



# The Newsletter



## **C & A Faculty Executive Committee**

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Brendan Doody	Dublin
Simon Gowers	Chester
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Ann Le Couteur	Northumberland
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Peter Gallagher	Northern Irish Division
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Greg Smith	Assistant Secretary

## **Editors column**

Welcome to the Winter Edition of the Faculty Newsletter and Happy New Year!

I have to start by apologizing for the absence of the tables in the Autumn 2008 newsletter which linked to Raphael Kelvin's article about Workforce Planning – they will be included with the article again in this edition.

For your information previous editions of the newsletter are now available to view on the college website, in the Child and Adolescent Faculty section.

### **Kay Harvey**

## **In this issue...**

We have updates from the Executive in The Chair's report from Greg Richardson...and on CAPFECC from Brian Jacobs.

We have a report from the trainee representative, Jo Barker and an update from the Department of Health.

We also have information about all the prizes offered by the C&A Faculty....information about NWW in CAMHS....feedback from the National CAMHS review and dates for the diary...

Finally an invite to report cases of Conversion disorders...and to join QINMAC.

## **The Chair's Column**

### **Greg Richardson**

Well the CAMHS review has been published and the team is worthy of congratulations for getting so much work done so quickly. Bob Jezzard very kindly and dutifully came out of retirement to provide a guiding hand that ensured such welcome support for CAMHS. The faculty is also very grateful to Raph Kelvin for all the work he had put in on our behalf to the review. I would also like to congratulate Lesley Hewson on her appointment as Vice Chair of the National Advisory Council, a very taxing role, for which Lesley has the necessary skills and ability. Our main aim now must be to make the Review work for the children and families with whom we are, and should be, involved. The Executive is going to look at that very topic at our Strategy day in March so any thoughts on "Review into Practice" will be gratefully received as will suggestions as to how we make the deliberations from our strategy day useful to everybody in every day practice. This fits quite well with workforce deliberations that are going on in the College and to which Raph Kelvin has also made an enormous contribution. So the strategy day will look at what sort of workforce we think we will need to meet the expectations of the CAMHS review. My only concern, and I can find a cloud above every silver lining, is that CAMHS seem to have been given the responsibility for all aspects of children's mental health and psychological well being. The UNICEF report in 2007 called attention to the UK being the worst of 21 developed countries for giving our children emotional well being. As far as I

could gather, the best countries did not pathologise children with problems and treat them (which appears to be the British model) but rather provided societal environments where children felt valued and an integral part of their society. I am concerned that as CAMHS expands to meet the mental needs of target groups, this will not address the emotional well being of all children and we will then be seen to have failed. Who will value us then?

The College had also been asked, at rather short notice, to contribute to Lord Laming's report on the death of Baby P. It seems that there is not a general appreciation that child abuse causes serious mental damage to children with behavioural and emotional sequelae that last long into their adult lives. It seems the mind body dichotomy is well entrenched so it is not seen that bodily damage is associated with mental damage. I think it is also worth wondering why when children die at the hands of their parents and carers with monotonous regularity we only take notice in certain cases, usually when there is someone to blame other than the perpetrators of the abuse. It is perhaps our responsibility to clarify in all our dealings with "safeguarding" agencies that by the time abuse has come to light "significant harm" has already been done to the child's mental health. Mental health interventions should then be geared to protecting the child from the abusive situation, not helping them to cope with the abuse, which seems to be something we are occasionally requested to do.

So what am I hoping for in 2009;

1. The CAMHS review brings more resources for the young people and families we see, and those resources are used effectively.
2. Our society starts to value children rather than pathologise them.

3. Our society monitors the welfare of all children, not just those who have already been damaged.
4. Those who have responsibility for repairing the mental damage done by abuse are properly rewarded (Sorry - I mean foster parents and social workers rather than CAMHS professionals!).

With very best wishes for 2009

**Greg Richardson**  
**Chair of Child and Adolescent Faculty**

## CAPFECC update

**Brian Jacobs**

Reviewing the Autumn Newsletter, not a great deal seems to have changed over the past few months. We are still waiting for PMETB to ratify the College curriculum including that for Child & Adolescent Psychiatry. The last I heard, they should tell us later in the next few weeks.

I am still in negotiation with our Dean about how we ensure, with the Learning Disabilities Faculty, that the loss of a requirement for 6 months of developmental psychiatry and replacing it with an assessment of competencies will not lead to trainees avoiding a training placement in one of the two developmental psychiatry specialties. We are going to be very reliant on Consultant Child and Adolescent Psychiatrists being rigorous but fair in their assessment of trainees who approach them to do an ACE or other assessments. I think it unlikely that a trainee who has not done a Child & Adolescent placement would fare well in a structured assessment.

Our other route to maintaining a keenness to do a Child & Adolescent Psychiatry

placement is to make sure there is a certainty that candidates will find themselves having to answer written questions and do CASC stations in our subject. We are nominating Latha Hackett and Mary Wheatcroft, both CAPFECC members to the CASC panel and Dr Mirza and Mary will be offered to the paper 2 panel. So if you feel moved to develop exam questions please liaise with them, either directly or through me.

The Faculty is advertising medical student bursaries at up to £500 each (five of them) to encourage medical students to do an elective in Child & Adolescent Psychiatry. They are being advertised in the January Student British Medical Journal and on the College website. Last year we had no take up at all, so if you work in a teaching centre please do bring do bring this to your students' attention.

In the same places, we are also advertising the Medical Student Prize (£500 plus a free place at the Annual Faculty conference and a substantial contribution towards the cost of attending. The title this year will be: *"Are child and adolescent psychiatrists right or wrong to call badly behaved children and young people conduct disorder? Please discuss the evidence". (up to 5000 words – please see advert for details).*

The Faculty has also, generously renewed the grant to TPDs for the financial year 2009, so if you have not yet claimed, there is still a couple of months to submit an application to me for the 2008 grant followed by another application after April – contact me by email and I will send you the form. ([b.jacobs@iop.kcl.ac.uk](mailto:b.jacobs@iop.kcl.ac.uk)).

With your TPDs, you should be encouraging your Deans and academic colleagues to allocate academic clinical fellow posts to trainees who are considering our specialty for their higher

training. At present, we suspect strongly that we are being disadvantaged as many trainees have little idea that they want to be child psychiatrists when they first come to psychiatry.

Finally, I am hoping to work with the College to create a TPD email network and a parallel trainees network – watch this space.

Have a very fine 2009.

**Brian Jacobs**  
Chair of CAPFECC  
[b.jacobs@iop.kcl.ac.uk](mailto:b.jacobs@iop.kcl.ac.uk)

### Prizes awarded at the Annual Residential Conference 2008

**Emily Simonoff**

**Emily Simonoff**  
Academic Secretary

### A reminder of Prizes available from the Child and Adolescent Faculty...

**Kay Harvey**

**Kay Harvey**  
The Editor

### The Medical Student Essay Prize, 2008 Winner.

**Alicia Khan**

**Dr Alicia Khan**

**Former Medical Student, now FY1, London.**

[aliciazk@gmail.com](mailto:aliciazk@gmail.com)

### Trainee News...

**Jo Barker**

I am very pleased to report that the 2009 National Child and Adolescent Psychiatry Higher Trainees conference is very nearly finalised and it will be held on the 27th March 2009 at the Winchester Guildhall. The title of the day is "At the Round Table of Child and Adolescent Psychiatry: Specialising within our Specialty". There will be both lectures and workshops covering a wide range of topics, including: forensic adolescent psychiatry, family psychotherapy, infant psychiatry, substance misuse, court work, MHA and capacity act and preparing to be a new consultant. There will also be a higher trainees business meeting and election of a new National Rep. All for only £15 for the day! Flyers and details of registration will be posted out shortly to all higher trainees. Please let anyone know who might be interested as the conference is open to all.

Current issues affecting trainees that were discussed at the CAPFECC and Faculty Executive meetings were dual training and out of hours working. Dual training is available as it was under the old system though there are few deaneries offering opportunities at present. As for out of hours working the faculty agreed in principle with the guidance from the PTC for higher trainees to complete 30 complex assessments during their training. They thought that cases should

be classified as "emergency care" rather than specifically out of hours (OOH). There were concerns that this might not be realistic to complete in 3 years and trainees may need to audit this to see how realistic it is.

There are now nearly 50 members on the Google group for trainees and there have been some helpful discussions on there. If you would like to join the group please email me on [cap.sprs@gmail.com](mailto:cap.sprs@gmail.com) and I will add your name to the list. Hopefully the college will be starting an email group that will cover all CAP trainees so watch this space.

Lastly, for anyone looking to do something different for a year, Sabina Dosani (a child and adolescent psychiatrist in New Zealand) has asked us to let you know about a 12 month fixed term opportunity for a trainee to work closely with her in a new service in Auckland. For more information and discussion about the post please email: [mark.wills@leapfrogclinic.co.nz](mailto:mark.wills@leapfrogclinic.co.nz)

I hope to meet many of you at the conference in March but in the meantime please do get in touch with me if you have any particular issues or would like any further information about the conference.

**Jo Barker**  
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[joanne.barker@suht.swest.nhs.uk](mailto:joanne.barker@suht.swest.nhs.uk)

### **Surveillance of Childhood Conversion Disorder in UK and Ireland to commence in October 2008.**

**Dr Cornelius Ani**  
**Prof Elena Garralda**

The study looking at Childhood Conversion Disorder in UK and Ireland has now started - if you are not yet receiving the yellow reporting cards then please contact either Cornelius Ani or Elena Garralda using the details below so your name can be added to the circulation list.

They would like to thank all those who have contributed so far.

**Dr Cornelius Ani or Prof Elena Garralda**  
Academic Department of Child and Adolescent Psychiatry, Imperial College London  
[c.ani@imperial.ac.uk](mailto:c.ani@imperial.ac.uk)  
[e.garralda@imperial.ac.uk](mailto:e.garralda@imperial.ac.uk)  
Phone: 0207 886 1145

### **Paediatric Liaison Interest Group**

**Derek Proudlove**

The paediatric liaison email forum for child and adolescent psychiatrists was founded in 2002. We now have over 120 members including many international members. The forum is used to discuss clinical questions, current practice, research, service development and national policies.

We also meet twice a year for a full day, often with invited speakers, and a chosen theme.

Meetings usually alternate between London and other venues such as Edinburgh or Liverpool. Many of the best known experts in the field are members of the group such as Elena Garralda, Mary Eminson and Sebastian Kraemer. We welcome any child and adolescent psychiatrists, including trainees, who may be interested.

If you would like to join please email [derek.proudlove@alderhey.nhs.net](mailto:derek.proudlove@alderhey.nhs.net)

**Derek Proudlove**

[derek.proudlove@alderhey.nhs.net](mailto:derek.proudlove@alderhey.nhs.net)

## News from the CAMHS team at the Department of Health

**Ann York**

I thought that you may all find it useful to have updates in the Newsletter about some of the things that are underway at the Department of Health. Do contact me or Morris if you want to know more. Morris and I job share the DH (England) CAMHS Professional Advisor role - Morris leads on research (1 day a week) and I do all the other areas (2 days a week).

Rather than describe everything, as the list is almost endless, we have summarised a few big areas below.

### National CAMHS Review (England)

I hope you have all seen this now. It applies to England but will make interesting reading for the other jurisdictions as I suspect the issues are similar everywhere.

See

<http://www.dcsf.gov.uk/CAMHSreview/>

The National Advisory Council is in the process of being set up - charged with ensuring the government takes forwards the recommendations and to act as an independent voice. The chair is Jo Williams and Vice Chair Lesley Newson - who is a child and adolescent psychiatrist.

### Guidance on 18-weeks referral to treatment target for CAMHS

In response to requests, a small group of us, led by the National CAMHS Support Service and chaired by myself, is working with the 18-week team to write guidance to help us all apply the rules in our services. We plan for it to be ready around Easter.

### CAMHS secondary uses Dataset

This has been developed and is currently being updated by the National reference group and the Information Centre. We are progressing to Information Standards Board approval, which is the next stage to take it forward. For more information see <http://www.ic.nhs.uk/services/datasets/dataset-list/camhs>

### National Mental Health Contract

This includes CAMHS and will apply to all NHS provided or funded services. HASCAS have developed a template service specification for CAMHS that you may find useful.

See

[http://www.hascas.org.uk/pdf\\_files/Commissioning%20link%20word.pdf](http://www.hascas.org.uk/pdf_files/Commissioning%20link%20word.pdf).

The national contract can be found on [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_091451](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091451)

**Ann York**

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[Morris.zwi@dh.gsi.gov.uk](mailto:Morris.zwi@dh.gsi.gov.uk)

## Section 12 (2) Approval Training for Child and Adolescent Psychiatrists

**Catherine Ayres**

The Royal College of Psychiatrists Education and Training Centre is pleased to offer a new series of Mental Health Act Section 12 (2) approval training courses for 2009 designed specifically for child and adolescent psychiatrists.

New dates for 2009 now available:

### **Introductory courses:**

Thursday 12 & Friday 13 February 2009, London

Wednesday 24 & Thursday 25 June 2009, Manchester

### **Refresher course**

Monday 20 April 2009, London

Download course booking leaflet at:  
<http://www.rcpsych.ac.uk/PDF/CETCSection12%20C&A%202009.pdf>

or contact:

**Catherine Ayres**  
**Training Programme Manager - FOCUS**  
[cayres@cru.rcpsych.ac.uk](mailto:cayres@cru.rcpsych.ac.uk)  
**020 7977 6658**

**When a parent has a mental illness – a new short film to help children better understand mental illness**

**Liz Fox**  
**Deborah Hart**

The Royal College of Psychiatrists has funded a short film to help children and young people better understand mental illness.

One in 12 children in the UK has a parent with a mental illness. However, it can be difficult to explain mental health problems in a way that is both easily understood by a young person, and acceptable as an explanation to their parents and relevant health professionals.

The new 16-minute film, called ***When a parent has a mental illness***, can be watched for free on the Royal College of Psychiatrists' website. It was produced by Dr Alan Cooklin, a consultant in family psychiatry, with funds from the College's recent Images of Psychiatry campaign.

In the film, young people talk openly about their lives caring for a parent with mental illness. They talk about what they want from mental health professionals, as well as their concerns and worries.

Narrated by Chineye, a young carer herself, the film also explains in a very simple and visual way how the brain works and what happens when things go wrong.

Dr Cooklin said: "Children need a real explanation of mental illness. Children, even young children, can often think more complexly than adults if they are given a chance. This film gives young people the opportunity to begin discussions about mental illness in a more informed way, in partnership with professionals, family members and others."

### **Notes to editors**

Watch the film on the Royal College of Psychiatrists' website:  
[www.rcpsych.ac.uk/mentalhealthinfo/youngpeople/caringforaparent.aspx](http://www.rcpsych.ac.uk/mentalhealthinfo/youngpeople/caringforaparent.aspx)

The Royal College of Psychiatrists' three-year Images of Psychiatry campaign ended in July 2008. It aimed to improve understanding of mental health issues

and psychiatry, and funded 13 projects across the UK.

For further information please contact Liz or Deborah using the details below.

**Liz Fox and Deborah Hart**  
**Royal College of Psychiatrists Press Office**  
[efox@rcpsych.ac.uk](mailto:efox@rcpsych.ac.uk)  
[dhart@rcpsych.ac.uk](mailto:dhart@rcpsych.ac.uk)

## **Workforce Planning Committee; National Workforce Development**

### **Raphael Kelvin**

I became the Faculty representative to this quite new College committee (chair Sally Pidd) in the spring this year.

I have been getting to grips with the rather complex process of national workforce planning. I have put together a discussion paper on the subject which is being considered within the faculty exec and the workforce committee.

Note: When I am highlighting the need for more Consultants, it is always in the frame of part of an MDT; and so if we need 1 more consultant we generally need at least 6-7 more non medical MDT colleagues to form the team within which we can together be most effective.

The workforce discussion paper includes an analysis of where we are currently with our workforce; how that compares with where we want to get to as described in the NSF and college workforce recommendations; how we compare to other comparable West and North European economies; and what we might need to do to get there.

The tables below are summaries for your interest and consideration.

The major issues the data highlights are

- that current growth rates of consultants as projected over the next 15 years by the DoH workforce analysts are insufficient; currently around 10-20 additional posts per year are added to the workforce of around 560 full time equivalents in England. For additional info, there are around 100 SAS grade docs in child psychiatry in England at present.
- To get to where I think we should be as determined by application of the workforce data and subsequent analysis we should be adding around 50-60 new additional consultants per annum, an increase of around 40 pa.
- To achieve that we should be rolling about 3-4 additional CCTs off each and every training scheme across the country per annum
- Each year for the next 15 years
- We then reach around 1400 full time equivalents by 2023 which would match the NSF and college recommendations, assuming the population count remains at 50 million for England (which is unlikely) and that levels of psychopathology/ needs don't grow more (as they have done in the last 30 years see Collishaw and Maugham cohort studies)
- Yet we would still then only be around the midpoint, using current workforce data, of a league of 11 comparable European economies (France, Germany, Netherlands, Belgium, Switzerland, Norway, Denmark, Finland, Sweden, Italy)
- And by then, 2023, these countries will have advanced their workforce; for example the Norwegians who base their services very much on our MDT models are

commissioning specialist services to see 3-4% of the Child population per annum v our current level of 1-1.5% (personal communication).

- So the question now being addressed is how we tackle these issues

*Summary results arising from this discussion paper*

- 1. How does this translate to College/NSF Recommended workforce? See Table 1 on the additional sheet at the end of the newsletter.**
- 2. And what is the recent past and projected expansion of FTE consultant posts and its implications for training numbers? See Table 2, at the end of the newsletter.**

#### **Note**

By comparison **Paediatrics** currently have **2000 FTE** and plan to nearly double to circa **4000 FTE by 2023**

Current ratio is 1 Child psychiatrist per 4 Paediatricians, if current growth plans are followed to 2023 (840 FTE) the ratio will fall to 1 per 5 Paediatricians.

The next steps:

- I am taking is to inform the wider college of these issues; they come as some surprise to colleagues in the other faculties judging by feedback from the recent workforce committee where I presented this paper.
- I am redrafting the college's input to the DoH/Workforce Review Teams summaries which are sent each year to all SHAs/Commissioners and Trusts to

inform local workforce planning priorities

- The Faculty exec plans to consider its strategic response further at the next strategy day in the spring
- I am linking with CSIP national workforce lead Barry Nixon and our DoH rep Anne York to consider these issues further
- I will be looking to refine this data and the associated arguments in coming months; any cross national comparisons of outcomes for children data would be welcome, I know that colleagues at the IOP- Robert Goodman has published in this regard.
- I am in the process of contributing to an updated description of the roles, responsibilities and benefits of having a consultant in child and adolescent psychiatry in the MDT to the document that the college jointly produces with the DoH; 'Joint Guidance on the Employment of Consultant Psychiatrists' Produced by Royal College of Psychiatrists + NHS Confederation + National Mental Health Partnership. This is a guidance intended for Trusts, regional advisers, and commissioners of mental health services to understand the factors involved in:
  - creating roles for consultant psychiatrists
  - maintaining current posts for consultant psychiatrists
  - recruiting psychiatrists for those roles
  - developing effective working relationships for consultant psychiatrists
  - promoting new ways of working

We will keep you posted on developments.

**Raphael Kelvin**

Faculty representative to the College Workforce Committee) Oct 08  
[raphael.kelvin@cpft.nhs.uk](mailto:raphael.kelvin@cpft.nhs.uk)

**Dates for the diary...**

The Faculty Residential 2009: September 9-11, Dublin. Details to follow...

**The Journey to Recovery: Safeguarding Children Living with Trauma and Family Violence**

**Arnon Bentovim**

The conference entitled '**The Journey to recovery :Safeguarding Children Living with Trauma and Family Violence - Assessment, Analysis and Intervention**' will be held on 21<sup>st</sup> and 22<sup>nd</sup> May 2009 at the Institute of Child Health in London.

I think it will be of particular interest to the faculty, speakers include Lucy Berliner from Seattle and David Kolko from the Depts. of Psychiatry and Pediatrics, University of Pittsburgh, USA, Dr David Jones, Department of Psychiatry, Warneford Hospital, Oxford, Professor Antonia Bifulco, Royal Holloway University of London, and Professor Stephen Scott, National Academy for Parenting, UK. Themes include developing Integrated Treatment Approaches as well as Evidence-based Approaches to Assessment and Planning. In the light of the current debate about maltreatment, we hope this conference will point a way forward.

Info from myself or Liza Bingley Miller:  
[arnon.bentovim@childandfamilytraining.org.uk](mailto:arnon.bentovim@childandfamilytraining.org.uk)

[liza.miller@childandfamilytraining.org.uk](mailto:liza.miller@childandfamilytraining.org.uk)

or to apply for a place contact Jane Phythian on 01904 424960 or email at:

[jane.phythian@childandfamilytraining.org.uk](mailto:jane.phythian@childandfamilytraining.org.uk)

[www.childandfamilytraining.org.uk](http://www.childandfamilytraining.org.uk)

**Arnon Bentovim**

**Child Psychiatry 1960 - 1990**

**Prof Graham**

The Centre for the History of Medicine in the University of Glasgow is organising a 'Witness Seminar' on Tuesday, 12 May 2009 from 1.30 – 6.00 pm. Participants recording their recollections of the clinical and academic development of the specialty over this period will include Michael Rutter, Sula Wolff, Lionel Hersov, Arnon Bentovim, and Philip Graham. Audience participation is welcome. Admission is £5.00 to cover coffee and refreshments.

For further details and to reserve a place (accommodation limited), write to:

**Dr. Malcolm Nicolson,**  
**Room 319, Department of Social and Economic History, Lilybank House, Bute Gardens, University of Glasgow, Glasgow, G12 8RT**  
or email [wellmn@arts.gla.ac.uk](mailto:wellmn@arts.gla.ac.uk)

**Philip Graham**

**Emeritus Professor of Child Psychiatry, Institute of Child Health, London.**

**Your contributions to this**

## **Newsletter are welcome!**

Please send any contributions for the next newsletter, which will be published in April 2009, to the email address below by Mid March.

**[kayharvey163@hotmail.com](mailto:kayharvey163@hotmail.com)**

## **Contacts**

### **Dr Greg Richardson**

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### **Dr Kay Harvey**

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## **The End**

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