



CROESO.

Hello every one and welcome to our Autumn 2016 edition of Edrychiad. I would also like to extend a very warm welcome to our new trainees who joined the Programme last month. Members of our People Panel had an excellent afternoon meeting you all and sharing the varied and many activities of the panel. We had hoped to have this edition of the newsletter ready for your early induction days but did not quite get there. The current edition follows the format of previous editions in that we have a book review, wonderful reflective contributions from David and Natalie. Chris has also kindly shared some new ideas for the Research Fair which takes place in January. We are always seeking contributions for this newsletter so I would encourage everyone to think about doing so in the future. Many thanks to Gwyn our editor who collates and edits all contributions.

Thank you also to all trainees who continue and who have recently volunteered to act as People Panel Reps.

Helen

Dates for your diaries

Thanks Fiona for providing forth-coming People Panel meeting dates:

15th December 2016

16th February 2017

27th April 2017

8th June 2017

20th July 2017

Room 221: 2-4pm.

BOOK REVIEW - IT'S ALL IN YOUR HEAD

It's All In Your Head: True Stories of Imaginary Illness by Dr Suzanne O'Sullivan.

Dr Suzanne O' Sullivan is an Irish Consultant Neurologist working in the National Hospital of Neurology and Neurosurgery in London. Her recent book, which has won the 2016, Wellcome Book Prize is a personal account of her clinical work working with patients who present with a range of different neurological symptoms. These range from blindness, paralysis epileptic seizures, intense pain and chronic fatigue.



However, despite rafts of advanced medical investigations it has not been possible to identify any organic or physical basis to these conditions. This is the classic representation of the term 'psychosomatic illness' where according to the author heightened emotional states can trigger debilitating and chronic physical conditions resulting in considerable stress for affected patients. "Psychosomatic disorders are really, really common, but for some reason people don't talk about it. *Psychosomatic illness is rarely dangerous, (in the sense that) people don't usually die from them, but they can still destroy people's lives, or steal their lives in other ways,*" said O'Sullivan. "In my mind, (winning this prize) is a mark of respect for the patients I'm looking after'.

Some reported statistical figures in the book are startling. First about one third of patients who present to their GPs report symptoms that have no identifiable organic basis. Dr O' Sullivan also reports that a high proportion of patients whom she sees in her routine epilepsy clinic have seizures and symptoms with no physical explanation. In 1997 the WHO reported that rates of medically unexplained symptoms (another term used by professionals to describe such patients) were almost identical in undeveloped and developed countries. This suggests that the phenomenon does cross cultural social and economic borders and is universally recognised. A 2005 study from Boston extrapolated that psychosomatic disorders cost the US \$256 billion a year (while, for example, diabetes costs \$136bn).

This book has generated a good deal of interest and comment. One of the more insightful reviews has been written by Dr Edward Shorter A Hannah Professor of the History of Medicine in the Faculty of Medicine of the University of Toronto, where he also has the academic rank of Professor of Psychiatry. He robustly challenges the single notion of 'stress-causes-functional-illness model' advanced by Dr O' Sullivan and offers alternative possible hypotheses including hyper-suggestibility sometimes resulting in epidemic hysteria, cultural influences, somatic symptoms arising from underlying psychiatric problems and possible malingering. These views are very well described in his own book on the subject *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York: Basic Books, 1992)

There are a number of reasons why I would recommend this book. Firstly it is a truly compassionate account of the difficulties and extreme stresses individuals encounter with health care systems when there is a suggestion of psychosomatic or medically unexplained symptoms present. Dr O' Sullivan is unflinching in her honesty exploring the different case studies and the very often hostile reactions when sharing her findings with her patients. She is also very open when she makes a mistake as in the example with the young girl who had paralysis which resolved unusually quickly following a botulism

injection and Dr O' Sullivan remarking on this proved very stressful and threatening for the patient concerned. She also clearly illustrates with the different vignettes that very often subconscious trauma can trigger such conditions. Secondly there is a brave attempt to summarise in a single chapter the history of psychogenic disorders from the early 19th century with work by the French neurologist Jean Marie Charcot who demonstrated that a range of physical symptoms could be induced through hypnosis and the power of suggestion. The dramatic impact of the different clinical stories described in the book and the wider systemic influence of these conditions is very well described.

Perhaps more attention to psychological interventions in these conditions would have been informative and reference to the long term follow up of some patients following psychological /psychiatric input would have also been useful. Reading this book reminded me of a similar book I had also read by Dr Henry Marsh 'Do No Harm' again another personal account by a very distinguished brain surgeon in Queens Square London. The honesty and humility of both authors is clear coupled with the sense that despite numerous advances in medical technology and research at the end of the day, the patient's voice and experiences are key and that both authors appear to embrace and tolerate the uncertainty of accepting that '*medicine is more an art than a science*'

Helen Healy Clinical Tutor

REFLECTING ON YEAR 1

My cohort met with the People Panel in our first teaching block, in October 2014. As a predictably keen and conscientious bunch of first years we mingled, chatted and had the one thing that never changed in the following two years, the university buffet lunch. Whilst we were still in the process of getting to know each other, we now had the opportunity to engage with a panel of people that not only played an important role in our recruitment, but represented the reason we were here in the first place.

Unfortunately, lunch was too short a time to really get to know anyone, and conversations over finger food rarely run deep. We had an afternoon session together where we were able to introduce ourselves to the People Panel and they to us. Even in writing this, I can see how easy it is to make a division – both the trainees and the People Panel are part of NWCPP, and yet I have already talked in terms of "us" and "them". It was doubly confusing for me (and I'm sure a number of other trainees) as I still have my ex-service user hat in my back pocket. I was used to being the "them".



My supervisor when I was an assistant made it very clear to me from my first day working for her that if I was going to be a Clinical Psychologist, I had to grow a new identity as a clinician. I think she meant for the service user part to retreat into the background, but I took her advice to mean that I needed to meld the two together. This had been a very useful point of reflection for my interview and probably helped me become a trainee in the first place. In October 2014 however, and sitting there with the People Panel, I was really struggling to make it work. In that moment I actually felt like I did not belong to either group, that I had somehow betrayed one and was an imposter in the other. At was at that moment that one of my cohort asked the

question, "If you were seeing a trainee, what would you want them to do?"

What had been a very wide ranging and colourful discussion suddenly became focused. Every single one of the people on the panel responded simply, and in unison.

"I'd want you to be a human being".

They went on. "I'd want you to listen to me". "To be caring and not judge".

I woke up. I realised I was focusing on what separated and divided people. What actually mattered were the things we had in common. All of the different layers of identity we pick up and put down are usually all just covering up the one we all have, of being a human being. Of showing compassion, engaging with others, connecting, and helping us all feel less alone. The division, the belonging to one camp or the other, was something constructed that I did not need,

MOVING ON & LOOKING BACK

As part of my role as the 2013 Cohort People Panel Rep, I've provided regular updates from a trainee perspective in order to maintain People Panel/Trainee links. Looking back over some of these, particular snippets seem to capture the journey that I have often referred to as a "rollercoaster!" Here's why:

Approaching the end of 1st Year: Well, the last few months have been rather hectic..... Being a first year trainee and getting used to all of the new systems and policies whilst working towards deadlines has proven quite challenging at times. Safe to say, however, we have all made it through the first placement and assignments - hopefully better equipped to withstand the pressures of the next one now that we know it really is 'do-able'☺ - I'm sure there are plenty more exciting ventures ahead.

Half way through year 2: We're well into

something that was only distracting me from everyone else. I joined the People Panel as a student rep. No t to be one thing or the other. Just to be a human being.

Of all the challenges my cohort has faced in the past two years, from difficult assignments, to placement headaches, multiple weddings, and the endless purgatory that is the A55, we have been armed with one simple tool. "Be a human being". No matter the challenge, no matter the placement, we had a skill we could bring that always made the biggest difference in the lives of others, a skill we had decades of experience in using. However close or not our therapy may be to the CBT standards we are supposed to meet, we knew if we could connect with others as a human being, we always had the chance to help.

Thank you People Panel. I think we listened. I know we did not judge. We are definitely a caring bunch. We were always human beings.

David Oaklev



2nd year now and that means we've made it half way through the course and all of the course and all of the 'essay' type assignments have been handed in,

leaving the main focus of the next 16 months to be our research projects. The people panel have been SO helpful with the development of these. Sometimes, when everything feels a bit overwhelming, "inspirational quotes" can help to put everything into perspective

Towards the end of year 2: Summer is upon us and teaching has finished for the summer (a scary thought that we only have a few sessions left of '2nd year teaching....' And no more 5-week long blocks – in 3rd year we have teaching blocks which are 1 week at a time... this has both pros & cons!) This makes some time for some holidays ☺ - as we look

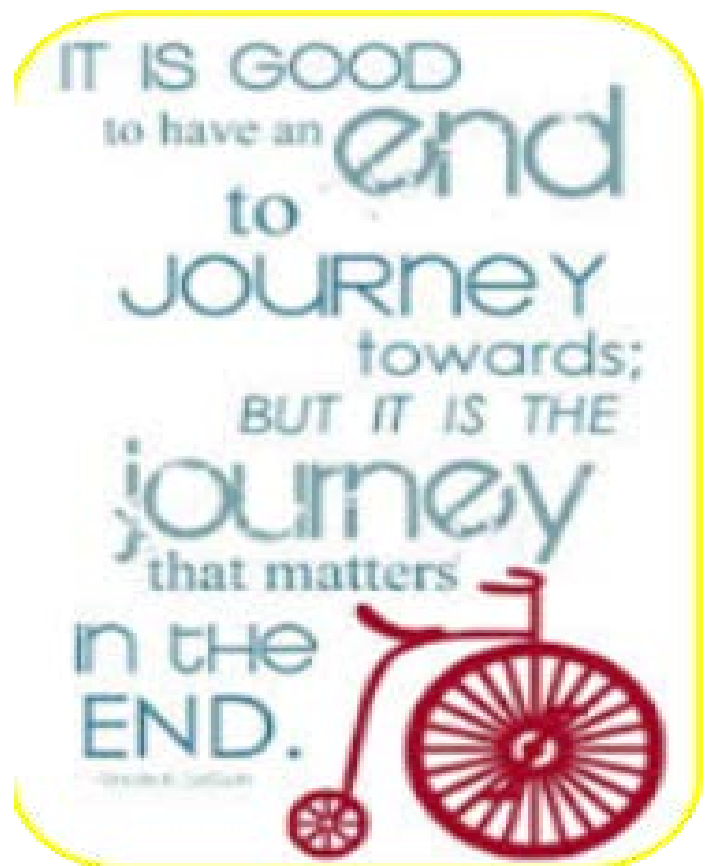
towards the end of 4th placement as third year placement have now been agreed.

Start of year 3: As I reflect on the few months, I realise how quickly time is flying by! 3rd year is in full swing and we're all getting on with our research projects. 3rd year is a bit of a different feeling to 1st and 2nd year, we don't have teaching days so it can feel a bit strange sometimes not seeing the rest of our cohort..... one step closer to "independence" or "qualified life"(whatever that might be!) maybe??

End of year 3: It's a funny feeling writing the People Panel update this month. As the end of September approaches, I realise this will be my last one as a trainee! As a cohort, we're all working towards 'tying up loose ends' with placements, final bits of (never-ending!) paper work, hard-binding our theses, prepping for the annual stakeholders event AND trying to work out what it's actually like to have a life beyond the DClinPsy training! (I'm sure we won't have too many problems doing this ☺) It's a strange (but very nice!) feeling to have the time/head-space to become interested in things that there just didn't seem to be time for whilst in the midst of training (especially thesis write-up!).

We made it in the end: On behalf of the 2013 Cohort, I'd like to thank the People Panel for all of their support throughout out training – this has been invaluable! I would highly recommend talking through research ideas/general ideas with the People Panel who have always been so helpful, insightful and inspirational.

Natalie Boulton



Research & NWCPP

While hearing about supervisors' ideas for research projects at last year's Research Fair, Mike and I were struck by how the same themes emerged in different proposed projects. We thought it would be great if we could get people who are interested in the same topics in contact with each other. This would also make it easier for trainees to get involved in programmatic research – research where projects build upon each other, as opposed to one-off pieces of research.

We've identified a number of topics which we think will cut across specialisms and reflect what people involved in the programme are interested in:

Mental health in a bilingual context Mental health services in Wales need to cater for a bilingual population. How might this be important? How can this be improved?

Staff well-being, burnout, and compassionate healthcare Working in health services, particularly with limited resources, is stressful and the NHS has a duty to support its staff as well as possible. What is the scope of this problem and how can it best be

addressed?

The interface between physical health and mental health problems Physical health problems are an under-recognised problem in users of mental health services, particularly people in inpatient care or those taking certain drugs. How can we help to address this? Likewise, we already support a great deal of research into mental health problems in people with physical health conditions, can these two topics inform one another?

Overlap between autistic spectrum conditions and other mental health conditions A number of clinicians have noticed that some of their clients seem to have traits normally associated with the autistic spectrum. Is this observation borne out by more focussed research? Should this inform the way psychologists work with these clients?

Transitions between services Users of child and adolescent services often need to make a transition to adult services and this need to be managed carefully. Where can this go wrong and how can this be improved?

Novel applications of third wave therapies NWCPP places an emphasis on teaching third-wave psychological therapies and a number of trainees do research into these approaches. How can we better support this sort of research?

This list is only a start and we may well want to change this list based on people's level of interest. If you have any feedback or suggestions, we'd love to hear them.

Chris Saville
Research Tutor