase of its recruitment campaign, Choose Psychiatry, which is aimed at attracting medical students and foundation doctors into psychiatry. The launch of the campaign was covered by a wide range of national media channels, with College President Wendy Burn being interviewed by the BBC Six O’Clock News, College Dean Dr Kate Lovett appearing on BBC1 Breakfast News and Dr Sri Kaladindi being interviewed by Sky News.

The video secured huge attention on social media, with Alastair Campbell, Stephen Fry, and former Prime Minister Gordon Brown all tweeting in support. In total the launch of the campaign was covered by a range of print, broadcast and online channels with an aggregate ‘reach’ of 218m people.

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For further information, visit rcppsych.ac.uk/choosespsychiatry

- The successful launch of the Choose Psychiatry campaign is the topic of this edition’s cover cartoon by Martin Rowson and features College Dean Dr Kate Lovett and President Professor Wendy Burn.

General Adult Faculty Conference raises concerns about services

Over 800 delegates attended the 2017 General Adult Conference at the Sage Centre, Gateshead. The packed programme included the presentation of Dr Phil Corlett from Yale University on delusion formation, and Prof Anissa Abi-Dargham from New York, reporting her research on dopamine dysfunction in schizophrenia patients. A faculty survey discovered that concerns around the pressure on community services and increasing out of area placements are still high on the agenda. Faculty Chair Lenny Lee Braithwaite said: “It was well attended, and we used the conference to set out our priorities, the state of acute care, quality improvement, and student mental health care.”

I have now been in post as the President for the past four months. It has been a roller-coaster experience and a “sleep learning curve”. It has an uncanniness similarity to that first year as a Consultant when you wonder what you actually learnt during your training. I have done several press interviews and one for TV. I don’t think I’ll ever be keen on making TV appearances, but when the wife of a patient of mine came up to me while I was shopping and thanked me with tears in her eyes, I made it all worthwhile.

It’s hard being away from home so often and my cat has taken to bringing me when I do appear. I also miss my patients and keeping wondering how they are doing (no need for me to worry though, they are in the safe hands of an ex-trainee of mine).

I have attended three party political conferences. I have never been that interested in politics but have discovered other late in life, that they are about relationships and power. I am definitely interested in both of those. The conferences were a fascinating insight into how we and other colleges influence the people who can change things.

The great bit of being President is that I get the chance to meet so many College members and find out what their issues are. No surprises here; despite the promises of more money and staff, life on the frontline is getting harder. Commitments have been made to fund mental health at the same level as physical health, I am doing my very best to make sure those promises are kept.

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A workforce win

How we helped secure the promise for the workforce numbers we’ve been calling for.

A my psychiatrist working in the NHS will have moments when they wish that they could be in two places at once. If only there were two of you, one for your patients and one for your paperwork (oh and maybe a third to attend meetings). While we can’t announce that we have designed a cloning machine, the College has been working on the next best thing. “This plan is a fantastic achievement for the College. We are the only part of the workforce to have a strategy of this type. Politicians tend to look for short term solutions but this goes right back to the selection into Medical School. Now the challenge is to deliver it.” Although this is an HEE plan it’s good to see that many of the actions will also help the devolved nations,” says President, Professor Wendy Burn.

Publicly, our ‘Choose Psychiatry’ campaign has had a great response with millions enjoying our powerful video on social media and hundreds signing up for the free student membership for RCPsych. Behind the scenes, we have been working hard, calling for Health Education England (HEE) to publish a workforce plan to develop the mental health workforce and crucially, employ more psychiatrists, nurses, and administrative assistants.

To do this, we gathered the views from College members widely and made credible, evidence-based proposals. The last step – and probably the most important one – was to ensure representation on various roundtables and senior-level meetings to make our voice heard.

The plan includes some big improvements we called for:

• Recruiting an additional 570 psychiatrists, plus personal assistants and physician associates, to enable psychiatrists to use their specialist knowledge more effectively.

• Delivering a major ‘Return to Practice’ campaign for psychiatrists and mental health nurses alongside a programme of mental health staff retention.

• Ensuring psychiatry has a significant share of the Medical Training Initiative allocation.

• Changing entry requirements so that Psychology A Level is considered of equal merit to encourage more people with an interest in mental health to become doctors.

• Ensuring that the priority of mental health is reflected in the UK Medical Licensing Assessment to encourage all doctors to develop a good understanding of mental health.

• Ensuring that the allocation of the extra 1,500 medical student places goes to universities that put mental health at the heart of their curriculum.

We are determined to deliver these proposals in partnership with others. But the publication of the plan doesn’t mean we no longer need to work behind-the-scenes or that we won’t shout from the rooftops if we don’t see improvements on the ground. As it takes 13 years to train a consultant, it will take time for this plan to be delivered. We will continue to gather evidence and call on the Government to give due attention to all specialties – to support older people, people with intellectual disabilities or with addiction problems – while addressing the menace of inequitable distribution of psychiatrists across the country.

Until the emergence of a technology that clones our members to expand the life of our workforce win the HEE plan will take time for this plan to be delivered. We will continue to work hard, calling for Health Education England (HEE) to publish a workforce plan to develop the mental health workforce and crucially, employ more psychiatrists, nurses, and administrative assistants.

To find out more about the HEE workforce plan and its impact on psychiatrists, please visit the RCPsych website.

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Dr Amar Shah, QI lead

A commitment to QI

The College’s first QI lead explains why it is key to good clinical practice.

“We all have the ability to improve our services. Doing that is a great feeling”

Dr Amar Shah, QI lead

CASE STUDY

The ‘Four Steps to Safety’ project is supported by funding from a Health Foundation Scoping Up Grant. The aim of the project is to reduce violence across all 70 inpatient wards by 50% by 31 October 2017. The four steps are: proactive care, team work, patient engagement and environment.

The project focuses on reliable use of a bundle of evidence-based interventions developed through pilot work at SLaM. These are now being tested and implemented using quality improvement methodology over a full range of inpatient units. While it is too early to see the full impact of this work across both organisations, within Devon’s services, 85% of the inpatient services have demonstrated a reduction in violence; 40% have reduced their use of restraint; and 25% have reduced the use of seclusion. They can also demonstrate that units are better able to manage clinical risk without additional staff, reducing agency costs and improving the patient and family experience.

www.centreforperfectcare.com/our-work/ (P4P2) – Mersey Care NHS Foundation Trust

CASE STUDY

The Partnership for Patient Protection (P4P2) – Mersey Care NHS Foundation Trust

Dr Amar Shah, QI lead

Dr Amar Shah, QI lead

The College Centre for Quality Improvement (QI) lead, Amar has been in post for five months (since June). His credentials for the role are impeccable. As Associate Medical Director (Quality) and a Consultant Forensic Psychiatrist at East London NHS Foundation Trust, he leads one of the largest mental health improvement programmes in the world, with the aim of providing the highest quality mental health and community care in England by 2020.

Amar was first attracted to QI during his higher training, when he spent a year on higher training, when he spent a year on...
Since it was set up in 2006, the charity, The Scotland Malawi Mental Health Education Project (SMMHEP), aims to help develop sustainable mental health services in Malawi by supporting psychiatric teaching and training for student doctors and other healthcare professionals. Now, with the charity’s support – and for the first time in a generation – Malawi has two new psychiatrists, with a third due to qualify in September.

Dr Olive Liwimbi – the first Malawian woman to become a psychiatrist – and Dr Kazione Kulisewa qualified in July after four years of specialty training. They completed their postgraduate qualification in the Department of Mental Health, College of Medicine in Malawi, in collaboration with the University of Cape Town and Ministry of Health, Government of Malawi. They will soon be joined by Dr Chipiliro Kadzongwe.

The new graduates will bring the total number of full-time psychiatrists in the country to just four. That’s one psychiatrist for every 4.5 million people in the country, which has received over £1m in funding from the Scottish Government, has arranged for over 100 psychiatrists from the UK and Europe to teach medical students in Malawi. It will continue to support the training of four more Malawian psychiatrists. By 2021, the intention is that the total number of full-time psychiatrists will have gone up from one to seven.

However, Robert, a consultant perinatal psychiatrist at NHS Lothian, is clear that there is much more to do. “The lack of trained mental health staff in Malawi remains a desperate situation and we need to continue to support and enhance what’s there and build on progress so far.”

SMMHEP is currently recruiting for 2017/18 undergraduate teaching in the College of Medicine and Zomba Mental Hospital. If you’re a higher trainee or consultant psychiatrist and are interested and available to work for between three and eight weeks in Malawi (or if you are able to support the project with a donation) please contact us at mail@SMMHEP.org.uk

www.smmhep.org.uk

New Malawian psychiatrist

“T’m still settling into my current role as a psychiatrist at Zomba Mental Hospital, but I have lots of plans and hopes for the future. As well as providing care to patients at the hospital, I plan to help promote psychiatry as one of the specialties for medical students to consider as a future career. By advocating for training of more psychiatrists and other associated professions, for example psychiatric nurses, psychologists and occupational therapists, we could reduce the unmet need for mental health services, reducing morbidity and improving productivity. And crucially, this would also result in a big improvement in the quality of the service offered.”

Dr Olive Liwimbi.

“I have been a doctor for ten years and have spent eight of those years in psychiatry, initially as a medical officer in the psychiatric hospital and then subsequently as a registrar. I currently head the department of Psychiatry at Kamuzu Central Hospital in our capital Lilongwe.

“I discovered psychology very late on in my career and it’s something I enjoy. Psychiatry provides the opportunity to use both psychological and medical skills, and I find the practice of psychiatry generally more holistic.

“Mental health conditions despite their high disease burden frequently go under the radar in Malawi, overshadowed by the louder, more conspicuous conditions, such as infectious diseases. Hopefully we can increase the level of awareness of these conditions. I would also like to see reform of mental health services in the country, with more of an emphasis on community care and less on institutional care.”

Dr Kazione Kulisewa. 

VOLUNTEER CASE STUDY

“During my teaching, I was presented with the case of a woman suffering from depression. Her husband had died of HIV-related pneumonia, and she was rejected by his family who blamed her for his death. Penniless and destitute, her mood began to deteriorate. She was also HIV positive and felt that she had no hope. She had lost interest in her work, and in life. Her problems were multiple and very real. However, after she was treated by the mental health clinic at Queen Elizabeth Hospital things gradually began to improve. Her mood lifted and she was able to start her business of selling charcoal again. This account was heartrending, but also inspirational. Despite her multiple difficulties, this brave lady fought against her loss and her depression. It made me realise that however bad things are, there is always the possibility of improvement – and it made me respect the resilience of the human spirit, at times of overwhelming adversity.”

Dr Cosmo Hallström, consultant psychiatrist, spent four weeks in Malawi in July of this year. During his time teaching, he examined Dr Olive Liwimbi and Dr Kazione Kulisewa.
It’s good to talk

As it celebrates its fifth anniversary, the founder of Psychiatry Pitstop shares its successes – and plans for the future.

It was while she was working as a staff grade that Dr Jigna Patel was struck by how many students were unsure of how to talk to patients with mental health problems. “I felt it was a real shame because psychiatry is so interesting, and mental health so important,” says the 36-year-old, now a specialist registrar who works with Prof Wendy Burn as her ST6 at Leeds and York Partnership NHS Foundation Trust.

It was hearing Sarah Stringer talk at Congress a few years ago about her ‘Extreme Psychiatry’ communications course that gave Jigna the idea of setting up her own teaching programme. She contacted Sarah to find out more, and after several brainstorming sessions around her dining room table with co-founders Eleanor Watson and Michael Lacey, Psychiatry Pitstop was born.

“Jigna and the Pitstop team aren’t resting on their laurels, and are now looking to increase access to and expand the course. As there are only 18 places per course, Pitstop is always over-subscribed and the course is full within an hour of sign-up opening.

“We currently operate on a first-come, first-served basis, but we’re looking to make this a bit more progressive, because we know there are some students who would really benefit from a place,” explains Jigna.

“The bigger ambition, however, is to expand the Pitstop teaching approach to other universities, and to other groups of doctors. “Over the last few years, we’ve developed a tried and tested programme that is easy to deliver and provides fantastic results. It’s applicable to lots of other groups, such as foundation doctors, doctors for whom English is not their first language, or those who are qualified in other countries where mental health services are not so advanced,” says Jigna.

“We wanted institutions around the country to consider running the Pitstop programme. We want to open up psychiatry to as many young doctors as we can.”

For more information on running Psychiatry Pitstop in your area, please email psychiatrypitstop@gmail.com

www.psychiatrypitstop.wordpress.com

A as a teenager, Karen Cockedse spent most of her time with her head in a textbook, feeding an obsession with physics, maths and the stars.

"I’ll always love science but what motivates me now is people – they bring a whole new dimension to my work,” she says. “When I was a nerdy teenager I wouldn’t have believed that I would ever say people are more interesting than pure science!”

Currently a Specialist Registrar (ST4) in General Adult Psychiatry in the North Pennside Community Mental Health Team in Cornwall, Karen has been a medical doctor since 2011.

"Before entering medicine, the 43-year-old completed a degree in Physics at Oxford University and then a PhD in Astrophysics from Jodrell Bank, University of Manchester. She spent the next 10 years doing research on starburst galaxies, publishing over 40 papers and being awarded a Royal Society Research Fellowship.

The turning point came in her late 20s, when Karen’s then two-year-old daughter was diagnosed with a cancerous brain tumour, and she took a year off work. “She responded very well, but when I finally went back to work, the galaxies didn’t seem so important. I had witnessed five children die of cancer while my daughter was being treated in hospital. It was a wake-up call.”

Karen’s switch to medicine saw her go back to basics, studying GCSE and then A-level biology, but her love for learning and a tendency to ‘work like a Trojan’ has seen her excel every step of the way. She was awarded the Alan Johnston Prize Medal for achieving the highest score in medical school exams, and then a Foulkes Foundation Fellowship for her medical research. She published five peer-reviewed psychiatry papers while doing core training and was awarded the RCPsych Laughin Prize for MRCPsych results, as well as the RCPsych Core Trainees Award 2016. “I didn’t set out to win prizes – I just wanted to pass! In my first year at medical school I was scared I would fail. I had given up a decently-paid job to become a student, so I needed to do well, and that’s what drove me.”

Karen first had the idea of specialising in psychiatry in her first year, when she became frustrated at the lack of time she could spend with patients.

“Everyone in hospital is so rushed, there is no time for people to be people – they’re just illnesses. I’d end up getting involved in specific cases, spending time with patients and their families.

The surprise for me was that I enjoyed more that the scientific aspects of medicine. It was a breakthrough moment – I’d entered medicine as a scientist, but found my driver was helping people.”

Having realised that psychiatry was the specialty for her, Karen contacted current RCPsych Dean Kate Lovett, a Consultant Psychiatrist in Devon, asking if she could spend a taster week with her.

“I couldn’t believe it on my first day when I was given the ward round list, and instead of having 30 patients on it, there were just three. And we had 30-minute consultation times, so we could talk to people properly, not just discuss blood and scan results. I absolutely loved it.”

Hearing people’s stories is a continuing source of inspiration for Karen, and one of her current passions is producing the monthly BBC Radio Cornwall Mental Health Phone-In, a project organised jointly between BBC Radio Cornwall and the Cornwall Partnership NHS Foundation Trust.

In addition to helping individuals, the show also helps raise the profile of mental health. To better understand its impact, Karen posed a questionnaire to her which was distributed via local pharmacies, and hopes to publish a paper to encourage others to undertake similar projects.

"Raising awareness of mental health in communities is hugely important, and the more that can be done, the better. Things are improving, but the challenges in psychiatry are not a thing of the past – they’re just illnesses. I’d end up getting involved in specific cases, spending time with patients and their families.

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A whole system approach

A combination of collaboration and innovation has seen Northern Ireland buck the national recruitment trend.

Increasing recruitment to psychiatry continues to be a priority for the profession, but for Northern Ireland several years of concerted effort are now paying dividends.

An impressive 33 per cent of FY2s do a psychiatry placement, well above the UK average. And in the last three years, Northern Ireland has had between 90-100 per cent recruitment rates at core and higher training levels, compared to a UK rate of between 60-70 per cent.

“We have had very few vacancies in recent times,” says Dr Damien Hughes, Head of School in the Northern Ireland Deanery and a full-time Consultant Psychiatrist in intellectual disability at Belfast Health & Social Care Trust.

“The Division’s Public Education Committee does outreach work to schools, speaking to sixth formers, so we start raising the profile of psychiatry at that key stage,” explains Damien.

“A engagements are all very committed to increasing recruitment and can work closely together in undergraduate and postgraduate training to achieve this,” their recruitment drive focuses on three elements: giving students and foundation doctors the opportunity to learn about psychiatry by experiencing it for themselves; utilising the enthusiasm and commitment of trainees to promote it; and embedding psychiatry training into the teaching programmes of other specialties.

“The implementation phase will be key. This College report complements and sits alongside the Code of Ethics and Good Psychiatric Practice. It should enable more effective, values-based decision-making in mental healthcare.”

“Things like that bear fruit. It’s showing through doing, and raising awareness of the specialty in a very practical way. “The value of the framework was in many ways an example of co-production between patients and clinicians.”

The College’s new Core Values Framework is an excellent example of co-production between patients and clinicians in action.

“Language is the key tool in the discourse between the doctor and patient, and its capacity to have a positive or a negative effect should not be underestimated.”

“It would enhance the quality of care if we were to commit to shaping and influencing a culture and standard of communication which diminishes stigma and promotes language which is accurate, respectful and empowering.”

The quality of conversation can bring about respect, dignity, empathy and trust, establishing an effective, collaborative relationship between patient and psychiatrist,” says Veryan.

When Patient Representative Veryan Richards approached the RCPsych in Wales with the idea of articulating the operating values of the College in one place, she set into motion a project which has resulted in the production of a key College publication.

With RCPsych in Wales Chair Professor Keith Lloyd, she has co-authored a new College report and framework “Core Values for Psychiatrists.”

Published in September this year, the report includes a Core Values Framework comprising of eight values: communication, dignity, empathy, fairness, honesty, humility, respect and trust. These are developed into themes and principles which cover all ages – from the early developmental stages through to end-of-life care.

“We hope the Framework will have a positive impact on the curriculum, training, clinical practice and evaluation – and ultimately, patient health recovery outcomes.”

A Patient Representative on several College committees, including the Patients and Carers Committee and the RCPsych in Wales Executive Committee, Veryan is now focusing on the implementation of the report and framework.

“The production of the report and framework was in many ways an example of the core values in action, particularly around respect and communication.”

“A member of the RCPsych in Wales Language Working Group, which was set up to draft guidelines for the respectful use of language and terminology, Veryan is passionate about ensuring the language used in psychiatric practice is suitable in tone and has parity with that used in physical healthcare.
“Cerebral organoid technology gives psychiatrists working at the frontline the reassurance that future treatments for patients will be better than they are now”

Dr Mandy Johnstone explains why working with ‘miniaturised brain’ technology is not science fiction, but science fact.

In the past, the inaccessibility of the human brain has made understanding the cellular mechanisms underlying neuropsychiatric disorders difficult. That situation is changing, says Dr Mandy Johnstone, a Wellcome Trust Postdoctoral Clinical Fellow and Honorary Consultant Psychiatrist at the University of Edinburgh’s Division of Psychiatry. Originally a biochemist who took a PhD in developmental neurobiology before switching to medicine, Mandy has just completed a four-year research project using cerebral organoid (‘miniaturised brain’) technology to better understand neuropsychiatric disorders such as schizophrenia, using copies of patients’ genome sequences to create brain organoids grown from human cells. In the past, the inaccessibility of the human brain has made understanding the cellular mechanisms underlying neuropsychiatric disorders difficult. That situation is changing, says Dr Mandy Johnstone, a Wellcome Trust Postdoctoral Clinical Fellow and Honorary Consultant Psychiatrist at the University of Edinburgh’s Division of Psychiatry. Originally a biochemist who took a PhD in developmental neurobiology before switching to medicine, Mandy has just completed a four-year research project using cerebral organoid (‘miniaturised brain’) technology to better understand neuropsychiatric disorders such as schizophrenia, using copies of patients’ genome sequences to create brain organoids grown from human cells.

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Many neurodevelopmental disorders occur within the first trimester, so Mandy grows organoids for up to four months in the lab, roughly equivalent to a nine-week foetal brain and spanning just 3-4 mm across. While a number of researchers are using organoid technology—indeeding to discover how the Zika virus causes microcephaly—Mandy’s research is unique as up until now, psychiatrists have not ventured into the area of stem cell biology. For her, doing so makes total sense. “I don’t see any distinction between being a neuroscientist and a psychiatrist. For me, it’s a no-brainer; if you excuse the pun.”

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Copy number variations (CNVs) of the genome are where short sections of DNA are repeated, inverted or deleted. Mandy and her team investigated their contribution to developing schizophrenia, and found that the schizophrenia-associated CNVs fundamentally affect how the brain develops.

“We followed this up by looking at populations who we know have a strong family history of schizophrenia, using cerebral organoids grown from the cells of these people to model the disorders and see how the brain cells behave.”

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Bristol based Psychiatrist Dr Alan Kellas has been exploring whether nature can play a part in mental health care.

“Perhaps most important in clinical practice is listening to our patients and carers “with nature in mind” and consider taking time out in nature for ourselves”

Occupational and horticultural therapists lead gardening projects in hospitals or community allotments, or woodland programmes for people with dementia or profound disabilities. Forest school teaching can help children who struggle in classrooms, for example with autism or ADHD. Caring for animals, as pets, in care farms or city farms, can help a wide range of people with social and relationship difficulties, the lonely or institutionalised. Seaside and water-based projects, wilderness and outward-bound groups may help people at times of life-transition, for example troubled adolescents on the cusp of adulthood.

Alan believes “that natural environments change our attention, “Nature engages our peripheral senses, modulating arousal and breathing; so it helps stress management, without words, and when coping with unbearable feelings or traumatic memories.”

47 Local Nature Partnerships (LNPs), across the UK, bring together organisations like local Wildlife Trusts, woodland, conservation, water, community farming and growing groups. Alan says they’ve helped him learn what’s on offer and “all of them are keen to build bridges to health and social care teams.”

All this is becoming more mainstream. Public health teams, commissioners and planning officers are also increasingly interested in deciphering the links between air quality and access to green spaces, and mental health, especially to mitigate health inequalities. And some GPs are exploring social prescribing, piloting nature based ‘green prescription’ schemes like the Dose of Nature 12-week groups for people with mild depression and anxiety.

Alan says there have been a few useful evidence reviews, adding that many nature-based programmes are very well evaluated. The theories of Eco-psychology are also extending human and social psychologies as well as evolutionary cultural and philosophical aspects of psychiatry.

He is also aware that getting “out into nature” isn’t easy for everyone: some people hate dirt or feel fearful or culturally alienated in public green spaces. Perhaps most important in clinical practice is listening to our patients and carers “with nature in mind” and consider taking time out in nature for ourselves - for our own sanity and sustainability.

Want to get involved? Visit here: www.rcpsych.ac.uk/workingpsychiatry/sustainability.aspx

Photography by Philippa Gedge

FRONTLINE FOCUS

Getting back to our roots

Most of us recognise the benefits of nature: walking a dog, gardening, or just taking a lunchbreak stroll in the local park can all be restorative. But one psychiatrist, Dr Alan Kellas, thinks nature is a core resource for the treatment and prevention of mental health conditions.

This is hardly surprising as he is the College’s green spaces representative and sits on the sustainability committee. Alan has been a community learning disability psychiatrist for 20 years, but has also worked in general practice, done locums as a community and inpatient disability psychiatrist for 20 years, but has also worked in general practice, done locums as a community and inpatient disability psychiatrist for 20 years, but has also worked in general practice, done locums as a community and inpatient

time out in nature for ourselves
**The psyche-artist**

Dr Rhys Bevan Jones explains how he is using his illustration skills to help young people and their families understand mood and depression.

**“I feel there’s an overlap between medicine and art in the way people express and perceive things”**

involved wanted something to help them and their children understand depression, and prevent and manage difficulties arising from the condition. Most importantly, they wanted something that would be engaging and relevant for young people.

“At the beginning of the project to develop the package, I ran interviews and focus groups with young people, as well as families, carers and professionals, who said that they would prefer a visual, rather than text-based, package. As a result, I’ve used lots of images and animations, including visual metaphors, to try to illustrate different aspects of mood and depression that people can relate to. The feedback so far has been great.”

The initial version of the package has been developed with the help of a multimedia company, and Rhys is trying to secure funding to develop this further and run a large-scale trial. He hopes it will eventually be rolled out across the UK in health, education, social and youth services, and charities.

“It’s been great using my psychiatry skills alongside my design skills to develop the imagery and animation,” he says. “Although neuroimaging and genetics research produce interesting images, we don’t have many visual references in psychiatry. The package shows there’s scope to be a bit more creative and look subjectively at how people see their own thoughts, mood and mental states.”

The package comprises a site with several sections and an app, with information on mood and depression. It also includes interactive components, like mood monitoring and goal-setting, and can tailor information to be relevant for the user.

Rhys came up with the idea when he was involved in a research project looking at the early prediction of adolescent depression. He realised that the families involved wanted something to help them and their children understand depression, and prevent and manage difficulties arising from the condition. Most importantly, they wanted something that would be engaging and relevant for young people.

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[www.rhysbevanjones.com](http://www.rhysbevanjones.com/)

**Psychiatric services are set up to treat the specific issues of depression and anxiety in a time-limited fashion, but it’s not always that simple. Someone’s depression may be just one part of the problem, the reasons for it are often complex, and there may be several related issues to deal with,” explains Josephine.

Being the only psychiatrist in a service with around 50 psychological therapists in two teams based across two sites, seeing around 8,000 patients each year in 35 GP practices, was a daunting task, initially.

“I asked myself ‘there’s only one of me, and you are going to make an impact?’”

“I began by trying to figure out my primary relationships – was it seeing patients, providing advice to the therapists, or dealing with the ‘big picture’?”

To deal with such large numbers of patients, Josephine knew she would have to work more flexibly. The model she settled on was to work closely with the therapists, carrying out joint consultations and being able to support patients’ care in a variety of ways, including discussion, notes review, telephone and email consultations.

“I didn’t want to end up creating a parallel pilot, a Practice-Based Mental Health Service (PBMS) is being rolled out across Islington, with small multi-disciplinary teams going into GP practices, working alongside the GPs and the IAPT service. Josephine is the clinical lead for the service, and over the next six months, will leave IAPT to work full-time in the PBMS, which will be formed of four ‘locality’ teams, each one having a consultant psychiatrist, psychologist, nursing and social work input.

While she says this is an important step forward, Josephine envisages that the PBMS and IAPT will eventually come together and function as one primary care mental health service.

“We need to continue to come together and make the best use of existing resources. When we don’t know what each other are doing, so much work gets wasted or is needlessly repeated.”

“In future, if we have the resources, we could start to expand the treatment offer for mental health difficulties in primary care, but we’ll need to see. In the meantime, focusing on good assessment and consultation will allow us to build on what’s already been achieved.”
Helping patients see their True Colours

Professor John Geddes explains how easy-to-use technology that enables people to monitor their health is making life easier for clinicians and patients – and has the potential to make a big impact on research.

It began as a simple solution to a long-standing problem. The idea came about in 2004 when Professor John Geddes, a clinical academic at the University of Oxford and Oxford Health NHS Foundation Trust, was working with colleagues in a clinic specialising in mood disorders. “Trying to work out how a patient had been feeling was really difficult. As psychiatrists, we don’t really have anything else to go on except the patient’s self-report, so asking patients to recall how they had been feeling was necessary but could be frustrating for both parties,” says John. “We used to give patients paper mood diaries to record their moods from week to week, but sometimes these got lost, and having to go through pages and pages of ratings was cumbersome.”

At that time, people were commonly using mobile phones, and John and his colleagues soon realised they could capture data remotely, and in a much more manageable way. They started sending text messages to a trial group of patients, asking them to fill in a short mood questionnaire by texting back their responses in the form of numbers. “It really took off because it was very simple for them to do,” says John, Head of Oxford University’s Department of Psychiatry. “The difficult bit was done at our end, where a computer programme captured and made sense of the data. “We weren’t the first to use technology, but instead of basing our approach on computer software, we focused on how to make it as easy as possible using tech that was widely available and that people were already using.”

And so, the True Colours system was born. The technology – which is platform-independent and can be used across email, web forms, SMS or smartphones – enables people to monitor their health by providing answers to simple questions. It is sensitive enough to help identify even small changes in health and wellbeing for a wide range of different long-term conditions.

Originally developed for bipolar disorder, it is now being piloted for other mental health conditions such as anxiety and psychosis, and is being used in the management of a wide range of health conditions, including neurological, gastrointestinal and musculoskeletal disorders.

“From a clinical point of view the effect of the system has been dramatic. It gives a longitudinal picture and we feel much better informed about how well our patients are and about estimating the effects of changes in treatments. The great thing is that patients can use it anywhere in the world, so can still input data when on holiday or while travelling.”

Twelve years on, what started out as a clinical tool is now an impressive piece of IT infrastructure that deals with millions of data points from thousands of patients. It not only has the potential to transform clinical practice, but is also proving to be a powerful component of clinical trials. Several research studies have used the system, including the MRC/NIHR-funded CEQUEL trial of Lamotrigine, and the intensive OXLITH trial, which looks at the short-term effects of lithium. “Finding out more about the short-term biological effects of lithium might provide insight into how it works, which in turn will help us develop new drugs and therapies,” says John. “I think True Colours really comes into its own as a component of modern, patient-focused science.”

True Colours is constantly evolving, and the team are now looking at linking data streams from wearable devices, such as fitness monitors, into patients’ True Colour accounts, expanding the system from purely self-reporting to seamlessly incorporating measures such as blood pressure, heart rate and sleep which are related to mood.

The use of technology in healthcare is very much moving with the tide, he says. “People are already using these devices, capturing huge amounts of data all the time. Increasingly the population is aware of the value of doing this for their own health, so culturally it feels normal, not as an intrusive or additional burdensome thing for them to do. “Patients are partners – that’s what makes True Colours work. We often need to help them understand the power of the data we collect, but when they do, they appreciate how much control it gives them over their disorder. We tell people with bipolar disorder that by looking after themselves – for example, sleeping and eating well, and avoiding alcohol - they will feel better, but now they can see for themselves the difference it makes. That’s really powerful.”

www.innovation.ox.ac.uk/licence-details/truecolours/
www.truecolours.nhs.uk
www.bipolaruk.org/blog/taking-part-in-true-colours-with-the-bdrn