

Closing the Chasm

Taking Young People into Adult Mental Health Services

A one day conference for General Adult and Child & Adolescent Psychiatrists

9:30 am Registration and Refreshments

10:00 am Chair's Welcome

4:30 pm Close

Tuesday 23rd February 2010 • Manchester

Chair:

Professor Sue Bailey, Registrar, Royal College of Psychiatrists and Consultant Psychiatrist, Greater Manchester West MH NHS Foundation Trust

Keynote:

Professor Louis Appleby, National Mental Health Director, Department of Health, Manchester

There has been longstanding concern about young people with mental health problems who fall between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services. The different professional cultures of CAMHS and Adult Mental Health have contributed to differences in theory and practice. There are differences in eligibility criteria and the change from a family focus to an individual one can be abrupt. Misunderstanding and difficulties in communication between child and adult services compound these problems.

This situation is to the considerable detriment of young people who fall into the chasm between the two services. It is the duty of mental health professionals and commissioners to ensure that we meet the mental health needs of young people at this crucial stage of transition.

This conference brings together the political and clinical imperatives for improving the care pathways and mental health services for young people, with examples of good practice.

Conference topics

- New Horizons Report: The Reform of Mental Health Services for Young People in England
- A Meeting of Minds: Working together at the CAMHS/Adult Interface
- Planning & Commissioning of 'Age Appropriate' Services
- Lost in Transition: Findings from the TRACK Study
- Service User Perspective
- Models of Working with Young Adults/Older Adolescents
- Transition to Higher Education: Student Mental Health
- Transitional Services and the Need to Tackle Substance Misuse

Speakers include:

Professor Max Birchwood, Professor of Mental Health, School of Psychology, College of Life and Environmental Science, University of Birmingham Early Intervention Service

Dr John Callender, Consultant Psychiatrist and Associate Medical Director, NHS Grampian

Dr Michele Hampson, Consultant Psychiatrist Acute Care Network, Queen's Medical Centre, Nottingham and Chair of the General and Community Faculty, Royal College of Psychiatrists

Professor Peter Jones, Professor of Psychiatry, University of Cambridge and Honorary Consultant Psychiatrist, CAMEO Early Intervention Team, Cambridge.

Dr Clare Lamb, Consultant Child and Adolescent Psychiatrist, North Wales Adolescent Service, North Wales NHS Trust and Secretary for the Child and Adolescent Faculty, Royal College of Psychiatrists

Dr Kathryn Pugh, National Mental Health Development Unit (Mental Health Act 2007) Implementation Children and Young People's Lead, and CAMHS Regional Development Worker, Department of Health, London

Professor Swaran Singh, Professor of Social and Community Psychiatry, Warwick Medical School, University of Warwick

Who should attend?

All mental health professionals who are responsible for young people making the transition from CAMHS into Adult Mental Health Services.

Conference fee:

£245.00 Private sector
£195.00 Public sector
£145.00 Voluntary/Charity
A limited number of free places will be allocated to service users and carers on a first come first serve basis

Accreditation:

This conference is eligible for 6 CPD hours subject to your peer group approval. Delegates must register at the start and close of the conference to be awarded a certificate of attendance.

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How to book

Fax this completed registration form to **020 7481 4842** OR **Post** the completed copy of this form to Programme Administrator
• Education and Training Centre • Royal College of Psychiatrists • 6th Floor, Standon House • 21 Mansell Street • LONDON E1 8AA

Tuesday 23rd February 2010 Manchester

Your Details:

(please complete a separate form per delegate)

Title: _____ First name: _____

Surname: _____

Job title: _____

Department: _____

Organisation: _____

Work address: _____

_____ Postcode _____

Email: _____

Tel: _____

Fax: _____

RCPsych Membership No: _____

Please specify any dietary requirements: _____

Other special requirements (eg. disabled access): _____

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Accommodation:

DeSouza Associates provides a delegate hotel accommodation booking service. Contact by email on info@desouza-associates.com, via website www.desouza-associates.com or by telephone on 01420 520 300.

Confirmation of registration:

All registrations will be confirmed in writing. Late registrations will be confirmed by fax. A map of the venue will be sent with confirmation of your booking. **Applicants are advised not to book travel/accommodation until written confirmation from The Royal College of Psychiatrists (RCPsych) has been received.**

The RCPsych reserve the right to change the programme without prior notice. Where for any reason beyond its reasonable control, the RCPsych cancels an event, the liability of the RCPsych shall be limited to a refund of the fee payable to the RCPsych for that particular event.

Cancellations/substitutions:

To be entitled to a refund all cancellations **MUST** be received in writing no later than 2 weeks prior to the event date. An 80% refund will be given if cancelled more than 4 weeks prior to the event and 50% refund if less than 4 weeks notice is given. No refund will be given if cancellations are received within 2 weeks before the event. Should you be unable to attend, a substitute delegate is welcomed.

Payment

THE COLLEGE IS UNABLE TO INVOICE FOR REGISTRATION FEES

BY CHEQUE A cheque for £ _____, made payable to: **The Royal College of Psychiatrists** is enclosed.

CREDIT CARD

Please enter your credit card details as they appear on the card.
Please debit my VISA /MASTERCARD/SWITCH CARD
(delete as appropriate)

Cardholder's name: _____

Home address: _____

Card no:

Start date: _____ Expiry date: _____

Issue No (Switch only): _____ 3 digit security number: _____

Signature: _____