

## **CURRICULUM VITAE**

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**DATE OF BIRTH: 23<sup>RD</sup> JULY 1953**

### **WORK STATUS**

**On the Specialists' Register for General Adult Psychiatry, UK**

**Section 12 (2) (MHA)/ AC Approved**

### **WORK EXPERIENCE.**

**Locum Consultant Psychiatrist. (Community Setting). Petherton Road Resource Centre, Avon and Wiltshire, Bristol South BS14 9BP.  
20 July 2021-October 26 2021**

**Locum In-Patient Consultant Psychiatrist. Parklands Hospital, Southern Health NHS Foundation Trust, Basingstoke RG24 9RH  
17 July 2019-30 September 2019**

**Locum Consultant Psychiatrist  
Midland Partnership Trust  
Fuller House, Telford, Shropshire  
UK**

**0 July 2018 to October 2018**

**I functioned as a consultant psychiatrist in a community mental health team**

**Consultant Psychiatrist**

**Ministry of Defence, Nigeria 68 Nigerian Army Reference Hospital Yaba, Lagos.  
September 2015 June 2022  
(Details below)**

**Locum Consultant Psychiatrist  
Defence Community Mental Health Team  
Colchester, Essex  
UK**

**03 July 2017 to 05 September 2017**

**I functioned as the lead clinician and consultant psychiatrist in a community mental health team that provided care for predominantly active duty service personnel**

**Consultant Psychiatrist  
Ministry of Defence, Nigeria  
68 Nigerian Army Reference Hospital Yaba, Lagos.  
September 2015 May 2018**

**I functioned as Clinical Lead to a mental health team that screened soldiers returning from combat operations in the North Eastern part of Nigeria for PTSD and co morbidities using the PTSD checklist, PHQ 9, AUDIT. I also functioned as the lead consultant involved in the assessment and clinical management of cases referred by their primary care doctors to the mental health team. Clinical cases managed were wide ranging including predominantly psychotic conditions and non-psychotic conditions.**

**Locum Consultant Psychiatrist  
Combat Stress, UK<sup>1st</sup> July 2015 to 15 September 2015**

**I functioned as a Consultant psychiatrist in a mental health team that provides various forms of in-patient care to UK war veterans with various forms of combat related mental disorders.**

**Locum Consultant Psychiatrist  
Low Secure Forensic/Learning Disability Unit  
Naseby ward  
St Andrew's Healthcare  
Northampton, UK  
07 July 2015 to 27 August 2015**

**I was lead consultant in a mental health team for learning disability patients with forensic issues in a low secure forensic setting. By the very nature of the unit, mental health legislation issues especially, various forms of leaves and interaction with SOADs came up very frequently.**

**Consultant Psychiatrist  
Ministry of Defence, Nigeria  
68 Nigerian Army Reference Hospital Yaba, Lagos.  
01 June 2014 to July 2015**

**Locum Consultant Psychiatrist.  
Defence Primary Health Care Services  
Ministry of Defence,  
United Kingdom.  
03 May 2011 to 04 May 2014 at the following sites:**

**Department of Community Mental Health (DCMH), Faslane  
HM Naval Base Clyde  
Helensburgh, Scotland**

**DCMH  
39 Engineers  
Kinloss Barracks  
Morrayshire  
Scotland**

**Army Primary Health Care Services,  
Department of Community Mental Health.  
RAF Leuchars, Scotland.  
From 03 May 2011**

**Job entailed assessment of new and follow up patients in community mental health settings with great attention to issues that are of high emphasis in the military (for example, high expectation of recovery and return to duty, occupational focus, health governance, including audits)**

**Locum Consultant Psychiatrist in General Adult Psychiatry.  
Hereford Primary care Trust  
North Herefordshire CMHT, Leominster, March-April 2011  
Assertive Outreach Team and the Rehabilitation and Recovery  
Team  
February 1<sup>st</sup> to March 14<sup>th</sup> 2011**

**In-patient care on the Stonebow Unit with responsibility also to Crisis and Home Treatment Team. Duty included giving ECT. November 15<sup>th</sup> 2010 to January 31<sup>st</sup> 2011.**

**Locum Consultant Psychiatrist in General Adult Psychiatry  
In-patient care responsibility.  
October 15<sup>th</sup> to November 13 2010  
Hartington's Unit  
Derbyshire NHS Mental Health Services NHS Trust  
Chesterfield Royal Hospital  
S44 5BL**

**Locum Consultant Psychiatrist in General Adult Psychiatry.  
Hereford Primary care Trust  
South Community Mental Health Team. Ross on Wye.  
07 April 2009 to 31 July 2010**

**North Herefordshire CMHT, Leominster, March to April 2009**

**Hereford City CMHT, Team 1. 25- 27A St Owen Street  
Hereford HR1 2JB. September 2008 to January 2009  
My duties in the Herefordshire Community Mental Health  
Teams included providing consultant psychiatrist medical  
input into the teams, running outpatient psychiatric clinics in  
active collaboration with members of my team, providing  
consultant input for inpatient liaisons and referrals at the  
Hereford County Hospital, doing home assessments when  
indicated, Mental Health Act assessments and active  
participation in training sessions at the Stonebow Unit  
(Psychiatry) inpatient services.**

**Locum Consultant Psychiatrist in General Adult Psychiatry  
5 Borough Partnership NHS, Hollins Park Hospital.  
Winwick, Warrington WA2 8WA  
02 July 2007 till 01 August 2008**

## **DUTIES**

**In patient and out patient mental health care in a  
multi disciplinary setting. Participating in journal club  
meetings. Active liaison with other teams.  
Consultant Psychiatrist within the Warrington Community  
Mental Health Team 2**

## **PREVIOUS WORKS**

Locum Consultant Psychiatrist in General Adult Psychiatry (April 24 2007 till 30<sup>th</sup> June 2007)

Hartington's Unit  
Derbyshire NHS Mental Health Services NHS Trust  
Chesterfield Royal Hospital  
S44 5BL

## **DUTIES**

Together with another colleague, I provided the medical input to the Bolsover Community Mental Health Team. This involved collaborating with the other members of the multidisciplinary team, running community based clinics at Shirebrook and Whitwell as well as a clinic based in the Hartington's Unit. We also did home visits and assessments when needed. This duty involved in-patient care, active liaison with other teams, particularly the Crisis Team, GPs and the Social Services. It also included preparing reports for the courts and assessing patients referred by other specialists in the Chesterfield Royal Hospital. I also regularly participated in journal club meetings and case conferences.

Locum Consultant Psychiatrist (GAP)  
(April 12 to 24, 2007)

The Gordon Hospital, in patient services.  
Central and North West London NHS Mental Health Trust.

Staff Grade Psychiatrist (06 November 2006 to 07 February 2007)

Croydon East Community Mental Health Team  
South London and Maudsley NHS Trust  
The Crescent  
Salcot Crescent  
New Addington, CR0 0JJ  
Tel 01689 842939  
Fax 01689 800874

## **DUTIES**

I functioned as a member of the multidisciplinary team in patients' allocation and discussions, outpatient follow-up, and assessment and management of new cases with regular supervision by the consultant psychiatrist. Risk assessments featured regularly in my duties and I carried out home visits with other members of the team. I participated in in-depth patient evaluation at psychology forum once a week and continuing professional development sessions (CPD) regularly. I did a lot of family works, liaison with colleagues in other settings, including GPs concerning my patients

and with governmental and non-governmental agencies that are actively involved in the care, assistance and rehabilitation of my patients. Together with patients, carers, care coordinators, I did CPAs on a weekly basis. I entered my reports on each patient into the electronic patient journey system.

**DUTIES AT THE GRESHAM PSYCHIATRIC INTENSIVE CARE UNIT,  
BETHLEM ROYAL HOSPITAL, SOUTH LONDON AND MAUDSLEY NHS. 05**  
April 2006 to 15 September 2006

I commenced clinical observership at the Gresham Psychiatric Intensive Care Unit, Bethlem Royal Hospital, Kent, under the Consultant, Dr Deji Ayonrinde in April 2006. My observership included the wide range of therapeutic options seen during active management in an intensive care unit, in clinical reviews, ward rounds, CPA reviews and family meetings, all with a multidisciplinary approach. I also attended some management meetings and several academic meetings. Being an intensive care unit, risk assessments featured prominently, so also are mental health act assessments.

By the very nature of the unit, I was exposed to several instances of patients detention under section 136 (police), sections 2, 3, 4, and 5(2). I participated in several RMO consideration of section 17 leave for patients; patients and nearest relatives appealing against detention and RMO barring of nearest relative request.. I witnessed two mental health Appeal Tribunals. I have been part of patients' assessments at medium secured forensic units in and outside London and have had the experience of prison visit for patient assessment. I witnessed admissions from the court and with restriction orders at the forensic settings (37/41), as well as proposal for transfer from the prison for admission.

I witnessed the transfer of patients treated under section 3 to community based Home Treatment Teams and the readmission of patients who were on community supervised care. Above all, I was regularly involved in routine risk assessments for violence, dangerousness, and self-harm as well as assessment of patients for capacity and consent for medications and ECT. I saw the second opinion doctors called a few times.

**DUTIES AS CHIEF CONSULTANT PSYCHIATRIST, NIGERIAN ARMY**

Consultant Psychiatrist in the Nigerian Army Base Hospital, a referral general hospital with about 300 beds. The psychiatric department itself has a multi-disciplinary approach, as all the members of the team (clinical psychologists, nurses, social workers etc) are quite active. The department has 20 inpatient beds and within the available resources, it

attends to general psychiatry cases, child and adolescent psychiatry, alcohol and drug problems. A remarkable aspect of our activities was the management of psychiatric casualties from the Liberian and Sierra Leone Civil Wars. The department produced at least three research papers from this experience. Our department had several presentations, and perhaps the best attended was the one on psychiatric complications of HIV/AIDS. I also participated in clinical meetings and teaching of psychiatric residents at the nearby Psychiatric Hospital, Yaba.

The other specific military psychiatric experience I had was the yearly psychiatric evaluation of potential cadet officers and recruits intending to join the Nigerian Army as officers and soldiers respectively. The duty entailed a two-stage screening. These were Personality testing (using Eysenck's Personality Questionnaire), aspects of intelligence testing and finally direct interview.

### **TEACHING EXPERIENCE**

Supervision and teaching of House Officers rotating through psychiatry as part of their Internal Medicine posting.

Supervision and teaching of clinical psychology students from the University of Lagos undergoing their MSc programme.

Lecturer in psychiatry and medical statistics to psychiatric residents at the Psychiatric hospital, Yaba, Lagos

Supervision and assessment of the Part 2 (final) dissertations of residents in psychiatry.

Examiner in Psychiatry at the primary, part 1 and part 2 levels of the Post graduate medical college, faculty of psychiatry.

I regularly delivered lectures on interpersonal violence as well as health care delivery in disaster situations to Masters in Public Health and Health Resources management students of the University of Lagos.

### **ADMINISTRATIVE EXPERIENCE**

Head of Department of psychiatry, Military Base Hospital Yaba. This involved supervision of all staff, (including a specialist psychiatrist), and liaison with hospital authorities.

Deputy Commandant, Military Base Hospital. General supervision of the hospital in the absence of the Commandant and other specific duties as assigned.

Commanding Officer, Military Hospital Port Harcourt. Responsibility for the overall running of the hospital including patient care, staff welfare matters and general management.

Director, 68 Nigerian Army Reference Hospital Lagos, which is a tertiary 350 bed hospital, the largest in the Nigerian Army.

### **EDUCATION**

#### **SECONDARY:**

1965 – 1969                      Mayflower School, Ikenne, Ogun State, Nigeria

West African School Certificate, Ordinary Level, Division One.



1970-1971 Muslim College Ijebu-Ode, Ogun State  
West African School Certificate, Advanced Level.

UNIVERSITY

1972 – 1978 University of Ife (OAU) Medical  
School, Ile – Ife. Nigeria.

QUALIFICATION: MB ChB (1978) Bachelor of Medicine, Bachelor of Surgery.  
May 1978: Provisional Registration with the Medical and Dental Council of  
Nigeria.

HOUSEMANSHIP: (Internship)

June 1978-May 1979 House Officer Full Time University College Hospital Ibadan  
Rotated through departments of paediatrics, surgery, medicine and obstetrics and  
gynaecology.

FULL REGISTRATION WITH THE MEDICAL AND DENTAL COUNCIL OF  
NIGERIA. REGISTRATION NUMBER AQ2939

POST REGISTRATION TRAINING AND WORK EXPERIENCE

SPECIALIST POST GRADUATE TRAINING AND WORK EXPERIENCE IN  
PSYCHIATRY

JUN 1979-SEPT 1982. General Duty Medical Officer in General Adult Psychiatry.  
Military Hospital Ebutemetta, Lagos

SEPT 1982-JAN 1985 SHO/Registrar in Psychiatry.

Lagos University Teaching Hospital, Department of Psychiatry.

APR 1986-DEC 1986 Senior Registrar in Psychiatry LUTH

JAN 1985-APR 1986 Research Psychiatrist. Walter Reed Army Institute of Research  
and the Walter Reed Army Medical Centre, Washington DC, USA

Dec 1985 Professionals course in Alcohol and drug dependence. Bethesda  
Naval Hospital, Bethesda, Maryland USA

The Primary Fellowship examination of the Faculty of Psychiatry of the National  
Postgraduate Medical College was basically in the theoretical basis of Clinical Psychiatry  
and it covered psychology, neuro-physiology, neuroanatomy, biochemistry and medical  
statistics. The Part 1 examination was in Clinical Psychiatry, general adult and the  
subspecialties.

Experience at the Walter Reed Army Institute of Research, Washington DC, USA. There, I was able to complete my Part II dissertation on Tardive Dyskinesia in long stay inpatients. I received lectures, seminars and demonstrations in Military Psychiatry, with emphasis on history of military psychiatry, lessons learnt during the 1<sup>st</sup>, 2<sup>nd</sup> World Wars, Korean War and the Vietnam War as far as the managements of psychiatric casualties in battle are concerned. I was also attached to the neurology department where I participated in reading several EEG readings.

**FORMAL ASSESSMENT**

November 1981 - Passed the Primary examination of the National Postgraduate Medical College.

November 1983 - Passed the Part I examination.

November 1986 - Passed the Part II (final) examination. Awarded Fellow of the National Postgraduate College in Psychiatry (FMC Psych).

May 1996 - Passed the Part II (final) examination of the West African Postgraduate Medical College in Psychiatry. Awarded Fellowship of the West African College of Physicians in the Faculty of Psychiatry FWACP (Psych).

REGISTRATION OF ADDITIONAL QUALIFICATION WITH THE MEDICAL AND DENTAL COUNCIL OF NIGERIA  
 NOVEMBER 1986 Registration Number: AQ2939

**POST SPECIALISATION WORK EXPERIENCE**

Period	Post	Hospital
Dec 1986 - March 2000	Consultant Psychiatrist	Nigerian Army Base Hospital Yaba
	Chief Consultant Psychiatrist	“ “ “ “ “
	Head of Department of Psychiatry.	” “ “ “ “
	Deputy Commandant, Nigerian Army Base Hospital	“ “ “ “ “
April 2000 - March 2002	Commanding Officer, Military Hospital Port Harcourt	Military (general) hospital Port Harcourt Nigeria
March 2002-Till date	Chief Consultant Psychiatrist,	68 Nigerian Army Reference Hospital,

February 2004-Feb 2006	Director, 68 Nigerian Army Reference Hospital, Yaba, Lagos	Yaba, Lagos 68 Nigerian Army Reference Hospital, Yaba, Lagos
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### **Other Medical Related Duties**

1. Member, Governing Board, National Post graduate Medical College of Nigeria, from 1999 till date.
2. Examiner in Psychiatry in the Faculty of Psychiatry, National Post graduate Medical College.
3. Member of the Editorial Board, Nigerian Post graduate Medical Journal from 1997 till date.
4. Between 1998 and 2000 I participated actively in Polio eradication campaign at the supervisory level as a Central facilitator in several States in Nigeria and Core facilitator in charge of Bayelsa State. The National Programme on Immunization against Polio and other deadly communicable diseases involves the Federal Government of Nigeria, the Rotary International, WHO, USAID and UNICEF.
5. I was the Treasurer of the Association of Psychiatrists in Nigeria [APN], between 1995 and 1999 during which I had to present the statement of the books of the Association at the Annual General meetings and Scientific Conferences.
6. Editor, Nigerian Journal of Psychiatry, from 2005 to 2013.

### **PUBLICATIONS**

[Condom use and other HIV risk issues among Nigerian soldiers: challenges for identifying peer educators.](#) Okulate GT, Jones OB, Olorunda MB.

AIDS Care. 2008 Sep;20(8):911-6.

[A comparative study of HIV/AIDS: the knowledge, attitudes, and risk behaviors of schizophrenic and diabetic patients in regard to HIV/AIDS in Nigeria.](#)

Ogunsemi OO, Lawal RA, Okulate GT, Alebiosu CO, Olatawura MO.

MedGenMed. 2006 Nov 29;8(4):42

Okulate G T and Jones OBE. Post-traumatic stress disorder, survivor guilt and substance use--a study of hospitalised Nigerian army veterans.  
South Afr Med J. 2006 Feb;96(2):144-6.

[Okulate GT.](#) Interpersonal violence cases reported to the police: a Nigerian study. *Journal of Interpersonal Violence*. 2005 Dec;20(12):1598-610.

[Okulate GT.](#) Psychiatric referrals during peace and wartimes: a Nigerian experience. *Military Medicine* 2005 Jul;170(7):563-5.

[Okulate GT, Odunaike A.](#) Alcohol use and abuse among medical and surgical in-patients in a general hospital. *Nigeria Postgraduate Medical Journal*. 2005;12(2):77-80.

[Okulate GT, Olayinka MO, Jones OB.](#) Somatic symptoms in depression: evaluation of their diagnostic weight in an African setting. *British Journal of Psychiatry*, 2004,184,422-7.

**Okulate, G T and Olayinka, M.O. Trends in HIV risky behaviour among Nigerian soldiers. Proceedings of the All African Armed Forces and Police Medical Conference, Yaounde, Cameroun, 2005.**

Okulate,G.T.,Olayinka, M,O., Jones, OBE., and Olorunda, A. Findings in counseling sessions with 63 AIDS soldier- patients from the Liberian and Sierra-Leonean wars. *Nigerian Journal of Psychiatry*,2005,3,2,20-25

Okulate,G.T. Oguine, C. Homicidal violence during foreign military missions: prevention and legal issues. *South Afr. Med. J.* 2004, 94,1,57-60

Okulate, G. T. Olayinka, M.O. Dogunro, A.S. Erectile dysfunction. Prevalence and relationship to depression, alcohol abuse and panic disorder, *General Hospital Psychiatry*, 2003,25,3, 209-213.

Okulate, G.T. Jones, O.B.E. Auditory hallucinations in schizophrenic and affective disordered Nigerian patients: Phenomenological comparison. *Transcultural Psychiatry*, 2003. 40, 4, 531 – 541.

Olayinka, M O, Okoronta, B, Okulate G T. Post traumatic stress disorder in a prisoner of war camp survivor: Diagnosis and treatment. *Nigerian Journal of Psychiatry*,2003, 2,1, 4-11

Okulate, G.T. Suicide attempts in a Nigerian Military setting. *East African Medical Journal*, 2001, 78, 9, 39 – 42.

Okulate, G. T. Ladapo, HTO. Osibogun, A. Comparison of Three subtypes of depression. *The Nigerian Postgraduate Medical Journal*, 2001, 8, 1, 41 – 45.

Okulate, G. T., Jones, OBE., Osibogun, A. HIV/AIDS fear, knowledge and alcohol use in a military population. *The Cliniscope: The Journal of Military Hospital Lagos*, 2002, 1, 3, 14 – 19.

Okulate, G.T., Jones. OBE. Two-depression rating instruments in Nigerian patients.

The Nigerian Postgraduate Medical Journal, June 2002.

Okulate, G.T., Oyewo, E.A., Dogunro, A.S. An open evaluation of the Efficacy and tolerability of sertraline (Zoloft) in the management of depression. The Nigerian Medical Practitioner.

Okulate, G.T. Psychiatric morbidity in private general practice in Lagos, Nigeria. Nigerian Quarterly Journal of Hospital Medicine, 1999, 9, 2, 124 – 126.

Okulate, G. T. Comparison of prevalence and patterns of drug abuse among Nigerian military personnel between 1989 and 1996. Proceedings of the Armed Forces Medical Conference, Lagos, 1997.

Okulate, G.T. Battle Shock – revisited. Proceedings of the 5<sup>th</sup> World Congress of the International Association for Emergency Psychiatry Conference, Brussels, Belgium Oct. 1998.

Okulate, G.T. In-patient referrals to psychiatry in peace time and war time. Proceedings of the 5<sup>th</sup> World Congress of the International Association for Emergency Psychiatry, Brussels, Belgium. Oct. 1998.

Okulate, G.T. Patterns and timings of psychiatric disorders in Nigerian soldiers during the Liberian Civil War, 1990 – 1995. Proceedings of the 5<sup>th</sup> World Congress of the International Association for Emergency Psychiatry. Brussels, Belgium, Oct. 1998.

Okulate, G.T. Tardive dyskinesia among patients on neuroleptic drugs. A dissertation presented as part fulfillment of the award of the Fellowship of the Nigerian Postgraduate Medical College degree in the Faculty of Psychiatry, September 1986.

Okulate, G.T. Detectable neuro-psychiatric problems at enlistment. Paper presented at the 1st All African Armed Forces and Police Medical Conference, Lagos, 1989.

Okulate, G.T. DSM III Application in an urban psychiatric practice in Lagos. Presented at the Association of Psychiatrists (APN) Annual Conference, Benin, 1992.

Okulate, G.T. In-patient referral to psychiatry in a military hospital setting. Presented at the APN annual conference, Jos 1991.

Okulate, G.T. Koro epidemic in Lagos, Nigeria . Presented at the Pan African Psychiatric Conference, Lagos, 1993.

Okulate, G.T. Consideration of physical disorders in psychiatric disorders. Presented at the Pan African Psychiatric Conference, Lagos 1993.

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## **REFEREES**

**Dr Akin Oguntuase**

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Nigeria**

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