joint winter meeting

the future of psychiatry

23rd November 2018
Mercure Holland House, Cardiff

cover image 'words in the community'
provided by Patrick Jones
Artist In Residence
Royal College of Psychiatrists in Wales
Professor
Keith Lloyd
Chair, Welsh Psychiatric Society
Vice President, Royal College of Psychiatrists

croeso

Mae'n bleser mawr gen i eich croesawu i'r cyfarfod hwn ar y cyd dros y gaeaf rhwng Cymdeithas seiciatrig Cymru a Choleg Brenhinol y Seiciatryddion yng Nghymru.

Ei rhaglen wirioneddol gyffrous, siaradwyr eithriadol sy'n ceisio canmol y thema-dyfodol seiciatreg.

Mae gennym rai cytwyniadau haniaethol gwych, sy'n dyst gwirioneddol i addysg feddygol yng Nghymru, ac ymrwymiad parhaus gan Aelodau yng Nghymru i adolygu a gwella gwasanaethau, a thannu arferion gorau a syniadau newydd.

Hoffwn ddiolch hefyd i’n arddangoswyr gwych, a byddwn yn annog pawb sy’n dirprwy i ddog i wybod mwy am eu gwaith dros goffi.
welcome

It’s with great pleasure that I welcome you to this year’s joint winter meeting of the Welsh Psychiatric Society and the Royal College of Psychiatrists in Wales.

It’s a truly exciting program, exceptional speakers that look to compliment the theme - the future of psychiatry.

We have some excellent abstract submissions, a real testament to medical education in Wales, and continued commitment from members in Wales to review and improve services, and share best practice and new ideas.

I would also like to thank our excellent exhibitors, and I would encourage all delegates to find out more about their work over coffee.
joint winter meeting

the future of psychiatry

23rd November 2018
Mercure Holland House, Cardiff

9am registration & coffee

9.20 welcome & introductions
Professor Keith Lloyd

9.30 future of psychiatry in the 21st century: sunny or cloudy?
Professor Dinesh Bhugra

10.30 if the doors of perception were cleansed...
is schizophrenia a disorder
of cellular cleanliness?
Professor Ian Everall

11.30 coffee

11.55 introduction to the presidents lecture
Professor Wendy Burn

12.00 the presidents lecture
40 years of psychiatry, and how it can inform the next 40
Professor David Nutt

13.00 lunch

14.00 words in the community
Patrick Jones

14.05 poster award presentations
Professor Keith Lloyd

14.15 the future of psychiatric training
Dr Kate Lovett

15.00 coffee

15.15 RCPsych in Wales annual business meeting

16.00 conference close
with thanks to our exhibitors

principal exhibitor

LivaNova
Health innovation that matters

LivaNova exists at the intersection of advancing technology and transforming lives for people impacted by difficult to treat depression, drug resistant epilepsy, and cardiological diseases.

Vagus Nerve Stimulation therapy is the first approved adjunctive long-term treatment option for difficult to treat depression that offers sustained efficacy and increased quality of life with a favourable safety profile and guaranteed compliance.

United in passion, focus and commitment, we deliver innovative solutions Day by day and Life by life.

With LivaNova,
expect health innovation that matters

Royal College of Psychiatrists in Wales
Welsh Psychiatric Society
2018 joint winter meeting

future of psychiatry
Gellinudd Recovery Centre has been designed and developed to give the best possible opportunity for recovery to our Guests.

Set in a rural residential area just minutes from Swansea, the Gower coast and the Brecon Beacons, the Hospital is run by Welsh mental health charity Hafal.

Guests enjoy a number of activities, both at the Centre and in the local community; they have access to a gym, a multi-faith room, a café and an outdoor therapeutic space; they can also enjoy music and art activities, study for accredited qualifications, take part in outdoor activities... the list goes on!

Guests have their own en-suite room which can be personalised to their own taste. We also provide a warm welcome for visiting family and carers, with a playground, family room and lounge areas.

Like Hafal’s other services, Gellinudd Recovery Centre is run in partnership with the people who use it, and Guests take an active part in planning, evaluating and developing the service.

Gellinudd Recovery Centre really is a world-class facility. It is the only hospital of its kind in Wales, and in the UK. In recognition of its innovation the Centre was presented with a Pedro Montellano Good Practice Award by the Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN).

Suzanne Duval has worked in the voluntary sector for 30 years, representing, supporting and delivering much needed services to BME individuals, agencies and support organisations throughout Wales. At Diverse Cymru she is the BME Mental Health Manager with responsibility for managing three major projects addressing inequality within the BME mental health communities. She is currently working collaboratively with all 7 Local Health Boards, the Welsh Government and the Local Authority to represent the views and issues of BME people with mental illness. She develops local and national actions designed to improve cultural sensitivity and inclusion in mental health services, policy and practice throughout Wales.

Suzanne is the Project Lead for the BME Mental Health Workplace Good Practice Certification Scheme.

Dr Charles Willie is a researcher, trainer and Management Consultant with a reputation for high quality deliverables and outcomes. Charles’ primary area of expertise is within the equality and diversity arena, where he has been involved in equality and diversity issues within the voluntary, private and public sector for the past 25 years. This experience has primarily been within the public sector, where he played a leading role in helping organisations take forward their Race Relations Amendment Act, and also the Disability Discrimination Act (2005) obligations.

Charles is the Project Advisor for the BME Mental Health Workplace Good Practice Certification Scheme. The scheme which is endorsed by the Royal College of Psychiatrists in Wales, focuses on improving workplace practice to help ensure that the barriers specific to BME people are taken into account in the delivery of mental health services.
Alzheimer’s Society is the UK’s leading dementia charity. We provide information and support, fund research, campaign to improve care and create lasting change for people affected by dementia in England, Wales and Northern Ireland.

There are currently 45,000 people living with dementia in Wales, half have yet to receive a formal diagnosis. It is estimated that by 2055 there will be over 100,000 people living with dementia in Wales.

Alzheimer’s Society Cymru provides the secretariat support to the Cross-Party Group (CPG) on dementia in the National Assembly for Wales, chaired by Lynne Neagle AM. In October 2018, the CPG launched an inquiry into hospital care for people affected by dementia – focusing on knowledge and understanding of hospital staff, quality of care and the process of admission and discharge. The group is gathering evidence from individuals and organisations across Wales and welcomes input from psychiatrists.

In November 2018 Alzheimer’s Society Cymru and the Welsh Language Commissioner jointly published ‘Welsh Speakers’ Dementia Care’ – a report on the provision of care and services through the medium of Welsh for people affected by dementia across Wales. The report contains recommendations for the Welsh Government, and an implementation group will monitor progress of action taken.

The Reading Agency is a national charity that tackles life’s big challenges through the proven power of reading. Reading Well is our programme helping people to understand and manage their health and wellbeing using self-help reading. The books are all endorsed by health experts, as well as people living with the conditions covered and their relatives and carers. Users can be recommended a title by a health professional, or can visit their local library and take a book out themselves.

The Welsh Government are supporting The Reading Agency to roll out Reading Well in all 22 library authorities in Wales, beginning with Reading Well Books on Prescription for dementia in 2018 and Reading Well Books on Prescription for mental health in 2019. The books provide information and advice, support for living well, advice for relatives and carers, and personal stories. They are endorsed by health professionals and can all be found in the local library. www.reading-well.org.uk/wales
Professor Keith Lloyd

Keith Lloyd is Dean and Head of Swansea University Medical School and a clinical academic specialising in psychiatry. His research interests are psychiatric epidemiology, the management of mental disorders in primary care and community settings especially suicide and self harm, and patient perspectives. Increasingly his work draws on mental health informatics.

Keith works clinically as a psychiatrist in Swansea’s ABMU Health Board.

Keith is vice president of the Royal College of Psychiatrists and Chair of the Welsh Psychiatric Society.

Professor Ian Everall

Ian Everall is the Executive Dean at the IoPPN having previously been the Cato Professor & Head of Department of Psychiatry, University of Melbourne. From 2004 to 2009 he was Professor of Psychiatry at the University of California, San Diego USA & from 1999 to 2004 he was Professor of Experimental Neuropathology & Psychiatry, IOP.

Professor Everall has approximately 200 publications and has received over $50M in research funding.

Professor Dinesh Bhugra CBE

Professor Dinesh Bhugra CBE is Emeritus Professor of Mental Health and Cultural Diversity at the Institute of Psychiatry, Psychology and Neuroscience at King’s College London. He was President of the World Psychiatric Association from 2014-2017 and in 2018 became President of the British Medical Association.

Dinesh Bhugra’s research interests are in cultural psychiatry, sexual dysfunction and service development. He is the recipient of over 10 honorary degrees. He has authored/co-authored over 400 scientific papers and 30 books, and is the Editor of three journals (International Journal of Social Psychiatry, International Review of Psychiatry and International Journal of Culture and Mental Health).

Previously he was the Dean (2003-2008) and then President (2008-2011) of the Royal College of Psychiatrists in the UK, where he led on major policy initiatives on psychiatry’s contract with society and the role of the psychiatrist.

Patrick Jones

Renowned poet, author and playwright Patrick Jones is artist in residence at the Royal College of Psychiatrists in Wales.

The residency sees Patrick collaborate with the college on a series of commissioned works to promote the impact of art on well-being and mental health to the public and Welsh public services alike.

Patrick has a rich history of involvement with arts and health projects, having most recently worked with The Forget Me Not Chorus (whose members are individuals living with Dementia) on the ‘My Song My Story’ project. This well-received work documented poems of members’ most precious songs and the stories behind them. Previous commissions include The Welsh National Opera, National Theatre Wales, Literature Wales, The Manic Street Preachers, to name just a few; and collaborations with prominent artists and musicians throughout Wales and beyond.

“You think your pain and your heartbreak are unprecedented in the history of the world, but then you read.” - James Baldwin
Professor Wendy Burn

Wendy Burn was appointed as a Consultant Old Age Psychiatrist in Leeds in 1990 and currently works part-time in a community post. Her main clinical interest is dementia. She held Regional leadership positions in this area from 2011 and was Co-Clinical Lead for Dementia for Yorkshire and the Humber Strategic Clinical Network 2013-16. In this role, she was involved in several projects to improve the standard of care for people with dementia. She sits on National Groups for the planning of dementia care.

Wendy has been involved in the organisation and delivery of postgraduate training since she started as a consultant. She has held many roles in education including College Tutor, Training Programme Director, Director of Postgraduate Medical Education, Chair of Specialty Training Committee and Associate Medical Director for Doctors in Training. She set up the Yorkshire School of Psychiatry and was the first Head of School.

On behalf of the Royal College of Psychiatrists she has been an examiner, a Senior Organiser of clinical examinations, a Deputy Convenor, Regional Co-ordinator for CPD and the Deputy Lead for National Recruitment. She was College Dean from 2011 to 2016. She became the Co-chair of the Gatsby Wellcome Neuroscience Project in 2016. In 2017 she was elected as President of the College and took office in June.

Professor David Nutt

Professor Nutt is the founder Chair of DrugScience.org.uk (formerly the Independent Scientific Committee on Drugs – ISCD) and has held many leadership positions in both the UK and European academic scientific and clinical organisations including the European Brain Council, the British Neuroscience Association, the British Association of Psychopharmacology, the European College of Neuropsychopharmacology and the UK Advisory Council on the Misuse of Drugs. He is a Fellow of the Royal Colleges of Physicians, of Psychiatrists and the Academy of Medical Sciences. He is also the UK Director of the European Certificate and Masters in Affective Disorders courses and a member of the International Centre for Science in Drug Policy.

Doctor Kate Lovett

Kate is the Dean and is the chief academic officer of the College. She is elected for the period 2016 - 2021.

Dr Kate Lovett studied Medicine at the Universities of St Andrews and Manchester. Having been awarded a distinction at finals, Kate trained as a psychiatrist in the Northwest obtaining the MRCPsych in 1995. She completed an MSc in clinical psychiatry in 1997 researching the role of ovarian steroids in postnatal depression. Kate trained both full time and flexibly completing specialist training in 2001. She has worked for Devon Partnership Trust as a Consultant Psychiatrist in General Adult Psychiatry since 2001 as an inpatient crisis consultant. She was an Associate Medical Director between 2008 and 2010 and has been in her current role as a community psychiatrist for the past 5 years.
future of psychiatry in the 21st century: sunny or cloudy?

Psychiatry as a branch of medicine carries with it certain imperatives and certain expectations. As a profession the discipline of psychiatry is at a truly exciting stage of discoveries. These developments can be seen as biological, psychological, social and public mental health levels. Biological developments include better topography and understanding of brain as well as development of gene-mapping and resulting psychopharmacogenomics. A better understanding of neuroscience of emotions mean that more targeted interventions are possible. At social levels, the impact of globalization resulting into rapid industrialisation and resulting rapid urbanisation needs to be taken into account. Furthermore, geo-political determinants such as climate change, wars and disasters be they manmade or natural contribute to increased levels of migration and often unmanageable levels of refugees and asylum seekers.

Geopolitical determinants affect social determinants such as poverty, overcrowding, changing family structures and changing social support which all determine the onset as well as outcome of many psychiatric disorders. Increased use of and access to social media can influence patient expectations as well as help-seeking. The use of tele-mental health and apps is increasing globally but the impact has not been fully understood or studied even. New therapies and therapies without therapists mean that people can access therapeutic interventions readily and on the move.

With unprecedented increase in longevity globally, more people are living with complex co-morbidities. These developments also offer an opportunity to develop services which will utilise these advances in a successful manner. The move from asylums to community care to home treatments reflect some of the changes in service development and delivery. Findings from a recent report by the Mental Health Foundation in the UK will be presented along with the report of the WPA Lancet Commission on the Future of Psychiatry. Training needs to change along with resource allocation.
If the Doors of Perception Were Cleansed, Is schizophrenia a disorder of cellular Cleanliness?

Professor Everall’s primary research focus is to investigate the neuropathological changes associated with schizophrenia, major depression and bipolar disorder. This has involved undertaking detailed stereological quantitation of cellular changes & gene expression changes in these disorders and examining various neurodevelopmental pathways & noting abnormalities in the expression of components of these pathways in the brain in schizophrenia. In addition, he has been undertaking in vitro assessments of the cellular and genetic changes associated with antidepressants and antipsychotic medication.

Within the field of HIV and neuroscience Professor Everall identified that HIV infection of the brain resulted in neuronal death, & with colleagues he correlated the pathological changes with neurocognitive impairment.

Recently he has been investigating avenues for neuroprotection and has found that lithium protects against HIV related cognitive impairment.
Professor David Nutt

Professor of Neuropsychopharmacology, Imperial College, London

The Presidents Lecture

40 years of psychiatry and how it can inform the next 40

#rcpsychlectures

Professor David Nutt has spent over 40 years practicing and researching psychiatry with involvement in national and international organisations involved in the development of new treatments and improving policies.

David Nutt is currently the Edmund J Satra Professor of Neuropsychopharmacology and Head of the Neuropsychopharmacology Unit in the Centre for Academic Psychiatry in the Division of Brain Sciences, Dept of Medicine, Hammersmith Hospital, Imperial College London. He is also visiting professor at the Open University in the UK and Maastricht University in the Netherlands.

After 11+ entry to Bristol Grammar he won an Open Scholarship to Downing College Cambridge, then completed his clinical training at Guy's Hospital London. After a period in neurology to MRCP he moved to Oxford to a research position in psychiatry at the MRC Clinical Pharmacology Unit where he obtained his MD. On completing his psychiatric training in Oxford, he continued there as a lecturer and then later as a Wellcome Senior Fellow in psychiatry. He then spent two years as Chief of the Section of Clinical Science in the National Institute of Alcohol Abuse and Alcoholism in NIH, Bethesda, USA. He returned to England in 1988 to set up the Psychopharmacology Unit in Bristol University, an interdisciplinray research grouping spanning the departments of Psychiatry and Pharmacology, before moving to Imperial College London in December 2008 where he leads a similar group with a particular focus on brain imaging and translational medicine studies on these disorders.
He currently is the founder Chair of DrugScience.org.uk (formerly the Independent Scientific Committee on Drugs - ISCD) and has held many leadership positions in both the UK and European academic scientific and clinical organisations. These include presidencies of the European Brain Council, the British Neuroscience Association, the British Association of Psychopharmacology and the European College of Neuropsychopharmacology as well as Chair of the UK Advisory Council on the Misuse of Drugs. He is a Fellow of the Royal Colleges of Physicians, of Psychiatrists and of the Academy of Medical Sciences. He is also the UK Director of the European Certificate and Masters in Affective Disorders courses and a member of the International Centre for Science in Drug Policy.

David has edited the Journal of Psychopharmacology for over twenty five years and acts as the psychiatry drugs advisor to the British National Formulary. He has published over 500 original research papers and a similar number of reviews and books chapters, eight government reports on drugs and 31 books, including one for the general public, ‘Drugs Without the Hot Air’, which won the Transmission book prize in 2014 for Communication of Ideas.

David broadcasts widely to the general public both on radio and television; highlights include being a subject for The Life Scientific on BBC radio 4, several BBC Horizon programs and the Channel 4 documentaries Ecstasy and Cannabis Live. David is much in demand for public affairs programs on therapeutic as well as illicit drugs, their harms and their classification. In 2016 he was advisor to the BBC Religious affairs dept on their groundbreaking programme on psychedelics in religion http://www.bbc.co.uk/programmes/p0438553 . He also lecturers widely to the scientific and medical communities as well as to the public e.g. at the Cheltenham Science and Hay How the Light Gets In Festivals, Glastonbury and other music festivals as well as many Café Scientifiques and Skeptics in the Pub. He also speaks regularly to schools.

In 2010 The Times Eureka science magazine voted him one of the 100 most important figures in British Science, and the only psychiatrist in the list. In 2013 he was awarded the Nature/Sense about Science John Maddox prize for Standing up for Science and in 2016 an Honorary Doctor of Laws from the University of Bath for contributions to science and policy.

This talk reflects on some key learnings from these different elements of David’s career.

#rcpsychlectures

Introduced by

Professor

Wendy Burn

President, Royal College of Psychiatrists
Doctor
Kate Lovett
Dean, Royal College of Psychiatrists

the future of psychiatric training

Kate has a long-standing interest in training and education. She has been undergraduate Psychiatry lead for Peninsula Medical School and Training Programme Director for Adult Psychiatry. Kate completed a Postgraduate Certificate of Clinical Education with Distinction in 2008. She served on the education, training and standards committee at the Royal College of Psychiatrists between 2010 and 2014 and on the South West Division between 2010 and 2016.

Kate was appointed as CASC (Clinical Assessment of Skills and Competencies) examiner in 2008 and became a lead examiner in 2014. She was Head of School of Psychiatry in the Peninsula Deanery for four and a half years until 2016 when she gave this role having been elected as the Dean of the Royal College of Psychiatrists. In that role she has lead work on recruitment and retention in the mental health workforce and has been the driving force behind #ChoosePsychiatry.

Her drive to develop systems that support competencies that support compassionate care and recovery fuels her educational leadership and is underpinned by values of equity and fairness.
on the 70th birthday of the NHS
the healing house

patrick jones

Bring your children to the nursery
with their disease and sickness,
this is the place where I hope to cure all illness
at the point of need, this is an emergency

come now, our tomorrow
rest yourself
as I halt fear and heal bone marrow,
and, from an early death
i promise emancipation,
with my doctors, nurses
and vaccinations

let in the mothers
the pool is ready for another,
carer of the next generation,
sleep, prepare for this new birth,
I offer you protection,
as you grow the roots of our new earth

welcome, people from other nations,
with troubled faces from distant places,
i have room for you, my new patients,
i have no borders to caring,
pain has no dialect, this language is for sharing,
let love be found in translation

sit, eat from my pantry,
become healthy
as you, you are my ultimate test,
bring me your tortured tongues
so you may speak again
from far off battlefields show your scarred flesh
so i can stem the blood and heal your pain.

to you, the wiser, the elderly, the old,
do not be afraid, do not huddle in the cold,
my door is open,
come in, come in,
it is warm, trust us,
and i shall lance the boils of poverty's injustice,
and drain the infection,
as in my house these rooms
offer cure by prevention,

and so to the sick, to the dying, those
crippled with disease
stay, in my garden,
breathe,
lay, beneath the trees
i shall provide peace and serenity
to strengthen the health of vulnerability
no matter what age, sex, class, race or country,

my windows pour penicillin
my library, the words of the masters,
Simpson, Pasteur and Fleming
not market forces or ignorant capitalists

so be careful how you treat your house, our home
never neglect or leave alone
keep clean, add extensions
but never damage the bricks or remove my foundations

from the wasteland of squalor, disease and dereliction,
I am the safe place
the healing home
injecting cells with reconstruction,
the everlasting bandage
to deliver all from illenssed bondage

I am the suture
to stitch the wounds of the past....

but i am the scalpel
to carve the future
to make Aneurin’s dream last
to make this dream last.
Abstracts

new research ideas
audit
research findings
quality improvement
Audit, re-audit and service evaluation of ADHD prescribing in Cwm Taf Neurodevelopmental Service – The Titration Clinic model

Dr. Charlie Davey | Specialty Doctor, Cwm Taf UHB Neurodevelopmental Service – now ST4, Aneurin Bevan Health Board CAMHS
Dr. Miriam Cooper | Consultant child and adolescent psychiatrist, Cwm Taf UHB Neurodevelopmental Service

Introduction: Problem: lack of a pathway for the titration and maintenance of ADHD medication in Cwm Taf UHB Neurodevelopmental Service. Our initial audit showed ADHD medication was being prescribed and monitored in an ad hoc way rather than in accordance with NICE. Therefore we developed a post-diagnosis comprehensive, consistent, evidence-based pathway for ADHD medication management (‘Titration Clinic’ model), and then re-audited the model and evaluated patient satisfaction with the revamped system.

Aims: To develop a model whereby:

- Patients are titrated in a timely, consistent manner with progress and side effects monitored regularly
- Remission is a) the treatment goal and b) objectively measured
- Prescription requests and clinical contacts outside appointments are minimised
- Robust systems are in place to cope with ever-expanding referral numbers
- Patient satisfaction is high

Methodology: The model was piloted by CD on n=21 patients from November 2017-April 2018. Pro formas for recording ADHD symptoms, medication side effects and physical parameters were developed. Validated rating scales to quantify treatment progress at every appointment were implemented. The next appointment date was given to families during each session, as was medication until the next appointment. Systems for remitted patients to obtain prescriptions were set up. Finally, a Service Evaluation of patient satisfaction with the model was carried out.

Results: There was 86% attendance, with few additional clinical contacts or prescription requests outside of clinic. The majority of patients were titrated a) at a frequency and b) with medication dosages, in accordance with NICE. 19/21 achieved remission. Systems developed allowed high compliance with the required documentation for monitoring side effects and physical health parameters. Anecdotal feedback from families was very positive. Results from the formal service evaluation are awaited.

Conclusions: This model has the potential to transform outcomes for families and improve pressure on a service whose growing demand far exceeds capacity.
Exploring Experiences of Eating Disorders: An Artistic Narrative Analysis

Miss Camilla Selous | 5th year medical student, Cardiff School of Medicine

Aims: Eating disorders are a group of mental disorders associated with significant levels of stigma. A multi-media exhibition was curated, in collaboration with the National Centre for Mental Health, aiming to facilitate improved empathy and understanding between those with personal experience of an ED and those without. Individuals with lived experience of EDs collaborated to share art, poetry and spoken word reflective of their experiences. Quantitative analysis of participant interviews explored perceived ED triggers and positive interventions by family and friends.

Methods: Participants (n=5) were recruited using a self-selection model subject to inclusion (Current Cardiff University Student and previous/current diagnosis of ED) and exclusion (no suicidal ideation last 12 months) criteria. Unstructured interviews were conducted using a narrative therapy approach. Interview transcripts were qualitatively analysed using Microsoft Excel to detect word and thematic frequency. Participants were also encouraged to creatively communicate their ED experience to contribute to a multi-media exhibition.

Results: Thematic analyses showed that the emotion ‘Shame’ was frequently correlated with subsequent development of an ED (n=37). Participants described a ‘shame-shame cycle’ whereby shame acted as a consistent causative factor for ED behaviours, mediated by ‘unhealthy coping mechanisms’ (n=19). Development of a ED then cultivated a sense of shame if individuals maintained secrecy (n=6) or encountered judgement from peers and professionals (n=4). ‘Empathy’ (n=13) and ‘good communication with peers’ (n=8) appeared to mitigate the shame-shame cycle.

Conclusions: Shame is strongly correlated with EDs and both causes and maintains EDs in a viscous cycle. Exhibitions that facilitate bilateral engagement between individuals with EDs and those without may represent an innovative destigmatising intervention.
The Younger the Better – Integrating Mental Health Curricula Within Primary Education

Miss Natalie Ellis | Cardiff University School of Medicine
Dr. Liz Forty | Cardiff University Division of Psychological Medicine and Clinical Neurosciences

Aims: The overall aim of this study was to understand the current needs of primary schools in South-Wales, with regards to mental health teaching, and to develop a guidance document for the development of future teaching packages.

Methods: This was a focus group based qualitative study. Focus groups were conducted with fifty teachers and eleven parents, recruited from seven South-Wales primary schools. I used an inductive approach to data analysis. Thematic patterns were recorded according to the topics that were discussed in depth and at length by the groups.

Results: Four main themes were identified. These were ‘Teaching content’, ‘Format of the package’, ‘Teacher and parent engagement’ and ‘Barriers to implementation’.

Conclusions: Based on the needs of schools, and the perspectives of teachers and parents, we produced a guidance document for the development of a teaching package for primary school pupils. This document advises on the content, format, evaluation and accessibility of the package, as well as parental engagement strategies and recommendations about staff training.
ACTivate your wellbeing

Mrs Menna Brown | Swansea University Medical School, PhD student
Prof. Ann John | Swansea University Medical School

Aim: To trial a web-based, wellbeing intervention, based on acceptance and commitment therapy (ACT) with public sector staff in Wales for the purpose of collecting user feedback on all aspects of the module content to finalise ahead of an anticipated feasibility trial.

Method: A 12 week wellbeing intervention was developed in collaboration with staff from across ABMU health board and an experienced ACT practitioner who undertook expert review at two stages of development.

A beta web-site was developed utilising wordpress.com a free web-site development package. The intervention content, images, downloadable resources and selected YouTube clips were added to the private site.

Participants were recruited via email. Those invited had previously expressed an interest in an earlier related research phase (i.e. the champions for health project) and indicated future interest.

Those wishing to take part visited the web-site and were provided with 12 weeks free access to the wellbeing resource. Participants were asked to contribute anonymous feedback on a weekly basis. This was achieved via embedded survey links in the web-site. A focus group is planned for additional feedback and discussion.

Results: Five members of ABMU staff participated.

Feedback covered all aspects of the intervention from opinion on wording, explanations, exercises and design. Examples will be provided. No technical problems were reported (to date). The focus group is planned for later this year.

Comment / Conclusions: The web-based approach facilitated an easy to access delivery format. All users accessed the web-site without issue, for free, from internet enables devices of their choice. Limitations: Not all staff groups were represented. Poor uptake limited potential for feedback and ultimately improvement from the anticipated user perspective. Serious issue is raised for recruitment to the anticipated feasibility trial. Future directions should explore barriers to use and identification of appropriate incentives and recruitment approaches.
Technical, ethical and practical implications of AI and routine health data to aid suicide prevention

Dr. Marcos del Pozo Banos | Swansea University Medical School
Prof. Carlos T. Gonzalez | University of Las Palmas de Gran Canaria
Kate Southern | Cardiff Adult Self Injury Project
Prof. Nicolai Petkov | Faculty of Science and Engineering, University of Groningen
Prof. Damon Mark Berridge | Swansea University Medical School
Prof. Keith Lloyd | Swansea University Medical School
Dr. Caroline Jones | Hillary Rodham Clinton School of Law, Swansea University
Dr. Sarah Spencer | Princess of Wales Hospital
Prof. Ann John | Swansea University Medical School

Aims: We aimed to study the technical, ethical and practical implications of a flagging tool using artificial intelligence (AI) techniques and routinely collected electronic health records (EHR) to help practitioners identify those at risk of suicide and support suicide prevention efforts.

Method: (1) We studied the suitability of AI techniques to process EHR, characterized by large volumes of data that is often incomplete and noisy. (2) We assessed whether EHR carries enough information to help in the identification of those at risk of suicide. (3) We presented the proposed methodology to the Consumer Panel of the Secure Anonymised Information Linkage (SAIL) Databank to gain the view of the general population. (4) We considered intended and unintended consequences of deploying the proposed support tool.

Results: (1) AI, and in particular Deep Learning, seems to be especially suitable for the analysis of EHRs. (2) Our preliminary results suggest that EHR carries enough information to flag those that may be at risk of suicide. (3) Members of the consulted Consumer Panel agreed with the combination of AI and EHRs to aid suicide prevention efforts, and encouraged the use of other sources of data, such as school data, to increase the capabilities of the system for those more vulnerable. (4) We identified possible unintended consequences that need to be considered and minimized. If practitioners rely solely on this flagging tool, care may be displaced rather than expanded and targeted.

Conclusions: Advanced analytical tools such as those from AI and routinely collected EHR can and should be used to aid suicide prevention efforts. However, care should be taken to ensure that these systems: (1) have a clinically relevant design, (2) are intensely tested offline using databanks such as SAIL, and (3) are comprehensively evaluated in pilot tests to understand their real world consequences.
A systematic review of interventions to prevent suicidal behaviours and reduce suicidal ideation in older people

Dr. Chukwudi Okolie | Swansea University Medical School
Prof. Michael Dennis | Swansea University Medical School
Dr. Emily Simon Thomas | Swansea University Medical School
Prof. Ann John | Swansea University Medical School

Background: Older people have a high risk of suicide but research in this area has been largely neglected. Unlike for younger age groups, it remains unclear what strategies for prevention exist for older adults. This systematic review assesses the effectiveness of interventions to prevent suicidal behaviour and reduce suicidal ideation in this age group.

Methods: MEDLINE, EMBASE, PsycINFO, Web of Science, and Cochrane Central Register of Controlled Trials (CENTRAL) were searched for relevant publications from their dates of inception until 1 April 2016. Studies included in this review report effectiveness data about interventions delivered to older adults to prevent suicidal behaviour (suicide, attempted suicide, and self-harm without suicidal intent) or reduce suicidal ideation. A narrative synthesis approach was used to analyse data and present findings.

Results: Twenty one studies met the criteria for inclusion in the study. Most programmes addressed risk predictors, specifically depression. Effective interventions were multifaceted primary care-based depression screening and management programmes; treatment interventions (pharmacotherapy and psychotherapy); telephone counselling for vulnerable older adults; and community-based programmes incorporating education, gatekeeper training, depression screening, group activities, and referral for treatment. Most of the studies were of low quality apart from the primary care-based randomised controlled trials.

Conclusions: Multifaceted interventions directed at primary care physicians and populations, and at-risk elderly individuals in the community may be effective at preventing suicidal behaviour and reducing suicidal ideation in older adults. However, more high quality trials are needed to demonstrate successful interventions.
Aims: This study aims to assess the feasibility of a web-based platform for self-harm research. This platform will aim to bring together: questionnaire data; routinely collected healthcare data and uploads to a databank of online material.

Method: An online platform for self-harm research has been developed. This platform functions as a questionnaire delivery platform and as a place for individuals to upload sources of advice/information from the internet. These uploads will form a databank of media sources that can undergo further assessment. Participants will be given the option to sign up to the UK's first self-harm research-register and to consent to having their data linked with routinely collected healthcare data.

Results and comments: Work with the platform is in its preliminary stages. Over 250 participants have signed up with >90% also signed up for the research register. It is hoped that results will assist in identifying vulnerable groups missed by traditional research. Such results will assist in the development of future service provision and support.

Conclusions: If successful this project would demonstrate the utility of an online platform for self-harm research. It may also result in a register of individuals who self-harm that can be contacted for future research and a databank of media sources that can undergo further study.
Linking Data from a randomised controlled feasibility trial delivering a Social support and Wellbeing Intervention following Self-Harm (SWISH) to Electronic Health Records

Dr. Sze Chim Lee | Swansea University Medical School
Dr. Nilufar Ahmed | Swansea University Medical School
Dr. Saiful Islam | Swansea University Medical School
Dr. Richard Jones | Hywel Dda University Health Board
Dr. Charlotte Davies | Hywel Dda University Health Board
Dr. Ashrafunessa Khanom | Swansea University Medical School
Dr. Peter Huxley | Bangor University, Bangor, UK.
Prof. Ann John | Swansea University Medical School

Aims: We aimed to evaluate the feasibility of using routinely collected electronic health records (EHR) data to assess outcomes in a randomised feasibility trial (SWISH) of using enhanced contact intervention for patients with self-harm and suicidal ideation.

Method: 160 patients presenting to health services between 01/01/2015 and 31/12/2015 with self-harm and/or suicidal ideation not currently known to psychiatric services were recruited to participate in a non-blinded parallel group randomised feasibility trial and randomised using an online tool. Control group received treatment as usual (TAU) and intervention group face-to-face and telephone contacts plus TAU. Patients were assessed at baseline, 4 and 12 weeks with standardised depression scale and quality of life. We also extracted the number of contacts related to depression, self-harm and suicidal ideation from primary and secondary care one year preceding and following baseline by linking data to the Secure Anonymised Information Linkage (SAIL) databank.

Results: 120 were randomly assigned to control (n = 58) or intervention group (n = 62). All participants were linked to SAIL. 100% data coverage was achieved one year before and after baseline for the secondary care dataset. For the primary care dataset, 40 participants (69.0%, 95% CI: 55.3% – 80.1%) and 46 participants (74.2%, 95% CI: 61.3% – 84.1%) were documented having valid GP records for control and intervention group respectively before baseline. After baseline, 36 participants (62.1%, 95% CI: 48.3% – 74.2%) and 46 participants (74.2%, 95% CI: 61.3% – 84.1%) were extracted with GP records for control and intervention group respectively. Depression scale and number of contacts to service decreased while quality of life increased after baseline.

Conclusions: Given high proportion of data coverage and consistency of outcomes between trial and data, use of EHR data in randomised control trials was viable.
Antipsychotic Prescribing in Schizophrenia

Miss Abigail Neasham  |  Cardiff University  
Dr. Rossela Roberts  |  Betsi Cadwaladr University Health Board  
Miss Chania Lambrinudi  |  Cardiff University  
Dr. Afshan Khan  |  Betsi Cadwaladr University Health Board

Aims: In recent decades atypical antipsychotics have increased treatment options available for schizophrenia, however there is conflicting evidence concerning the trade-off between clinical efficacy and side effects for the different classes of antipsychotics. This study aims assess antipsychotic prescribing trends and to identify the factors that contribute to antipsychotic prescribing choice and how these can be used to aid knowledge translation and guideline implementation.

Methods: Antipsychotic prescribing data was collected from the Prescribing Care Authority between 2007 and 2014. The data was analysed to assess the comparative quantity of atypical vs. typical antipsychotic prescribing. To understand what may be driving the trends, a follow-up quantitative study was conducted using data from 11 semi-structured interviews with clinicians with experience in prescribing for schizophrenia.

Results: An increase in atypical antipsychotic prescribing between 2007 and 2014 was confirmed with atypicals accounting for 79.9% of total antipsychotics prescribed in 2014. Thematic analysis identified five themes underpinning prescribing behaviour: (1) ownership and collaboration; (2) compromise; (3) patient involvement; (4) integrating research evidence; and (5) experience.

Conclusions: The consistent popularity of atypical antipsychotics is not concordant with the current NICE guidelines for the treatment of schizophrenia or the most recent research evidence showing neither class is superior. The themes mapped to various degrees onto current models of evidence-based decision making and suggest that there is scope to re-think the guideline implementation frameworks to incorporate recurring themes salient to clinicians who ultimately use the guidelines. This will further translation of future evidence into clinical practice, accelerating clinical progress.

research findings
An Investigation of Non-Attendance Rates and Reasons for Nonattendance in an Old Age Psychiatry Clinic in Cardiff; South and East Team

Dr. Louise Bakwell | FY1 ABMU health board
Dr. Danika Rafferty | ST6 AMBU heakth board
Dr. David Howells | Cardiff and Vale health board
Dr. Rhiannon Callaghan | Cardiff and Vale Health board
Dr. Marion Gray | Cardiff and Vale health board

Aims: To investigate ‘Did Not Attend’ (DNA) rates and the reasons for nonattendance, in old age psychiatry, in Cardiff South and East; from January 2017 to June 2017

Method: A questionnaire was developed with a view to establishing what could be done to improve clinic attendance. Patients who had not attended their old age psychiatry outpatient’s appointment were contacted by post (50) or telephone (15) to complete the questionnaire. Appointment bookings were reviewed to establish reasons for appointments not being utilised. The results of this project were presented in MDT where the team discussed a resolution to the problem.

Results: 18 completed the questionnaire, 7 by phone and 11 by post. 44% of respondents who missed their old age psychiatry appointments between January and June 2017 reported not knowing that they had an appointment booked. Most of these patients said that they had not received an appointment letter. In addition, there were 42 clinic appointments not booked between 12.01.17 and 15.06.17; nine of which were new patient, one hour, appointments. This totals 25.5 hours of appointments that were not filled.

Conclusion: The main reason for non-attendance was due to ill health. Patients said that an appointment reminder system and information regarding the free transport service would most likely improve clinics. This would not only benefit the patients who might otherwise have missed appointments but also reduce waiting times for other patients.

A receptionist is now present in clinic. Telephone call reminders are sent in the days before a clinic appointment and transport is offered where necessary. Since this has been implemented there has been an improvement in clinic attendance. Only 24 DNAs occurred between March 2018 and June 2018 compared with 37 between March 2017 and June 2017.
A quality improvement project to improve handover from Police to Junior Doctors out of hours

Dr. Jessica Foster  |  CT3 Aneurin Bevan University Health Board
Dr. Jennifer Rankin  |  CT3 Aneurin Bevan University Health Board

Aim: High quality handovers are essential for ensuring patient and staff safety.

The aim of this project was to improve the handover of information from Police to Junior Doctors during transfer of care of patients out of hours. Initially there was no formal handover system in place to facilitate handover of voluntary patients from Police to medical staff for psychiatric assessment at the acute assessment ward. We hypothesised that by creating a formal handover system the communication of important information between the two services will improve.

Method: All Junior Doctors who work out of hours were surveyed to obtain opinions of the current handover system. There was 100% response rate. 90% were dissatisfied with the current handover system. 90% felt the current system did not facilitate all necessary information being handed over from Police, and 80% felt the current system did not facilitate the recording of all handed over information in the patients’ notes. 80% felt the current handover process did not promote patient safety or staff safety. This survey coincided with a multidisciplinary meeting held by the assessment ward and it was decided a formal handover proforma was needed. The proforma was developed with multidisciplinary input from Nurses, Doctors, Police and Managers and has now been in place for 3 months.

Results & Conclusion: Following the introduction of the new handover proforma system all Junior Doctors were surveyed again. 89% reported being satisfied with the new handover system. 89% felt the proforma helped ensure all relevant information was handed over from Police and 78% felt it facilitated all information being recorded in the patients' notes. 89% felt the handover proforma promoted patient and staff safety and 100% of doctors who had experienced the handover process before and after the intervention felt the system had improved. We can conclude that the introduction of a formal handover proforma, designed by a broad multidisciplinary team, was perceived to improve the process of handover between Police and Junior Doctors on the assessment ward.
An Audit of the Monitoring of Patients in the Community Forensic Mental Health Service’s Clozapine Clinic at University Hospital Llandough

Miss Francesca Welham | Medical Student, Cardiff University
Miss Megan Hughes | Medical Student Cardiff University
Dr. Robert Stamatakis | Cardiff & Vale Low Secure and Community Forensic Mental Health Service

Aims: To evaluate the monitoring of patients in the Community Forensic Mental Health Service’s Clozapine Clinic at University Hospital Llandough (Clozapine Clinic), by comparing current practice to The Maudsley Prescribing Guidelines in Psychiatry (The Maudsley Guidelines). To determine if the recommended monitoring measurements are being met and to identify any areas of quality improvement.

Methods: A retrospective analysis was carried out using the notes of patients currently attending the Clozapine Clinic, which were compared to The Maudsley Guidelines, the accepted standards for clozapine monitoring.

Results: 96.7% of patients taking clozapine under the Community Forensic Mental Health Service had attended the Clozapine Clinic in the past month. 93.1% of these had had their blood pressure and temperature measured and 96.6% had had their pulse and weight measured. Body mass index (BMI) calculation and waist measurements were rarely carried out. In the past month, full blood count and differential cell count was taken in 100% of patients but only 30% of these results were recorded online. In the past year, uptake varied from 76.7% to 93.3% across the 4 different types of annual blood test. 86.7% of patients had received an electrocardiogram (ECG) according to their online notes but only 29.2% of these were in the past year.

Conclusions: The majority of The Maudsley Guidelines are being met by the Clozapine Clinic. Areas highlighted for improvement include BMI calculation and waist measurement, online recording of full blood count and differential count and regular ECGs. Suggestions to facilitate these improvements include:

Introducing an additional sheet for BMI calculation and documentation.
Updating the online recording of full blood count and differential cell count to reflect the 100% concordance with recommendations (as patients always have these tests before clozapine is dispensed however this is poorly documented).
Establishing an expected frequency of ECG monitoring.
“JudgeMental”; Mental Health Teaching in Secondary Schools, delivered by Psychiatrists

Dr. Sarah Fitch | ST5 Cardiff and Vale UHB
Miss Lowri Williams | Medical Student, Cardiff University
Miss Imogen Storer | Medical Student, Cardiff University
Miss Swagath Balachandran | Medical Student, Cardiff University
Dr. Ceri Evans | Cwm Taf UHB
Dr. Katie Fergus | Cardiff and Vale UHB
Dr. Lucy Bigham | Cardiff and Vale UHB

Background: The JudgeMental project was started by a South Wales Psychiatry trainee (SF) around 2 years ago, and has been developed with the support of senior colleagues in Psychiatry. JudgeMental aims to reduce stigma in young people regarding mental health, and help them better understand their own mental health and wellbeing and that of their peers, including how to access support.

It is an interactive classroom based teaching session, aimed at year 7 students. The main content of the session is dispelling common myths about mental illness, therefore improving understanding and awareness. Each session is led by two medical students from Cardiff University, with the support from a Psychiatrist, or other doctor with experience in psychiatry.

Summary of results: The JudgeMental teaching session has now been delivered in five secondary schools in South Wales. The session has been evaluated by asking the students to complete a questionnaire before and after the session, with 15 true/false questions, to measure any change in attitudes.

From our initial results, there was an increase in correct answers for 9 questions in total. These questions address the prevalence of mental health conditions and self-harm, attitudes towards people with mental health conditions and the causes of mental health conditions. The biggest change is seen in the recovery of mental health conditions; before the sessions 26.5% of students believed that the majority of people with mental health problems fully recover which increased to 67.5% after the sessions.

Discussion and conclusion: The JudgeMental project appears to be changing the attitudes of young people towards Mental Health, but requires further evaluation and development.
Developing an automated tractography model for mapping the Superior Longitudinal Fasciculus: a diffusion MRI study

Miss Anastasia Mirza-Davies | Cardiff University School of Medicine
Dr. Judith Harrison | Cardiff University Brain Research Imaging Centre (CUBRIC)
Prof. Derek Jones | Cardiff University Brain Research Imaging Centre (CUBRIC)

Background and aims: Diffusion Magnetic Resonance Imaging (dMRI) is a magnetic resonance imaging technique which uses the random motion of water molecules to create contrast between tissues. Structures such as axons permit water to diffuse along the axon more readily than across it. This allows us to map white matter connections in the living human brain using a computational method called probabilistic tractography. However, many tractography methods, such as region of interest (ROI) analysis, are time consuming and advanced neuroanatomical knowledge is required. We aimed to reduce these limitations by developing and validating an automated model for mapping the superior longitudinal fasciculus (SLF). SLF is a bundle of fibers in each hemisphere of the brain. It connects the ipsilateral frontal cortex with the parietal, occipital and temporal regions, and is involved in core cognitive processes including language, attention, memory and emotion.

Methods: MRI data from young healthy participants (N = 30, age ~24) were taken from a large longitudinal study, the Avon Longitudinal Study of Parents and Children. MRI data was acquired using a GE HDx 3T scanner at Cardiff University Brain Research Imaging Centre. Data preparation and quality assessment followed in-house procedures. We used ExploreDTI to manually dissect SLF bundles. Two ROIs were applied to delimit each fibre tract: a “SEED” and an “AND” operation to include fibres passing through both ROIs. The resulting manual tractography was then used as training data for an in-house automated tractography programme able to learn streamline patterns through principal component analysis. The diffusion metrics from the in-house tractography model (using 15 and 30 examples) was compared to manual tractography using a Wilcoxon Signed Rank test and a Spearman’s Rho correlation. The spatial pattern of the tract images was assessed using a Dice coefficient score.

Results and discussion: Results will be presented and discussed.
Can The Implementation Of A Computerised Proforma Improve Ward Round Documentation?

Dr. Peter Tomlinson | CT3 Psychiatry, Cwm Taf University Health Board
Dr Danika Rafferty | ST6 Old Age Psychiatry, ABM University Health Board

Aims: Ward rounds provide an important opportunity for the treating team to discuss and change a patient’s treatment plan. Poor documentation can lead to errors and confusion over aspects over a patient’s care. The primary aim of this quality improvement project was to improve the value of ward round documentation.

Method: An electronic ward round proforma was introduced by a Older Person’s Mental Health. This was used for 10 weeks and a survey was then sent to ward nurses and doctors (junior doctors and consultants) to assess their views on the proforma. The survey was an online, seven item questionnaire utilising dichotomous, likert-type and open-ended questions. After two weeks results were collated and analysed by using quantitative and qualitative techniques.

Results: A total of 12 responses were received. This comprised of 7 nurses and 5 doctors. Overall the average score of the proforma was 7.1/10 (Nurses 5.1/10, Doctors 9.4/10) and 50% of respondents stated that the proforma was an improvement on the previous hand written notes (Nurses 14%, Doctors 100%). Furthermore 55% of respondents felt that the proforma should continue to be used (Nurses 17%, Doctors 100%). Common positive responses were the improved eligibility. Common negative themes were a delay in transferring the proforma into the medical notes. Suggestions for improvement included, ‘DNACPR status to be recorded’.

Conclusion: Our results show that there is some benefit to using a computerised proforma to improve ward round documentation. This is in keeping with previous published studies. The difference in opinions between healthcare professionals is interesting, and more exploration of this is needed. Improvements were made following the survey. These included ensuring the proforma was added to the notes on the same day as the ward round and the addition of a DNACPR status checkbox to the proforma.
Are Temperament Traits Predisposing Factors for Trauma and Post-Traumatic Stress Disorder?

Dr. Chantelle Wiseman | ST4 General Adult Psychiatry in Severn Deanery, Honorary Clinical Research Fellow, Cardiff University.
Prof. Stan Zammit | Professor of Psychiatric Epidemiology, Division of Psychological Medicine and Clinical Neurosciences, Cardiff University.

Aims: trauma is a necessary factor for Post-Traumatic Stress Disorder (PTSD), but it is not sufficient; not everyone who experiences a traumatic event will develop PTSD. This study explores whether temperament is associated with exposure to trauma and risk of developing PTSD, and whether the risk of developing PTSD post-exposure to trauma is modified by temperament.

Methods: data was used from the Avon Longitudinal Study of Parents and Children (ALSPAC) to address these aims. Two types of temperament measures in infancy and childhood (the Carey Infant/Toddler Temperament Questionnaire and the Emotionality, Activity and Sociability Scale) between 6 and 38 months were examined in relation to trauma measures throughout childhood and PTSD symptomatology in adolescence and adulthood, measured using the Development and Well-Being Assessment (DAWBA) and PTSD Symptoms Checklist (PCL-5).

Results: PTSD was present in 283 (6.92%) of 24 year olds. Individual temperament traits had weak to moderate stability over time. There was evidence that increased intensity (of emotions) on the Carey scale at 6 months, and Emotionality (distress) on the EAS at 38 months were associated with higher odds of trauma occurring (Emotionality adjusted OR 1.19, 95% CI 1.13-1.24, p value <0.001) and PTSD symptoms at age 24 (Emotionality adjusted OR 1.22 95% CI 1.05-1.42, p value 0.009). A Difficult temperament cluster derived from the Carey variables when the child was 6 months old was also associated with an increased risk of trauma and PTSD (OR 1.14, 95% CI 1.04-1.24, p value 0.006), but not 24 months. In addition, Mood and Activity on the Carey scale were associated with trauma, and Shyness on the EAS had an inverse relationship with trauma. Neither Emotionality nor Mood moderated trauma or PTSD.

Conclusions: these findings suggest that temperament traits related to intense, distressing emotions are associated with increased likelihood of both subsequent trauma and PTSD, and increase our understanding of early childhood pre-trauma factors that predispose individuals to developing PTSD in adulthood.
Alzheimer’s disease: from polygenic scores to precision medicine.
A systematic review

Miss Natalie Muskett | Cardiff University Medical School
Dr. Judith Harrison | Cardiff University Brain Research Imaging Centre (CUBRIC)
Mr Sumit Mistry | Division of Psychological Medicine and Clinical Neurosciences,
MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff University
Prof. Valentina Escott-Price | Division of Psychological Medicine and Clinical Neurosciences, MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff University

Background: Alzheimer’s disease (AD) is a common, relentlessly progressive neurodegenerative condition. Late-onset AD has a strong genetic component, with estimated heritability of around 75%. Over 20 genetic loci have been identified as associated with AD in genome-wide association studies (GWAS), though additional genetic variants also contribute to AD development. Polygenic scores (PGS) are derived from summary statistics from a GWAS, and aggregate the effects of many disease-associated loci. Other analyses using GWAS data have explored disease-pathways implicated in AD. These have highlighted several areas of biology, notably immune response and cholesterol metabolism disease pathways. More recent studies have combined PGS and disease-pathway approaches by looking at disease pathway-specific PGS. These can be used to explore how genetic risk in disease pathways manifests. Studying these manifestations can greatly increase our understanding of AD disease pathways, and could allow us to stratify patients by disease activity in different areas of biology.

Aims: In this systematic review we analysed studies examining associations between PGS in AD and various phenotypic outcomes.

Method: We searched the literature using EMBASE, Medline and PsychINFO (from January 2009-August 2018) following PRISMA guidelines. We defined our search terms at the outset. We also hand-searched the reference lists of relevant articles. Each study was assessed for inclusion by two independent researchers. Study inclusion was based on predetermined criteria and data was extracted independently and in duplicate.

Results & Discussion: Our initial search yielded 4717 articles. 3275 articles remained after duplicates were removed. After reading titles and abstracts, 3307 articles were discarded leaving 88 full texts for assessment. The results will be presented and discussed.
Quality Improvement project to ensure 100% compliance on annual Risks Acknowledgement Form for patients on Valproate in Childbearing age group.

Dr. Anand Ganesan | Hywel Dda University Health Board
Dr. Julia Kramer | ST5 Psychiatry, Hywel Dda University Health Board
Dr. Napoleon Lorin | GPST1 Psychiatry, Hywel Dda University Health Board

Background: Valproate is an effective treatment for epilepsy and bipolar disorder. Valproate contains valproic acid, an active ingredient with known teratogenic effects. 1 out of 10 children are likely to have physical birth defects, 3-4 out of 10 children are likely to have early developmental problems that can lead to significant learning disabilities. Valproate should not be used in girls and women of childbearing potential unless treatments are ineffective or not tolerated. It must be initiated and supervised by a specialist experienced in the management of epilepsy or bipolar disorder.

Aims: The objective is to ensure 100% compliance on annual Risks Acknowledgement Form for patients on Valproate in childbearing age group and develop a system necessary to minimize the risks to the patients and to ensure patient has an adequate level of understanding of the risk.

Methods: To run through several PDSA cycles with the following proposed interventions:

Raise awareness across all clinicians within the health board regarding the risks of Valproate on childbearing age group through MDT and liaising with the GP.
To develop a register of all patients on Valproate across all counties. To assess current compliance rate.
To better understand the current prescribing practices.
To develop a sustainable system in order to review patients regularly i.e. as part of Care and Treatment Planning (CTP).

Results: Progress will be monitored regularly and cascaded both locally and nationally through Postgraduate meeting and Qi forums.

Comments: This project aims to raise awareness among prescribers of Valproate in childbearing age group. This will enable us to gain better understanding of the current prescribing practices. Before initiation of Valproate patients will have a choice of making of informed decision. There will be documented discussions on various options including regular review of rationale of Valproate prescriptions and effective contraception.
Feedback on Teaching: How to make it brilliant, not boring!

Dr. James Hoatham | Avon and Wiltshire Mental Health Partnership Trust
Dr. Doaa Farag | Avon and Wiltshire Mental Health Partnership Trust
Dr. Min-Ping Huang | Avon and Wiltshire Mental Health Partnership Trust
Dr. Raja Adnan Ahmed | Avon and Wiltshire Mental Health Partnership Trust
Dr. Alexandra Rinnert | Avon and Wiltshire Mental Health Partnership Trust

Teaching others is a core part of being a doctor, it’s in the name. For psychiatrists, teaching is fully integrated into our training, our appraisals and our continuing professional development. This makes it important for psychiatrists to be good teachers.

Feedback from learners is one of the best ways to improve one’s teaching techniques and develop more effective materials for sessions. As such, one would think that collecting meaningful and constructive feedback would be treated as importantly as the rest of the teaching session. Unfortunately, all too often, feedback is treated as an add on, tick box exercise that is performed in a perfunctory and pallid manner. Learners seem to be always expected to fill in feedback forms that combine Likert scales with white box questions that are unengaging, uninspiring and probably unread by the teacher.

How to solve this problem? In this poster, we present four techniques for engaging learners in providing feedback on your teaching and collecting meaningful useful feedback. These techniques all have their strengths and drawbacks depending on what feedback you need from the session. However, we have all used these techniques at some point in our own teaching and have found that participation of learners in feedback was higher when using them. We also found that we received more feedback that resulted in changes to our teaching materials or approach during sessions.

The four techniques we will present here are: using technology (with the example of the Plickers app); utilizing physical activity (via human line activity); an emergent, consensus building technique (the round robin); and a completely open, free-form technique (using Post-it notes).

We hope that our experience utilizing unusual forms of collecting feedback will encourage others to experiment with collecting feedback in their own teaching (haiku anyone?).
Quality Improvement: Completion of HO12 paperwork following detention under the Mental Health Act

Dr. Alan Slater | University Hospital Llandough, Cardiff and Vale UHB

Aims: Emergency detention under s5(2) of the Mental Health Act is carried out by the least experienced personnel. Assessments for s5(2) happen out of hours when there no immediate supervision. It was noted that the Mental Health Act Office was returning a quantity of HO12 forms to SHOs that had been completed incorrectly. The focus was to improve the robustness of completion of the HO12 paperwork to ensure the validity and safety of detention.

Methods: A preliminary survey of data revealed the main errors were an incorrect hospital address. Other errors included deficits in the grounds for detention.

There were two interventions:

A re-designed HO12 form that included a pre-printed hospital address
Improving education for SHOs on completing HO12s

Data collected by MHA Office was subject to two surveys: a baseline survey followed by a second survey following intervention, to observe numbers and rates of errors in HO12 completion.

Results: For the 12-month period prior to intervention 34 of 121 forms needed to be corrected. Following intervention the data on completed HO12s were analysed over a ten-month period, revealing that 6 out of 94 forms required correction. The frequency rate for all errors was 0.28 at baseline compared with 0.06 post-intervention.

Conclusions: A simple, low-cost intervention (a pre-printed address) has had a significant, positive effect on errors made. Further work could look at tracing the incorrectly-addressed HO12 forms back to their respective wards and discussing how to obtain the new HO12 forms.
Improving Peoples’ Mental Health with MQ Adolescent Mental Health Data Platform

Dr Aura Frizzati | PPSI, HDRUK, Swansea University Medical School
Prof. Ronan Lyons | Swansea University Medical School
Prof. David Ford | Swansea University Medical School
Prof. Keith Lloyd | Swansea University Medical School
Prof. Anita Thapar | Division of Psychological Medicine and Clinical Neurosciences, Cardiff University School of Medicine
Prof. Damon Berridge | Swansea University Medical School
Mr Simon Elwood-Thompson | Swansea University Medical School
Prof. Ann John | PPSI, HDRUK, Swansea University Medical School

Aims: The Adolescent Mental Health Data Platform (ADP) is a new ‘big-data’ project funded by MQ, with the potential to become the biggest research data hub in UK dedicated to adolescent mental health. ADP aims to give a boost to mental health research in children and young people (10-24 years) by pooling and linking together many different types of data across the UK nation: routinely collected administrative data (e.g. health, education, deprivation and social care), clinical data (e.g. clinical interviews) and data from research studies (e.g. psychological, genetic and biological).

Methods: All data will be anonymised using state of the art privacy protection methodologies (removing any possibility of identifying individuals) and held safe in SAIL Databank and UKSeRP at Swansea University. Approved researchers across the UK and abroad will be able to access the data via a remote secure interface to the platform, eliminating the need of travelling to the host institution site and making it easier to do translational research.

During the first year of the project, the ADP team (lead by Prof Ann John) will work on building the platform infrastructure, securing data agreements, preparing and linking data, and interacting with other researchers across the UK to increase the size and national coverage of the data collected on the platform.

Conclusions: ADP will enable research groups worldwide to access and analyse a rich data resource that will contribute to a better characterisation and understanding of mental health in young people.
An Audit of the Monitoring of Patients in the Community Forensic Mental Health Service’s Clozapine Clinic at University Hospital Llandough

Miss Megan Hughes | Medical Student, Cardiff University
Miss Francesca Welham | Medical Student Cardiff University
Dr. Robert Stamatakis | Cardiff & Vale Low Secure and Community Forensic Mental Health Service

Aims: To determine how effectively pre-treatment assessments prior to the initiation of Clozapine, in the Clozapine Clinic of the Forensic Community Mental Health Team at University Hospital Llandough, in comparison to the Maudsley Prescribing Guidelines in Psychiatry. To determine whether standards are being met and to highlight areas for quality improvement.

Methods: A retrospective analysis of patients notes who engaged in the Forensic Clozapine Clinic, to determine all pre-treatment requirements and assessments were carried out.

Results: Results obtained were varied, with 0 patients having all the appropriate investigations prior to their initiation of Clozapine. Some investigations were performed routinely in this clinic with 100% of patients having their white cell, differential count, temperature and pulse measured prior to initiation of Clozapine. However, it’s clear to see some of the newer recommendations from the Maudsley guidelines are currently not implemented into practice. 0 patients had their CRP, troponin, waist or BMI measured prior to initiation thus, not meeting the standards set out by the Maudsley guidelines.

Conclusion: Overall, an inadequate number of patients received the correct pre-treatment assessments and investigations prior to their initiation of Clozapine in accordance to the Maudsley guidelines. To improve future clinical outcomes, it would be recommended that clear documentation of patients’ pre-treatment assessments should be stored alongside their post initiation assessments. Additionally, further efforts to keep staff up to date with alterations to guidelines could be helped by the implementation of clearer local guidelines.
Insights on an Odyssey - Developing a mentoring scheme for International Medical Graduates working in Psychiatry

Dr. J Rankin | CT3, Aneurin Bevan University Health Board
Dr. R A Ahmed | Consultant Psychiatrist, Aneurin Bevan University Health Board
Dr. R Rao | Consultant Psychiatrist, Aneurin Bevan University Health Board
Dr. J Foster | CT3, Aneurin Bevan University Health Board

Is a mentoring scheme what we need?

We identified a need to improve the experience of International Medical Graduates (IMG’s) working in psychiatry within ABUHB. IMG’s account for around ¼ of all doctors registered with the GMC. IMG’s are often relied upon to service provision and are often faced with struggles such as language barriers, cultural assimilation, and career progression. By definition: A mentor is someone who helps another person through an important transition such as coping with a new situation like a new job or a major change in personal circumstances or in career development or personal growth. From our experience within ABUHB, we felt there may be more we could do to support this important part of the workforce.

Our working hypothesis is IMG’s in this transition period which can be stressful as well as challenging as new demands are made upon individuals are in need of guidance and support in order to develop confidence and competence.

Method: We sent an online questionnaire to all International Medical Graduates employed to ABUHB in 2017 to identify difficulties they faced when starting work in UK. We identified consultants interested in mentorship and arranged for them to undergo training in this.

Results: The response rate to our questionnaire was 100%. We identified difficulties with training, knowledge, language barriers, communication skills, social isolation and cultural assimilation. Strengths within ABUHB included good peer support and supportive consultants.

Conclusion: We identified that IMG’s working with ABUHB faced considerable difficulties. We have now begun creating a mentorship scheme to provide further support for them. This needs to be embedded and further evaluated.
Audit of the Quality and Content of Discharge Summaries from Mental Health Inpatient Units across Betsi Cadwaladr University Health Board

Dr. Laura Williams | CT1 BCUHB
Dr. Asha Dhandapani | CT1 BCUHB
Dr. Sathyan Soundararajan | CT2 BCUHB
Dr. Endurance Aghahowa | LAS CT BCUHB
Dr. John Clifford Consultant | BCUHB
Dr. Sunil De Silva Consultant | BCUHB

We have noticed that the quality and content of discharge summaries can be quite poor. This is a potential patient safety risk, particularly as our patients often require early follow up and are discharged on potent medications. As a result of our audit, we hope to ensure that patients are safely followed up by the correct agencies, and information is received in a timely manner.

Our aim was to carry out an audit of the discharge summaries sent from the 3 North Wales psychiatric inpatient units against recommendations from Standards for Inpatient Mental Health Services (RCPsych) and PRSB Mental Health Discharge guidelines.

The first audit cycle used 25 discharges from wards from each inpatient unit for the months of June-August 2018. Data was collected week commencing 16/09/18 using the audit proforma. Each individual discharge summary was scrutinised for inclusion of appropriate headings. The 3 sites each have their own method of writing the summaries.

Hergest and Heddfan Units sent their summaries out to GP on day of discharge in 100% of cases. Only 13% of Ablett summaries did the same.

Crisis contacts were not documented in a single summary throughout the 3 sites. Ablett Unit sent 49% of summaries to the GP with nothing more than medications documented. Automatic input of certain mandatory headings resulted in 100% fill rate.

We have identified an unacceptable delay in the GP receiving the Ablett discharge summaries in the majority of those sent. None of the 3 sites managed to include the majority of suggested headings in their summaries, resulting in poor quality.

We have identified a lack of time and poor attitudes as barriers to improvement, however, these are important documents and failure to complete could lead to catastrophic consequences for the patient, and the Health Board if faced with a significant event in the future.
Audit of physical health monitoring of patients admitted on Cynnydd Rehabilitation ward, Ablett Unit

Dr. Laura Williams | CT1 BCUHB
Dr. Junaid Akhtar LAS CT BCUHB
Gaenor Lane | Deputy Ward Manager, BCUHB data collection
Dr. Arshad Siddique | Consultant

We know that patients with severe mental illnesses and those taking psychotropic medications are at increased risk of physical health issues and early mortality as a result. We are able to preempt these complications with regular monitoring of physical health parameters, particularly their blood markers and ECG. We have a duty to safeguard our patients against the potentially dangerous adverse effects of the medications we prescribe, whilst still enabling them to recover from their mental illness.

We audited the baseline monitoring requirements common for patients on clozapine and other antipsychotics, for the inpatients on our rehabilitation ward. Data was collected from all 8 patients’ records including written and electronic entries during September 2018. The standards used were our local guidelines from the BCUHB Integrated Physical Health Care Pathway.

Our results show that despite the fact that it is recognised that a number of physical health parameters should be checked prior to commencement of antipsychotic medications, not every individual parameter is being checked in each patient. We have achieved 100% compliance with having BMI, pulse, U+E, and LFT taken at baseline for this inpatient group. However, we score more poorly for the headings of lipid profile, blood glucose, TFTs and ECGs. Only three-quarters of the inpatients had a baseline blood glucose and TFT. A lipid profile was taken in even fewer (63%). Details of ECG findings were documented in only 1/8 patients audited (i.e. 13%).

We are fortunate to have a locally designed clerking proforma which has only recently been trialled on Cynnydd Ward. We expect an improvement in our results at re-audit with this being utilised for new admissions. It includes a list of all required investigations. We also feel that it would be beneficial to file original copies of ECGs in the clinical file.

The audit used a small sample size, and we would like to audit the other acute wards next time, along with follow-up monitoring requirements.
Junior Doctor Daytime Bleep Audit

Dr. Asha Dhandapani | CT1 Psychiatry, BCUHB
Dr. Soundararajan Sathyan | CT2 Psychiatry, BCUHB
Dr. Zhihang Cheng | FY2 Psychiatry, BCUHB
Dr. Rajvinder Singh Sambhi | Consultant Psychiatrist, BCUHB

There had been ongoing concerns with regard to covering daytime duty bleeps across the three sites in Mental Health Department, BCUHB, North Wales.

Hedfan being East, Ablett being Central and Hergest being West. Frequent empty on-call slots meant some doctors being asked to hold the bleep between 9-5 in-order to cover the vacancy. Some felt this added on to the existing workload and that it was unfair and unsafe. This issue was raised during a supervision session with the Educational supervisor, North Wales and an initial data collection was suggested. Data was collected over 2 week period to look at the Daytime bleep duties between 9am to 5 pm

Aim: We hope the data would demonstrate certain patterns of task being asked to perform. The collected data would be analysed in the following themes:

1. Work Load
2. Appropriateness of bleep
3. If the bleeped task could be completed by a non-duty (team) doctor

We hope the data would give us ideas of how to change this routine in order to improve patient care and workload.

Method: We collected the details of number of bleeps and categorised them as follows:

* Taking blood
* Chasing blood
* Routine Review
* Urgent Review
* Medication chart review
* TTO/Discharge notification
* Arranging referral
* Arranging investigations

We then analysed them based on the areas and regarding appropriateness/ whether they were deferrable.

Results: All three centres have high numbers of bleeps for discharge and prescribing tasks. All three centres have significant numbers of bleeps for routine patient reviews. Most think planned discharge paper work could be done in advance. Most think jobs can be deferred if there is ward/team doctor available.

We have hence suggested few ideas that could actually help in reducing the burden of the on call doctors and utilise their services appropriately.