



Winter Edition, 2024-2025

# Psychiatry–West Midlands

*The West Midlands Division e-Newsletter*



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**Dr Erin Gourley, Editor, Psychiatry West Midlands**



### Editorial

Welcome to the latest edition of the West Midlands e-Newsletter! Many thanks to our authors who have contributed their fantastic work to this edition, and to our chair Dr Muhammad Gul for his column outlining events and opportunities across the region.

Congratulations to Dr Nur-al-ayn Nisa who won a prize for their poster on Evaluation of Risk of Violence in Admissions to an acute psychiatric ward in Birmingham, which you can read about on page 13. Congratulations also to Dr Jasleen Deol for winning a prize for their poster exploring use of simulation training for ECT at undergraduate level to shift perspectives on it as a treatment (page 18). It is always great to hear of the fantastic work going on across the region, especially by resident doctors.

On pages 10-11 you can read about the work of Rayyan Saieel, an A Level student at Bishop Vesey's Grammar School who carried out a survey which demonstrated the positive impact the Physical Social Health Economics (PHSE) curriculum has had on mental wellbeing of secondary school pupils. It is great to see such initiative around measuring and improving mental health outcomes in secondary school led by a peer, and it would be great to see pieces of work like this replicated elsewhere in the region.

Outside of the West Midlands, the RCPsych International Congress took place in Edinburgh in June 2024. I attended and greatly enjoyed the range of talks and opportunity to meet colleagues from all over the UK and abroad. Warwick Medical School student Izzy Mackintosh tells us about her experience at Congress, including her stand out talks and experience presenting her poster on Mental Health Outcomes in Women with Neurodevelopmental Disorders (page 8).

This is an excellent opportunity to get to know your representatives, and I would encourage you to read about why my colleague on the Psychiatric Trainees' Committee Dr Godwin Tong got involved with working with the college.

I hope you enjoy this issue and the opportunity to read about the work your colleagues are doing across the region. If there are projects that you would like to share, books or resources you are keen to review or suggestions for future articles please do get in touch with us.

Contact us at: [westmidlands@rcpsych.ac.uk](mailto:westmidlands@rcpsych.ac.uk) – we would love to share your work and hear your ideas!

All the best,  
Erin Gourley



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# Get Involved!

If you would like to submit an article for inclusion in the next edition, please send it to ([westmidlands@rcpsych.ac.uk](mailto:westmidlands@rcpsych.ac.uk)).

The division welcomes articles of local interest relating to psychiatry. We encourage trainees to get involved as well as patients and carers.

Submissions could be along the following lines:

### Interest articles

Are you personally involved in any local work that you would like to increase awareness of? Is there a topic in mental health which you find interesting and would like to share with your colleagues? Do you have a personal experience within psychiatry you'd like to share?

### Event articles

Would you like to share a review/feedback from a conference or other mental health related event that you've attended?

### Opinion pieces/blog articles

Are there any issues in mental health that you are passionate about and wish to discuss with a wider audience?

### Cultural contributions

This could be in the form of artwork, photography, poetry or an article relating to your insights, interpretations and observations of relevant popular culture, the arts and theatre.

### Research/audits

Have you been involved in any innovative and noteworthy projects that you'd like to share with a wider audience?

### Patient and carer reflections

This should be a few paragraphs detailing a patient or carer's journey - you may have a patient whose story you would encourage to share; or it could be a case study including a patient's perspective. Confidentiality and Data Protection would need to be upheld.

### Instruction to Authors

Please consider your articles to be as precise as possible. As a guideline, articles on interesting topics, research/audits, good practice and opinion pieces may be up to 1000-word limit which may include up to around 5 essential references. Articles on events or conferences should be within 500 words. Please follow [Instructions for Authors of BJPsych](#) for reference style. Authors must obtain written permission from the original publisher if they intend to use tables or figures from other sources, and due acknowledgement should be made in the legend.

Authors are expected to be aware of and comply with best practice in publication ethics. Please declare any conflict of interest related to the article.

### Disclaimer:

The opinions expressed in this newsletter are those of individual authors and do not necessarily represent the views of the Royal College of Psychiatrists

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### Chair's Column *by Dr Muhammad Gul*



**Dr Muhammad Gul, West Midlands Division Chair**

Email [Westmidlands@rcpsych.ac.uk](mailto:Westmidlands@rcpsych.ac.uk)

Welcome to the West Midlands Division Winter e-Newsletter, I'd like to thank Dr Erin Gourley e-newsletter editor and our members for their insightful articles.

#### Division News and Activities

##### 2024 Events

I'm pleased to report that our 2024 events totalled 580 registered delegates. We welcome suggested topics for future events, please forward your ideas. Below are the range of topics that were covered in 2024;

- LGBTQ+ webinar series x2
- Spring Conference Transcultural Psychiatry
- Suicide Prevention Webinar
- Working with colleagues who are unwell (free event)
- Winter Joint Conference Addictions across psychiatry

Thank you to delegates, speakers and our fellow committee members, in particular, Dr Ruta Kontautaitė, Academic Secretary, who was key in organising our events in 2024.

##### 2025 Events

- [Autism Spectrum Webinar Series](#)
  - ◇ Autism and CAMHS—22 Jan
  - ◇ Autism in the Forensic setting—26 Feb
  - ◇ Autism in General Adults—30 Apr
  - ◇ Autism in Older Adults—18 June
- [Novel approaches in treatment of early Alzheimers disease webinar](#)—28 Feb -3-4.30

**West Midlands Executive Committee:** the committee set actions for supporting neurodiverse colleagues in training and the workplace and welcomed guest speakers from Birmingham City Council, who gave an overview of the Mentally Healthy City Strategy for Birmingham.

The committee welcomed Dr Ed Beveridge, Presidential Lead for Physical Health, who spoke with great passion about the importance of addressing physical health in people with severe mental illness, highlighting the need for early intervention and systemic changes.

Our next Executive Committee meeting is planned for 13 June 2025, so do get in touch if you would like to share any news or concerns.

If you are also interested in becoming a member of the committee, please take a look at our latest [vacancies](#). It's a great way to get involved with College work, support the division and to build connections with your peers.

**ICB Mental Health Leads:** The Division is building connections and sharing our members insight locally on mental health care pathways, patients and workforce. To help build these connections during October we met with Herefordshire and Worcestershire ICB and Coventry and Warwickshire ICB. In January we also met with Birmingham and Solihull ICB and are looking forward to working more closely with the ICB's within our region in 2025.

**Neurodiverse Workforce Subgroup:** The subgroup are looking into how we can support our neurodiverse clinical workforce - if you have an interest in this area we would love to hear from you.

**Mentoring:** the [West Midlands Division mentorship scheme](#) is entirely voluntary. The mentors are consultant psychiatrists, SAS doctors and senior trainees working within the West Midlands. To become a mentor or to get in touch with a mentor, please contact us.

**West Midlands Independent Psychiatrists Group (WMIPG):** provides a network for independent psychiatrists, promotes responsible practice in relation to appraisals and revalidation and acts as a resource for continuing professional development. WMIPG meet 3 times a year. Anyone interested can be added to the contact list – please contact us.



# Chair's Column *continued by Dr Muhammad Gul*

### Executive Committee Vacancies

We currently have a number of opportunities for members to join our Executive Committee. It's a fantastic opportunity to build on the work of the College, to help support fellow colleagues and to network.

There are currently the following vacancies within the West Midlands Division Executive Committee:

- Academic Psychiatry Regional Representative
- Addictions Psychiatry Regional Representative
- [CPD Lead](#)
- Deputy Regional Advisor x2
- [Quality Improvement Lead](#)
- Rehabilitation and Social Psychiatry Regional Representative
- [Mentoring Lead](#)
- [Wellbeing Champion](#)

Find out more about our [Regional Advisors and Specialty Representatives roles, including full job descriptions](#) (PDF). Further information is available on the [College website](#).

Please email [westmidlands@rcpsych.ac.uk](mailto:westmidlands@rcpsych.ac.uk) for further information.

### Job Description Approval Process

The division hosts an electronic job description approval process and during 2024 we received and reviewed 63 job descriptions from Trusts within the West Midlands region.

The West Midlands Regional Specialty Representatives and Regional Advisor review and grant final approval to local Trust job descriptions. This is important work as it helps to quality assure the job descriptions, ensuring the psychiatrists and specialty doctors roles are manageable and result in the best outcomes for service users.

Find out more about the process via our website: [Job description approval process | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)

**Approved Job Descriptions:** Consultant and Specialty Doctor job descriptions submitted from 1 Jan 2022 and approved by the College in England and Wales are listed on our website:

[Approved job descriptions](#)

**X:** Use our X account [@rcpsychWM](#) to connect and raise awareness of important issues related to psychiatry.

Best wishes  
Gul



## Prizes and Bursaries

### Poster Prize Winners 2024

**Foundation Associate Poster Prize Winner:**

Dr Nur-al-ayn Nisa, Evaluation of Risk of Violence in Admissions to an acute psychiatric ward in Birmingham

**Core Trainee Poster Prize Winner:**

Dr Jasleen Deol, Electric currents of change: redefining perspectives on ECT, Introduction of simulation based teaching within undergraduate medical curricula





### International Congress by Lauren Glover

I was very grateful to receive a student bursary from the West Midlands Division to attend the RCPsych International Congress in Edinburgh this year. I attended to present a poster of the research I conducted in my intercalated degree in Medical Humanities at the University of Birmingham. Going to the congress was an amazing experience. It was very exciting to be able to present my research to other delegates, and it was a great opportunity to make connections and meet others with similar research interests. I was able to meet other students interested in psychiatry there too.

Posters could be viewed on the various interactive screens present at the event. Additionally, the conference had rapid fire poster presentations and 'pitch your poster' session, which allowed participants to share their work and provided great opportunities to view the exciting research others were engaging in.

At the conference there were many interesting exhibitors which helped me to gain a better understanding of what a career in psychiatry could look like. I was also able to attend a lunch where members of the various college special interest groups were present, and I was lucky to meet other members of philosophy special interest group.

I attended a variety of fascinating talks over the duration of congress. These all felt accessible to all levels, even as a student. Some of my personal highlights included attending the fascinating keynote sessions on a variety of subjects, such as sleep, genetics in depression, and the role of laughter in medicine. It was incredibly moving and inspiring to see psychiatrists discuss their own lived experience with mental illness in various talks. Other sessions I attended included a panel hosted by the RCPsych journal editors, where they gave useful advice on how to get research accepted into the college journals. Additionally, I attended a session about the mental health of asylum seekers, talks about prioritising mental illness in the era of mental wellbeing, and a session on metaphors of mind throughout history. There was huge amount of variety at the conference, and the opportunity to watch something that would fit with a wide range of interests.

Additionally, there were many cultural fringe activities to get involved in, such as the congress run. I really enjoyed the wide variety of musical performances at the congress. It was also a great opportunity to get to explore a new city: Edinburgh is beautiful, and we were lucky to have mostly good

weather!

Attending the RCPsych International Congress gave me lots of inspiration for my future career. I was able to discover various topics I would like to research in the future, and it renewed my passion to pursue a career in psychiatry and attend further events hosted by the college. I would highly recommend applying for funding to anyone interested in attending congress in the future. Thank you so much again to the West Midlands Division for this amazing opportunity.

**“Going to the congress was an amazing experience. It was very exciting to be able to present my research to other delegates, and it was a great opportunity to make connections and meet others with similar research interests.”**





### International Congress by Izzy Mackintosh

I was very honoured to be awarded a bursary by the West Midlands Division of the RCPsych to attend the annual congress 2024 in Edinburgh. A poster of my research titled “A Systematic Review of the Mental Health Outcomes of Women with Neurodevelopmental Disorders” was amongst those displayed at the congress. Attending congress and viewing my poster was an amazing opportunity and one that was made possible by the bursary.

The day before I was due to attend the congress, I went to the venue to register and explore. I met up with some of my colleagues from Warwick Medical School and went to the ePoster Hub where I was able to present the findings of my poster to some people who had gathered around. It was rewarding to see other people interested by my research and asking questions that I could answer! After this I read some other posters that were on display and talked to my peers about their research. In the evening I went for dinner with some of the RCPsych Star Scheme students, it was interesting to hear what they had been doing with RCPsych this year and what the scheme involves.

The next day I attended the congress. In the morning I went to a symposium on ‘England’s Disordered Eating Landscape’. Here there were three talks presenting research on the prevalence and nature of eating disorders in England. I found this really interesting, especially the evidence to show that prevalence had increased and the new link between eating disorders and autism. Then, I went to a debate on the ‘Antidepressant controversy’. Here there were three speakers presenting evidence for and against the efficacy of antidepressants and how they should be used. I found this conversation really important. As physicians it is important to listen those who choose to argue against the current guidance and who present opinions that could be considered controversial. The debate concluded that although we can’t say for sure the effectiveness of antidepressants, our focus should be not on whether we should use them but how we use them. The one thing that everyone could agree on was a patient-centred approach where the wants and needs of the patient should be the primary focus.

Over the lunch break I went round the different stands, learning about how different organisations may play a role in my future as a psychiatrist. I spoke to members of the Royal College about ways to get involved during my foundation years and what opportunity’s they offer. I also visited the Coventry and Warwickshire Foundation Trust to find out more about studying psychiatry and being a psychiatrist in the West Midlands.

Overall, I really enjoyed my time at the congress. I learnt a lot more about the specialty and it fuelled my interest in being a psychiatrist. I am really grateful for the West Midlands division for granting me the bursary which allowed me the opportunity to attend.

**“It was rewarding to see other people interested by my research and asking questions that I could answer! “**

*Izzy Mackintosh, final year medical student at the University of Warwick*





### Survey of the effect of Physical Social Health Economic (PSHE) curriculum on mental well-being on secondary school pupils *by Rayyan Sajeel*

#### Background:

The school curriculum in England includes Personal Social Health and Economic (PSHE) education as a way to deliver content that prepares young adolescents for the outside world covering topics ranging from mental and physical health, relationships, careers, economic well-being, and personal safety. (Coleman et al., 2011).

#### Objective:

The objective of the survey is to capture the effect of PSHE lessons on the mental well-being of pupils in a secondary school in Year 7 and Year 12.

#### Methods:

This cross-sectional survey was conducted in Bishop Vesey's Grammar, Secondary School in Birmingham, UK (GCSE and 6th Form, Year 7-Year 13). The survey involved a form containing questions related to the mental health awareness aspect of the PSHE curriculum. It also encompassed questions related to their personal experiences of mental health involving help-seeking and awareness of mental wellbeing. Each question's response options were Yes, no, or Don't Know.

Convenient sampling was used, as students from the same teacher's class in Year 7 and Year 12 were asked to fill out the form. The sample size was 20 pupils from year 7 (age 11-12 years) and 20 from Year 12 (16-17 years). No personally identifiable information was collected. The data was collected and analysed using Microsoft Excel.

#### Results:

The mental well-being and help-seeking were assessed using the five questions in the survey (Table 1). The understanding of the importance of mental well-being was reported as 95%(n=19/20) for year 7 and 90% for year 12(n=18/20). There were 15% of Year 7 pupils and 25% of the Year 12 pupils who had sought help for their mental health. The confidence in telling parents about their struggle with mental health was 70% in the Year 7 cohort and 60% in Year 12 pupils. However, in contrast, 40% of Year 7 pupils would tell their school about their mental health difficulties compared to 25% of the Year 12 pupils. 65% of both cohorts felt confident in asking for help with their mental well-being. There were 10 (50%) Year 7 pupils who knew of someone struggling with mental health problems as compared to 5 (25%) Year 12 pupils.

There were 14 (70%) Year 12 students and 18 (90%) Year 7 students who were satisfied with the coping strategies for stress and anxiety discussed in PSHE lessons (figure 1). The overall satisfaction in the

number of PSHE lessons was 17(85%) for Year 7 and 14(70%) for Year 12 (figure 2). There were 10(50%) Year 7 students and 11(55%) Year 12 students who did not want to learn more about mental health (figure 3). Also, according to the survey, 35% (Year 12) and 30% (Year 7) students reported social media negatively affecting mental well-being reporting. (figure 4).

#### Discussion:

The results from the survey show that pupils in Year 7 (primary school leavers) and Year 12 (post-GCSE) have knowledge of mental health and wellbeing awareness. Year 7 pupils knew significantly more people who have struggled with mental health problems than the number of Year 12 pupils (50% vs 25%). This could be secondary to how the lockdown has had a bigger impact on mental health awareness on those who experienced it in primary school as compared to those who experienced the lockdown in secondary school years. (Marks.,2021).

The survey was addressing students, rather than professionals developing and delivering the curriculum. (Coleman et al., 2011) argued that professionals such as teachers, developers, and researchers should come together to contribute to an evidence-based curriculum for PSHE. This will increase the chances of the intended effect of PSHE on school-going adolescents. Including students in the development of the curriculum to take on their needs and feedback will have a positive effect on need led curriculum development ensuring better engagement. This should be a dynamic process that evolves with the needs of the students. This agrees with (Coombes et al., 2011) where they also highlighted the importance of adolescents' involvement in PHSE development. (Coombes et al., 2011).

In this survey, there was overall satisfaction with the content of mental health topics (Year 7, 70%, Year 12, 85%) involving strategies for stress, anxiety management, and overall mental health awareness. This is in contrast with (Coombs et al., 2011) which states that students were not satisfied with the number of mental health topics covered.

#### Conclusion:

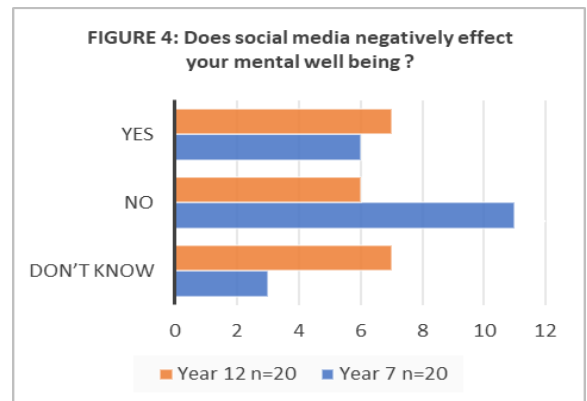
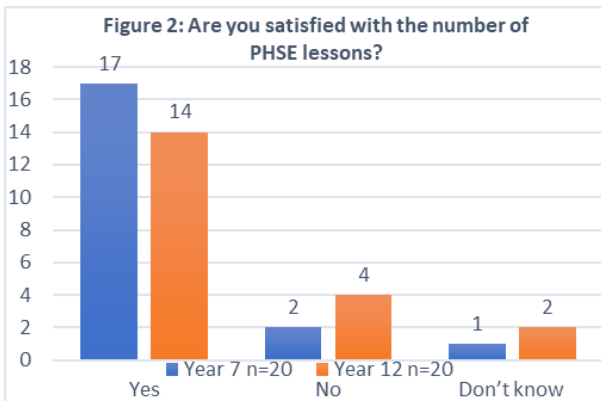
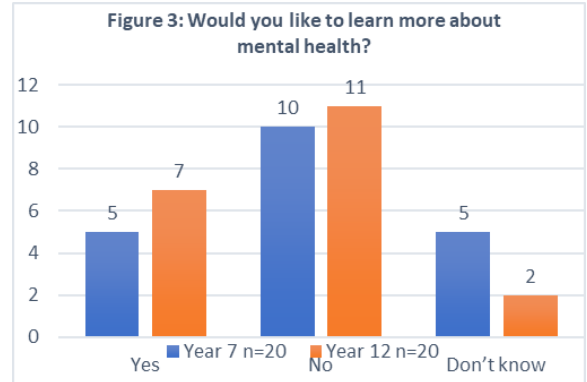
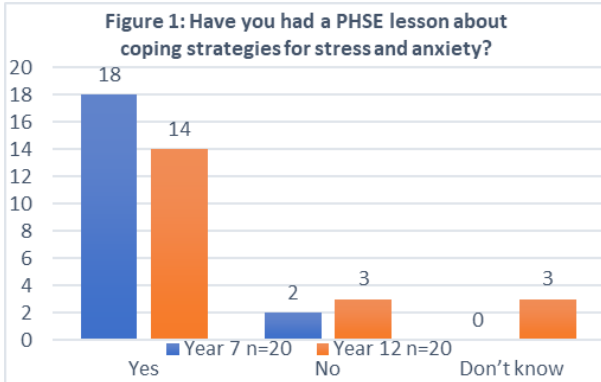
The survey is the first of its kind comparing the knowledge and awareness of mental health wellbeing and help-seeking in pupils who experienced the COVID lockdown in their primary school (Year 7) and those who experienced it whilst in secondary school (Year 12). There is a need to actively involve students in the development of future PSHE curriculums using focus groups and detailed feedback.



**Survey of the effect of Physical Social Health Economic (PSHE) curriculum on mental well-being on secondary school pupils** *by Rayyan Sajeel*

Questions	YEAR 7 Age: 11-12 Years, n=20			YEAR 12 Age: 16-17 years, n=20		
	Yes	No	I don't know	Yes	No	I don't know
Have you ever sought help for a mental health problem in school?	15% (3)	75% (15)	10% (2)	25% (5)	75% (15)	0% (0)
Do you know someone who is struggling with their mental health?	50% (10)	45% (9)	5% (1)	25% (5)	60% (12)	15% (3)
Would you feel confident in asking for help if you were struggling with your mental health?	65% (13)	15% (3)	20% (4)	65% (13)	15% (3)	20% (4)
Would you feel confident in telling your parents if you were struggling with your mental health?	70% (14)	25% (5)	5% (1)	60% (12)	25% (5)	15% (3)
Would you feel confident in telling your school if you were struggling with your mental health?	40% (8)	55% (11)	5% (1)	25% (5)	45% (9)	30% (6)

**Survey Results from Year 7 and Year 12 students:**





### Survey of the effect of Physical Social Health Economic (PSHE) curriculum on mental well-being on secondary school pupils *by Rayyan Sajeel*

#### References:

- (1) Coleman, J., Hale, D. and Layard, R. (2011). □A Model for the Delivery of Evidence-Based PSHE (Personal Wellbeing) in Secondary Schools. [online] cep.lse.ac.uk. Available at: [https://cep.lse.ac.uk/\\_new/publications/abstract.asp?index=3878](https://cep.lse.ac.uk/_new/publications/abstract.asp?index=3878).
- (2) Joshua Marks. Public First. (2021). □The Coalition for Youth Mental Health in Schools. [online] Available at: <https://www.publicfirst.co.uk/mental-health-coalition.html>
- (3) Coombes, L., Appleton, J.V., Allen, D. and Yerrell, P. (2011). Emotional Health and Well-being in Schools: Involving Young People. □Children & Society, 27(3), pp.220–232. doi:<https://doi.org/10.1111/j.1099-0860.2011.00401.x>.

*Rayyan Saieel, Year 13, A level student at Bishop Vesey's Grammar School.*



## ‘Meet the member’ series *by Dr Godwin Tong*



*Dr Godwin Tong*  
CT3, PTC WM Residential Doctor  
Representative

### Biography

Hello all, I am one of the new PTC representatives for West Midlands. I have been doing my training in Worcestershire thus far. Throughout my training, I have been passionate about medical education and have been involved in various teaching and mentoring roles.

I joined the PTC in hopes of getting involved with improving training for current and future trainees. Some of the key issues currently impacting trainees that I have spoken to include concerns about future job security, the introduction of MAPs in psychiatry and existing training pathway bottlenecks.

I believe that through collaboration and open communication with the College, we can address the challenges faced by trainees and work towards a more supportive and effective training environment. I am excited to get to work and look forward to making a positive impact on our training experience.

### What made you choose psychiatry?

It was the only subject I found myself drawn to, and after a pleasant post in foundation years, it was a no brainer for me.

### Tell us about your current professional role?

I am starting CT3 with a rotation in Early Intervention Services in Hereford and Worcestershire Health and Care Trust and I am looking forward to it!

### What would you say to someone considering a career in psychiatry?

Try a taster week, if you like it, your interest in psychiatry will take you far.

### What does your role as a PTC Trainee Representative at the Colle involve?

Currently I am just starting to get embedded with the team and I am looking forward to getting started on some projects. I serve as a voice for my peers whom I represent, bringing forward any concerns about training.

### What do you enjoy most about being involved in the work of the College?

I feel trainee experience is key in the betterment of the training programme. Being able to assist in shaping this brings me much joy.



### Poster Abstract, Evaluation of Risk of Violence in Admissions to an Acute Psychiatric Ward, Author: Dr Nûr-Al-Ayn Nisar, Contributor: Dr Rowena Jones

#### Background

There is increased concern amongst clinicians regarding the risk profile of admissions to acute psychiatric wards in Birmingham. Admissions often occur following significant violent incidents or there is a history of serious violence. This is leading to high rates of violent incidents in the inpatient setting. Patients are being detained by the police for violent offences then diverted to mental health services pre-charge. A review of national data indicates that the West Midlands is an anomaly in this practice. This adversely affects patient and staff safety and risk management in the community. This study therefore plans to evaluate the risk profile of admissions to an acute male psychiatric ward over a 6-month period.

#### Methods/Settings

The study included all patients admitted directly to Ward 1 Mary Seacole House, Birmingham between 1st February 2024 and 31st July 2024. Transfers from other wards were excluded. Progress notes relating to the current admission, section papers and risk assessments were reviewed. Data was extracted on violent incidents prior to admission, history of violence, and other factors associated with violence namely substance abuse and living in houses of multiple occupation. Mental health act status was recorded, including whether the patient had been detained under section 136.

#### Results

42.9% of patients had committed significant violence leading to admission of whom 66.7% had been arrested by the police. Offences for which patients were arrested ranged from criminal damage (5/12), arson (1/12) and physical assault (4/12), including with a weapon.

69.0% of patients had a history of violence. 33.3% a history of using weapons and 45.2% of carrying weapons. 21.4% had committed significant sexual offences in the past. 69.0% of admissions abused substances and 35.7% were living in houses of multiple occupation

8 patients in the sample were admitted following detention under section 136 by West Midlands Police. Of these 5 patients (62.5%) had

committed violent offences (arson, criminal damage and assaults).

57.1% of patients were admitted under section 2, 33.3% under section 3 and 9.5% were admitted informally

Incidents following admission occurred in 50% of patients who had been admitted with violence, compared with 37.5% of the other patients. The average incident number was 3 for patients admitted with violence compared to 1 for other patients.

#### Conclusions/Lessons Learnt

A large percentage of patients admitted had been physically violent prior to admission. The police were involved in most cases, often resulting in criminal arrest or detention under section 136. A history of violence was present in over 2/3 of patients admitted, with high rates of risk factors such as weapon carrying and sexual assault. Other risk factors associated with violence including substance abuse and rootlessness (as reflected in HMO status) were also present at high rates. Whilst only a minority of patients were admitted via section 136, the results show that section 136 powers were used by the police in cases where criminal offences had been committed, which is likely to have put ward staff and patients at increased risk. Rates of violence were likely to be an under-estimate due to limited access to police records and probable underreporting of violence by families. Violence immediately preceding admission was associated with higher rates of incidents following admission, with obvious adverse effects on patients and staff involved. Admission criteria for acute wards should be urgently reviewed, along with police practices of diverting patients from custody who have committed violence.



### Poster Abstract, Audit of compliance with section 17 leave documentation at Bushey Fields Hospital, Authors: U. Leo Chanda, Vartika Garg, Saacha Mohammed, Vivek Mathews, Surabhi Hullumane

#### Introduction:

The Mental Health Act's Section 17 leave is essential for discharge planning and patient autonomy. Patient safety and legal compliance can be ensured by accurate documentation. This audit assesses Bushey Fields Hospital's (BFH) compliance with Section 17 leave documentation procedures, identifying both areas of strength and need for development. Objectives: To evaluate adherence to the Section 17 leave documentation criteria set forth by the Black Country Healthcare NHS Foundation Trust and to suggest ways to improve it.

#### Methods:

From January 5, 2023, to October 31, 2023, 81 patients aged 18 and older who were given Section 17 leave had their records reviewed in a single-center retrospective audit at BFH. A questionnaire based on POL 271-BCHFT policy was used to compare 190 leave forms with the RiO electronic patient record system.

#### Results:

Sample Size: 81 patients; 190 forms reviewed. Demographics: 54% male, 46% female; 81% under 65 years.

#### Key Findings:

- 100% of forms were filled out and signed
- 96% provided the destination but only 2% included a complete address
- 98% of forms documented the time period of leave
- 82% of forms included the duration of leave
- 61% of forms had leave conditions attached to it
- 93% specified whether the leave was escorted, unescorted or accompanied
- No forms documented emergency plans or patient or caregiver contact numbers
- 70% of leave forms had the correct response to the 'responsible clinician checkbox'

#### Discussion:

Information bias was minimized through the collective efforts of four team members, ensuring inaccuracies were amended in the data set.

While most forms documented the patient's leave destination, a significant proportion lacked specificity. Some forms did not provide information on the length of leave but specified the duration the leave form was valid. Complete information is crucial for effective monitoring and risk assessment during the patient's absence. Significant shortcomings existed in contact details and emergency preparation. While contact information was often accessible via other sections of RiO electronic records, guidelines specify the need for this information in the form itself. These gaps indicate a requirement for urgent attention to ensure patient well-being.

#### Recommendations:

Development of a comprehensive information poster outlining essential components of section 17 leave documentation for display in wards and communal areas.

Implementation of annual training sessions for healthcare professionals involved in the leave process, focusing on the importance of documentation.

Regular audits of section 17 leave forms to monitor compliance and identify areas for improvement.

#### Limitations:

Sample size and scope – this audit focused on 190 forms at a single center. A repeat multi-center audit would be an appropriate next step to assess documentation errors.

Lack of patient perspective – the Mental Health Act Code of Practice states that leave plans must include reference to patients' views about recovery. This would be a valuable addition to an updated questionnaire during a re-audit.

Temporal limitations – as our audit spanned 5 months, documentation may be subject to alterations in staff training, updates in policies, or changes in the electronic system. Therefore, it would not accurately reflect changes beyond the period of our cycle.



### Poster Abstract, Prescribing in women of childbearing age, Author: Dr Eshe Douglas, Contributors: Dr YuYu Htwe, Dr Oyindamola Ogunwale

#### Aims and hypothesis

Antipsychotics are widely prescribed in women of child bearing age for the treatment of a range of psychiatric disorders including schizophrenia, bipolar disorder, depression and many other conditions. Pre-conception advice is particularly important where these medications are associated with early teratogenicity. In our clinical audit, we focused on these five commonly prescribed medications; Sodium valproate, Carbamazepine, Lamotrigine, Lithium and Paroxetine as they are significantly associated with increased risk of malformations and even have long term neuro-behavioural effects.

#### Background

The numerous side effects of psychotropic medications can significantly impact the quality of life for women of childbearing age. These effects are particularly concerning during reproductive stages, including preconception, pregnancy, and the postpartum period. The potential implications extend not only to the mother but also to the developing fetus during pregnancy. It is recommended that all women of reproductive age who are prescribed psychotropics should be appropriately counselled on the teratogenic risks associated with these medications.

#### Methods

Total sample size was 174. Data collection was done by accessing the electronic records - RIO and EPMA. This information was recorded in a self-designed questionnaire on Excel. This enabled us in identifying whether the appropriate assessments and discussions related to pre-conception counselling, registration in a pregnancy protection program and completion of an annual review were undertaken.

#### Results

Our findings indicated that most women were not informed about the importance of being on effective contraception 71.58 %, only a small percentage of women were informed of the need for an annual review and a vast majority were not on any form of contraception despite being prescribed these medications.

#### Conclusions

In conclusion, this audit revealed that most women were not adequately informed regarding their decision to be commenced on these medications. It is our recommendation that a proper risk assessment form is developed and utilised to ensure all the requirements are met, before and after prescribing these medications in this target population. Also, clinicians should be adequately sensitized through training on the relevance of conducting an adequate risk assessment.



### Poster Abstract, Staff awareness of DVLA guidelines in psychiatric disorders, Author: Dr Jasleen Kaur Saini

#### Introduction

The Driver and Vehicle Licensing Agency (DVLA) plays a crucial role in ensuring road safety, especially concerning individuals with psychiatric disorders. This awareness not only helps in safeguarding public safety but also supports individuals in making informed decisions about their driving eligibility. Studies have shown that implementation of a single-session teaching programme can significantly improve guideline knowledge and awareness, serving as a cost-effective intervention.

#### Aims & Objectives

To identify the awareness of DVLA guidelines in psychiatric disorders before and after teaching session.

#### Methods

Pre-teaching questionnaire was sent out to 100 medical and psychiatry professionals and DVLA guidelines were sent and then post-teaching the same questionnaire was done.

#### Results

There were only 89% responders to the post teaching questionnaire. A substantial increase in the frequency of referring to DVLA guidelines post-teaching was observed. The frequency of consultations regarding fitness to drive showed minimal change, with no significant difference before and after teaching ( $p = 0.262$ ). The majority did not consider fitness to drive in consultations, suggesting that while referral knowledge improved, actual practice in consultations may need further emphasis. Respondents rarely asked patients to notify the DVLA of their conditions, with no significant changes post-teaching ( $p = 0.412$ ). There was a marked shift in the preferred source of advice regarding patient driving safety, with an increase in the use of guidelines post-teaching (48 respondents) ( $p < 0.001$ ). Documentation of patient fitness to drive remained low, with no significant changes post-teaching ( $p = 0.401$ ). Confidence levels regarding knowledge of DVLA guidelines significantly improved post-teaching, with more respondents reporting high confidence levels ( $p < 0.001$ ). Similar to knowledge confidence, respondents' confidence in escalating concerns regarding

driving ability increased significantly after the teaching ( $p < 0.001$ ). Confidence in documenting the use of guidelines also saw a notable increase ( $p < 0.001$ ). Confidence in understanding Section 4 of the Road Traffic Act significantly increased post-teaching ( $p < 0.001$ ), demonstrating the effectiveness of educational efforts in clarifying legal aspects related to driving fitness. The number feeling adequately trained rose from 9 to 63, while those feeling inadequate dropped from 58 to 5 ( $p < 0.001$ ). This highlights the training's success in enhancing self-perceived competency.

#### Conclusion

The data reflects a positive transformation in respondents' knowledge, confidence, and behaviours regarding DVLA guidelines and driving fitness following the educational intervention. Statistically significant improvements were noted in various areas, particularly in guideline referrals, knowledge confidence, and perceptions of training adequacy. However, areas such as consultation practices and patient notification need further attention to ensure comprehensive application of the knowledge gained. These findings underscore the critical role of targeted educational interventions in enhancing clinical practice and patient safety in driving contexts.

#### References

1. Morgan JF. DVLA and GMC Guidelines on "Fitness to Drive" and Psychiatric Disorders: Knowledge following an educational campaign. *Med Sci Law*. 1998;38(1):28–31.
2. Maruthappu M, Sykes M, Green BL, Watson R, Gollop ND, Shalhoub J, et al. Implementation of a teaching programme to improve doctors' awareness of DVLA guidelines: A multicentre study. *Postgrad Med J*. 2017;93(1096):71–5.



### Poster Abstract, Audit Evaluating Anti-Cholinergic Burden in Older Adults with Cognitive Impairment, Author: Dr A Aderinlola, Contributor: Dr S Bhattacharya

#### Background and Aims

Dementia is a major global public health challenge, with growing evidence linking both low and high anticholinergic drug burdens (ACB) to an increased risk of cognitive decline and dementia. Anticholinergic medications, commonly prescribed to older adults for conditions such as overactive bladder, Parkinson's disease, and depression, can worsen cognitive function and interfere with the efficacy of dementia treatments. The National Institute for Health and Care Excellence (NICE) guidelines recommend minimizing anticholinergic burden in individuals with or at risk of dementia to reduce cognitive decline. This audit aims to assess whether the anticholinergic burden is being appropriately considered in the management of patients referred with cognitive difficulties to East Hub Older Adult community mental health team (CMHT).

#### Methods

A retrospective audit was conducted on the medical records of 49 patients referred from the Memory Assessment Clinic to the East Hub Older Adult CMHT over a one year period. Data was collected using an audit tool that included patients with diagnosed dementia or cognitive decline, excluding those with substance abuse disorders. The primary focus was on whether anticholinergic burden (ACB) scores were assessed and whether medication regimens were optimized in line with NICE guidelines.

#### Results

The audit revealed that 24% of patients with an ACB score greater than 3 had no documented evidence of an assessment of their anticholinergic burden or any medication optimization. This suggests that the East Hub Older Adult CMHT is not consistently adhering to NICE guidelines in the management of anticholinergic medications in older adults at increased risk of cognitive decline.

#### Conclusion

This audit highlights the need for more rigorous evaluation of anticholinergic drug use in our

clinical practice to reduce the risk of cognitive decline in older adults. It underscores the importance of anticholinergic medications as a modifiable risk factor for dementia, emphasizing the need for healthcare providers to prioritize reducing anticholinergic burden in this population. The findings suggest that alternative medications should be considered for patients with high anticholinergic burden. These results will be disseminated trust-wide, and a re-audit will be conducted to evaluate whether changes have been implemented in our clinical practice.



### **Poster Abstract, Electric Currents of Change: Redefining Perspectives on ECT – Introduction of simulation-based teaching within undergraduate medical curricula, Author: Dr Jasleen Deol**

#### **Aims and Objectives**

The Royal College of Psychiatrists recommends that all medical students should have appreciation of ECT. This is a specialised treatment modality but is highly stigmatised.

Introducing a new ECT teaching package to medical students consisted of a traditional lecture, an expert by experience video and an hour- long simulation session. The aim of this study was to explore the attitudes of students towards ECT and their knowledge, and whether these changed after the ECT simulation.

#### **Methods**

Students follow a simulated patient actor (SPA) through their journey from beginning to end, and a high fidelity mannequin was used for this simulation. Students were invited to a debrief session, and questionnaires were administered pre and post simulation.

#### **Results**

A cohort of 88 students were sampled, and a focus group of 13 students. Students expressed a change in opinion and attitude towards ECT after undertaking the simulation. Undertaking thematic analysis several themes were identified within the debrief regarding attitudes and stigma, including perceived negative preconceptions, likeness to surgery and the role of social media.

Students reported an improvement in knowledge about ECT, and the associated adverse side effects.

#### **Conclusion**

The results of this study suggest that this novel approach helped to change attitudes and perceived stigma regarding ECT within the cohort. Results suggest that students had greater appreciation regarding the indications, assessment, process and side effects of ECT. This will allow future clinicians to counsel their patients appropriately about the use of ECT for the treatment of severe mental illness.



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