Faculty of Child & Adolescent Psychiatry Executive Committee Newsletter

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	Marian Catalan	Shirley Gracias
Vice Chair	Prathiba Chitsabesan	Susan Jennings
Jon Goldin	Ananta Dave	Leo Kroll
	Sukru Ercan	Madhava Rao
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Alka Ahuja		

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Toni Wakefield, Carer Representative
Sarah Whitaker, Trainee Rep
David Williams, DH Welsh Assembly
Richard Wilson, College in Northern Ireland

In this issue

Virginia Davies

Welcome to the summer newsletter. I hope you're enjoying the long summer evenings, and even perhaps some much-needed respite from front-line work. Richard is modelling good self-care by taking a break from newsletter contributing, and instead enjoying a glass of Montepulciano in Pisa. As such, you'll have to wait until the autumn for his Northern Ireland update.

Bernadka, fresh to her role as chair, is full of ideas and plans for her term in office (including lots more collaboration with those across the pond). Peter shares his outgoing reflections (whoever knew he was a feckless student and thought of himself as 'a set of oxymorons'?). Then we have updates from Wales and Scotland, where both continue to enjoy wonderfully intimate working relationships with their national governments. Yet again, I am put in mind of the analogy we use so frequently in liaison, namely 'getting into/being in bed' with key stakeholders (how else is something new created?!)

With urgent and emergency care being very much to the fore of NHSE planning, our liaison network leads give us an update on this area and all things paediatric liaison.

Dr Bloster is back after a break and is reflecting on working alongside third sector providers in the emergency setting. How good are you at adapting to novel experiences and collaborators?

The CAP Trainees give more details about their upcoming survey and trainee conference, CAPSS prompt us with their usual reminders and then we finish with a fascinating essay from the co-chairs of the Medical Psychotherapy Faculty historic child sexual abuse working group, Jo Stubley and Maria Eyres. Do find the time to read it; child sexual abuse is such a central factor in the work we do in crisis, as well as so often in the lives of the parents we encounter in all clinical settings.

Dr Virginia Davies
Editor
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The chair's column

Bernadka Dubicka

In my first piece for the newsletter, I would like to say what a privilege and honour it is to take up the position of Faculty chair. I am not under any illusion with regards to the size of the task ahead of us, and originally stood for the post with some trepidation. As you all know, we are at crisis point in many of our services, rates of recruitment and retention are dire and morale is rock bottom. This is one of our top priorities as a Faculty. Helen Bruce and Helen Rayner are working hard on our behalf, and we will be meeting with Health Education England soon to discuss the pressing workforce issues further.

However, during my two decades working as a child psychiatrist there has never been a time when so much has been spoken about child and adolescent mental health. This is an important time for our profession and for the families that we see. Together with the Faculty, I want to keep building on all the work that has already been done under Peter's inspired leadership, and ensure that we stay on the government and media agenda. I know that many of you will feel that what has been allocated to CAMHS in transformation funds is still a drop in the ocean when comparing the inequalities between mental and physical health provision. However, it's a start. We need to keep building on it and argue for a vision for 2035, not just 2020.

There has been a lot of fantastic work done this year and we have many positives to build on. We have a great communications and policy team to support us; in June they secured a meeting for me at the DOH to discuss the forthcoming green paper and our proposal regarding schools' interventions. Professor Tamsin Ford has been instrumental in helping us with the evidence base for this, and, together with our excellent new academic secretary Professor Helen Minnis, we are building on our links with schools and will be holding a joint winter conference with the National Association of Head Teachers at the college in January. We will be looking for further opportunities to influence the green paper over the coming months and hope to have more meetings with the DOH.

CAMH is often in the media but unfortunately, we rarely hear the good news stories. Although this generates publicity, often the effect can be demoralising both to our

profession and also to the families and young people who use our services. It also does nothing to enhance recruitment and portrays our services in a negative light to government and policy makers. The communications team is keen to have a pool of stories from young people and families who have had positive experiences of child psychiatry and would be willing to share them in public. If you have any young people and parents/carers who would be willing to do that, please contact Hannah.Perlin@rcpsych.ac.uk . We know that we can, and do, deliver a really important service to children and young people; we can't lose sight of that and we need to let more people know this. Similarly, if you would be keen to speak to Hannah regarding why you chose to do child psychiatry and why it can be a great job, then please do get in touch as we are always looking for more people to promote our work.

I can't talk about recruitment without discussing research and academia. If we are to inspire more dynamic young doctors to child psychiatry we need to show them what an exciting, challenging profession it is, by having a thriving academic community with opportunities for enquiring minds to push at the boundaries of what we know. If we are to improve on treatments and outcomes for our YP, and also make sure that we aren't doing harm and wasting precious resources by delivering ineffectual and potentially harmful treatment, we need to be setting and helping to deliver the research agenda. With my background in academia, I hope to continue to continue to push for increased investment in a coherent CAMH research strategy both through my work at the NIHR, ACAMH, and also in collaboration with organisations such as MQ.

We can't change the system alone and fortunately we have some great partners to work with who I have been meeting with such as Young Minds, the Charlie Waller Foundation, and the Children and Young People's Mental Health Coalition led by Dame Sue Bailey. One big difference I have noticed over the years is the willingness for different organisations to work together to achieve our shared goal, better outcomes for young people. I have recently attended and spoken at several meetings such as the Guardian roundtable on CAMH, which have involved multiple organisations and the overwhelming take home message is the amount of agreement in the room.

I am also excited to be collaborating with our partners across the water, namely Karen Wagner the incoming president of the American Academy of Child & Adolescent Psychiatry (AACAP), and the president elect, my old colleague, Gaye Carlson. We hope to develop a fruitful collaboration particularly around issues such as the Choosing Wisely campaign, research and evidence base, and joint symposiums for cross-cultural exchanges.

I would like to welcome a number of other new elected members to the executive: Prathiba Chitsabesan will be the new NHSE CAMHS lead and will be an important new voice in NHSE with CAMHS experience (many congratulations on your new appointment Prathiba!); Leo Kroll who will be taking over from Peter on the vital values based systems work; and new members Nicole Fung and Rajesh Gowda. I would also like to congratulate our new president, Wendy Burn, on her election; it's been a pleasure to meet her early on in her term (read her interview with the BMJ – pet hate: management speak. Let's campaign for plain English!) Lastly, I am delighted that Alka Ahuja has taken up the role of financial officer and I am looking forward to working both with her, and our excellent new vice-chair Jon Goldin.

On a final note, I would like to send my sincere thanks and gratitude to a number of people. Andrew Hill-Smith our ex-financial officer for keeping our finances in excellent shape, and Professor Ann Le Couteur, academic secretary, for her many years of dedication and amazing organisation, who will be stepping down at the annual conference in September. Lastly, huge thanks to both Peter Hindley and Professor Simon Wessely who have both been inspirational leaders and hugely effective campaigners. However, I'm not letting Peter or Andrew go just yet as they have agreed to stay on the executive for a year during the transition period and no doubt myself and Alka shall be looking for their words of wisdom as we both embed in our new roles.

I hope to meet see many of you at the annual conference in Nottingham in September. We have an action packed two-day event with a focus on digital technology, including talks from Professor Chris Hollis, a keynote speech from Professor Ian Goodyer plus lots of workshops to choose from. See you there!

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Outgoing chair's reflections

Peter Hindley

All stories have a beginning, a middle and an end. But living in a post-modernist world I will begin at the end and then work forwards. I've been fortunate enough to serve as Faculty chair with two exceptional presidents: Sue Bailey and Simon Wessely. I've also worked with an amazing Faculty executive and I wanted to thank Bernadka Dubicka, Andrew Hill-Smith, Ann Le Couteur and Gillian Rose for all their support. The staff at the College have been very supportive, particularly our wonderful Faculty manager, Stella Galea, Catherine Ayres our conference manager, Kim Catcheside, director of strategic communications and Ann Paul, development director.

To go back to the beginning, I come from a family which could be seen as rich soil for growing a child and adolescent psychiatrist. My father was a GP and my mother a nurse who later retrained as a social worker. They both believed strongly in the importance of caring for other people and celebrating and valuing children and young people. As a family, we also had a close relationship with mental illness: my grandfather had severe bi-polar disorder, my mother committed suicide when I was 16 and my father suffered from recurrent depression.

However, when I got to medical school I was an extremely feckless student and drifted, with a vague direction towards working with children until I did two days of child and adolescent psychiatry in 1980, with Dr Kaplin. What I experienced then has inspired me throughout my career: the joyful quality of working with children, even in the most difficult of circumstances; the beautiful complexity of families and psychosocial systems, which have the power to do both good and harm; and the hope that comes when working in the developmental space.

So, in 1980 I knew that I wanted to become a child and adolescent psychiatrist. I had excellent training experiences at St George's and the Maudsley and then almost 15 years as a consultant in National Deaf Services and almost 10 years at St Thomas' in paediatric liaison. Throughout my career, I've thought of myself as a set of oxymorons: a wounded healer, a wise fool and an insider/outsider. So, when

Margaret Murphy asked me to stand as chair of the Faculty I experienced significant self-doubt. I've always thought of myself as a bit of Marxist when it comes to groups. Not Karl Marx but Groucho Marx, who famously said that he would never consider joining any club that wanted him as a member. But there is one club that I have always loved and that is the child and adolescent psychiatry club and so to become chair of the Faculty was the biggest honour in my career.

I'm sure I've said and done some foolish things as chair and I hope that I have said and done some wise things. Throughout I have been motivated by two things: a career long commitment to improving children and young people's mental health and a profound love of the profession. My passing request to all of you is to pass onto your students, your trainees and your colleagues your passion and your commitment to the profession of child and adolescent psychiatry. That's what got me into child and adolescent psychiatry and I've loved every minute of it.

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Report from Wales

Alka S Ahuja and Manel Tippet

Firstly, I would like to welcome Dr Prashant Bhat who now joins us as the Faculty vice chair. I look forward to working with him over the next couple of years. I would also like to say a big thank you to Dr Hilary Barton who now steps down from her post as the vice chair, as she has been tremendously supportive and I wouldn't have been able to do the chair role without her. The last couple of months have been busy with the Together for Children and Young People work stream and working closely with our colleagues from the Paediatric National Service Advisory Group.

We responded to the Children, Young People and Education Committee's inquiry into the first 1000 days along with RCPCH in Wales. We also recently responded to the Perinatal Mental Health Inquiry along with our colleagues in the Perinatal Service, Adult Mental Health and Learning Disability.

Over the last few days we have had a lot of media attention which has been positive. I did an interview for the BBC 6 o'clock national news on 10th May 2017 on a recent report which suggests an increase in stimulant prescriptions for ADHD. I also did an interview for BBC 5 Radio that week which was aired on their "Up all night" programme.

Manel and I attended a focus group organised by Veryan Richards , our service user representative on the Welsh Executive Committee, addressing barriers to delivering good mental health care along with colleagues from the Adult Mental Health Services and a couple of GP representatives. Veryan has been involved with the Primary Care Expert Reference group and is working closely with the central college. I was also invited to a RCGP event on the 16th February 2017 to deliver a session on CAMHS which I did jointly with Dr Jacinta Tan. Manel and I are closely working with our adult colleagues looking at a document on transition that was proposed by the Together for Children and Young People (T4CYP) transition work stream and are hoping to involve some young people and carers in this group. The annual conference of the Together for Children and Young People was on 15th June 2017.

On 12 May, we had our biannual Faculty conference in Cardiff. We invited the team from the Gender Disorder Clinic at the Tavistock Centre to speak about gender identity disorder. A member from Wales' tertiary services commissioning group (WHSCC) attended the meeting as the Welsh Government has agreed £500k recurrent funding to develop gender identity services in Wales.

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Report from Scotland

Elaine Lockhart

The Mental Health strategy has finally been published in Scotland and has 40 action points, with 14 specifically focusing on children and young people. Aileen Blower and I met with Dr John Mitchell, Principal Medical Officer to the Scottish Government to discuss how our Faculty can support this work. Meetings have already been arranged to look at the number of referrals to CAMHS which are not accepted and at transition between CAMHS and adult mental health services. The strategy covers the next 10 years and it is clear that some work will be very comprehensive and it will take some years to achieve the aims.

Jenny Halliday is continuing her work with Health Improvement Scotland and has been meeting with services across the country to explore how CAMHS can meet the referral to treatment targets, with a focus on quality of service and sharing best practice. There will be a meeting in August looking at the development of neurodevelopmental pathways.

The Scottish Government has approved the commissioning of a national Forensic CAMHS in-patient unit in Ayrshire and Arran, which will allow young people with these needs to be looked after within Scotland. It is also currently considering the proposal to provide a national Intellectual Disability CAMHS in-patient unit following on from an extensive needs assessment of children and young people with Intellectual Disabilities who would benefit from this service.

There has been a lot of work within and across the three adolescent psychiatry in-patient units, which has focused on reducing length of stay and the provision of community based intensive treatment teams and has significantly improved access to beds. Further information about this process will be passed onto Bernadka as part of the admission report.

Finally, there has been recruitment to the perinatal MCN, with the hope that a one session appointment will be made part of this work to focus on infant mental health.

We have been asked to respond to the proposed Bill for equal protection of children from assault and to a petition to inform all parents if their child up to the age of 18

years has been prescribed psychotropic medication, with the former supported and the latter universally rebutted by our executive.

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Report from the Paediatric Liaison Network

Elaine Lockhart and Birgit Westphal

Presenting at the Adult Liaison Psychiatry Conference in May this year was a great opportunity to co-present with one our colleagues from the Paediatric Psychology Network (PPN) and to consolidate relationships with our RAID colleagues nationally. We are considering linking one of our bi-annual Paediatric Liaison Psychiatry Network (PLN) meetings with this annual conference.

We are currently working on national paediatric urgent and emergency assessment standards, as well paediatric mental health assessment and management competencies and standards. Alongside our network's input, there is a lot of fantastic work going on nationally in this area, by adult liaison/RAID nurses and the PPN. Linking up everyone's input might be a challenge, but it's a great opportunity to build ever stronger links with some of our most immediate partners.

We are very pleased that the PLN has a regular slot on the CAP Faculty executive agenda. We are exploring the possibility of contributing similarly to the work of the Adult Liaison Psychiatry Faculty.

There is also progress to report with our CQUINs on mental health screening for paediatric patients with chronic conditions. We are currently hoping that this will become a national CQUIN and are delighted, that following our recent presentation to the paediatric NHSE conference in Leicester, Kathryn Pugh is supportive of this proposal.

Finally, we are pleased to report that the Medically Unexplained Symptoms (MUS) guide for paediatricians (already circulated to the CAF executive, PPN and PLN for suggested amendments) has been updated and is being submitted to the College for endorsement.

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CAMHS blog #5: to resist or embrace change?

Dr Bloster

Today I am musing over our local A&E's approach to a third sector provider who provide youth workers to help children with 'adversity related injuries' including 'violent exploitation'. These young people do not necessarily have mental health concerns, and traditionally have limited access to help or are not prepared to talk about how they became injured. I asked the usual questions about DBS checks and honorary contracts and was reassured that all was in order with the youth workers.

However, I am still left with a sense that skills are required, not just box ticking, and there is a risk of young people simply being seen by other young people and their mental health needs not being met or recognised. I realise how much I have learned in the last 20 years about patterns of behaviour in children and young people and how to recognise and solve problems. I think it's wrong to believe that just because you are young you can communicate better with young people. I recognise myself coming of age as a friendly yet containing grandparent figure and how that helps and hinders in establishing relationships of trust with young people and their parents.

Some time ago, the child of a young person I had seen as a specialist registrar presented with their mother. Her mother had been in her early teens when her daughter was born. It was a joy to see them and I felt very glad that the mother had had such a good experience of the help that she had received then, that she had come back to us when her daughter needed help. It reminded me of my own history and development as a psychiatrist.

The very long training that we are given, first as medical students, then as young doctors, and then as psychiatrists, opens up areas of interest and knowledge for us, which give us a unique insight into the human condition. Our access to learning from other disciplines such as family therapy, psychotherapy and psychology is enriching. Although I have at times hated my job and its circumstances and pressures, I realise that it has been an immense privilege and I hope I have grown into my role.

So back to the role of youth workers. We all have to start somewhere. Instead of feeling that a valuable CAMHS role is being encroached upon, and resenting the increasing number of agencies I need to liaise with, perhaps I could start by welcoming them and offering an introduction to CAMHS. They may have something to teach me about being young.

Dr Bloster

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Report from the CAP Trainees

Sarah Whitaker and Sunny Sun

We are continuing to organise the next RCPsych national child and adolescent psychiatry trainee conference which will be held at Alder Hey Hospital, Liverpool on Friday 10th November.

We have an exciting line-up of speakers, including Professor Sue Bailey, Dr Bernadka Dubicka, Dr Sandeep Ranote and Dr Kathryn Hollins. The theme of the conference is the role of child psychiatry across the ages, from pregnancy to adolescence. There will be interesting talks on perinatal psychiatry, parent-infant mental health, neuropsychiatry, medically unexplained symptoms, children in the criminal justice system, eating disorders, NHS transformation systems and school-based interventions.

We want to encourage medical students, foundation doctors and trainees to attend our conference and see what CAMHS is all about. There will be opportunities for medical students and trainees to present oral and poster presentations too at our conference.

For registration to our conference, please follow this link:

Further information and registration

In addition to organising the conference, we are also planning a survey of all CAMHS trainees. The survey will ask trainees to identify the reasons why they chose to pursue child and adolescent psychiatry as their subspecialty, and will probe the quality of training offered by different schemes, seeking to identify any improvements which might be made at a national level.

We will be presenting the results of this survey alongside other training matters at the education symposium, part of the faculty Annual Scientific Conference being held in Nottingham on 13th and 14th September 2017. We look forward to meeting you there, as well as, or in addition to, our trainee conference on Friday 10th November in Liverpool.

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Dr Sarah Whitaker, ST6, North West Deanery
National Higher Trainee Reps for Child and Adolescent Psychiatry 2016-17
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Update from the Child and Adolescent Psychiatry Surveillance System (CAPSS)

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins

Online reporting

We are continuing the phased roll out of online reporting.

At present, more than half of CAPSS consultants report via e-card.

We have been undertaking a review of our database to ensure we have correct email information and you may have been contacted about this by our regional committee members. Any changes or updates to your email can be sent to CAPSS@rcpsych.ac.uk.

Study Updates

We have now received 14 notifications for our surveillance study of Childhood Disintegrative Disorder - this is exciting work that will allow us to gather data on the incidence, investigation, and outcomes in this rare but devastating childhood condition. Please do notify us of any children seen within the last month who have suffered a regression of skills between the ages of 2 and 10 years, AND have qualitative abnormalities of the type defined in Autism Spectrum Disorder.

Faculty Conference 2017

CAPSS is again hosting the drinks reception at this year's Faculty conference September 13th-14th in Nottingham. We look forward to seeing you there and hope you will join us for a drink!

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins
On behalf of CAPSS Executive Committee
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The unpalatable truth of childhood sexual abuse and what we have to do to address it

Joanne Stubley and Maria Eyres

As the news of the Manchester bombing, the London Bridge attack and the Grenfell Tower fire continue to haunt the nation, more attention than ever is currently being given to how we can protect our children as a society.

While it is vitally important that we learn how to shield our young from external terror, we equally need to learn how to better protect them from other forms of pain, an issue brought to the fore by the recent BBC1 series “Three Girls" which explores the sexual exploitation of young girls in Rochdale and the inexcusable lack of response to it. The BBC1 documentary on the subject that followed, “The Betrayed Girls” featured the testimonies from the victims and the shocking truth from those who spoke out and were met with professional and organisational silence.

Unfortunately, the ongoing tragedy of the reality of childhood sexual abuse and its impact on lives and mental and physical health seems to be difficult to tackle and the urgent reaction it requires from health, social care services and society in general, continues to be turned away from, denied or remains unacknowledged. This is despite a growing recognition of the widespread nature of child sexual abuse and exploitation evident in recent history.

In 2012, the Jimmy Savile scandal led to Operation Yewtree and the subsequent “Giving Victims a Voice” joint publication from the Metropolitan Police Service and the National Society for the Protection of Cruelty to Children (NSPCC), with evidence of over 450 complaints spanning 55 years with a victim age range from 8-47 years. Multiple police operations followed, including Operation Whistle (Jersey), Operation Midland and the Wiltshire investigation into Heath.

In August 2014 Professor Alexis Jay published a review of child sexual exploitation in Rotherham. The report said: “*organised child sexual exploitation had been happening on a massive scale over many years*”. The government’s response was to produce the paper 'Tackling Child Sexual Exploitation' published in March 2015. It states clearly; *“Child sexual exploitation affects all our communities. While the full extent of this crime is still unknown, we do know that it is not confined to one area. Any local authority or police force that denies that it has a problem, or thinks that it*

is only happening elsewhere, is wrong. As discussed in the Jay and Casey reports, a child that has been sexually exploited is likely to require long-term, specialist help. This help ranges from basic support to rebuild their self-esteem and resilience, to interventions that tackle more serious psychological and mental ill health on an individual and family basis." The paper also promised some additional funding to support victims and to provide specific training over the next two years in services working with sexually abused children.

In 2014, the Independent Inquiry into Childhood Sexual Abuse was established, with aims of exposing past institutional failings and making future recommendations for child protection measures. The inquiry included in its scope the Roman Catholic and Anglican churches, local councils including Rochdale (portrayed in "Three Girls" and "The Betrayed Girls") schools, the BBC, the armed forces, hospitals and charities. The inquiry has been plagued with difficulties, perhaps unsurprisingly when one considers the nature of its investigation and the powerful emotional pulls that are inevitable in this arena.

In 2013, the Department of Education published a paper entitled "Working Together to Safeguard Children". It was stated that safeguarding guidance was crystal clear and no significant changes needed to be made.

However, this was challenged following the high-profile events of Savile and Operation Yewtree, as well as the Child Sexual Exploitation findings. In 2014, an Amendment to the Serious Crimes Bill was brought before the House of Lords. It was withdrawn and the government began a consultation process on the use of Mandatory Reporting (MR). Under MR, specific groups or professionals would be placed under a legal duty to report suspected cases of child abuse and neglect to the proper authorities. Failure to report reasonably held concerns would result in criminal sanctions. The consultation, which included the "lesser" option of "Failure to Act" is ongoing.

The Children's Commissioner Report on Childhood Sexual Abuse published in 2016 estimates 450,000 cases of sexual abuse in children in England between 2014 and 2016. In the same period, only 50,000 cases were known by statutory agencies. This serves to highlight the ongoing concern of what remains hidden, perhaps only coming to light in adolescence or adulthood when significant distress or functional impairment may become evident.

Recent studies suggest that around 50% of people receiving mental health services report abuse as children: one review found that "on careful questioning, 50-60% of psychiatric inpatients and 40-60% of outpatients report childhood histories of

physical or sexual abuse or both" (Read 1998). Others have concluded that: "child abuse may have a causative role in the most severe psychiatric conditions" (Fergusson et al 1996: Mullen et al 1993).

A history of child sexual abuse is commonly seen in a wide variety of disorders from depression, anxiety, post-traumatic stress disorder, substance abuse and dependence, eating disorders and personality disorders, particularly Emotionally Unstable Personality Disorder. The psychological evidence of the impact that maltreatment during infancy and early childhood has is increasingly clear. The repercussions into adolescence and adulthood can be significant and widespread with the NSPCC saying in 2010: "The impact of child maltreatment includes a wide range of many complex social and economic problems, with an increased likelihood of mental disorders, health problems, educational failure and unemployment, substance addiction, crime and delinquency, homelessness and an intergenerational cycle of abuse and neglect." There has also been evidence that childhood abuse is linked to physical health problems later in life which could include heart disease, obesity, liver disease, cancer and chronic lung disease.

Although adults with a history of childhood sexual abuse may present to services with multiple medical and psychiatric symptoms and diagnoses, it is rarely the presenting complaint due to associated shame, guilt and stigma.

This is confounded by a lack of recognition within health service staff of the potential presence of such a history and the need to ask. A study by Read and Fraser in 1998 demonstrated that 82% of psychiatric inpatients disclosed childhood trauma when specifically questioned whilst 8% volunteered disclosure without being asked. A further study (Felitti and Anda 2014) showed a 35% reduction in doctor's office visits and 11% reduction in casualty visits if adults were asked about adverse childhood experiences as part of a standard medical assessment.

So what does all of this tell us about what needs to change in this difficult and emotional area? Firstly, there needs to be a significant shift in health and social care in relation to current and historical childhood sexual abuse. Much of this mirrors the recommendations in relation to children as cited above, particularly the need for work across usual boundaries within an integrated network, an active and open approach to the possibility of disclosure in all settings, and management that is patient-centred with good leadership and governance.

In relation to training of health care workers, there is an urgent need to update training curricula to ensure a level of sensitive and confident interviewing skills

leading to making appropriate diagnosis and signposting to treatment provisions for victims as well as perpetrators to stop the cycles of abuse.

We need to map existing clinical services that support victims of current and historical childhood sexual abuse to identify gaps as well as to recommend the best practice and care pathways from primary to tier 4 specialist care to inform commissioning. The current emphasis seems to be on child protection and safeguarding, less on treatment or prevention, especially in relation to adults with historical child sexual abuse.

There is also a need to influence the direction of research into current and historical childhood sexual abuse, starting with updating its definition to incorporate recent developments in digital technology. The reported prevalence is wide ranging, the current evidence base is poor and treatments are often not adequate or long enough. Child sexual abuse inevitably impacts on attachment, capacity to trust, to relate to others and form long term healthy relationships and yet the few available treatments often fail to address the need for relational intervention.

Finally, what frequently gets missed out of this kind of discussion is the need at a societal level, as well as a therapeutic level, to seriously address the issue of perpetrators. What leads to so many of our children being sexually abused or exploited? What happens in the wider fabric of our society that leads to the "creation" of abusers and what can be done in the realm of prevention and treatment of this group to begin to impact on the frightening statistics we are beginning to consider?

It is only through a willingness to face this difficult subject that we may begin to bring about some of the changes recommended and achieve the necessary collaboration within society to address the underlying issues which may contribute to childhood sexual abuse.

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Contacts and leads within the executive

Please get in contact with area leads if you would like to become more involved with College work

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Dr Cornelius Ani	Medico legal
Dr Tom Berney	Intellectual Disability link
Dr Anupam Bhardwaj	Regional representative for Eastern Region
Dr Aileen Blower	Vice chair of Faculty in Scotland
Dr Anna Boyce	Regional representative for Yorkshire
Dr Debra Bradley	Regional representative for North Western Area
Dr Karen Bretherton	Intellectual Disability link (CAIDPN rep)
Dr Helen Bruce	SAC chair, training & curriculum, MindEd
Miss Tori Bullock	Service user representative
Dr Lisheen Cassidy	Regional representative in Northern Ireland
Dr Marian Catalan	Elected member
Dr Prathiba Chitsabesan	Elected member, NHS England link
Dr Ananta Dave	Safeguarding lead, policy lead
Dr Max Davie	RCPCH representative
Dr Virginia Davies	Public engagement, service user involvement, RCGP link, RCPCH link
Dr Nicola Dawson	Regional representative for Yorkshire Region
Dr Bernadka Dubicka	Chair
Dr Sukru Ercan	Paediatric liaison, RCPCH YP SIG

Dr Elizabeth Fellow-Smith	Urgent & emergency care, QNCC
Prof Tamsin Ford	Schools
Dr David Foreman	Under fives/perinatal link, datasets
Dr Nicole Fung	Elected member
Dr Jon Goldin	Vice chair, policy lead, Parliamentary group, leadership & management
Dr Rajesh Gowda	Elected member
Dr Shirley Gracias	Elected member
Dr Muhammad Gul	Regional Representative for the West Midlands
Dr Andrew Hill-Smith	Admissions and Community CAMHS College Reports
Dr Peter Hindley	Immediate Past chair
Dr Nigel Hughes	Regional Representative for the Eastern region
Dr Shermin Imran	Regional Representative in North Western Region
Dr Susan Jennings	Elected member, CAMHS Transformation
Dr Shashi Kiran	Regional Representative in North Eastern Region
Dr Leo Kroll	Elected member, Values Based CAMHS
Prof Ann Le Couteur	Academic and Conference Lead
Dr Cesar Lengua	Adolescent Forensic SIG
Dr Elaine Lockhart	Chair of Faculty in Scotland
Ms Michelle Long	Carer Representative
Dr Tessa Myatt	Regional Representative in Mersey, CYP Coalition
Dr Carolyn Nahman	Eating Disorders
Dr Saeed Nazir	Regional Representative Lead, Regional Rep in Trent, CAMHS Transformation, QNCC representative
Dr Guy Northover	Regional Representative in Oxford
Dr Lynne Oldman	Regional Representative in Wessex
Dr Priya Rajyaguru	Psychiatric Trainees Committee representative
Dr Sandeep Ranote	Eating Disorders, Commissioning
Dr Madhav Rao	Elected member, CAMHS Transformation, Data sets, service models
Dr Sarah Rawlinson	Regional Representative in South West

Dr Helen Rayner	Self Harm, Workforce
Dr Rafik Refaat	Elected member, QNIC representative
Dr Paramala Santosh	Regional Representative in London South East, BACD, NCEPOD
Dr Raj Sekaran	Regional Representative in London Central and North East
Dr Sanjeev Sharma	Regional Representative in Wales
Dr Michael Shaw	Public Health Lead
Dr Shichao Sun	Trainee representative
Dr Louise Theodosiou	Communications & social media, GID
Mrs Toni Wakefield	Carer representative
Dr Michael Wardell	Regional Representative in KSS
Dr Sarah Whitaker	Trainee representative
Dr Dave Williams	Welsh Government
Dr Richard Wilson	Chair of Faculty in Northern Ireland