**Sport and Exercise Psychiatry Special Interest Group**

**Spring Meeting**

**Friday 2nd March 2018 (10am-4pm)**

Woodbrooke

1046 Bristol Road

Birmingham

B29 6LJ

Severe weather conditions claimed the original venue as a victim late in the afternoon of the previous day. Thanks to the good people of Woodbrooke an excellent alternative was secured at short notice. Woodbrooke proved a highly agreeable venue – a warm welcome, excellent food and superb audio-visual facilities made for a highly successful meeting. We were very grateful indeed!

Allan Johnston opened proceedings with an update on recent events and an overview of the day’s presentations. The day proceeded as follows:-

**1. Cricket**

Phil Hopley of Cognacity & Lynsey Williams (Player Development Manager with the Professional Cricketers’ Association) jointly presented on cricket and mental health.

Professional cricketers have the highest recorded incidence of suicide in professional sport in the UK. Research has yet to robustly identify factors underlying this trend. Clinical experience shows that both non-specific factors (including injury, transition and psychosocial problems) as well as cricket specific factors (team sport where ‘play-critical’ moments are on the whole dependent on individual actions) are involved.

This session explored the work of the Professional Cricketers’ Association including the Confidential Helpline service. Discussion covered the work done by Player Development Managers (PDMs) to engage and support players with mental problems.  A case presentation and discussion explored some of the factors that may underlie high psychiatric morbidity in cricket.

The PCA have produced a series of education videos to inform players about mental health issues and the importance of seeking help. They can be found here <http://www.thepca.co.uk/mind-matters.html>

More details of the PCA benevolent fund are here <https://www.thepca.co.uk/benevolent-fund/>

**2. Moving medicine**

Catherine Lester (ST6, Sport & Exercise Medicine) and Amit Mistry (ST5, Psychiatry) presented a project entitled, ‘Moving Medicine’. This national project aims to provide clinicians with physical activity resources that can be given to patients. This is led by the Faculty of Sport & Exercise Medicine (FSEM), supported by Public Health England (PHE) and Sport England. SEPSIG are collaborating on resource development in depression.

An evidence review has already been externally validated. The next stage is for experts, medical societies and third-sector representatives to meet. Following this, a design agency will develop interactive digital infographics with evidence based statements for PA in depression and support for brief interventions in clinical practice. This will undergo online testing before publication in August 2018.

Action Plan

* Expert Meeting to take place and interested psychiatry colleagues have been invited.
* Development of a draft resource.
* Consultation and testing of interactive, digital resource before dissemination in August 2018.

Resources

<https://www.fsem.ac.uk/>

[www.movingmedicine.org.uk](http://www.movingmedicine.org.uk) (not live as yet)

**3. Psychology/Psychiatry interface**

After a coffee break Tim Rogers & Stewart Cotterill (Chair of the British Psychological Society, Division of Sport and Exercise Psychology) presented their thoughts on the psychology/psychiatry interface in sport. The session began a potentially very fruitful collaboration and conversation between two complementary professions.

Stewart was unable to attend in person but made his contribution via skype! By way of background Stewart gave an overview of the skills and knowledge of the different groups working in sport who use the term ‘psychologist’. The challenges that sport and exercise psychologists face overlap with those of psychiatrists working in sport and there is a spectrum of knowledge and skills that the two share as well as some important differences. This includes the barriers and facilitators faced by athletes when seeking care and finding the right expertise. Referral networks are often lacking.

SEPSIG will in future be involved in CPD for sport and exercise psychologists, beginning with contributing to a day-long workshop in the autumn at the BPS in London. DSEP may be able to offer support and advice to SEPSIG in looking at the question of competencies and accreditation. Potential projects further in the future range from a country-wide register of sport mental health expertise to the production of a business case to fund a formal referral network.

Tim will contact the All Party Parliamentary Group (APPG) for Sport with the aim of producing a joint policy statement between BPS-DSEP & SEPSIG. This APPG is co-chaired by Justin Tomlinson MP and Tanni Grey-Thompson DBE. The group can be contacted through their secretariat: Charlotte Adams ([cadams@sportandrecreation.org.uk](mailto:cadams@sportandrecreation.org.uk)).

**4. Dance**

Following a delicious lunch Nicoletta Lekka shared with us her knowledge of mental health issues in the world of dance and reviewed dancers’ specific mental health needs. She was followed onto the floor by Helen Laws and Erin Sanchez (One Dance UK and National Institute of Dance Medicine and Science) who described their work in supporting and advocating for dancers and their health.

Dr Lekka began by addressing the context of dance and some of the psychiatric concerns dancers face. She introduced the dual role of dancers as artists and athletes and characterized dance as an early specialization, aesthetic, team sport. Psychosocial aspects of dance include a demand for extreme dedication, requirement of an extremely lean physique (in ballet), a culture of dancing through pain and high attrition rates from physical and mental health injuries. Specific mental health problems recorded in the literature include [anxiety, depression, burnout, eating disorders, substance misuse, perfectionism and critical views of self and others, and occupational stress](https://www.ncbi.nlm.nih.gov/pubmed/28871899). Psychological interventions include stress management, imagery, positive self-talk, social support. Self-report measures may inaccurately represent the number of symptomatic dancers and structured clinical diagnoses may underestimate the prevalence of psychological disorders. Epidemiological research in stress, injury, and eating disorders is needed alongside intervention development.

Helen and Erin outlined the work of [One Dance UK’s Healthier Dancer Programme](http://www.onedanceuk.org/programme/healthier-dancer-programme/health-events-conferences/mind-gap-train-smart-improve-performance-hip-hop-circus/) and the [National Institute of Dance Medicine and Science (NIDMS)](https://www.nidms.co.uk/). Through shared expertise and a network of multidisciplinary partners, NIDMS works to provide the UK dance sector with access to high quality, affordable, dance specific health care and dance science support services in private practice and the NHS. The [Performance Optimisation Package (POP)](http://www.onedanceuk.org/programme/healthier-dancer-programme/performance-optimisation-package-pop/)  complements existing specialist healthcare available at [NIDMS NHS clinics](https://www.nidms.co.uk/healthcare) and [Healthcare Practitioners Directory](http://www.onedanceuk.org/health-practitioners-directory/). Early action to reduce the chances of injury is emphasised and a health cash plan allows for up to £700 to be reimbursed for private healthcare treatment such as physiotherapy. These services are underpinned by dance medicine and science research, [including that developed and implemented by NIDMS partners.](https://www.nidms.co.uk/research)  who have published more than 50 peer-reviewed articles in areas such as perfectionism, body image, performance anxiety, interventions for psychological wellbeing, as well as participating in large scale research into [musicians’ mental and physical health](http://www.musicalimpact.org/) and [psychological factors in dance talent development](https://www.trinitylaban.ac.uk/dance-science-research/talent-development-the-cat-project). Best practice, information and resources are disseminated through [educational workshops](http://www.onedanceuk.org/programme/healthier-dancer-programme/healthier-dancer-talks/), publications, and digital resources on subjects such as confidence and anxiety, and preparation for performance and annual conferences on e.g. [nutrition and eating disorders](https://www.youtube.com/watch?v=q0ceJdEn5lY&list=PLfsOtrzqEfR7RZXoeQUIQT_BgBbY9K1yu&index=2), [mental health](https://www.youtube.com/watch?v=6jki1EM9mcc&list=PLfsOtrzqEfR53KvNPNxZ7LrENdk9U5t4H), and the [biopsychosocial impact of injury](http://www.onedanceuk.org/event/healthier-dancer-programme-conference-november-2017/) (reaching 9000 people since 2012).

In partnership with SEPSIG, One Dance UK and NIDMS would like to investigate the following:

* Where are specialists in psychiatry located in relation to NIDMS clinics? Nick Allen (Clinical Director, Birmingham Royal Ballet) and Dr Kim Gregory (Birmingham NHS dance injury clinic) have set up a local working group to discuss local referral pathways and would appreciate a meeting with any local psychiatrists who are interested.
* How to build an NHS or private pathway for a regular eating disorders clinic (ideally with dance specialist knowledge), potential CAMHS basis with colleagues from SEPSIG?
* Volunteer liaison psychiatrists with interest in dancers and eating disorders and somatisation
* Scope too for collaboration with the new female athlete clinic in Manchester
* Any SEPSIG members interested in joining the One Dance UK dance specialist Healthcare Practitioners Directory, attending CPD in dancers’ health, working as an advisor, or with experience in dance invited to contact [manager@nidms.co.uk](mailto:manager@nidms.co.uk) and [hdp@onedanceuk.org](mailto:hdp@onedanceuk.org)

**6. Old Age**

The final presentation was delivered by Reshad Malik and entitled *Physical Activity and Old Age.* Dementia is a leading cause of morbidity and mortality worldwide and we each have a one in three chance of developing dementia. Increasingly, evidence shows that physical activity (PA) in mid-life can maintain cognition in later life, through modification of risk factors and more recently it has been suggested through formation of new neuronal synapses. There have not been significant new developments in biological treatments for dementia in the last 40 years but exercise and mental health brings new potential therapeutic targets. One of these is brain derived neurotrophic factor (BDNF), which seems to be upregulated in subjects after exercise and may be linked to increased synapse formation – essentially suggesting that exercise promotes brain growth.

**7. Business meeting**

After a brief tea-break and a photo opportunity the days events concluded with a short business meeting where there was no shortage of suggestions for inclusion in the next meeting which is scheduled for the 21st of September in central London.

(<https://sportandexercisepsychiatry.co.uk/special-interest-group/autumn-meeting-september-2018/>).