



# The Newsletter



Child and Adolescent Faculty and Executive  
Summer 2002

Issue 12

## Executive Committee

### Elected Officers

#### Chair

Sue Bailey Manchester

#### Hon. Secretary

Steve Kingsbury Hertfordshire

### Elected

#### Hon Treasurer

Kedar Dwivedi Northampton

#### Public Education Officers

Gillian Rose London

Ann York Surrey

Frank Bowman Bolton  
David Coghill Dundee  
Pauline Forster Birmingham  
Jonathan Green Manchester  
Brian Jacobs London  
Tony Jaffa Cambridge  
Stephen Littlewood Cheshire  
Margaret Thompson Southampton  
Morris Zwi Surrey

### Co-opted

Tom Berney LD faculty exec,  
Newcastle  
Gill Davies Welsh Division,  
Cardiff  
Sandra Davies Scottish Division,  
Selkirk  
Sue Dinnick Chair, Regional Reps,  
Surrey  
Brendan Doody Irish Division,  
Dublin  
Mary Eminson CAPSAC,  
Bolton  
David Jones Academic Secretary  
Oxford  
Michael Slowik SpR,  
Birmingham  
Bobby Smyth CTC,  
Liverpool  
Stephen Stanley Regional Reps Hon Sec,  
Dorset

### Observers

Bob Jezzard DoH  
Vacancy FOCUS  
Jenny Tyrrell RCPCH

Gill Gibbins Assistant Secretary

*developments in the countries, and Carol Joughin on her role in FOCUS and more. Page 2.*

**Caroline Lindsey** gives us a really good overview of the Children's NSF so far. Page 4.

**Clare Lamb** brings us up-to-date with the Early Onset Psychosis Initiative. Page 6.

**Ann York** tells of public education, some new publications and videos, plus website news. Page 7.

**Jonathan Green** posts a summary on the on-line CPD programme. Page 10.

**Steve Kingsbury** talks about the latest and final version of the acute admission document. Page 10.

*Plus news from the Executive, conference highlights, executive elections, working group summaries, Mental Health Act training and Faculty programme committee.*

## In this issue...

**Sue Bailey** in her Chair's Column tells us about some of the changes in the College,

# Editors' Welcome

This is a brief hello to another newsletter. It is the first issue the three editors (myself, Morris Zwi and Ann York) have worked on together. As you will have noticed, it begins with a different look and content highlights.

I think we have missed the planned publication deadline by the shortest margin yet. So expect the next issue some six weeks after the next Executive at the Harrogate residential conference.

Read on and any comments, letters or feedback are, as ever, welcome.

Steve Kingsbury

## Chair's Column

The College has seen a major change of Officers and Faculty Chairs. A formal congratulation to our new President, Dr Mike Shooter, who many of you know has a priority to increase the involvement (in the College) of users and carers, together with furthering links with other professional bodies and the voluntary sector. Mike now leaves us as an observer member of the Faculty Executive and I would simply wish to thank him for all the work and support he gave to Executive, to wish him well in his term of office as President and to reaffirm our support to him, as a Faculty, during what will be a challenging term of office.

Andrew Fairbairn is now Registrar, and I look forward to working with all the new Faculty Chairs: Substance Misuse - Dr Eilish Gilvarry; Learning Disability - Professor Greg O'Brien; Psychotherapy - Dr Jane Knowles; and Old Age - Dr Susan Benbow. Congratulations to Professor Richard Williams, who is now Chair of the Welsh Division; Dr Gill Davies becomes our co-opted representative from Wales. Thanks to Richard for all his hard work for the Executive.

I would like to thank two outgoing Faculty Chairs, Professor Ilana Crome (Substance Misuse) and Dr Mary Lindsey (Learning Disability) who helped me to find my feet in main College meetings; and thanks to Dr Caroline Lindsey, who has just finished her year on the Executive as immediate past Chair.

Re-reading the last newsletter, life changes very quickly. While the work of the Children's NSF continues apace, the Spending Review has intervened and if you pull up the website you will see that CAMHS services are mentioned, together with initiatives to reach government targets around suicide.

I hope then there will be some more funding; however, the timetabling is problematic with the 'cart before the horse'. My understanding is that any money will download before the work of the Children's NSF is completed. I further understand that, perhaps not surprisingly, there will be an expectation that money will be used to meet government targets e.g.

waiting list times. Clearly these decisions will now be with the PCTs and some mental health/social care partnerships. The task then is to inform the PCTs of our current strengths, which, if further funded, could help reach targets while being realistic about our difficulties. The ultimate challenge might therefore be to persuade a PCT that the best thing to do is to enter into a recruitment drive and, more importantly, to concentrate on training to enhance the size, skills and quality of CAMHS services. In this way, in the medium term, they might reach the desired outcome of reducing waiting times while delivering an effective, appropriate service working in tandem with all other agencies and professionals.

**Children's NSF:** Thanks to many of you who have helped me in the task of preparing a submission about delivery of Tier 4 services to the EWG, Mental Health and Psychological Well Being; especially those of you who have been able to let me have information about models of service.

**Workforce:** I am working hard with the Dean and with Dr Sally Pidd around workforce issues; this is being fed back into the National Adult Mental Health Workforce Group, of which I am a member. We have asked for the number of CAMHS consultants to be doubled over a time period in which they can be trained. Caroline Lindsey and Miranda Wolpert are working hard on our behalf about CAMHS Workforce in the Children's NSF, and from both ends we are asking for some joint working.

**Scotland:** I am pleased that there is now secretarial support for CAP activities in Scotland and that there will be the opportunity for an Executive 'away day'. We are very alert to supporting colleagues in Scotland to ensure that workforce shortages are not 'solved' by any mechanism that would risk quality of service delivery.

**Ireland:** There is now a very helpful position statement about the way forward for Child and Adolescent Services; Executive comments, and comments from the rest of the College, are coming back thick and fast.

**Wales:** We understand from Richard Williams that the Assembly are being supportive to proposed developments in Wales, but this still leaves the challenge of recruitment, retention and skills mix.

**Working Group** documents are making their way through the College and I have had a very positive meeting with other key groups – ADS, BPS and RCN - which has established some key priorities to take forward with one voice.

**Adult/Adolescent Interface:** Steve Kingsbury is continuing to take forward the initiatives with the General and Community Faculty and we now have a short Council Report on admission of 16- to 17-year-olds to adult settings.

**Out of County:** It will help me if you continue to send feedback on any difficulties encountered around

'out of County placements', whether in education, social care or criminal justice. The latest available advice is still that contained in a letter from Bob Jezzard from 2000. I understand there is ongoing inter-governmental department discussion on this. Could as many of you as possible in CAMHS, if it is an issue for you, write to the DoH asking for latest guidance, hopefully to move on more informed inter-departmental deliberations.

**FOCUS:** In a column with a lot of thank-you's, it is difficult to know how to thank Carol Joughin adequately, who moves on from FOCUS. Carol has been both the head and backbone of FOCUS, developing it into a highly respected and, more importantly, a very useful reservoir of knowledge for all of us, as users, carers and policy-makers. Carol is staying involved in the Children's NSF work and I hope that, although she is no longer with FOCUS, we can continue to call on her for advice and assistance. So a very big Thank You.

**Support from the College:** From my mailbag and telephone calls, while the world changes, with aspirations for a much higher resourced future for Child Mental Health, I understand that the reality for some colleagues is pressured and in some cases extremely difficult. The President has made it very plain that alongside users and carers, another equally high priority for the College will be providing proper support to colleagues. I have made it very clear this is an initiative with which I wish to be actively involved. I hear the messages, I can't always find a solution, or half a solution, but will stay with this.

I hope you agree that the **newsletter** is developing. FOCUS Mail Base is very active. How about a really active exchange of dialogue, views, opinions and letters in the newsletter?

Sue Bailey

## CAFÉ News

### *Child and Adolescent Faculty Executive*

#### *Monday, 1st July 2002 at the College*

This, as ever, is my summary of some of the important issues that were discussed at the last Executive meeting.

**User Involvement** in Faculty and Executive business. This is becoming an issue of increasing importance and it was decided to make this a substantive item at the next Executive.

**Acute admission document:** this has finally been completed, ratified by both execs and also the College's Executive and Finance Committee. We hope

it maintains an effective balance between pragmatics and principles. . . There was discussion of the critical incident issue and how we could audit this. For the moment it was agreed that I would receive any letters written to me (at the College) noting such critical incidents. We also agreed to think at a future exec how we audited its wider impact, including both positives and negatives in six months to a year's time. A suggested critical incident form will be discussed at the next exec meeting, with the aim of putting it on the College website.

**Web site:** Carlos Hoyos and Anne York presented a very exciting summary of possible web-site development (see later in issue). In addition a bid has been put together with *Young Minds* to develop a children's page.

**Higher Training Issues:** this was discussed for some time. The essence of this is the wish of the College to rationalise the various higher trainings and the expressed wish from our Faculty about increasing the training quality (which might include an extension to four years). There was a strong feeling in the exec and from CAPSAC that the quality should be preserved and not watered down. It was agreed that the exec would email Sue Bailey on what they regard the key issues so that we might achieve some consensus. Sue would then table our views at a later E&F Committee.

**Consultant Norms for Child Psychiatrists:** Steve Kingsbury presented an updated document. In brief, it recommended that the minimum norm is for 1.5 WTE for 0- to 16-year-olds per 100,000 whole population. The reasons for this increase were explained and the service exclusions were noted. In other words, additional services to just the core service require additional workforce. We felt that to cause a significant shift in the consultant workforce capacity we need to mandate the regional representatives not to approve a job description if it is below the agreed norm.

The Executive felt we should make some detail amendments, including stating the norms in terms of child population and also doing a further piece of work on the recommendations for 16- to 18-year-olds.

**Too Serious a Thing:** the review of safeguards for children and young people treated and cared for by the NHS in Wales (co-authored by Richard Williams) is now available. It is a powerful document and is worth a read. It can be found at [www.wales.nhs.uk/publications/English\\_text.pdf](http://www.wales.nhs.uk/publications/English_text.pdf)

**NIASA document:** (the proposed guidelines for autistic spectrum disorders). This was discussed and was felt to be a really useful document with huge and probably unmet-able resource and timescale implications.

**Scottish Issues:** the Scottish section requested support for a strategy awayday to plan for the anticipated rise in consultant vacancies. Fortunately some of the administration support issues have been resolved.

Steve Kingsbury

# The Children's National Service Framework

By now, most of you will have heard about the setting up of the National Children's Task Force, together with Regional Task Forces and the appointment of Professor Al Aynsley-Green as the National Director of Children's Health Services, following one of the recommendations of the Kennedy Report on the Bristol Enquiry. He was given the brief to develop a Children's National Service Framework, to include Social Care, CAMHS and Maternity Services, and was asked to prepare advice about the Acute and Hospital Care of Children which was to be fast-tracked, again in line with Kennedy's proposals.

From a CAMHS' perspective, this was excellent news, since we had been canvassing for recognition of the need to resource and modernise CAMHS ever since the Mental Health NSF focused on adults of working age, with only a passing consideration of adolescents and young adults.

In order to provide the advice to Ministers about what should be in the NSF, six External Working Groups have been created:

1. Acute/Hospital Care (to report in Autumn 2002)
2. CAMHS and Emotional Well Being
3. The Healthy Child
4. Disability
5. Children in Special Circumstances (Ann York is a member); and
6. Maternity Services

Alan Milburn then appointed the Chairs of the Groups, who in turn selected the members with the guidance of the Department of Health officials. Members are not representing their organisations but are intended to bring their professional expertise to the task. In the case of the CAMHS EWG, my Co-Chair is Mike Farrar. He is the Chief Executive of Sheffield Strategic Health Authority, with a longstanding interest in CAMHS, having been involved in the *Handbook* and in the work on 'Together We Stand'.

The task of bringing together the multi-disciplinary group with a geographical spread took several months and we first met in March 2002, and again in June. Our next meeting is planned for September.

We decided to divide our work into sub-groups, each with a Chair and an official and the opportunity to bring in people from the outside as required –

1. Tier 1/2, chaired by Jane Held, Director of Camden Social Services and Chair of the Children's Group of the Association of Directors of Social Services
2. Tier 2/3, chaired by Richard Williams
3. Tier 4 chaired by Sue Bailey, assisted by Simon Gowers
4. Evidence, chaired by Carol Joughin

5. Outcomes, chaired by Miranda Wolpert, Chair of the Faculty of Child Psychology of the BPS, including Elena Garralda
6. Learning Disability, chaired by Hugh Firth, Clinical Psychologist and Ian Gale, Educational Psychologist
7. Commissioning, chaired by Mike Farrar; and
8. Users and Carers, involving Geoffrey Baruch, who works at the Brandon Centre but is seconded to the Department of Health

We are giving close consideration to the following conditions as exemplars - ADHD, Conduct Disorder, Depression, Self-harm, and Psychoses, but of course recognise the complexity of the ubiquitous co-morbidity with which we all have to deal. Many important issues relating to child mental health are also being dealt with in the other modules and I am doing my best to ensure that that we are involved. For example, Disability is dealing with Autism and the Healthy Child Module is working on Health Promotion and Substance Misuse.

We are working within a template created for the whole NSF, which entails the description of aims, standards, interventions, models, evidence, milestones, early wins and costings. Working alongside us are a myriad people with many tasks, including a Child Care Workforce Group, (representative - Miranda Wolpert), and the Mental Health Workforce Group (Sue Bailey), Information, Communication, R and D and Evidence, Estates (buildings), EOR, helping us with the costings, and a team carrying out a CAMHS mapping exercise.

This is within an overall structure of a Strategy Group, attended by all the Chairs of the EWGs and others, chaired by Al Aynsley-Green, which meets bi-monthly. At these meetings there has been a great deal of discussion about the need to have over-arching standards and a way to be found for the NSF process as a whole to be progressed alongside the Acute/Hospital Module. But, currently, there is no date for the publication of the NSF.

In the meantime, other decisions will impinge on the future of CAMHS- particularly the recent announcement of a performance target within the Department of Health Public Service Agreement, which says under the heading of "Improve the health and social care for everyone" - "Improve the life outcomes of adults and children with mental health problems through year on year improvements in access to crisis and CAMHS services..." This will result in a need for the Department of Health to provide guidance as to how this is to be achieved and it is to be hoped that our advice from the EWG will be used to formulate this. For this reason alone, it is important that we have decided to attempt to complete our work by the end of 2002.

There will be a series of NSF conferences starting in September for stakeholders. Information about the NSF and the modules can be accessed on the DH website ([www.doh.gov.uk/nsf/children.htm](http://www.doh.gov.uk/nsf/children.htm)). I am very happy to hear from anyone who wants to express views about the advice we give - it is not too late to have your say. We just need to remember that

we are only part of a big piece of work and that we are trying to crystallise the essential elements of mental health services for children, adolescents and their families that must and can be changed, in order to meet their needs.

Caroline Lindsey  
Co-Chair of the CAMHS EWG

## Early Intervention in Psychosis

The NHS Plan published in July 2000 announced that 50 Early Intervention Teams would be established in England over the next three years to provide treatment and active support to young people aged 14 to 35 years and their families. It states that "by 2004 every young person with a first episode of psychosis will receive the early and intensive support they need".

Initial funding for these services is included in the extra annual investment of approx. £300m per annum for mental health announced in the NHS Plan.

The main impetus for the new Early Intervention Services is from adult mental health for adults of working age (16 - 65 years). There is recognition that approximately 20% of first episode cases are aged 18 years and under. This must be taken into account in the funding of CAMHS expertise into an early intervention service for 14- to 35-year-olds. The developmental and family approach inherent in CAMHS training, in conjunction with knowledge of the Children's Act and links to Education, are vital to the development of teams that can meet the challenge of working with first episode psychosis at the lower end of the age range.

The early intervention work has focused minds on the transition/interface issues and specialist mental health services for older adolescents. It has also highlighted the issue of age-appropriate in-patient facilities both with respect to the availability of adolescent in-patient beds and the proposal for Youth Beds for 16- to 22-year-olds. An aim of Early Intervention Services is to reduce the need for admission through intensive community support. However, a significant number of young people with psychosis will continue to need periods of in-patient treatment. It is vital that they receive appropriate expert care by well-trained staff in developmentally appropriate safe facilities. The Early Intervention Service goals can provide a useful tool in the local and national discussions on the need for appropriate adolescent in-patient beds and for transition/interface services.

A significant development with respect to the work of the DoH Early Intervention Working Group is the organisation of a two-day launch conference, "Fast Forwarding Early Intervention". This is to be held by NIMH for the DoH and takes place 16th - 17th September 2002 in Birmingham. Each of the proposed 50 Early Intervention Services in England has been asked to send six delegates including Project Lead, CAMHS Lead Clinician, Adult Mental Health Lead, PCT Lead, Social Services Lead and User/Carer. The

conference is mainly based around seminar working. The aim is to provide practical support to colleagues developing these services and to focus on clinical skills, organisational issues and the development of local strategic plans

It is important that there is a knowledgeable 'CAMHS Lead Clinician' involved in each of the Early Intervention Services represented at the launch conference. The workforce, training and funding implications of this important development are huge and the interface issues are complex. It is vital that CAMHS has a strong representation in local and national planning of these services. Despite the major challenges presented, it is an opportunity to work closely with Adult Mental Health colleagues to improve services for young people with first episode psychosis.

Clare Lamb  
Consultant Child Psychiatrist  
Wirral

## Faculty Programme Committee

There is one vacancy on the Faculty Programme Committee. If you are interested in joining the group who plan the faculty meetings, please write to me and attach a brief CV. Selections are made by the Faculty Chair, Dr Sue Bailey, and myself, together with the approval of the Faculty Executive. The job is an enjoyable one and involves planning future meetings, organising the events, and selecting presentations from submitted abstracts. The committee works as a team, in conjunction with the conference office staff. We meet approximately three times a year and maintain interim contact by e-mail circulation.

David Jones  
[david.jones@psychiatry.oxford.ac.uk](mailto:david.jones@psychiatry.oxford.ac.uk)

## Mental Health Act Training

Following our recent series of two-day Mental Health Act (Section 12) trainings in London, Cardiff and Preston, we are considering running them again. Can all those who are interested in participating contact Kirsty Burgoyne (CPD assistant) at the College ([kburgoyne@rcpsych.ac.uk](mailto:kburgoyne@rcpsych.ac.uk)), saying where you would want the course to be held. Feedback from participants has been very good, especially noting the quality of the case material.

Caroline Lindsey

# Public Education: what's going on?

Nicky Adrian and Alicia Etchegoyen have joined Gillian Rose and me on the Faculty Public Education Group. Here's an update on what we're doing:

1. The *Reading Lights* books (for infant-school-aged children) are due to be sent to all paediatricians. Books for junior-school-aged children are being developed, along with teaching aids.
2. A video on anger management, produced in conjunction with the Youth Justice Board, is now available from Dawson Films (67, Hillfield Park, London N10 3QU, 020 8444 6854, [www.dawsonfilms.com](http://www.dawsonfilms.com)). We are working on a CD Rom for young people, also to be produced by Dawson Films. Watch this space.
3. There will be a workshop on working with TV and radio in the Harrogate residential conference ('Dealing with the Press' 13.30 on Thursday 19<sup>th</sup> September), run by our 'tame' journalist, Claire Gilman! See your conference pack for details.
4. We still need help to revamp the Factsheets! Get in touch if you'd like to be involved.

We know many of you are active in the field of public education in your local areas. Please let me know who you are and what you are involved in.

Ann York  
Public Education Officer  
Child Psychiatrist  
Richmond, Surrey  
020 8355 1984  
[Rowe.York@btinternet.com](mailto:Rowe.York@btinternet.com)

## Web News

Don't forget to let us know what you want to see on the Faculty web page! Your Faculty Web Committee is:

1. Ann York and Gillian Rose, Public Education Officers
2. Steve Kingsbury, Hon. Sec.
3. Mathew Hodes, CAPSAC
4. Kedar Dwivedi, Faculty Hon. Treasurer and College Overseas Doctors Working Group
5. Carlos Hoyos, SpR and internet whiz kid!
6. Lynn Reynolds, College website administrator and internet marvel!
7. Deborah Hart, Head of External Affairs

The design of the page is coming on, thanks to the amazing Carlos Hoyos. We are aiming for a dynamic, interactive and exciting page that will be easy to use

and help us all keep abreast of national and College issues *and* be clinically useful! We are hoping to get a Faculty URL so that the page can be accessed directly. Using the 'no more than 3 clicks principle' it should take no more than 3 clicks for us to get you to where you want to go!

By Autumn 2002 we plan to:

1. Have comprehensive links set up (including to great children's sites)
2. A database of resources for young people and parents
3. Animation of *Reading Lights* and *Headstuff*

This is subject to approval from the College Website committee.

We need **editors** to manage small areas of the web page. If you have an area of interest or expertise and think this would be useful in vetting what gets on to the page **let me know**. This could all be done 'virtually' and would not involve coming to meetings. What do you want your web page to do? **Let me know!** See you in cyberspace!?

Ann York  
[Rowe.York@btinternet.com](mailto:Rowe.York@btinternet.com)

## Working Groups

### Learning Disability

Three strands:

1. The CAP/LD working group is meeting again on 1st August to develop further the ideas presented at the April CAP and LD Executives (and to CAPSAC AND PLDSAC) to harmonise the training of SpRs in CAP and LD in the area of children with LD. We have added some more areas to the specimen examples in the first report and will be defining in general terms how such knowledge and skills might be achieved in practice. This will lead to a second draft.
2. I'm attending the LD Executive strategy day on 10th July as the CAP/LD Executive link.
3. I have been contributing by email to the CAMHS External Working Group to the National Service Framework for Children (but am not a formal member of the group).

Frank Bowman

### General and Community (Adult) Faculty

The CAP/G&C group has agreed to meet quarterly at the College. We currently have six members, three from each Faculty. There are two co-chairs, Steve Kingsbury, CAP and David Hall, G&C. Our two other

Faculty members are Stephen Littlewood and Frank Bowman.

We have now finally finished our first piece of work. The process was interesting and during it I think we all began to see the view "from the other side". At the summer meeting on 31st July we considered what to do next. We discussed some initial thoughts about child psychiatry on-call (over which there was good agreement). We also planned how the interface group could work in the future. To this purpose, I've written a paper that will go to both execs for consideration. In essence, it discusses how we get well enough informed by both Faculties, how we get a mandate from both execs for each new issue and how we achieve continuity as exec members leave.

So, to the first issue: information from the membership.

**We want to know your views of CAMHS on-call. I have heard many before but being reminded afresh would always be helpful. In particular, where does it work well and how does this happen?**

Please write to me at the College or email me. Thanks.

Steve Kingsbury  
stevekingsbury@btinternet.com

## Conference Highlight

European Society for Child and Adolescent Psychiatry Congress, 28th September - 1st October 2003

This will be in Paris and its title will be "Developmental Psychopathology: transmission and change". Information from ESCAP website at [www.escap-net.org](http://www.escap-net.org) or [congress@canal55.com](mailto:congress@canal55.com)

## Executive Elections

This is just to remind you that the nominations for the Faculty Executive close at the end of the business meeting at the Harrogate residential meeting. For some reason lost in the mists of time, the two-yearly election cycle has become very unbalanced. Of the twelve elected members, ten will leave in these elections and only two members will remain to provide continuity. This is clearly going to cause some upheaval for Sue Bailey in particular, as the new members "find their feet".

We would like to balance this high and low tide, so once again this is a strong plea for some Faculty members who are thinking of standing to consider doing so for a two-year term only. Under College regulations we cannot limit the term of any of these posts but (once elected) some helpful resignations at the next two-year stage would be welcomed. It may be that this idea might encourage some to stand to try it out, without the four-year commitment.

As a sales pitch, being on the exec is really interesting. I personally have felt very involved in the national picture, which has certainly helped locally, and it has been rewarding to be involved in the central business of the College. Even to understand it a bit more! I have been on the exec five years now (two as an elected member and three as hon. sec.) and I'm beginning to wonder what I'll do when I also leave next year. So roll up, roll up!

Steve Kingsbury

## On-line CPD Initiative

### Progress and Future Directions

*This is a summary of a letter Jonathan Green tabled at the last Executive. It is an interesting area and I thought worth putting into the newsletter (Steve Kingsbury).*

We are in the final stages of preparing the *first* pilot project in this initiative. The subject is ADHD and its psycho-pharmacology. Dr David Coghill of Dundee University has largely prepared the text. This is now out to referees and being edited into a searchable web format.

The intention is that this will represent an authoritative source of information in this area. There will additionally be a "Hot Topics" section, which will be regularly updated for latest information and debate.

The project is to be refereed to the standard of a journal contribution.

We have learnt much from this pilot project and there is considerable discussion within the College CPD and Website Committees on how this kind of project should be carried forward in the future. A number of discussion issues arise for the Faculty:

1. Format for future projects. We may wish to repeat the current extended and authoritative document in relation to other areas. For yet other areas we may just wish to have an updated message board or "Hot Topic" news board maintained by an expert.
2. Future topics and contributors. **Ideas would be welcome.**
3. I hope the first initiative could be launched at the Harrogate residential conference.

Jonathan Green

## Acute Admission Document

As stated earlier, E & F and Council have agreed the final document and in due course it will be published as

a Council Report. I was hoping to append a copy to this newsletter but after discussion with the publications department I was advised against it. They felt that as the text will be edited prior to publication it wouldn't be helpful to have different versions circulating. However, they did say that due to its brevity, this editing should take no time and that the report might be available as soon as September. Then it will be downloadable free from the College website, or available from the publications office at the College on extension 146.

I know my tendency is to under-explain issues and so, at the risk of boring you, I thought I'd go over the salient points.

The fine balance, that took so long, was between principles and pragmatics. Thus the document recommends that no adolescent under 16 years of age should be admitted to adult wards. The pragmatics are recognising that we should provide the best possible care, which may mean admitting adolescents to wards with less than optimal standards of care. However, the document agrees that in these circumstances a critical incident review should occur.

The other agreement of note was that some adolescents could be admitted to adult wards in the right circumstances and that adult SHOs could also be used.

The Faculty Executive felt it important that we have some critical incident reporting. Thus there will be a form that can be filled in on-line on the College website. I'd also be happy to receive any letters on this topic.

We also agreed to review the success of this document. Ideas that were discussed at the exec included a more detailed audit of both its positives and negatives in six months to a year's time.

---

### **Contacts:**

#### **Dr Sue Bailey**

17 Belgrave Square  
London SW1X 8PG  
0161 772 35990  
ntattersall@gardener.mhss-tr.nwest.nhs.uk

#### **Dr Steve Kingsbury**

Health Centre, High Street, Hoddesdon, Hertfordshire  
EN11 8BE  
01992 465042  
stevekingsbury@btinternet.com

#### **Gill Gibbins**

Royal College of Psychiatrists  
rgibbins@rcpsych.ac.uk

---

## **The End**

---