Faculty of Liaison Psychiatry Newsletter

Winter Edition 2018

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In this issue

Editorial

Welcome to the Winter edition of the Liaison Psychiatry Faculty Newsletter.

As always, we have received a very positive response and submissions. We would like to extend our thanks to everyone who has contributed to this newsletter.

This edition contains a diverse assortment of articles reflecting the depth and breadth of our speciality. Jim Bolton, Chair of our Faculty provides an update on recent developments in the Faculty highlighting the importance of integrated working in Old Age and Child and Adolescent Faculties in a position statement on Liaison Psychiatry across all the age groups.

You may remember Prof George Ikkos had provided an excellent summary of Complex Regional Pain Syndrome (CRPS) in the Winter 2017 edition of this newsletter. In the current issue Prof Ikkos and Dr Cohen summarise recent guideline review of CRPS.

Rupert Leslie and colleagues highlight how Occupational Therapists play a valuable role in Liaison Psychiatry teams.

Prof Sharpe provides a summary of the HOME Study, a randomised controlled trail of a new model of Liaison Psychiatry service for older medical in-patients in Oxford.

Dr Yahya and colleagues write a reflective piece on pathological generosity; which can have a huge financial and social consequence on patients.

Dr Alys Cole-King gives an update on vital resources which could be helpful for people who are thinking about suicide.

Dr Hussain shares his experience of attending the European Association of Psychosomatic Medicine conference in Verona, Italy.

Please note that our Faculty has introduced a bursary scheme to support our members to attend the European Association of Liaison Psychiatry and the US Academy of Consultation-Liaison Psychiatry (ACLP) conferences. Information on the bursary to attend the next US Association of Consultation Liaison Psychiatry conference to be held in San Diego in 2019 has been published on the Faculty website. We would encourage all our faculty members to apply.

Congratulations to Philippa Bolton, Kate Charters, Jessica Eccles and Abrar Hussain who were the successful applicants for the bursary in 2018.

Once again, we had a successful conference in Liverpool in May 2018. May we draw your attention to the next Faculty Conference to be held on 15-17 May 2019 in London. The conference programme will be published on the Faculty website soon.

Please note we are always looking for submissions, which are relevant to Liaison Psychiatry including reports on service development, education, training, audits, conferences and events.

Articles should be no more than one to two pages long. Please include your name, title, place of work and contact details. Please note that this is neither a peer review process nor a scientific publication, but it gives a good platform to share good practice and ideas. Please e-mail Stephanie Whitehead at Stephanie.Whitehead@rcpsych.ac.uk using "Liaison Faculty Newsletter" as the subject title.

We would like to thank Stephanie Whitehead for her support in preparing this Newsletter. Thanks to you all for your continuous support. We hope you enjoy the newsletter.

We wish you all a Merry Christmas and a happy and successful 2019!

Editorial Team Liaison Faculty Newsletter
Dr Nora Turjanski
Dr Sridevi Sira Mahalingappa

The Captain's log

Dr Jim Bolton
Liaison Psychiatry Faculty Chair
Consultant Liaison Psychiatrist, St Helier Hospital

As I write, we are approaching the winter solstice and the shortest day of the year. So, I'm thinking back to sunnier times and our Faculty Conference in Liverpool. A personal highlight was the drinks reception on the balcony of the former offices of the White Star Line, the owners of the Titanic. Although we may have been tempting fate, I am pleased to say that the Faculty shows no sign of sharing that ship's fate, and Liaison Psychiatry voyages successfully on.

Faculty Conference

This year's conference was a huge success, thanks in large part to the work of the College's conference team and especially Nora Turjanski and Sridevi Sira Mahalingappa, our conference organisers. Once again, Nora and Sri organised a varied and high-quality programme, with something for everyone. I particularly appreciated a thought-provoking talk on looking after ourselves and our teams, to avoid burnout. As our jobs become busier, I suspect that this is a subject that we will return to at future meetings.

Foreign travels

A bonus of my role as Faculty Chair is that I attend occasional conferences of our partner organisations in Europe and the US. Joining me on a diplomatic mission to Italy this summer were four successful applicants for a Faculty bursary to attend the European Association of Consultant Liaison Psychiatry Annual Conference in Verona - Philippa Bolton, Kate Chartres, Jessica Eccles and Abrar Hussain. As a requirement of the bursary, all the successful applicants presented posters at the conference. I want to congratulate Abrar in particular, whose poster on EMDR was selected for an oral presentation.

We are offering five bursaries for colleagues to attend the 2019 US Association of Consultation Liaison Psychiatry Conference, to be held in

San Diego in November 2019. Details of how to apply are on the Faculty pages of the revamped College website.

In demand

Despite the summer holidays and hot weather, there was no let-up in requests to me and the Faculty to provide our expertise in work both within the College and with external organisations.

The College has provided submissions to the current MHA Review being conducted on behalf of the English and Welsh Governments. I and colleagues from the Executive have provided views from the perspective of our speciality and the general hospital.

The College and the Faculty have also been asked by NHS England and the All-Party Parliamentary Group on the Five Year Forward View for Mental Health to provide views on future health service policy. I am grateful to colleagues who worked at short notice to help the Faculty submit evidence on behalf of Liaison Psychiatry. I hope that, as a result of this, the NHS will continue to recognise the importance of what we do and the need to provide robust Liaison Psychiatry services for patients of all ages. The College anticipates that the NHS long-term plan will be published in early 2019.

We have been working with the Old Age and Child and Adolescent Faculties on a Position Statement on *Liaison Psychiatry Across the Age Span*. This has been supported by NHS England (although it is relevant to all the devolved nations) and should be published in January 2019.

Finally, the role of Liaison Psychiatry in the provision of integrated mental and physical healthcare has remained a subject of debate, both at our conference and by the Faculty Executive Committee. I am working with a group of colleagues to draw up a document discussing this topic that we can share with stakeholders and commissioners.

And finally…

As I reflected at our conference dinner, no successful ship runs without its crew. This is particularly true of the good ship Liaison Psychiatry. So many thanks from your Captain to all of you who have supported the Faculty over the past year to make our voyage such a success. And if you are reading this in December, best wishes for Christmas and the New Year.

Jim Bolton
Chair of the Faculty of Liaison Psychiatry

Psychiatry and the Complex Regional Pain Syndrome (CRPS) 2: Guideline Review

Goebel A, Barker CH, Turner-Stokes L et al. Complex regional pain syndrome in adults: UK guidelines for diagnosis, referral and management in primary and secondary care, second edition

George Ikkos, *Consultant Psychiatrist in Liaison Psychiatry,* Royal National Orthopaedic Hospital
Helen Cohen, Consultant in Rheumatology and Pain Medicine, Royal National Orthopaedic Hospital

Introduction

Ikkos and Cohen (2017a) have reviewed *The Role of Psychiatry in Diagnosis and Management of CRPS* and published the Royal National Orthopaedic Hospital guidelines in relation to this (2017b). Here we present and comment on the second edition of *"Complex regional pain syndrome in adults: UK guidelines for diagnosis, referral and management in primary and secondary care"* (Goebel A, Barker CH, Turner-Stokes L et al 2018)**.** To avoid repetition, we invite readers who may not have done so to refer to Ikkos and Cohen (2017a) first.

Ownership

The main authors, Goebel, Barker and Turner-Stokes are an academic anaesthetist specialising in pain medicine, a clinical director of a community pain service primarily qualified as a GP and an academic physician in medical rehabilitation. The guideline revision group membership was wide ranging including a variety of medical specialties and other clinical disciplines as well as user representatives. Methodology is spelt out and commercial sponsors are acknowledged. The guidelines enjoy endorsement by an impressive list of stakeholders, including the Royal Colleges of Anaesthetists, Emergency Medicine, General Practitioners and Physicians but not the Royal College of Psychiatrists. They are also endorsed by the British Pain Society, the British Psychological Society, the British Society of Rehabilitation Medicine, the Society of British Neurological Surgeons, the Royal College of Occupational Therapists, the Chartered Society of Pain Physiotherapy and other professional organisations.

Content

The 9 main chapters include separate ones focusing on: primary care; occupational therapy and physiotherapy; surgical practice; emergency medicine; rheumatology, neurology and sports and exercise medicine; dermatology; pain medicine; and rehabilitation medicine but not on clinical, health or counselling psychology nor (liaison) psychiatry. The 16 Appendices include ones focusing on: CRPS diagnostic checklist; Desensitization; the Atkins Diagnostic Criteria for CRPS in orthopaedic

settings; List of centres with a special interest in CRPS, and; General and potential complications from limb amputation. Both main chapters and appendices reflect current UK "best practice" and the paucity of high level evidence to support this is documented. Emphasis on multidisciplinary practice is welcome though paucity of evidence in support of this is also acknowledged. Kouimtsidis, St. John-Smith et. al. (2013) have highlighted the difficulties inherent in producing high level evidence in complex conditions. This is particularly so in rare conditions like CRPS.

Comment

The presence of separate diagnostic criteria for orthopaedic practice points to some continuing divergence in this area, despite the endorsement of the Budapest Criteria for the Diagnosis of CRPS by IASP (International Association for the Study of Pain). The section on surgical practice offers a more nuanced appreciation of the potential relevance of psychiatric factors than the rest of the document. Though the guidelines are sensitive to the experience and distress of the patient, there seems to be excessive inhibition in exploring psychiatric issues. This may be due to fear of stigma associated with mental disorders, or concern about 'opening Pandora's box' together with a lack of confidence in discussing psychological issues and poor access to psychological and psychiatry services. There is no discussion of the thorny problem of differential diagnosis in the presence of pre-existing chronic pain and somatoform disorders, or the rare but recognised cases of factitious or self-induced cases. Anxiety and depression are only referred to as consequences of CRPS. There is no discussion of the relevance of the aforesaid disorders or personality disorders, OCD, ADHD, PTSD or autistic spectrum amongst others in the diagnosis and management of the condition which is unfortunate. To be fair, there is a paucity of high quality evidence on the relation of these psychiatric factors to CRPS too. However, these factors can significantly affect whether and how a patient is able to engage with clinical staff and treatment. Recognition of this and appropriate psychological/psychiatry input as required can help support the patient undertaking treatment, and the clinicians and therapists in how it is delivered.

Conclusion

Much like other medical conditions, e.g. Diabetes and Hypertension, behavioural factors are often important in CRPS. Immobilisation of the hand is known to produce symptoms of CRPS, though some dispute that it may be associated with the full syndrome. Indeed, one of the main treatments espoused, i.e. mobilisation of the extremity and desensitisation, is behavioural. Ikkos and Cohen (2018) propose to offer an integrated medical, psychiatric and behavioural hypothesis in the future. In the meantime, a ground-breaking physiotherapy report (Gillespie, Cowell et.al. 2016), highlighting the effectiveness of early and consistent mobilisation of

the affected extremity and consistent and responsive clinical care in preventing emergence and persistence of CRPS, offers the exciting prospect of elimination of CRPS Type I, or at least severely reducing its incidence, duration, complications and impact on patient lives. Dare one hope that a 3rd edition will not be necessary? Probably not. In the meantime, British Psychiatrists have available in a single reference our multidisciplinary colleagues' views on the recognition and management of CRPS in the UK.

Declaration of Interest

GI and HC have been members of the guidelines revision group.

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Introducing Occupational Therapy into Psychiatric Liaison Services in North Wales – Our Experience

Rupert Leslie, Dr Tania Bugelli, Karen Bullock, Sarah Thompson, Jane Toffrey, Julie Williams
Betsi Cadwaladr University Health Board

A case of need for Occupational Therapy

Betsi Cadwaladr University Health Board (BCUHB) is the largest health organisation in Wales, providing a full range of services for a population of around 678,000 people across the six counties of North Wales. There are three District General Hospitals (DGH) and there is a dedicated 24/7 psychiatric liaison service at each of these three sites. Each team provides an adult, older persons and alcohol liaison service to the DGH. Patients are referred to the team via the emergency department (ED) and the wards through a single point of access.

Due to additional investment by Welsh Government in liaison services in 2015, the liaison development team across North Wales explored the potential role and benefit of Occupational Therapy in liaison. Occupational Therapists (OTs) have a single training root being jointly trained in physical, mental health and learning disabilities which covers the lifespan; assessing and treating patients in the context of their physical, psychological, social, environmental and cultural needs. This supports OTs to have a holistic overview of patients' needs where there may be complexities which arise from co-morbidities across physical and mental health conditions.

A local review of the emerging role of occupational in liaison across the UK supported the case that there were significant benefits of employing OTs in liaison. It was agreed that the provision of dedicated OT for liaison services to support timely diagnosis, rehabilitation interventions and discharge planning could provide improved functional outcomes for patients, reducing length of stay as well as the risk of needing institutionalised care or increased care support.

The business case resulted in three full time band 6 OTs being recruited in mid-2017, one for each DGH. Based on the anticipated high volume of the workload and geographical peer isolation the posts were planned and have

remained full time and are graded at band 6 as liaison staff need to be skilled in making decisions in the context of clinical complexity, uncertainty and high volume of workload (Aitken et al, 2014). The OTs are based with the liaison teams but in addition provide consultancy and joint working with DGH occupational therapy services.

Evolution of the Occupational Therapy Role

During the planning discussions for the OT posts it was evident that as this is an emerging professional role there were differing expectations from all parties regarding what the role would entail but a common understanding established that the posts should be specialist Occupational Therapist posts rather than generic mental health practitioners. This would enable the OTs to prioritise supporting occupational and functional rehabilitation outcomes for patients, improve independence and expedite discharge. The OTs were warmly welcomed by their teams and in the initial period they shadowed the psychiatric liaison nurses and psychiatrists which allowed them to engage in conversations with their colleagues regarding how OTs could enhance the current service provision. This proved to be invaluable as it enabled all parties to gain a greater understanding and appreciation of each other's roles and how to enhance service provision together.

In addition, it was equally important to clarify how the OTs would work with the DGH OTs. An agreement was reached that the liaison OTs would be utilised for their specialist mental health expertise to provide advice, guidance, joint working and training where the DGH OT experienced situations that were beyond their core scope of practice or knowledge base.

All parties agreed that the OTs would receive referrals from all three specialities of liaison (adult, older persons and alcohol liaison). The OTs now provide input onto the wards whilst also providing outpatient appointments to complete short term crisis focussed OT intervention for patients who have presented to ED in mental health crisis. In addition they have become part of the recently established WEDFAN (Welsh Emergency Department Frequent Attenders Network).
The newly appointed OTs liaised regularly with each other and created a monthly meeting in order to retain their professional identity, support each other and develop processes and paperwork. Each of the OTs had varying clinical backgrounds and knowledge, thus the meetings created an opportunity for them to learn from each other. This monthly meeting has also been supported by establishing national links with other liaison OTs in Wales and England which has enabled the OTs to explore their role within a wider political and strategic context.

During our first year it has become apparent that OTs play a valuable role in liaison teams. As the The Royal College of Occupational Therapists (2018) identified in their report, we have found that they have added value to our team due to the way they integrate patients' mental and physical health needs and improved patient outcomes through their unique professional focus on occupation as a means of therapy and recovery. Improved outcomes have included expedited discharges, helping patients gain a purpose and reason to live, enabling patients to return to work, helping patients to take an active part in their local community and helping people with cognitive deficits live life at their optimum level of functioning.

The Future

As we look to the future we are exploring the possibility of publishing our work with some case studies in the hope of creating additional occupational therapy posts and exploring further areas that could benefit from the expertise of the OTs.

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Major Liaison-Psychiatry Trial Underway

Michael Sharpe
Professor of Psychological Medicine, University of Oxford and Trust lead for Psychological Medicine, Oxford University Hospital NHS Foundation Trust

The HOME Study, a randomised controlled trial of a new model of liaison psychiatry service for older medical inpatients, is now underway in Oxford, Exeter and Cambridge. The aim of the trial is to determine whether a new way of delivering liaison psychiatry (called psychological medicine in Oxford) is more effective than usual care. The trial is being led by Professor Michael Sharpe and Dr Jane Walker of Oxford University Psychological Medicine Research group, with Principal Investigators Colm Owens and Chris Dickens in Exeter, and Annabel Price in Cambridge. The trial is funded by NIHR HS&DR and aims to recruit over 3,000 patients.

The clinical problem

Most medical inpatients are elderly and have multimorbidity. The multimorbidity typically includes psychiatric illness (dementia, delirium, depression, anxiety) or at least psychological and/or social problems (especially relating to placement). These problems are associated with longer stays in hospital. This is important because evidence is accumulating that these longer stays are potentially harmful, leading to increased disability and dependency and sometimes medical deterioration (e.g. from hospital acquired infections). They also reduce bed availability for other acutely ill people.

The current evidence-base for liaison psychiatry to inpatients

The randomised controlled trial evidence for the effectiveness and cost-effectiveness of current models of inpatient liaison psychiatry is very weak. One explanation for the lack of effect seen in previous negative trials are that interventions provided by liaison psychiatry (often simple recommendations) are too weak, given too late in the patients stay are insufficiently integrated into the patient's medical care and lack a focus.

A new model of liaison psychiatry for medical inpatients

The new model of liaison psychiatry includes the idea of pro-active case identification, as developed by academic psychiatrists at Yale University in the USA. In this model all eligible patients (in this case all

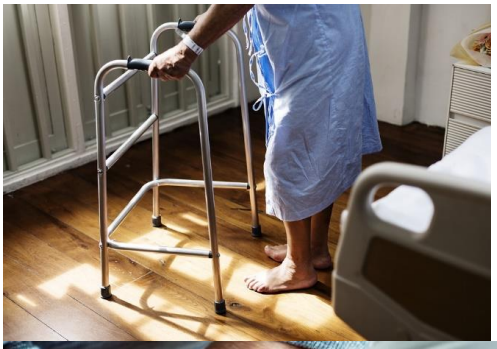
admissions to medical inpatient wards aged over 65 who are not expected to either die or be rapidly discharged) have a biopsychosocial assessment by a consultant psychiatrist and a management plan created that focusses on those factors most likely to lead to a long hospital stays. The plan is implemented in close collaboration with the medical team assisted by a daily review by a liaison psychiatry practitioner (psychiatric trainee, nurse or occupational therapist).

The trial

In the trial patients are individually randomised to either the new model or usual care. The primary outcome is the time that the patient spends in hospital over the month following randomisation and secondary measures include cognitive function, dependency, anxiety and depression, and where the patient is living after discharge. Clearly, providing more intensive psychiatry will increase costs, and therefore the trial will look not only at the effectiveness of this service model but also at its cost effectiveness. The trial will recruit until the end of 2019 and the results should be available in 2020.

This is an important trial for NHS services, as it may provide one piece of the jigsaw of finding how to reduce the time elderly people spend in acute hospitals. It is also important for liaison psychiatry/psychological medicine, as it will determine whether a full-strength model of a liaison psychiatry service is effective and cost-effective for this patient group.

For more information, see https://oxfordpsychologicalmedicine.org/research/thehomestudy.



Pathological Generosity: A Manifestation of Psychiatric Disorders

Dr Ahmed Saeed Yahya (Speciality Trainee in Psychiatry), **Dr Matthew Allin** (Consultant Rehabilitation Psychiatrist, **Dr Nisha Shah** (Consultant Perinatal Psychiatrist) and Dr Jude Chukwuma (Consultant Psychiatrist)

About the authors
Dr Yahya is a Specialist Registrar in Psychiatry who is currently based at East London NHS Foundation Trust. Dr Matthew Allin is a Consultant Rehabilitation Psychiatrist working in Camden & Islington NHS Foundation Trust. Dr Nisha Shah is Consultant Perinatal Psychiatrist who is based at North East London NHS Foundation Trust. Dr Jude Chukwuma is a Consultant Psychiatrist with the Cygnet Hospital Group.

Introduction

During a clinical placement I encountered a case of generosity which was having irrefutable consequences both on the person's social but also personal level of functioning. The compulsion to carry out this act was strong, unamenable to reasoning and clearly pathological. My interest led me to further research in the area, looking into other cases and exploring potential treatment options. I discovered pathological generosity can cause immense difficulty in the life of the sufferer, and to their loved ones. It may also have significant financial and social repercussions. In spite of this, the evidence base concerning pathological generosity is small, and information to guide treatment strategies is nearly non-existent. Our literature search yielded three peer reviewed articles which included one case study. In this article we discuss further regarding 'pathological generosity' and the recognition of this as a possible manifestation of psychiatric illness.

Discussion

Generosity is defined as an individual's capacity to sacrifice their material means in order to benefit others (Orgel S et al, 1968). This is to the extent whereby no profit or gain to one's social reputation is expected in response (Ferreira-Garcia R et al, 2014). Akhtar (2012) defined 5 subtypes of pathological generosity: unrelenting generosity; begrudging generosity; fluctuating generosity; controlling generosity; beguiling generosity. The first three are described as abnormalities in the 'intensity, nature and sustenance of generosity'. The last two are described as 'pseudo-generosity', because these are not motivated by **complete lack of** concern for oneself (Akhtar S, 2012).

Unrelenting generosity describes 'excessive' giving to others without pause or interruption. The individual concerned is typically not conscious of overstepping limits. The generosity can be such that the individual depletes their resources. Begrudging generosity is characterised by those who give but with reluctance and little enthusiasm (Akhtar S, 2012). Fluctuating generosity describes patterns of alternating generosity and parsimony. In

controlling generosity there are conditions attached to gifts, and there can be a sadistic element to the giving. Beguiling generosity is similar to controlling generosity but the giver can appear sincere while being in reality deceptive.

Pathological Generosity has been associated with a variety of psychiatric conditions. It can be a clinical manifestation of mania. It has also been reported in diseases that affect brain structure and function - including dementias - notably the temporal variant of Fronto-temporal Dementia. It is also associated with head injury, neuro-syphilis, and Parkinson's disease treated with Dopaminergic Drugs (Ferreira-Garcia et al, 2014).

Pathological generosity can also be secondary to an enduring, pervasive personality disorder. A subject with underlying narcissistic personality traits may give excessively as part of their grandiose ideals or with the expectation that they would gain societal admiration. Patients with dependent personality disorders can find it difficult to make the simplest of demands from their perceived carer and show evidence of subordination. This is due to the apprehension of being rejected or abandoned by their care giver. Both these described behaviours satisfy the definition of generosity and in particular the 'beguiling' subtype.

Treatment should be approached in a multidisciplinary manner, initiated by a careful history and mental state examination. It should be part of a comprehensive treatment package for the underlying condition.

Conclusion

The financial and social consequences of pathological generosity on patients and their families can be immense. Furthermore, the true prevalence of pathological gift-giving is not known, as systematic studies are lacking. Given the high prevalence of head injury and this being a possible aetiological factor, it is quite possible that there are a significant number of undetected cases, who at present do not have access to treatment. Further research in this area would be warranted.

There has been no financial support for this work. There has been no conflict of interests. There are no Disclosures to be made.

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Mental Health launch 'Staying Safe' website, offering vital resources for anyone distressed, thinking about suicide or worried about someone they care about.

Dr Alys Cole-King
Consultant Liaison Psychiatrist

The Staying Safe website is a potentially life-saving resource developed by 4 Mental Health, with invaluable input from international academics, mental health practitioners, people who have survived suicidal thoughts and those personally affected by suicide through bereavement.

StayingSafe.net offers compassion, kindness and easy ways to help keep people safer from thoughts of harm and suicide, seek support and discover hope of recovery through powerful videos from people with personal experience.

The website provides vital 'Safety Plan' guidance tools jointly funded by NHS England, with easy to print / online templates and guidance video tutorials purposefully designed to help people through the process of writing their own Safety Plan. A Safety Plan helps to build hope, identify actions and strategies to resist suicidal thoughts and develop positive ways to cope with stress and emotional distress.

Tragically, suicide takes far too many lives, yet suicide is preventable. Anyone struggling to cope or experiencing deep distress may begin to think about harming themselves and consider suicide as a means to escape their emotional pain. It can be incredibly difficult to think clearly during these times. Everyone is encouraged to PREPARE for possible difficult times ahead BEFORE they happen, by completing a Safety Plan.

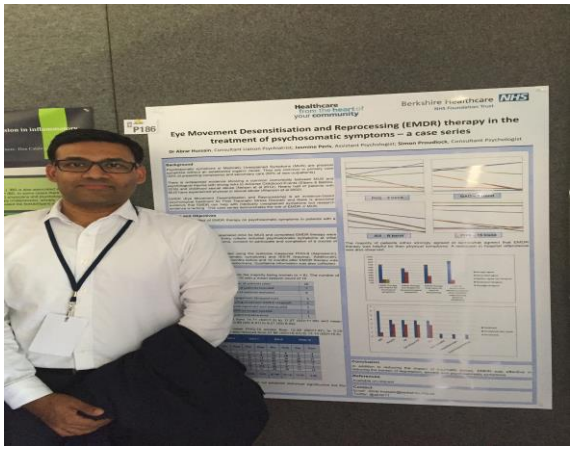
During times of deep distress, Safety Plans become a vital and valuable reminder of:

- What people can do for themselves to get through difficult times
- Practical ways they can make their situation safer
- Who to contact for support
- Where to go or who to contact in an emergency

It is 4 Mental Health's hope that anyone currently in extreme distress can share our hope that recovery is possible with the right support and that one day keeping a Safety Plan will be common place and regarded an extension of wellbeing and self-care.

For more information about StayingSafe.net, please contact info@4mentalhealth.com.

Bursary to attend European Association of Psychosomatic Medicine



In 2018, I was awarded a Liaison Psychiatry bursary to attend the European Association of Psychosomatic Medicine conference in Verona, Italy. I had the opportunity to submit my abstract on the use of EMDR in psychosomatic symptoms which was accepted for oral presentation.

The conference featured interesting topics delivered by speakers from different countries. It was good to hear from front line clinicians and researchers and this enhanced my understanding of recent developments in the field of Liaison Psychiatry.

In addition to the academic discussions which included scientific symposia and parallel sessions, we had the pleasure of witnessing an amazing performance by ballet dancers and a wonderful operatic tenor in full flow!

Overall, it was an excellent event and one I would love to go to again.

Dr Abrar Hussain
Consultant Liaison Psychiatrist
Berkshire Healthcare NHS Foundation Trust

Bursary to attend 2019 US Academy of Consultation-Liaison Psychiatry Conference

The Faculty of Liaison Psychiatry is offering five bursaries to support the attendance of five future leaders in Liaison Psychiatry at the 2019 US Academy of Consultation-Liaison Psychiatry (ACLP) Conference to be held in November 2019 in San Diego, California.

This bursary is open to eligible psychiatrists, nurses and psychologists working in the UK so please could you forward this information to colleagues who might be interested. The bursaries will be awarded to those future leaders who can show an active commitment to the specialty.

Successful applicants will be offered up to £1000 to cover registration, standard class travel, subsistence and associated costs of attending the meeting and contributing to the programme. Members of the RCPsych Faculty of Liaison Psychiatry also receive a 50% reduction in conference fees if they attend this meeting.

Further details and information about how to enter can be found on the faculty website.

Closing date: Midnight on Thursday 31 January 2019.

Royal College Of Psychiatrists Faculty Of Liaison Annual Conference 15-17 May 2019

The event will take place at the Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB

Further details about the programme and how to book can be found on the College website as they become available.

We would like to extend our thanks to Dr Malkeet Gill ST6, Liaison Psychiatry who helped to prepare this newsletter.