Faculty of Child & Adolescent Psychiatry Executive Committee Newsletter

Chair
Peter Hindley

Elected members
Cornelius Ani
Marian Catalan
Ananta Dave
Sukru Ercan
Jon Goldin

Vice Chair
Bernadka Dubicka

Shirley Gracias
Nigel Hughes
Susan Jennings
Madhava Rao
Rafik Refaat

Finance Officer
Andrew Hill-Smith

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Margaret Murphy, Immediate Past Chair
Caz Nahman, Eating Disorders
Saeed Nazir, QNCC Representative
Helen Rayner, Workforce Link
Michael Shaw, BAFF Family Justice Council
Shichao Sun, Trainee Representative
Toni Wakefield, Carer Representative
Sarah Whitaker, Trainee Rep
David Williams, DH Welsh Assembly
Richard Wilson, College in Northern Ireland

Tom Berney, Intellectual Disability Link
Karen Bretherton, Intellectual Disability link
Helen Bruce, CAFPECC Chair
Tori Bullock, Service User representative
Max Davie, RCPCH Representative
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Elizabeth Fellow-Smith, Urgent & Emergency Care
Tamsin Ford, Schools, datasets
David Foreman, Perinatal & Datasets
Ann Le Couteur, Academic Lead
Cesar Lengua, Adolescent Forensic SIG
Elaine Lockhart, College in Scotland

Michelle Long, Carer Representative
Caz Nahman, Eating Disorders
Saeed Nazir, QNCC Representative
Priya Rajyaguru, PTC representative
Sanddeep Ranote, CAMHS SCN Link
Helen Rayner, Workforce Link
Michael Shaw, BAFF Family Justice Council
Shichao Sun, Trainee Representative
Toni Wakefield, Carer Representative
Sarah Whitaker, Trainee Rep
David Williams, DH Welsh Assembly
Richard Wilson, College in Northern Ireland
Welcome to the spring newsletter and this time of new growth. As Peter’s chairmanship dies back, and Bernadka’s starts to shoot, we thank him for all he has done for the Faculty over the last few years, particularly the links he has made with other organisations and the support he has given to promoting young people’s participation in the Faculty Executive.

We hear about new legislation and another highly successful Christmas debate in Wales, some really useful work that’s been done on how to get participation right in Scotland, and the ever-positive musings of Richard in Northern Ireland; despite the political chaos in Stormont, Richard continues to steer a steady ship with the College over there and this time sends us photographs of other influential Northern Irish child and adolescent psychiatrists.

Elaine Lockhart and Birgit Westphal bring those of you with no experience of paediatric liaison up to speed with what the Paediatric Liaison Psychiatry Network is all about.

The new trainee representatives, Shichao Sun (Sunny) and Sarah Whittaker, introduce themselves and their plans for what sounds like a great trainee conference in November at a very slick-looking building on the Alder Hey site.

CAPSS remind us that they have gone electric and update us on their current surveys and finally, Jon Goldin discusses the recruitment crisis (not unique to us) and how we might improve recruitment. My experience of late would suggest a real winner is to take foundation trainees. Foundation jobs in medicine and surgery are currently pretty grizzly, especially with the numbers of unfilled posts on rotas, so our specialty comes across as a civilised, thoughtful and well-supported in contrast.
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The chair’s column

I suspect that this is my last newsletter piece, so I want to start off by thanking Virginia Davies who has been newsletter editor for the past three years and has made a huge difference in that time. Many, many thanks Ginny and sorry for needing so many reminders!

Can I also offer my congratulations and best wishes to Bernadka Dubicka who takes over as Faculty chair in July. Also to Helen Bruce, who has been appointed Associate Dean for recruitment and chair of Promoting Recruitment into Psychiatry (PRIP). I would also like to welcome Professor Helen Minnis as our new Academic Secretary and offer huge thanks to Professor Ann Le Couteur, our outgoing Academic Secretary who has done such an amazing job, especially with the joint conference with the General Adult Faculty. Last, but definitely not least, thanks to Andrew Hill-Smith who has done such an outstanding job as Finance Secretary and a big welcome to Alka Ahuja, who is taking over from Andrew. Alka has been Faculty chair in Wales for the past four years and is very familiar with the college processes.

It is difficult to keep track of everything that is going on in children and young people’s mental health at the moment, but here are a few highlights. From a College perspective, I think the key development is that we now have two young people on the executive. After a session led by Lauren Butler and one of our new representatives, Tori Bullock in January, we decided that we needed dedicated support for the young people and so they and Bernadka will be assessing pitches by three different organisations who have offered to provide this support. Luckily, we made a healthy profit from the joint Faculty conference (once again many thanks Ann and Andrew), so are in a strong position to do this.

The Faculty has been involved in work in England on the Five Year Forward View for Mental Health. Ginny undertook a careful review of the Department of Health’s response and this will form part of a session led by Zoe Mulliez and Sandeep Ranote at our next executive on 23 May. In the interim, Bernadka and I have been involved in reviewing the Evidence Based Treatment Pathways that NHS-England and the
National Collaborating Centre for Mental Health (NCCMH) have produced. These cover emergency care, first contact, outpatient care and enhanced care. Alongside the developments in eating disorder services and the planned enhancement of inpatient services in England, these mean a significant increase in clinical demand and, alongside colleagues in workforce planning at the College, we have argued that this will need over 300 additional consultant posts. We will shortly know if this argument has been accepted. If so, it will clearly present major challenges to recruitment. Luckily Helen Bruce has received the green light for a pilot of run through training in child and adolescent psychiatry and Helen and our workforce lead, Helen Rayner, will be working closely with the College, Health Education England and NHS-England. At last year’s AGM, there were many concerns raised about consultant morale. Thinking about how to improve morale will be a key part of the retention strategy. I regularly hear that it’s very tough on the ground, but I think the cavalry are just over the horizon!

Two other political developments: I’ve been working with Mughal Faraz and Max Davie from the Royal College of Paediatrics & Child Health (RCPCH) to develop a joint position statement on children and young people’s mental health. I think we have found the right balance with an emphasis on prevention alongside appropriate attention to specialist services. I’ve also been working with Tony Draper from the National Association of Head Teachers (NAHT) on a position paper to influence the development of the Green Paper on Mental Health and Schools. It’s not clear what will happen to this legislation after the election, but I think there is no doubt that schools and education are going to be a major focus in England over the next five years and I think the relationship with NAHT will be extremely useful.

In another highly-politicised setting, Cesar Lengua has represented the Faculty in the College’s work on the PREVENT programme. He participated in the evening debate on the issue in January and I think came across as the calm but critical voice of psychiatry in a fraught arena. Many thanks Cesar.

There are lots of developments on the horizon, with the Care Quality Commission thematic review of children and young people’s mental health being the most imminent. Bernadka has been invited to join the review. Bernadka and I have been working closely over the past six months to ensure a smooth handover and I will remain as a seconded member of the executive for a year. Having spent the past two years as vice chair, Bernadka is very familiar with all of the current developments and I’m sure that the Faculty will flourish under her leadership.

I would like to thank the Faculty chairs in the devolved jurisdictions for what has been, to me, a very fruitful collaboration, so many thanks to Richard Wilson in Northern Ireland, Elaine Lockhart and Anne McFadyen in Scotland and Alka Ahuja in Wales.
I would like to reserve my final words of thanks for Stella Galea. She has been an invaluable source of advice, guidance and wisdom. She knows the Faculty and the College like the back of her hand and has been a wonderfully supportive colleague and lovely person to get to know. Many, many thanks Stella.

Dr Peter Hindley
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Report from Wales

My term of office as the chair of the Faculty in Wales was to end in November 2016, but I am pleased to say that the Faculty has unanimously approved my re-appointment for another four years. I look forward to continuing to work closely with the College in Wales and Central College; holding annual debates and Faculty conferences, representing the College at the CAMHS Programme for change (T4CYP), attending the Paediatric National Service Advisory Group meetings and the Children and Young People’s Delivery Assurance Group, and feeding back to our Welsh Executive Committee and, of course, to the Central Faculty Committee also as Finance Officer.

The following paragraphs highlight the main activities of the Faculty in Wales over the past few months. They also include general updates on policy and legislation.

Legislation

The Assembly introduced the Additional Learning Needs and Education Tribunal (Wales) Bill on 12 December. The Bill is at Stage 1 where the general principles are being discussed by the Children, Young People and Education Committee. The Bill provides a new statutory framework for supporting children and young people with additional learning needs and replaces existing legislation surrounding special
educational needs and the assessment of children and young people with learning difficulties and/or disabilities in post-16 education and training. The Bill also continues the existence of the Special Educational Needs Tribunal for Wales and provides for children, their parents and young people to appeal to it against decisions made in relation to their or their child’s additional learning needs, but renames it the Education Tribunal for Wales.

We understand that Welsh Government will introduce legislation to remove the defence of ‘reasonable punishment’ of children sometime during 2017. This was pledged by Labour in 2009 but AMs failed to receive support to amend relevant Bills travelling through the legislative process. Labour has placed this firmly in their manifesto and the Cabinet Minister for Children announced that this will be going ahead. The College is in favour of supporting the amendment.

Inquiries

In December, the Children, Young People and Education Committee opened their inquiry into the First 1,000 days. It will look generally at how Welsh Government policy supports parents during the early years, more specifically at issues around wellbeing, obesity, smoking, speech and language development and so on. Our focus will be on the mental wellbeing of the parents, the support given to encourage good parenting skills, and the provision of mother and baby units. The responses from the inquiry will guide the Committee on their forward work programme for the coming year.

RCPsych Activity

On 4 December, we hosted our second annual sixth form debate. It was opened by the Children’s Commissioner for Wales, Professor Sally Holland. This year, the topic was ‘This House Believes that we are too concerned with how we look’. An overwhelming number of children believed this to be the case. But by the end of the debate, 23% of the audience were persuaded to think that we weren’t as concerned about the way we look now as we were in the past.

In the afternoon, we invited a number of professionals and third sector organisations to our seminar on spotting the signs of young people with eating disorders and those who self-harm. We had presentations from three child and adolescent consultants and a higher trainee, followed by a panel of consultants and trainees (some from the event earlier on the day) answering questions. The audience was very quiet to begin with, but soon there were questions from a number of people. The main point highlighted was the difficulty integrating good service provision between primary and secondary care and the barriers that frontline staff face and the lack of confidence that they have to deal with complex mental health conditions. This was good to hear, since this was the reason for holding the event. We wanted to begin
the conversations between the professionals in both primary and secondary care, and to develop ties between the individuals on both sides. The Welsh Government spokesperson praised the event and asked us if we would like to hold it again the following year.

On 4 November, we held our Faculty meeting at the College in Cardiff for the first time. We heard presentations from Pru Allington-Smith on 'Diagnostic challenges and the use of assessment tools in children with intellectual disabilities', Peter Hindley on his report on Values-based CAMHS, and finally from Dave Williams on the Together for Children and Young People Programme. It was well attended and most people felt that the location was more suitable. We will alternate every so often and hold a meeting in North Wales. Our next meeting will be held on 12 May in Cardiff Bay. We have invited Mair Elliot to present on her involvement with the CAMHS programme. Mair is a service user and spokesperson for children and young people with mental illness.

And finally, last week we attended a breakfast launch of the RCPCH report, The State of Child Health. The report provides recommendations to the Welsh Government on how to improve the life chances of children and young people, including focussing on mental health and wellbeing.

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RCPsych in Wales Young People’s Christmas Debate and Seminar and Annual Sixth Form Debate

Kavita Pasunuru and Veryan Richards

Young People’s Christmas Debate

‘This house believes that we are too concerned with how we look’

The Christmas Debate for young people was held on 4th December 2016 at the All Nations Centre, Cardiff. This was the second time after the first successful debate in 2015. Professor Alka Ahuja, chair of the Faculty in Wales, welcomed everyone in her introductory note. The debate was opened by Professor Sally Holland, Children’s Commissioner for Wales.

Over 150 young people from eleven schools attended the debate and showed a keen interest in putting forward their arguments for and against the topic.

The two teams consisted of Dr Isabella Jurewicz and Daune Green, senior occupational therapist, who moved for the motion, and Drs Jacinta Tan and Dave Williams, who moved against. Professor Mike Shooter chaired the debate.

Dr Jurewicz and Ms Green argued that body image portrayal in the media causes a lot of distress to many young people, leading to increasing mental health difficulties, including eating disorders. Drs Tan and Williams argued that we need to be concerned enough about ourselves to maintain good health, and thereby reduce the burden on family and society through good self-care.

The floor took the opportunity to ask questions about the need to reinforce messages about healthy eating in schools and families, how to strike a balance between being concerned but not too concerned about one’s body, and the role of schools and health authorities in raising public awareness about body image issues.

After all arguments were heard and questions fielded, the audience voted against the motion. This was a significant shift from the pre-debate score. 45 young people changed their opinion after the debate.
On an interesting note, the young people from the audience joined the debate via Twitter using the #RCPsychDebateW.

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Annual sixth form debate

The annual sixth form debate, with this year’s extra session for stakeholders in the afternoon, was constructive and very worthwhile. It would be beneficial to continue both aspects of the day in future years.

Welsh Government representatives commented on the positive, innovative approaches that were being taken by clinicians in the treatment of eating disorders and would be keen to link up with this work. It is important to underline the need for an integrated approach and collaborative working between the education, social services and health sectors when it comes to the delivery and outcomes for mental illness/health. Building inclusive links with invitations to Welsh Government, Local Authorities and Health Boards, as well as clinicians, particularly GPs, for the afternoon session next year would continue this necessary dialogue.

There is potential to develop an online forum to share projects which are currently happening in isolation, evidencing learning and good outcomes. This could be accessed by all stakeholders involved with health/mental health and wellbeing.

The recent Values-based CAMHS Commission Report 2016 highlights the key role of schools. ‘An important, often-overlooked issue is that education plays a crucial role in the mental health and well-being of children and young people. The Commission heard many good examples of schools being used as a hub for services, or running projects to support their pupils. Effective implementation of a school-based intervention requires leadership within the school, with active commitment from the head and senior staff. Schools also need to be part of the wider system. This requires joint working with other agencies, such as CAMHS, and indeed many schools do have good relationships with statutory or voluntary sector services.

Recommendations
Recognise the role of schools and fund them appropriately. Governments should formally recognise schools as a crucial component of the CAMHS system, in the following ways.
Undertake mental health impact assessments to ensure that both schools, education policy and wider government policy and legislation are not detrimental to children and young people’s mental health.

Help schools to develop a framework for empowering and enabling children and young people to better understand their own mental health and to advocate for themselves. Schools should be able to teach children and young people about mental health in the same way they can teach them about literacy or numeracy.

Ensure that schools are able to identify mental health issues and can easily signpost pupils to relevant support, either within the school or in their local community, and have the accountability to do this.

How and where can teachers access training and resources so that they can skill up and feel empowered to contribute when it comes to the mental health and wellbeing of their pupils? Is there a role for RCPsych in Wales CAMHS in this?

Veryan Richards
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Report from Scotland

Since our Annual General Meeting in November, I have taken over as chair of our Faculty. On behalf of the Faculty, I would like to offer huge thanks to Dr Anne McFadyen for all her hard and effective work over the past several years as our chair, vice-chair/secretary and executive committee member. She has kindly agreed to continue to work with us over the next six months and will focus in particular on the perinatal and infant mental health action plan.

I’m delighted that Dr Aileen Blower has agreed to be our vice-chair/secretary, as well as continuing in her role as the CAMHS advisor to the CMO. Dr Jennifer Halliday was appointed the national clinical lead for CAMHS with Health Improvement Scotland and will be supporting services to meet the HEAT target, with a focus on safety and quality of services. Dr Alice McGrath has been appointed the national Training
Programme Director for higher training in our speciality, the four training schemes having been brought together to be hosted by the North East Deanery.

We had a highly successful academic meeting and Annual General Meeting on the 30th November. The theme for the meeting was complex psychological trauma and the excellent presentations were rated highly by the capacity audience.

Our service user, Ella Robertson has been linking in with the Children’s Commissioner’s office and is working with colleagues on using their ‘7 Golden Rules’ for participation in a CAMHS context. We have also recruited two new service users who will be helping us with our work.

There has been interest in the media about mental health disorders in children and young people and how services are responding to this in Scotland. We have been working with the College on responding to requests for further information. We are continuing our work, seeking to increase recruitment to psychiatry. In the meantime, our information leaflet for school pupils is now ready for dissemination in Scotland, with a view to rolling it across the UK. This seems especially important, since there are still areas in Scotland which are struggling to fully recruit consultants in child and adolescent psychiatry.

We are awaiting the publication of the Mental Health Strategy which will help us focus our work over the next few years.

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The 7 Golden Rules for Participation

Over the past six months, I’ve been mainly focused on spreading the word about the 7 Golden Rules of Participation, developed by the Children and Young People’s Commission Scotland. They are a fabulous resource, which look at the ways in which young people should be treated in order to allow them to fully engage in projects, appointments or any other event. I’ve been down to Dumfries and Galloway CAMHS to discuss the rules with the team there, who were very enthusiastic and full of ideas on how to incorporate them into practice. I made a presentation about the rules at
the National Development and Improvement Day for CAMHS in Glasgow this January.

The Golden Rules are:

1. Understand my rights
2. A chance to be involved
3. Remember – it’s my choice
4. Value Me
5. Support Me
6. Work Together
7. Keep in Touch

Each Golden Rule is broken down in far more detail on the cards which the pack contains, and each is applicable to CAMHS. The things they cover range from the seemingly obvious such as ‘Show me that you are listening to me and are taking me seriously’ as part of ‘Rule 4: Value Me’; through to more complex points.

If people were to look at only one rule in depth I would recommend Rule 7: Keep in Touch. Both times I have spoken about this resource I have gone as far as to advocate for Rule 7 being adopted as a checklist for the end of any appointment or interaction with CAMHS. It is so important for young people to walk out the door with a clear idea of what will, or will not, happen next; their questions answered and ways to get in touch with key team members should the need arise. This isn’t always the reality however, and using Rule 7 as a reminder would potentially be a simple, cheap and effective way to rectify this.

If you would like to see more on the Golden Rules, follow the link below, or if you’d like more ideas on their use in CAMHS please get in touch!

CYPCS Golden Rules

Ella Robertson
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Thanks to a timely nudge from Ginny this evening, I might just get this quarter's newsletter report in under the wire. In fact, I was just now (8pm Monday 24th) doing a final proof read of the flier for the Northern Ireland Faculty joint child and adolescent psychiatry/paediatric annual academic conference, which is taking place in June.

On reflection, this event, now in its seventh year, seems to me to epitomise all that is good and worthwhile about the College i.e. it is co-planned and co-produced between psychiatrists and paediatricians, with strong input from patients and families and the voluntary sector. The theme this year is anxiety. Together we will take a look beneath the surface of the various clinical manifestations of anxiety, to consider the origins of symptomatology in attachment processes and neurobiology. We are honoured to have secured the services of Professor Helen Minnis as keynote speaker. My thanks to Elaine Lockhart who kindly suggested I contact Helen at the last executive meeting....this shows the informal connective power of the executive in joining up expertise across the jurisdictions!

I was honoured to be asked to lead on the Faculty response to Jed Boardman's work on person-centred care in psychiatry. Peter knows that this is a subject dear to my heart and gave me the opportunity to meld the experience and views of some of our experts by experience with trainee viewpoints, in what we hope will be useful in informing Jed’s project.

Some news now from Northern Ireland!

Well, we are still in a limboland as regards government, with the elected Members of the Legislative Assembly (MLAs) still unable to agree on how power can be apportioned. The Health and Social Care Board is being dismantled, with lack of clarity on how its functions are to be replaced. The Commissioner has asked the CAMHS clinical directors of the five Trusts to head a managed network to lead
CAMHS developments on a regional basis. An initial meeting has taken place to clarify the parameters of this exercise. Is it a golden opportunity for real clinical leadership? Let’s be hopeful and watch this space! In the interim the implementation of the Northern Ireland Capacity Act 2016 continues with Dr Lynch, Dr Cassidy and me contributing to the extensive work around the codes of practice. A further reform of legislation pertaining to adoption practice in Northern Ireland is also well underway.

My colleagues in the Belfast Adolescent Service have enlisted the production and stagecraft skills of a keen band of young people who attend the College Gardens Centre to celebrate and positively promote therapeutic experiences. Dr Latimer agreed to pose on horseback for this enterprise and it is wonderful to see a colleague going that extra mile 😊!

Finally, many congratulations to our excellent colleague and friend Dr James Nelson who has been appointed to the prestigious post of Informatics Officer to the Northern Health and Social Care Trust... great to see a psychiatrist appointed to a whole Trust enterprise in such a key role. In fact, it may serve as a reminder perhaps that all of us as psychiatrists can play our part in the articulation of clinical evidence and mastery of data in the service of our patients.

Have a great summer!

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Paediatric liaison (PL) psychiatry is a sub-specialty of child and adolescent psychiatry which brings together mental health clinicians with child health, adult health, emergency department, safeguarding and mental health teams, to provide integrated ‘mind and body’ care for the child, their family and the wider network around the child.

Rates of mental health disorders are significantly higher in children and young people with long term conditions, particularly neurological e.g. more than 35% of children with epilepsy will have an associated psychiatric disorder.

Examples of PL work include
- assessment of Under 18s presenting in mental health crisis
- work with those experiencing body symptoms driven by psychological factors (often related to home and school)
- treatment of psychiatric disorders associated with acute and long term physical healthcare conditions and their treatments (including neuropsychiatric) and oncology care

Much PL work involves not only direct work with patients and their families, but also liaison and consultation with the physical healthcare teams involved in their care, both within the hospital and in the community.

A PL service is not simply a CAMHS service located within a paediatric setting. Best practice models involve multi-disciplinary teams working alongside child health and emergency department teams, supporting integrated practice through clinical discussions, joint work, teaching and research activities.

Families involved with PL care feed back that they appreciate having whole-child care on one site; good PL care can offer the ultimate one-stop-shop experience for families who often have multiple hospital appointments to deal with.
Unlike their adult counterparts, PL practitioners are expert in embracing developmental considerations and working with significant developmental issues.

The Paediatric Liaison (PL) network was set up in 2002 by about 20 enthusiastic clinicians, most of whom had limited, if any, sessions attached to this work. Since then it has grown to involve over 200 psychiatrists, mostly based in the UK but also linking in with international colleagues. There has been an expansion of dedicated PL consultant posts around the UK, but services continue to be patchy, with limited expertise available outside some of the main paediatric centres. The network has supported colleagues through the use of clinical and commissioning advice via the mail base, free bi-annual meetings and the establishment of an executive and research interest group. A recent meeting in January was attended by over 50 psychiatrists.

Despite a commitment nationally to parity of esteem between physical and mental health, there continues to be a lack of dedicated mental health provision within child health settings, even less than adult liaison has within adult health settings. Changes to how services are commissioned have created a further challenge, with PL work often being omitted in bidding processes by both psychiatry and paediatric services. We have applied for Special Interest Group (SIG) status within the Royal College of Psychiatrists to support further the development of this sub-specialty and will let
colleagues know about how this progresses. Please feel free to contact us if you would like to find out more about our work.

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An introduction by the new CAP Trainee Reps

Hello. I am Sunny and I am working as a CAMHS specialist trainee in Liverpool, Mersey Deanery. I love working with children and am passionate about empowering children and young people to overcome their problems and achieve their potential in life. Having worked in North Wales Adolescent Service during my core psychiatry training, I was determined to pursue specialist training in child and adolescent psychiatry in the Mersey deanery.

I am enthusiastic about academic psychiatry and have attended various RCPsych conferences to present a number of posters. Sarah and I attended a very successful national CAMHS trainee conference in October 2016 and both made oral and poster presentations on our CAMHS projects.

We are keen to promote child and adolescent psychiatry training nationally and help with any training issues. As a local trainee representative during my core psychiatry training in North Wales, I helped junior doctors with training issues and concerns. I am also very interested in education and am active in teaching medical students and trainees.

I am Sarah and I’m working as a CAMHS specialty trainee in the North West Deanery. I’m very excited to be a trainee rep along with Sun.

The main issue we see facing CAMHS is lack of recruitment into our specialty and this is something we are keen to improve.

Sarah and I are in the process of organising the next national child and adolescent psychiatry trainee conference which will be held at Alder Hey Hospital, Liverpool on Friday 10th November. We are delighted to announce an exciting line up of well-
known speakers for our conference, including Professor Sue Bailey, Dr Bernadka Dubicka, Dr Sandeep Ranote and Dr Kathryn Hollins. The theme of the conference is CAMHS across the ages and 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, specialty doctors and core trainees get involved 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.

What we have seen throughout our higher training is CAMHS appears to be a specialty standing alone although having strong links with most other specialties. We would like to form stronger links with our colleagues in other Faculties at the college.

We are attending the next Faculty Executive meeting on 23 May, and we would welcome any thoughts, points or questions you would like raised at this meeting.

We hope to see you all at the upcoming RCPsych events and at the national CAMHS trainee conference on 10th November in Liverpool 😊

NB We include a photo of the conference venue at our state of the art education centre, Institute in the Park, Alder Hey Hospital FYI.

Follow this link for directions to Alder Hey hospital.

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Dr Shichao Sun (Sunny), ST4, Mersey Deanery
Dr Sarah Whitaker, ST6, North West Deanery

National Higher Trainee Reps for Child and Adolescent Psychiatry 2016-17
Contact Sunny and Sarah c/o stella.galea@rcpsych.ac.uk
**Update from the Child and Adolescent Psychiatry Surveillance System (CAPSS)**

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins

**CAPSS has gone electronic!**

Following our launch at the College Faculty conference in September 2016, a phased roll out of an easy to use electronic system has begun. Initial results show a much-improved return rate of yellow cards via this new system. Thank you to all who volunteered to pilot the new system and for your feedback. We hope to continue to full roll out this year and would welcome any feedback on how we can continue to improve the process for clinicians.

At our launch, we also encouraged Specialty and Associate Specialist doctors who would like to be involved in returning yellow cards to get in touch. If you know any SAS doctors that might be interested please pass on this information.

It will be really important that we have an up to date email, so that we can email you cards. **Please let us know if your email changes.**

**Current Studies**

**Childhood Disintegrative Disorder (CDD) – Surveillance Study** is currently on the yellow card.

Childhood Disintegrative Disorder is a rare condition in which a previously typically developing child very rapidly loses intellectual and developmental skills, resulting in impairments similar to a severe form of Autism.

It is really important to complete a CAPSS yellow card even if you do not have a case to report. Otherwise we cannot differentiate non-response from no case to report. **High response rates ensure validity of the results.**

**CATCH-us Study Update**

The CATCH-uS study period of one year came to an end on 30th November 2016, and we are pleased with the numbers. We would really appreciate clinicians continuing to return questionnaires as this allows us to complete data and close each case. Follow up questionnaires are being sent at the beginning of each month to establish what has happened with each case. Certificates to demonstrate time committed to the study are now being sent for the surveillance period November 2015-November
2016. These will be sent via email to all clinicians who returned questionnaires during this time. Additional certificates will be issued at the end of the follow up period in August 2017 to account for the follow up questionnaires completed.

We offer Royal College CPD certificates for those who return cards and questionnaires to document this research related activity for your appraisal. To update us with your email address please email us on capss@rcpsych.ac.uk. To request a certificate please use the same email and allow us a fortnight to email the certificate to you.

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins
On behalf of CAPSS Executive Committee

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The latest NHS workforce figures show that at the end of July 2016 there were a total of 955 staff listed as working in the field of child and adolescent psychiatry – this is the lowest number since data collection began in September 2009.

The figure represents a fall of 2.4 per cent on the March 2015 figure of 978 staff - the month in which the government pledged a "complete overhaul" for children and young people's mental health services to address poor access and support.

It is a real concern, that at a time when there is much rhetoric coming from the Government about improving services for young people with mental health difficulties, the actual child psychiatrist levels have dropped to such a low.

When one looks at the training figures, there are similar concerns. In 2015, NHS Trusts were unable to fill a third of their trainee posts in the first attempt. This problem was particularly bad for those who want to recruit a trainee into Children and Adolescent Mental Health Services (CAMHS) with around half of vacancies unfilled.

Looking at the budget for research in the UK, mental illness accounts for around 23% of the disease burden yet we invest less than 6% of the annual health research budget in mental health which amounts to £115 million. By contrast, cancer receives 25%.

Similarly, a report by the GMC on the state of medicine shows that the figures are getting worse, with psychiatry seeing a drop of 10% in the number of doctors in training between 2012 and 2015. The new Junior Doctor contract does pay a premium for those choosing to train in ‘harder to recruit to’ specialties such as psychiatry, so this may have a beneficial effect, although one would hope that it would be more than the lure of some extra money that would attract trainees into the specialty.

**Job Satisfaction**

Research by the Education Policy Institute found that 83 % of trusts who responded said they had experienced CAMHS recruitment difficulties and the same proportion had had to advertise posts on multiple occasions to fill roles. It is clear, therefore, that it is not just with trainees that there are recruiting problems.
We know that in England alone, up to four in five children with mental health problems are being denied access to the treatment they urgently need. National challenges do not only include funding but also workforce issues. Recruitment is a significant issue but retention is also an issue, and retention is linked to morale. When a job is rewarding and satisfying, retention improves. But when services are being stretched to breaking point and CAMHS staff feel unable to meet the overwhelming need then recruitment and retention will suffer and we are seeing the results of this in these figures.

So what can be done about this?

The first thing to say is that, to quote Dr Kate Lovett, Dean of The Royal College of Psychiatrists:

‘Psychiatry is a fascinating medical speciality encompassing a wide range of academic disciplines from neuroscience and psychology to law and ethics. Those of us in the profession know what a privilege it is to work closely with patients and what a fulfilling career psychiatry is.’

In my opinion, within the field of psychiatry, child and adolescent psychiatry is the most interesting and rewarding sub-specialty. One gets the chance to work with both children and their families and one has the opportunity to really make a difference in young people’s lives. If one can intervene early and effectively a clinician can help prevent a cycle of further problems through the generations. Children and young people have their whole lives ahead of them and I have always felt that this is one of the most appealing aspects of working with them – if one can make a difference it can have significant far-reaching impacts. The problems are often less entrenched and there is often more hope of positive therapeutic change. One also has development on one’s side.

**Encouraging Students**

Medical students look at consultants that they met during their studies and are influenced by them. It is a problem that many medical students do not actually meet consultant child and adolescent psychiatrists during their studies and in recent years many medical curricula sadly seem to have cut time devoted to this crucial area. When students do meet us, it is important that we are able to communicate the joys and rewards of the specialty. Of course, it is important to be realistic and many consultants feel less positive about their jobs than they have in the past due to the enormous demands and pressures.

It is often said that you never forget a good teacher and I remember enjoying my lectures in child and adolescent psychiatry in Manchester by the late Professor David Taylor. Investing in good educational opportunities for medical students is crucial.
Similarly, there need to be more posts in child and adolescent psychiatry during the Foundation years. At Great Ormond Street Hospital we regularly accommodate Foundation Years doctors having a ‘taster’ week in this specialty and they may potentially develop a life-long interest as a result of such an experience.

There are also initiatives such as ‘Recruitment Days’ where students and junior doctors with an interest in the field can attend a variety of lectures by clinicians in the field to hopefully stimulate their interest further. I would argue that local initiatives that link in with local schools and universities would have the best chance of success, whereas national initiatives sometimes have less direct benefits.

Child and adolescent psychiatrists are often clinical leaders in CAMHS teams and they have the benefit of a broad training encompassing neuroscience, psychopharmacology and a range of psychological/therapeutic modalities. We need dynamic and effective leaders in our CAMHS services in order to address and meet the many challenges we face today for the benefit of young people with mental health difficulties across the UK.

Further information on the specialty can be found on the Royal College of Psychiatrists website www.rcpsych.ac.uk

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