**Autumn meeting of Sports and Exercise Psychiatry Special Interest Group (SEPSIG)**

Institute of Sport Exercise & Health

170 Tottenham Court Road  
London, W1T 7HA

Friday 22nd September 10am to 4pm

<http://www.iseh.co.uk/>

UK Anti-Doping (UKAD) guidance for psychiatrists

Alan Currie began by reviewing the Therapeutic Use Exemption (TUE) processes in sport and how they apply to psychiatric practice. There is a proposal for stricter assessment criteria to be applied before methylphenidate exemptions will be granted for athletes with ADHD.

Public Health England - embedding physical activity within NHS clinical care

We were delighted to welcome Dr. Michael Brannan who is the Deputy National Lead for Adult Health & Wellbeing. He began by describing the extent and importance of physical inactivity including the UK’s unfavourable position by comparison with other nations. He described Public Health England’s approach of *using a network of influencers* in key sectors (education, sports & leisure, health, social care, planning, and transport). The philosophy is to *make every contact count.* In the health sector this means promoting physical activity at every opportunity and especially for inactive patients. He then described a range of methods for providing health care professionals with the necessary knowledge and skills. Useful resources are available at the following links:-

https://www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity

http://learning.bmj.com/learning/course-intro/physical-activity.html?courseId=10051913

Competencies of a Sports Psychiatrist

Phil Hopley & Tim Rogers from Cognacity presented a helpful framework for the psychiatrist working in sport. They showed where psychiatric skills might be put to best use and also complement the expertise of others. The ability to promote and sustain resilience in athletes, to understand and work within the culture of sport and sports specific psychopharmacology expertise were all emphasised.

Exercise interventions in practice

Amit Mistry has been leading on this on behalf of the group. He reported on a recent review of the evidence for exercise interventions. He will shortly be presenting his work at a major sports medicine conference in Delhi.

http://sportsauthorityofindia.nic.in/tview3.asp?link\_temp\_id=2497

Other updates on work-streams

A spreadsheet was circulated to delegates. Among the forthcoming highlights are a presentation at the British Psychological Society Division of Sport and Exercise Psychology meeting in Glasgow in December (Tim Rogers) in December 2017.

https://www.bps.org.uk/events/conferences/division-sport-exercise-conference-2017

A series of symposia suggestions have been submitted for the RCPsych International Congress in June 2018. We should expect to hear in around 6 weeks if any have been successful.

The English Institute of Sport are proposing a survey of athlete mental health. An invitation was extended to senior trainees who might have some research time to devote to this.

Eating disorders update

Caz Nahamn began with an overview of some of the eating disorders issues that are specific to sport. In particular she discussed sports specific syndromes and risk factors within sport. She then shared anonymous case studies. These were especially well received by the audience and demonstrated the outcomes that can be achieved when working in partnership with sports coaches and parents in the best interests of the athlete/patient.

Workshop and group discussion

3 anonymised cases based on real-life examples were discussed. One in each of 3 small groups of 6-8 participants. Some useful themes emerged from the discussions.

1. Obstacles to accessing care. Including stigma, lack of a clear pathway, inadequate knowledge/recognition of problems.
2. Collaboration between sports and the clinical team during recovery and rehabilitation. In particular this can be helpful in deciding how to grade the return to sport.
3. Confidentiality and boundary issues. How much information to share? What is expected? Who needs to know? It can be helpful to agree about this from the outset. Confidentiality is for privacy not secrecy.
4. Adjustment difficulties are common after a major event even if the athlete is successful. Can this be anticipated and preventative interventions offered? Consider interventions at the level of the individual, the team and the sport/organisation.
5. The importance of social support in promoting resilience.
6. Difficulties for student athletes – limited finances, whether to access care at home or at university.

**Business meeting**

The day concluded with a short round up of current business.

1. Currently the college webpage includes a short profile and picture of the chair and finance officer. Alan Currie suggested that additional profiles e.g. of project leads should be added. This will keep members aware of work being done. Alan will contact project leads and co-ordinate with RCPsych webpage managers.

2. Finances. Allan Johnston (Finance Officer) gave an update on accounts. Balance likely in excess of £1000. Discussion on appropriate charge for SEPSIG meetings – suggested £75. Options for spending include sponsoring a student essay prize and guest speakers for future meetings.

3. An on-line RCPsych Sports Psychiatry CPD module should be available soon. An exercise psychiatry module has also been commissioned. Amit Mistry and Lynne Drummond are leading on this.

4. Communications are currently ‘multi-channel’ with group e-mails from college, twitter and info on college webpage and also at sportandexercsiepsychiatry.co.uk. Allan Johnston collected mobile numbers of those interested in joining ‘whatsapp’ group.

5. Alan Currie suggested compiling a register of interests and expertise. This will help when request come in for speakers and for other request for our expertise. Phil Hopley volunteered to co-ordinate. Members can send name, contact details and a short biography to Phil at [P.Hopley@cognacity.co.uk](mailto:P.Hopley@cognacity.co.uk)

AOB

The possibility of running educational session for coaches was raised. The ISSP have developed a programme which may be relevant.

<https://sportspsychiatry.org/news/4702547>

Tim Rogers asked for content suggestions in preparation for his presentation to the BPs DSEM (see above). Among the suggestions were

-the importance of professional collaboration and team work

-the holistic assessment & treatment approach that this fosters

-the challenge of dealing with suicidal patients and the value psychiatry brings

Next meeting

There was unanimous approval of ISEH as a venue and all were keen to take up the offer of a future event here. Grateful thanks were extended to ISEH and to Phil for his work in securing the venue.

There was also strong majority support for meetings in London alternating with other venues. Leeds is available and other suggestions and offers of a venue came from Nottingham (Caz Nahman), Oxford (John Henry-Carter) and Birmingham (Sharon Singsit-Evans). Other possibilities include Newcastle and Glasgow. If SIG members have other suggestions and are able to offer a venue then please contact the chair at alan.currie@ntw.nhs.uk

An interval of 6 months between meetings seems to be working with e-mail and other communications in between. A date of March 2nd was chosen for the next event with a similar format of 10am to 4pm including a short business meeting. Fuller details of the next meeting will be circulated around 3 months in advance.