

# 10 minutes with Dr Hassan Mahmood, Consultant Psychiatrist and Interim Divisional Medical Director, Learning Disability Division, Birmingham Community Healthcare NHS Foundation Trust, Birmingham



## Biography

Dr Hassan Mahmood is a consultant psychiatrist working in the Learning Disability Division of Birmingham Community Healthcare National Health Service Foundation Trust. He took up the role of interim divisional medical director for the Learning Disability Division in March 2020 as part of the response to the COVID-19 pandemic. He has experience in various quality improvement projects across the Trust, such as developing Multicultural STOMP that is, stopping the overmedication of people with a learning disability, autism or both, within ethnic minority groups. This is the first initiative of its kind in the UK. He is an author of the 'Management of Dementia in Intellectual Disability' chapter in the book 'Seminars in the Psychiatry of Intellectual Disability', third edition. He also has a passion for sport and exercise psychiatry. He is an author for the chapter 'Cricket: Mental Health Emergencies' in the book 'Case Studies in Sports Psychiatry', first edition.

## WHAT ARE THE KEY LEADERSHIP MESSAGES YOU WANT TO GET OUT TO THE BMJ LEADER READERSHIP?

People look up to a leader; especially in a time of crisis. It is important to remain calm, composed, enthusiastic and dedicated. Your outward displays of interest result in people being willing to listen and engage with your vision. Leaders should be visible to others. It is important to show colleagues that you are there to lead and provide guidance during challenging times.

Believe in your ability to solve problems. This is important when dealing with complex scenarios where the solution may not present itself so clearly. Having confidence in your own ability will allow you to come up with solutions in a pragmatic manner.

Respect the views of others as there is always something to learn and results in a more harmonious working environment. Listen to others' concerns and alleviate their anxieties, in order to ensure cohesion within a team towards a common goal. There are times when a leader should be able to challenge others, but it must be done with professionalism.

Most importantly, one has to be flexible. During a rapidly changing situation such as that presented by the COVID-19 pandemic, those not able to adapt will find themselves struggling.

## TELL US A LITTLE BIT ABOUT YOUR LEADERSHIP ROLE AND HOW IT IS CHANGING AS A RESULT OF THE PANDEMIC?

I have been a consultant psychiatrist since August 2018. My role changed in March 2020, which coincided with the lockdown in the UK, prompted by the COVID-19 pandemic. I became the interim divisional medical director (DMD) for the Learning Disability Division of the Birmingham Community Healthcare National Health Service (NHS) Foundation Trust.

The trust is based in the second biggest city in the UK where 2.3% of the 1.1 million population have a learning disability.<sup>1</sup> The learning disabilities division provides support for around 1800 patients and their carers.

The change in role meant that my day-to-day pattern of working as a consultant psychiatrist had to now balance supporting the needs of the patients on my caseload, with the additional responsibilities of a leadership role.

The DMD role itself also changed significantly. In light of the pandemic response the work was more intense, often unplanned and requiring crucial actions within short deadlines. I became part of the team overseeing the transition to newer ways of working, while ensuring that high-quality care was being delivered.

I have learnt how to work well with colleagues who have different strengths and personalities in order to ensure that we provide a safe and holistic service for our vulnerable patients. It has been a significant learning curve and the experience has taught me to become more flexible and resilient.

## WHAT EVENTS IN YOUR PAST EXPERIENCE ARE MOST INFORMING YOUR LEADERSHIP IN THIS PANDEMIC?

When I was asked to take on the role of interim DMD, I briefly wondered whether I had enough experience for the role. However, I have always believed in taking challenges head on and was excited about the prospect. I wanted to support colleagues during what I knew would be a tough time, develop our services to meet the needs of our patients and develop my leadership skills, particularly in the areas of quality improvement and patient safety.

Before the pandemic, I was carrying out work around health inequalities and developed an innovation called Multicultural

STOMP (MC-STOMP) to improve the implementation of the STOMP agenda in people from ethnic minority backgrounds.

Being from an ethnic minority background and raised in inner city Birmingham has granted me a deep understanding of the health needs of the local community. I have seen health inequalities from a young age and on becoming a consultant, wanted to focus on this as an area for improvement. My life experience has allowed me to provide the Trust with a valuable insight into how we can engage seldom heard communities.

During my work I noted that a number of people from ethnic minority backgrounds had difficulty reporting and recording challenging behaviour, engaged less with non-pharmacological strategies and wanted medication first-line for challenging behaviour. We know that communication is crucial in establishing the aetiology of challenging behaviour, which guides appropriate management. I was able to overcome a lot of these issues through my multilingual skills, however, not every clinician has this luxury and thus MC-STOMP was born.

The need for such initiatives has become even more apparent during the pandemic as health inequalities experienced by people from ethnic minority groups have been greatly exposed and the disproportionate impact of COVID-19 was highlighted.<sup>2</sup> We already know that people with learning disabilities die prematurely compared with the general population,<sup>3</sup> thus a lot of my focus is aimed around reducing these inequalities.

#### WHAT ARE YOU FINDING THE BIGGEST CHALLENGES?

There have been many challenges during this time. It felt surreal to start my interim role when the pandemic was declared. From a leadership perspective, finding the balance between my clinical and leadership roles, the increased intensity of the DMD role itself, the fact that this normally 3-year role was an interim post of unknown duration and that I was now leading clinicians who I had previously trained under, all while a global pandemic was underway was overwhelming to say the least. Working at a pace with a rapidly evolving picture led to quite a few anxieties. Some people found it hard to cope with the pace of the change. I had to ensure that I could provide support and instil confidence.

Our services had to change quickly to mainly telephone and video consultations, with face to face being reserved for only the most urgent cases. This posed a significant challenge in itself given that mental state examinations are best done in person, especially to pick up vital cues in our patients with complex needs.

From a patient perspective, a significant proportion of our patients are unaware of what the pandemic actually is and what it means for them. They have little understanding of why their routines have changed. For example, lockdown measures meant closure of important community services such as day centres and respite care. This, in some cases, has contributed to anxiety, behaviours of concern and carer stress. Close multidisciplinary team (MDT) working with continuity of care has been paramount.

Another significant aspect of worry has been regarding the potential physical health consequences of the virus on our vulnerable patient population. Our health facilitation team has been absolutely vital to ensure reasonable adjustments have been made both in the community and within secondary care.

Nationally it was understandable that physical health risks were prioritised to prevent spread of the virus. Unfortunately the implications for mental health may have been detrimental.

#### ANY PARTICULAR SURPRISES?

It did not surprise me that colleagues displayed excellent teamwork by pulling together brilliantly following the COVID-19 pandemic. It was lovely that soon after the lockdown, a valued colleague called me just to check on the welfare of myself and my family. That gesture was extremely heart-warming and symbolised the caring nature of the team. I am proud with the way that the Learning Disability Division continues to advocate for our vulnerable patients and support each other. It drives me to produce the best that I can every day.

My previous experiences have shown that change does not often occur quickly or easily within healthcare services. It was therefore surprising that we seamlessly adapted from face to face to telephone and video consultations. The patients and their carers seemed to adapt quite quickly also. I was pleased by how well we transitioned from three separate face-to-face MDT meetings per week across the city to daily virtual citywide MDT meetings. This provided a number of benefits including an easier ability to make referrals and a further increase in prioritising those presenting the greatest risks. It has fostered an increase in the number of working relationships with colleagues we may not have worked with before, which enhances team unity.

I shall return to my original role shortly. I was not expecting to find the role so stimulating and rewarding. It has motivated me to seek a long-term career in senior medical leadership.

#### ARE YOU SEEING ANY BEHAVIOURS FROM COLLEAGUES THAT ENCOURAGE OR INSPIRE YOU?

The cohesive manner in which the team within the Learning Disability Division has worked has hugely inspired me. The pandemic has changed the way we work, but the MDT has ensured that we continue to provide holistic care for our vulnerable patients.

During this challenging time, it has been wonderful to see other colleagues also adapting to and tackling the challenges that have arisen. Some have relished their changing roles and taken to them exceptionally well.

Despite the understandable concerns, many colleagues have carried out home visits using Personal Protective Equipment in critical circumstances. Learning how to adapt one's way of doing face-to-face reviews is not always easy, but my colleagues have handled this brilliantly.

I have also been inspired by our Trust's medical director. He has demonstrated excellent leadership skills under considerable pressure, which has inspired me to ensure we provide the 'Best Care and Healthy Communities', as per our Trust's motto.

#### HOW ARE YOU MAINTAINING KINDNESS AND COMPASSION?

As a doctor, I believe it is always important to be kind and compassionate to patients, carers and colleagues. I always acknowledge colleagues for their contributions, whether as a chair in a high-level trust meeting or an administration colleague who has contacted me. Each person within an organisation has an important role to play.

Working in healthcare for many years has meant I do not take good health for granted. However the situation around the COVID-19 pandemic has also massively put life into perspective for me.

Some people have been debilitated with life-changing illness, while many have lost their loved ones in the saddest of circumstances. Mental health difficulties have been exacerbated by the changes the pandemic has brought: the effects of the illness itself,

the effects of lockdown and change in the social landscape of our communities. The mental health challenges faced by people are evident already and it is likely we have yet to see the full implications of them.

During the initial months of the lockdown, I stood outside my doorstep on Thursday evenings as part of the weekly clap for the NHS and carers. It really brought home the sense of community spirit and made me realise how much the public value what we do. Through the toughest times, remembering this truly lifted my spirits.

### ARE THERE ANY IDEAS OR READINGS THAT YOU FIND HELPFUL, FOR INSPIRATION AND SUPPORT, WHICH YOU WOULD RECOMMEND TO OTHERS?

The Health Foundation is a fantastic resource and fuels my passion to ensure high-quality healthcare. I plan to become part of its Q Community, which aims to foster continuous and sustainable improvement.<sup>4</sup>

Outside of healthcare, when I was growing up, I read a book by Imran Khan (the current Prime Minister of Pakistan) titled 'All Round View'. This detailed his story including his experiences as a cricket player and leader.<sup>5</sup> I took two messages from the book, which have remained with me since that is, 'the bigger the challenge, the better I perform' and 'whenever you are in a crisis situation, there is no option but to keep going until you achieve your goal.' I believe these messages have allowed me to develop increasing resilience and tackle any obstacles throughout my life.

### WHAT ARE YOU LOOKING FOR FROM YOUR LEADERS?

I think that leaders should be clear and open with their strategy. They must be willing to lead from the front and take tough decisions where needed. Good leaders are able to use fresh ideas and enthusiasm to create a culture of improvement and I would want those in leadership positions to be able to drive this forward. Leaders should have the ability to shape development across the health and social care system as well as nurturing the potential in those new to senior roles.

It is important to use the strengths of different individuals to result in a strong team and overall to remember that good patient care is at the heart of everything we do.

**Hassan Mahmood** , **Gamal Hardy**

Learning Disabilities Division, Birmingham Community Healthcare NHS Foundation Trust, Birmingham, UK

#### Correspondence to

Dr Hassan Mahmood, Learning Disabilities Division, Birmingham Community Healthcare NHS Foundation Trust, Birmingham, UK; hassanmahmood@nhs.net

**Contributors** GH interviewed HM for the purpose of this piece.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not required.

**Provenance and peer review** Not commissioned; internally peer reviewed.

**Data availability statement** Data sharing not applicable as no datasets generated and/or analysed for this study.

© Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.



**To cite:** Mahmood H, Hardy G. *BMJ Leader* Published Online First: [please include Day Month Year]. doi:10.1136/leader-2020-000359

Received 5 August 2020

Revised 22 September 2020

Accepted 1 October 2020

*BMJ Leader* 2020;0:1–3.

doi:10.1136/leader-2020-000359

#### ORCID iD

Hassan Mahmood <http://orcid.org/0000-0003-1830-4048>

#### REFERENCES

- 1 Birmingham Community Healthcare NHS Foundation Trust. Birmingham learning disability service for adults. Available: <https://www.bhamcommunity.nhs.uk/patients-public/learning-disability-service/> [Accessed Sep 2020].
- 2 Public Health England. Disparities in the risk and outcomes of COVID-19, 2020. Available: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908434/Disparities\\_in\\_the\\_risk\\_and\\_outcomes\\_of\\_COVID\\_August\\_2020\\_update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf) [Accessed Sep 2020].
- 3 Heslop P, Blair PS, Fleming P, *et al*. The Confidential inquiry into premature deaths of people with intellectual disabilities in the UK: a population-based study. *Lancet* 2014;383:889–95.
- 4 The Health Foundation. Popular COVID-19 content. Available: <https://www.health.org.uk> [Accessed 1 Aug 2020].
- 5 Khan I. *All round view*. London: Cornerstone Publishing, 1992.