

## **Faculty of Child & Adolescent Psychiatry Executive Committee Newsletter**

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Bernadka Dubicka

### **Vice Chair**

Jon Goldin

### **Finance Officer**

Alka Ahuja

### **Elected members**

Cornelius Ani

Prathiba Chitasabesan

Ananta Dave

Sukru Ercan

Nicole Fung

Rajesh Gowda

Susan Jennings

Leo Kroll

Madhava Rao

Rafik Refaat

### **Co-opted members and observers**

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Zara Baxter, Young person representative

Tom Berney, Intellectual Disability Link

Tori Bullock, Young person representatives

Max Davie, RCPCH Representative

Virginia Davies, CAPFEB Chair

Suyog Dhakra, SAC Chair

Elizabeth Fellow-Smith, Urgent & Emergency Care

Tamsin Ford, Schools

David Foreman, Perinatal & Datasets

Amani Hassan, Faculty in Wales

Andrew Hill-Smith, Admissions & Community CAMHS

Peter Hindley, Immediate past chair

David Kingsley, Adolescent Forensic SIG

Elaine Lockhart, Faculty in Scotland

Michelle Long, Carer Representative

Mark Lovell, CAIDPN representative

Helen Minnis, Academic Secretary

Priya Nathwani, Trainee Representative

Saeed Nazir, QNCC representative

Kate Powell, Trainee representative

Sandeep Ranote, CAMHS SCN Link

Helen Rayner, Workforce Link

Michael Shaw, BAFF Family Justice Council

Abigail Swerdlow, PTC representative

Louise Theodosiou, Comms, Social Media

Toni Wakefield, Carer representative

David Williams, DH Welsh Assembly

Richard Wilson, Faculty in Northern Ireland

***In this issue*****Virginia Davies**

Welcome to the Spring newsletter, and a veritable and excitingly diverse cornucopia of contributions we have this time round. Anyone who reads my editorials will know that I am great lover of joining-up and joining in. I am therefore delighted that our meagre rag has tempted submissions from those across the whole age range (young people and retirees), as well as those who are busily working alongside us in delivering interventions for child wellbeing. I speak of teachers (including Rona Tutt) and educational psychologists (including James Cording).

This edition also has lots of art work, which is a first, so do keep that kind of material coming in.

You'll find a huge range of reports in this newsletter: Bernadka, inevitably, is busy lobbying and politicking; the Wales team are continuing to impress me with their various engagement events; in Scotland the team are busy with strategic meetings, and meantime aware of their need for media training; and Richard, whose had his media training, takes you through his schedule as Northern Irish chair. So, if any of you readers are thinking ahead to a time where you'd like to take up that kind of responsibility, immerse yourselves in this rich and varied chairs' material.

Erin Campbell and Mair Elliott give us some useful advice from their own experiences of our services. Mair argues very cogently for all of us adopting a rights-based approach to our work.

We meet some new faces, as Suyog sends us his first update as the faculty training lead, and Kate and Priya introduce themselves as the new trainee representatives.

CAPSS update us on more joining in, now with the perinatal faculty. Yo, for collaborations, I say! Life is so much richer when we do things together.

And finally, and most excitingly, the newsletter seems to have stirred up a desire to get involved from two hugely experienced but now retired child psychiatrists. Philip

Graham shares a memory of one particular meeting convened by our last female prime minister; the description of the lack of collaboration between the departments for education and health sounds only too hellishly familiar, but as all good and effective child psychiatrists have to do, Philip found a way to evidence his observation that there WAS a problem (even if others in the room were keen to deny this). It made me think about how often our roles involve this function.

Finally, Sebastian Kraemer provides us with his reflections from a lifetime of work in liaison settings. As expected, he has some acute observations to make about the general functioning of the systems around us. He also highlights some of the ongoing challenges for liaison child and adolescent psychiatry, and argues, quite rightly, for proper access to this specialty for children and young people who need their mind and body doctors in one place.

**Dr Virginia Davies**

**Editor**

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***The chair's column*****Bernadka Dubicka**

Whilst the UK has been turning white this week as a result of the 'Beast from the East', over the past few months my world has been entirely green. The government Green Paper on Mental Health in Schools and Colleges in England was finally published in December. Led by Zoe Mullinez from the College policy team, we have been working hard to collate and submit a robust response. Many thanks to all of you who submitted your invaluable thoughts.

Whilst we welcome the joint initiative by the Departments of Health (and now Social Care) and Education, and the commitment for some new funds for school mental health teams, we recognise that there is still a long way to go. We have argued regularly for the need for additional funds for specialist CAMHS, and the importance of ensuring that children and young people (CYP) with more complex needs have ready access to specialist services, including vulnerable groups such as those out of education and training.

Although the government has committed to an additional 100 child and adolescent psychiatrists for the new eating disorder services and Tier 4 units, there has been no commitment to increasing child and adolescent psychiatrists in community CAMHS. We have therefore called on the government to recognise this additional need. However, as we all know, child and adolescent psychiatrists don't grow on trees, and we have a national recruitment and retention crisis. And although the College is hard at work with its 'Choose Psychiatry' campaign, in the short-term we have many unfilled posts. We are therefore calling on the government to recognise child and adolescent psychiatrists as a shortage speciality, so that Trusts can also recruit from abroad to fill current vacancies. The National Shortage Occupation List affects the ease with which visas are granted by the Home Office, so getting child and adolescent psychiatrists listed on this would make recruitment from abroad much easier. Core trainees and old age psychiatrists are already on it.

In England, we are also meeting regularly with Health Education England and the Associate Director for NHS England for CAMHS, Prathiba Chitsebesan, to explore how to expand the existing CAMHS workforce.

Child and adolescent mental health remains high on the political agenda and at the College we are working hard to ensure that it stays there. Our parliamentary representative and vice-chair, Jon Goldin, participated in a webinar with the secretary of state, Jeremy Hunt, and Professor Tamsin Ford and I were given the opportunity to provide evidence to the parliamentary Health and Education Select Committee. Hearing evidence from other stakeholders, we were very encouraged that we all share the same vision for a systemic and inclusive approach to child and adolescent mental health. This has been a recurrent theme at all the meetings that I have attended so far in my time as chair, including at the ongoing CQC CAMHS review. This is due to be published on March 8<sup>th</sup> and I hope that the conclusions of this review will continue to reinforce the need for a systems-wide approach and also make recommendations regarding accountability for implementation; we have heard many variations on the same theme since *Every Child Matters* was published 20 years ago, and it's important that this is not going to be yet another shelved document.

Whilst on the theme of systems working together, I was delighted that the College successfully hosted our first joint meeting with the National Association of Head Teachers (NAHT) in January. One of the co-organisers, Rona Tutt, past president of the NAHT, has kindly contributed her thoughts on this event in the next piece. From my own perspective, I have never seen such a huge sea of smiling faces of headteachers all in one room. The enthusiasm was phenomenal and, judging by that day, we certainly do seem to share joint values when it comes to helping CYP with mental health problems.

The MHA review is ongoing, and we are awaiting the first interim report. Originally CYP were not included as a separate group, so we were pleased that this was reconsidered. Our submission was led by Cornelius Ani, and recommended better data on detained CYP, further clarification on the limits of parental responsibility, the use of police protection orders vs S136, and the use of the Children's Act. As the time frame for the review is short, it is unlikely that any substantial revisions will be made, however, it is an opportunity to raise issues around the complexity of existing legislation for future consideration.

Lastly, we met with our communications lead, Hannah Perlin, and the Head of Strategic Communications, Kim Catcheside, to plan our strategy for this year. I hope that the areas we have chosen to focus on are also high on your agenda: retention as

well as recruitment, supporting leadership in child psychiatry, and using the voices of CYP and families to help us to communicate the value of child and adolescent psychiatrists. As part of the recruitment strategy, Bex Couper is leading on the making of a film, as well as co-ordinating vox-pops on a day in the life of a child and adolescent psychiatrist. We are looking for young, enthusiastic child and adolescent psychiatrists from diverse backgrounds and specialities. She is very keen to hear from you if you would like to record aspects of your day on your phone and share this with her. Please send a short clip directly to her: mobile 0770 2958928; [Rebecca.Couper@rcpsych.ac.uk](mailto:Rebecca.Couper@rcpsych.ac.uk) . We're looking forward to hearing from as many of you as possible, so we can encourage trainees and medical students to choose not just psychiatry, but child and adolescent psychiatry!

**Dr Bernadka Dubicka**  
**Chair, Child and Adolescent Faculty**  
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### ***Joint meeting with NAHT***

**Rona Tutt**

#### **Report on the joint meeting of the National Association of Head Teachers and the Royal College of Psychiatrists in January 2018**

The National Association of Head Teachers was delighted to be able to work with the Royal College of Psychiatrists in putting together a conference for members of both organisations on understanding and supporting pupils' wellbeing and resilience, as well as learning more about how to address their mental health needs. Coming at a time when the government's green paper on ***Transforming children and young people's mental health provision*** was being widely discussed, and before the deadline for responses to the consultation, the event could not have been more timely. In addition to the thought provoking keynotes, the opportunity for school leaders to work alongside researchers and health professionals in presenting a series of workshops, provided an added dimension to a day that was packed with interest and information. The importance of the interface between research and practice has a particular resonance in this context, and we are very grateful to the Royal College for providing the premises and much of the administration to enable this extremely topical event to take place. We hope this is the start of further opportunities to work together for the benefit of children and young people and all those who support them.

**Rona Tutt**  
**National Association of Head Teachers**  
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## Report from Wales



**Amani Hassan and Oliver John**

I am so excited to commence my new role as the chair of the Faculty in Wales. I would also like to extend my gratitude to my colleagues in Wales for their vote of confidence.

The Royal College of Psychiatrists has been (and continues to be) a constant source of strength and support throughout my professional career. This is one of the key drivers behind my desire to chair and serve the Faculty of Child and Adolescent Psychiatry, and to continue to further the reach of a speciality I am so passionate about.

My work ethos revolves around adopting a professional, positive and people-orientated attitude, allowing excellence to thrive.

I am excited to start liaising with the policy lead in Wales, Mr Oliver John, and look forward to our first task; to respond to the Welsh Assembly consultation on a legislative proposal to remove the defence of reasonable punishment.

Last, but not least, I am aware that I have very big shoes to fill in succeeding Professor Alka Ahuja. This is a task that I cannot do without the involvement and openness of all the members that I represent.

**Amani Hassan**  
**Chair, Faculty of Child and Adolescent Psychiatry in Wales**  
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I am really excited to be working closely with Dr Hassan and the Faculty in what promises to be a busy year ahead for the college in Wales.

We've given much recent evidence to the National Assembly inquiry into emotional and mental health of children and young people in Wales, and have welcomed the legislative proposal from Welsh Government for the removal of the defence of reasonable punishment.

The stock of the college is high politically and we have a real opportunity to influence, as a valued and unique voice. I would also 'echo' Dr Hassan's comments, and like to thank Professor Ahuja for her valued contribution.

**Oliver John**

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## ***Young People's Christmas Debate, Cardiff December 2017***

**Anita Naik, Alka S Ahuja and Dr Kavitha Pasunuru**

Following a hugely positive response to previous debates, the Royal College of Psychiatrists Child and Adolescent Faculty in Wales held their third Christmas debate on 11<sup>th</sup> December 2017 at the All Nations Centre, Cardiff. Despite bad weather conditions caused by snow, the event had a good turnout of students from several schools across South Wales. It was attended by Professor Sally Holland (Children's Commissioner) and Kirsty Williams (Cabinet minister) who have continued supporting these events.

The session was chaired by Dr Dave Williams (CAMHS divisional manager/ WAG advisor) and the topic of the day was *School is bad for your mental health*. Four child and adolescent psychiatrists put forth their views in favour and against the motion. It was well received by the audience and generated discussions amongst the students. Young people in the audience were also given the opportunity to question the expert panel and put forward their views. The debate opened with a vote on the motion 'School is bad for your mental health', with 25:13 in favour. The audience were also given the opportunity to express their views via Twitter using the #RCPsychDebateW.

Dr Prashant Bhat and Dr Amani Hassan argued in support of the motion, noting "Schools create a great deal of pressure and unhelpful competitiveness". Both

speakers highlighted the negative impact school has on young people. They argued that schools are not tailored to meet individual needs and some school policies are not fit for purpose. This impacts on young people's creativity, causing undue distress and anxiety. Children with additional learning or educational needs suffer more. Although the speakers acknowledged that education is very important, they argued that schools needed to improve on various grounds, like counselling, antibullying policies, religious education, etc.

Speaking against the motion were Dr Mark Griffiths and Dr Kavitha Pasunuru, who highlighted that more than education, school is key to one's mental wellbeing. They argued that schools provide a safe base, where young people are looked after. Schools provide scope for early recognition of difficulties and appropriate referrals, provide social networks and opportunities for better futures and teach valuable life skills for adulthood, the latter being essential for longer-term emotional wellbeing.

Following the debate, the closing vote on the motion was 23:13 in favour of school being bad for your mental health. Feedback from the audience generated the themes that schools need to focus on meditation, develop ways to address stress levels and provide resources to improve school life. However, I will finish with one of the positive comments made about school: "Teachers are a valuable resource for young people and act as a positive role model".

**Dr Anita Naik, ST5 in CAMHS, Aneurin Bevan Health Board**  
**Professor Alka S Ahuja and Dr Kavitha Pasunuru, Aneurin Bevan Health Board**  
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## ***Time to Talk, Newport February 2018***

**Alka S Ahuja**

The Royal College of Psychiatrists, along with CAMHS services, Aneurin University Health Board and education colleagues at Newport City Council, hosted a mental health awareness event at Bassaleg High School on 1<sup>st</sup> February 2018. This was attended by high school students from Newport and offered various opportunities for young people to participate.

22 young people took part in a debate debating the motion *School is bad for your mental health*, with the motion winning a narrow victory of 18:17! There was impressive art work submitted by the young people competing for the art competition and also remarkable essay and poems on mental health.

The feedback from the young people and professionals about the event has been overwhelmingly positive and we hope to host similar events in future.

Below are some of the art competition entries



A detailed account of the event by James Cording, educational psychologist, Newport, follows.

**Professor Alka S Ahuja**  
**Consultant Child and Adolescent Psychiatrist, Aneurin Bevan University Health Board**

### ***Motion: School is bad for your mental health?***

**James Cording**

The debate was opened by Professor Ahuja and Dr David Williams, Divisional Director of Family and Therapies, who was joined by colleagues from Child and Adolescent Mental Health Services (CAMHS), Newport City Council, Welsh Government and school staff.

Dr Williams, who has taken part in a number of the RCPsych Debates, stated: "I think it's great that mental health is now so important. It's essential that we take it seriously. We don't mind saying we have a sore throat or a broken leg, but mental health has a stigma that needs to be challenged". Dr Williams acknowledged that there are positive steps being taken in Wales to create a more joined up approach to addressing the mental health needs of young people. Joint projects between health and education professionals such as the CAMHS In Reach Project and work taking

place in Newport High School are currently underway. He welcomed the changes in Wales that place wellbeing at the heart of the school curriculum, and the ongoing work to support school staff to feel more confident in dealing with the mental health needs of our young people. "Everybody plays a part in addressing mental health difficulties, and the support we have around us is essential in getting us through these difficult times".

The debate, chaired by Mark Griffiths, consultant child and adolescent psychiatrist, opened with a vote on the motion *School is bad for your mental health*. The result was 19:20 in favour of school not being bad for your mental health.

The debates were judged by Lowri Reed and David Tutton from the Welsh Government, who were impressed by the quality of the presentations. "We had a diverse range of speakers who presented with humour, passion and gravitas," said Lowri Reed.

The winner of the best individual speaker competition was Izzie Mawhinney, a Year 9 student from Bassaleg School, who raised the following points in her passionate argument for school being bad for your mental health:

1. Uniforms: we are unable to express ourselves and "we are expected to be conformist sheep or sheep squared". This has a significant effect on our mental health.
2. Pressure: as Year 9 students, we are expected to be thinking about our A-levels and as Year 7s our GCSEs. In a rapidly changing world, we are expected to make major decisions about our future years before we reach that point in our lives.
3. Sleep: the early start to the school day does not support the needs of the developing teenage brain. How can we function fully if we have not had enough sleep? Schools need to adapt to meet the needs of students, not students adapting to meet the needs of schools.

These arguments were repeated by many of those participating in the debate.



Figure 1 Debate winners - Gul, Izzie and Rvimbo

Pictured left to right 1: Debate Winners - Gul, Izzie and Rvimbo

Rvimbo Mukwenya, who argued for *School being Bad for your Mental Health* as part of Newport High Schools winning debate team, argued bullying is a cause of great stress amongst young people despite efforts by schools to address this. "Technology has made bullying easier". Rvimbo concluded "Councils need to do more to protect the mental health needs of young people".

Rvimbo's debating partner, Gulghatai Shah, argued against the notion. Gulghatai produced an inspiring speech about how we should be grateful that we can have an education. "Social media is the cause of mental health difficulties, not school. We need to get better at accepting one another". Gul has deleted her social media accounts and says she is much happier for doing so.

Harriet Moxley (student, Llanwern High School) also argued against *School is bad for your mental health*. "Wearing a school uniform gives us a sense of belonging to a community and prepares us for adult life. You don't hear of nurses and police officers complaining about wearing a uniform"! Harriet sees school as a place where she can access support from school staff and her friends to help her with life's ups and downs. School staff encourage students to do well "if our teachers don't push us then who will". Harriet concluded that 1 in 10 young people have a mental health difficulty, but without school this statistic could be higher, as in adults the rate is 1 in 4. Her debating partner Lorna Hall added that: "Teachers need to be trained to recognise the early signs of emerging mental health difficulties".

Following the debate, the audience again voted on the motion, with opinion shifting to 18:17 in favour of motion ie that school IS bad for your mental health.

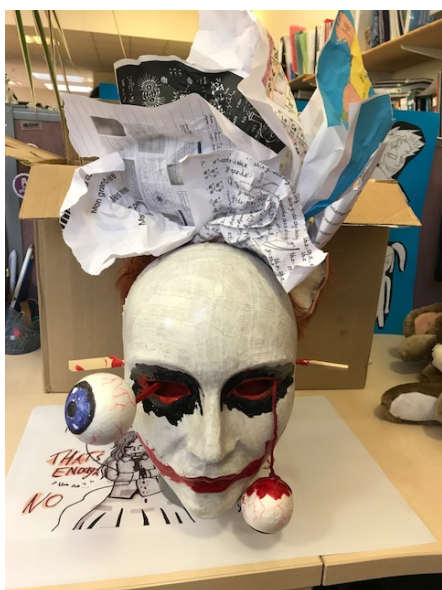
Alongside the debate, artwork, essays and poetry were also on display from across Newport's secondary schools. Other winners on the day included:

- Taylor Grainger (Llanwern High School) – Art Work
- Callum Harries (Ty Du Tuition Group) – Essay Competition
- Kiran Selwood (Ysgol Gyfun Gwent Is Coed) – Sculpture
- Niamh Jones (St Joseph's R.C. High School) – Poetry



Pictured: 1 A selection of artwork entered.

Terri Wiltshire (Learning Support Centre – Llanwern High School) said “It was a great morning. The girls really enjoyed the experience; and it did wonders for their confidence”.



James Harris (Strategic Director – People for Newport City Council) “ ... it was an excellent event and worthwhile...the speakers were really speaking from the heart. A very real topic.”

Marc Batten (Assistant Head Teacher, Bassaleg School) “We must make sure the schools move this on, with further meetings for staff and students to ensure this becomes a priority focus”.

**James Cording**  
Educational psychologist

## **Report from Scotland**



**Elaine Lockhart**

In November of last year, our Faculty in Scotland enjoyed a very successful academic meeting and AGM. The meeting focused on parenting interventions across the age range and we welcomed Ruth Christie from the Scottish Government, who shared her thinking about the Mental Health strategy in relation to CAMHS.

There have been several meetings regarding this, including:

- an audit of 'rejected referrals' to CAMHS which is being undertaken by the Information Services Division and Scottish Association for Mental Health
- the transition of young people from CAMHS on to adult mental health services;
- the development of a protocol for admission of young people to non-specialist wards;
- work within education regarding the development of counselling services in schools, the provision of school-based training about mental health for teachers and within the PSHE curriculum for students.

In addition, Audit Scotland is undertaking a review of CAMHS, which has included input from ourselves via meetings and direct feedback.

There continues to be media interest in our area, with Dr Jane Morris featuring on the BBC story about the use of antidepressants in children and young people during February. The BBC is also planning a documentary about CAMHS, into which we are trying to contribute in a helpful way, and the Times has spoken to a couple of service users and myself about our services, the pressure on them and what they can usefully provide to children and young people. At the time of writing this, Dr Blower and I are looking forward to some much-needed media skills training organised by the College later in February!

Dr Blower is continuing to work with colleagues in Ayrshire and Arran on the proposed secure adolescent unit. Both the Forensic and Child and Adolescent Faculties are involved in this process.

Dr Williams has been working on our behalf with the Scottish Intercollegiate Guidelines Network (SIGN) in relation to the proposed review of the guidelines for ADHD.

Finally, I've had a couple of helpful conversations with Dr Carey Lunan, President of the RCGP in Scotland, about how we can work better together to support children and young people with a range of mental health difficulties.

**Dr Elaine Lockhart**

**Chair, Child & Adolescent Faculty, Royal College of Psychiatrists in Scotland**

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### ***Report from Northern Ireland***



**Richard Wilson**

It has been a very busy term for the Child and Adolescent Faculty in Northern Ireland, with excellent engagement amongst the local members across a wide range of issues. We are still missing our government, so if any of you come across any of them in the corridors of power, please ask them to return to Stormont...their seats are waiting! As I write this morning it is bitterly cold here and we hope that warmer breezes are on the way.

Now! down to reporting:

On 11 September, James Nelson and I attended a roundtable discussion workshop at Queen's University, convened by Dr Gavin Davidson along with his colleague Dr Lisa Bunting. The meeting discussed what data is needed to best inform policy and practice in children and young people's mental health. The event was introduced by Ms Koulla Yiasouma, Northern Ireland Children's Commissioner, who gave an update on her office's *Speak Your Mind* survey. This sought 11-21 year olds' experiences of mental health services in Northern Ireland, with a linked survey for parents and carers, and ran until November 2017.

The event brought together a wide range of researchers and data experts. Dr Geraldine Stratthdee, former National Clinical Director NHS England, now Strategic



Mental Health Adviser NHS Improvement, was also in attendance. Two themes emerged very strongly: that the current model of public service provision is unsustainable, echoing perhaps Dr Bernadka Dubicka's previous BMJ editorial that services need to be more joined up and 'it takes a whole village to raise a child', and that we need to develop more connected data systems between physical and mental health. The latter resonated with the policy work focus of our Vice Chair, Dr Michael Doherty, and our Informatics Committee Chair, Dr Stephen Moore.

I was honoured to be asked to present at the College Child and Adolescent Psychiatry Annual Scientific Conference in Nottingham University on 14 September. In the narrow time window allocated, I gave an update on developments in Northern Ireland in this specialty, pointing out the challenges of practice in a divided, post-conflict society. I emphasised the role of our local College in promoting professional cohesion and high standards of practice, perhaps indeed as a role model for how services should connect, inform and mutually potentiate practice across agencies, leading to improved outcomes for patients. Reflecting on this could be an important focus for all we do locally in the College. Finally, and VERY excitingly, it has been suggested that we host the 2019 Conference in Northern Ireland, which would be a great honour. So, let us hope that this will become a reality in due course.

**19 October:** Mark Rodgers, Rowan McClean, Conor Barton, Jo Minay, Liz Dawson and I all attended media training. We found the day informative and enjoyable. However, since participation in such training carries the acute risk of actually having to make a media appearance, it was no surprise that I was then asked to appear in a UTV Fixers video on the effects of social media on young people's mental health. It was a great production by Manus and other young people from West Belfast and can be viewed via the link below (see 19 December paragraph).

**20 October:** I attended the launch of two further (of a total of five) research projects which were commissioned under the Bamford Implementation Programme. This event took place at the University of Ulster, Jordanstown, and was hosted by the Public Health Agency. Its title was 'Sharing knowledge from research in Learning Disability and children/young persons' mental health'. Chief Medical Officer, Dr Michael McBride, and the Northern Ireland Commissioner for Children both attended.

Professor Gerry Leavey reported on the much-anticipated IMPACT study of patient transition between Child and Adolescent Mental Health Services and Adult Mental Health Services. An extensive range of methodologies including patient and parent experience, focus group workshops, interviews of professionals and a comprehensive case note review was examined in the light of international literature on transition practice in Northern Ireland. Considerable differences in practice and

service user experience across the province was a major finding, as was the all too common finding of a gulf in mutual understanding between CAMHS and AMHS services about each other's working models and practice. There is much learning from this study that needs to be taken forward by services, educators and planners. Most important is to listen and learn from our patients about what works and doesn't work for them, and to work together to provide truly person-centred relationships within all health and social care networks. This is a job for everyone: the Government and Department in providing resources to enable regional standards to achieve equity (of access and quality); CAMHS and AMHS services in rationalising and realigning according to patient need; innovative technology to support transition services. Service leaders are encouraged to co-plan (and what about co-deliver?) more joined-up approaches....including the idea of a transitional 16-25 service, though the caveat being that this must not create still more boundaries!"

The research reports (and the rapid reviews which preceded them) can be found by clicking on the [research.hscni](http://research.hscni) website

**6 November:** The College Awards ceremony 2017 took place in Central College, London, with local interest being two nominations from Belfast Trust and one nomination from Northern Trust. Drs Maria O'Kane and I accompanied the nominees. Even though we had no local winners, getting this far is a big achievement.



**Dr Michael Doris (pictured left) was nominated for Core Psychiatric Trainee of 2017 and his citation read:** Michael is an ST4 in intellectual disability psychiatry. He was joint winner Trainee Researcher of the Year (education and training) at the RCPsych International Congress 2016 for work on medical student resilience. He has had two literature reviews published in 2016. He was also awarded best oral presentation at the Scholarly Educational Research Network (SERN) conference. His current work includes helping run medical student-selected component at Queen's University Belfast.

**Dr Gráinne Donaghy (pictured centre) was nominated for Higher Psychiatric Trainee of 2017 and her citation read:** Grainne has greatly contributed to quality improvement and education. She established a trust-wide quality improvement training programme for foundation doctors and contributed to the development of a multi-professional programme for permanent staff. As well as mentoring a number of project groups, she has also directly collaborated on several projects to improve the physical health monitoring of psychiatric patients.

**Eating Disorder Service, Northern Health and Social Care Trust (pictured right) was nominated for Team of 2017: Children and Adolescents – and their citation read:** the service has become the local leader in innovatory practice for children and adolescents. The team has creatively engaged with young people and families and with partner agencies to produce a bespoke model of care that has massively improved waiting times, patient engagement, development of experts by experience and hospital admissions.

**16 November:** Gerry Lynch, Ciaran Mulholland and I attended the Ambassador Awards at Belfast Titanic Hotel to represent the local College at this prestigious networking event for Belfast.

**27 November:** I met with Chair of RCGP Northern Ireland, Dr Grainne Doran, to discuss interface issues between primary and secondary care, and the possibility of co-developing a strategy for GP-Child and Adolescent Psychiatry integrated working. The meeting highlighted the interface perceptions /misperceptions and issues which can impede flow between primary and secondary care. The potential for the two colleges to develop joint practice and learning in the CAMHS area was explored, as well as the possibility of co-developing services and improving electronic record exchange.

**1 December:** we held our final Faculty meeting of 2017, beginning initial planning conversations regarding our joint meeting with the Ulster Paediatric Society 'Adolescent Mental Health – Bridge over Troubled Water'

**19 December:** I [featured on UTV](#) at the request of the charity [Fixers](#). By way of background, Fixers were awarded the Queen's Award for Voluntary Service and they assist young people aged 16-25 to campaign on an issue which concerns them. Once a month they pick a group or individual and make a short feature about them for UTV Live. In December, they featured a group of teenagers from the New Lodge area of North Belfast who were raising awareness of how using social media can impact one's mental health in a negative way.

**12 January:** held a meeting to plan the Joint Ulster Paediatric Society /RCPsych in Northern Ireland Annual Learning event 2018. This year's focus will be adolescent psychiatry. The keynote speaker will be Dr Elaine Lockhart (Glasgow) who led her adolescent mental health liaison team to victory in the 2017 RCPsych Awards (beating our local CAP eating disorder team in the process...so, concrete evidence of no sour grapes whatsoever!) We hope to have contributions from local adolescent mental health specialists in a diverse programme focussing on topics such as gender identity, acute child and adolescent psychiatry and substance use. We are hoping the conference will take place in early May at Riddel Hall, Stranmillis, Belfast. The full programme will be available in due course.

**14 February:** Dr Gerry Lynch hosted one of his regular meetings with the Trust Medical Managers to discuss the College's agenda as it specifically relates to the work of the Trusts. I and our vice chair, Dr Mark Rodgers, highlighted transition issues between CAMHS and adult services, and as a result, the effectiveness of Transition Panels already operated by some Trusts will be promoted, as will the need for flexibility at the interface. We are hoping to promote and share the learning from a recent report [Improving Mental Health Pathways and Care for Adolescents in Transition to Adult Services in Northern Ireland \(IMPACT\)](#) in a future College event.

**26 February:** I attended a special screening of *Heads Up* at the Omniplex in Carrickfergus. This excellent film was produced by junior school students from my old Alma Mater, Carrickfergus Grammar, in order both to explore stigma surrounding youth mental health and help other students develop resilience in mental health. This was done through an exciting project under the Northern Area Mental Health Initiative (The Initiative), led by Cookstown and Western Shores Area Network (CWSAN), in partnership with both Action Mental Health and Nexus Northern Ireland. The production involved a series of short films, which went right to the heart of current issues affecting mental health and wellbeing in young people. The student creators hit the material head on and made insightful and accurate connections about the expectations and demands of modern life, such as high expectation, low tolerance of difference and pressure to perform, and their effects on mental health. It would be great if policy makers, service leaders and professional bodies lent their weight and support to this brilliant production, by promoting evidence-based practice and truly involving young people in the design and delivery of child-centred services in the widest sense.

So, all in all a busy time and we are looking forward to our Conference in May. Please take some time to read the inspirational article written by Erin, one of our wonderful young people who loves nature, poetry and all things that are good and fine in the world!!

## **My CAMHS Journey**

**Erin Campbell**

My first experience of CAMHS occurred when I was around 15 years of age. I was referred to my local CAMHS Eating Disorder service by my GP after starting to struggle with eating and body image issues. My parents became concerned and brought me to my GP when my eating habits started to spiral out of control and I started to lose an increasing amount of weight.



Like many other young people who find themselves in a similar predicament, I was quite anxious about what to expect when it came to attending appointments. Thankfully, my initial trepidations began to dissipate once I became acquainted with my therapist and started therapy. Although not entirely perfect (for example, my parents and I felt I would have benefited from more specialist inpatient treatment, which unfortunately is not available where I live), my experience of CAMHS was

predominantly positive. I found both inpatient and outpatient teams were empathetic, friendly, and dedicated to doing their utmost in terms of in supporting me on my journey towards recovery – even if that meant directly challenging my eating disorder or taking the difficult decision to admit me to hospital. Most important of all, I felt my voice was being listened to. On a personal level, I really valued how the teams took my thoughts and feelings into consideration, and, where feasible, empowered me to get involved in making decisions about my treatment. Acknowledging I was struggling and needed help was by no means an easy admission to make, but it made a world of a difference to know I was not alone and that there was a metaphorical safety net below me to catch me should I fall. It is imperative that each and every young person is made to feel the same way.

I hasten to add that CAMHS served as a lifeline for my parents. Through no fault of their own, they were ignorant regarding the complexities of my eating disorder and frequently struggled to deal with the tremendous strain it was placing upon family

life. They were continuously involved in my treatment, and the help and advice they received enabled them to cope better during what was an extremely tumultuous time.

In saying this, I am aware that others' experiences may differ from mine. Obviously, not all experiences are positive. More can always be done to make sure that the services are easily and readily accessible by all, across the length and breadth of the nation, and that service users are able to derive as much as they possibly can.

I would encourage young people and their loved ones to seek help as quickly as possible if they find themselves struggling with any difficulties surrounding their mental health. Early intervention is paramount, and services such as CAMHS are on hand to provide specialist support when it is needed most.



With best wishes for your own journey.

Erin

*Erin attended our CAMHS service in Antrim for some years and has now returned to her own path. She is studying for a Psychology degree and partially funds this via a range of part-time jobs. She really is something of a literary lion and accomplished draughtswoman as is evident from the short bio-essay and drawings which she kindly submitted for publication in the newsletter.*

**Dr Richard Wilson**  
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## ***A rights-based approach to CAMHS: a method for empowering the young generation***

**Mair Elliott**

I know what you're thinking; "not another method we have to take into consideration!" Don't worry, I'm not expecting you to become experts on children's rights. As a young person who's been accessing mental health services for seven years and counting, I like to think I have become somewhat of an 'expert patient', sometimes to the annoyance of my local CMHT! Over the years, I have been witness to the downfalls and failings of child and adolescent mental health services. I'm not pointing any fingers of blame, but I think we can all agree that things need to change. I first came across children's rights when I started to speak up about my experiences of mental illness and children's services publicly; I had known I had human rights, but I was not aware that I had protected rights as a child. I found this discovery to be incredibly empowering. I suddenly had the confidence to voice my opinions and concerns about my care and treatment at a local level, and I found I could use my voice on a larger scale and participate in national movements for change.

Through my experience and further research into children's rights, it became clear to me, as it was for others, that we can use children's rights as a vehicle for change in how services are set up and run. My particular passion is ensuring the voices of children and young people are heard, and are considered equal to others, whether at a ground level in local service delivery, or at a national level in government inquiries and procedures – related to mental health services or not. The devaluation of the voices of children and young people, in my opinion, is a tragedy and terrible waste. And so, I seek to ensure that robust and effective strategies and procedures for listening to and valuing children's voices are embedded in any services which come into contact with children. A hearty goal, if I say so myself, but I am not alone, and I have the law on my side.

### **Children's rights – the basics**

In the UK, the Human Rights Act was passed in 1998 and came into force in 2000. The Human Rights Act is based on the articles of the European Convention of Human Rights, an international treaty drafted in 1950 following the second world war. It includes the right to life, the right to fair trial, and the right to protection from

slavery, for example. We all have these human rights, which ensure we are treated equally and have equal access to what is considered essential to a dignified life.

It was recognised that certain groups of people, named 'vulnerable groups', required an extra level of protection to ensure they were treated equally, so each group gained protected rights under the United Nations. These include, but are not limited to, disabled people and children. Children, those under the age of 18, have protected rights under the United Nations Convention of the Rights of the Child (UNCRC). The UNCRC contains 54 articles, not one of which is more important than another. The articles cover everything from the right to life, the right to be treated equally, the right to protection from violence, to, the right to play and the right to education.

To read the full set of rights under the UNCRC please visit Unicef's page on the UNCRC where you can find a summary paper and the full set of rights to download.

So what relevance does the UNCRC have to child and adolescent mental health professionals?

Well, if you're working in Wales, it's the law. Wales adopted the UNCRC articles directly into Welsh domestic law in 2011. Although other areas of the UK haven't directly adopted the UNCRC into domestic law, the UK ratified the international treaty in 1990, ensuring that the rights set out in the convention were/are met through domestic legislative practices - so it is indirectly the law in England, Scotland and Northern Ireland. Children's rights must be adhered to, and, as mental health professionals, you will already be doing this without realising it, for example child protection and safeguarding measures ensure article 19 of the UNCRC, protection from violence, abuse and neglect, is adhered to.

A rights-based approach, in simple terms, is a method by which rights are promoted and protected. When working with children, taking a rights-based approach means you promote the rights of the child under the UNCRC to both children and other citizens, and you ensure those rights are adhered to.

To cover all 54 articles of the UNCRC and relate them to child and adolescent mental health services would be a whole novel's worth of writing, so instead I will refer to the following table comparing the currently widely used needs-based approach to a rights-based approach.



Needs based approach	Rights based approach
Welfare aims, charity	Legal entitlements, claims, guarantees, justice, equality, freedom
Voluntary	Mandatory
Address symptoms	Address root causes
Partial goals (e.g. 80% of children are immunised)	Complete goals – all people have the same rights (80% immunisation coverage means that 20% of children have not been immunised and right has not been realised).
Hierarchy of needs (some needs considered to be more important than others) e.g. food before education	Rights cannot be divided, they are indivisible and interdependent.
Needs vary according to the situation, the individual and the environment	Rights are universal (the same everywhere).
Providing welfare services (object of needs)	Empowering (subject of rights). Rights holders are empowered to claim their rights.
Determination of needs is subjective	Rights are based on international standards.
Short term perspective, filling gaps	Long term perspective
Children deserve help	Children are entitled to help
Government ought to do something but nobody has definite obligation	Governments have binding legal and moral obligations.
Children can participate in order to improve service delivery	Children are active participants by right.
Given scarce resources some children may be left out	All children have the same right to achieve their potential.

Children's rights in Wales . (no date). Making children's rights a reality . Available:  
<http://www.childrensrightswales.org.uk/childrens-rights-a-reality.aspx>. (Last accessed 02/08/2017).

I could write about each of these comparisons in detail, however, to keep this newsletter entry succinct, I just want to highlight the two most important in my opinion;

- 'Providing welfare services (object of needs) vs Empowering (subject of rights). Rights holder empowered to claim their rights.' (7<sup>th</sup> from the top in the table)
- 'Children can participate in order to improve service delivery vs Children are active participants by right.' (12<sup>th</sup> from the top in the table)

I'm sure the aim for all of you is to see a young person leaving your services confident, and with the skills to achieve. Part of that process is empowering young people to start taking responsibility for themselves. A rights-based approach is all about giving young people the information, skills, support and confidence to be able to stand up a say;

"Actually, I have a right to education, health care, housing etc, and currently that right is not being adhered to", thus taking responsibility and control for his or her own situation.

Children and young people often feel there is a power imbalance, that they are inferior and adults are superior. This can result in lack of trust in health care professionals, rebellious behaviour, or a lack of confidence in voicing his/her opinions and comments. The rights-based approach aims to eradicate that power imbalance,

making services truly co-productive, with each head at the table equal to another. Whether it is service provider, service user or any other party, no one has more power than the other.

Article 12 and 13 of the UNCRC state that each and every child has the right to have their views heard and respected in all matters affecting them, and the right to freedom of expression. Children don't have a seat at the decision-making table because "it's nice to have a different perspective" or because you want to give yourself a pat on the back for being 'inclusive'; children have a seat at the table because they have a right to be there. Whether it is at care plan meetings or service delivery meetings, at local or at national level, children and young people should be active and valued participants because they actually have legal entitlement to be part of the discussion. Currently, the voices of children and young people are getting lost in the chaos of politics and procedures, a rights-based approach aims to fix that.

This is about achieving equality in general, ensuring each child has all of their rights adhered to. In a broader sense, it is about having the right kind of mindset and belief system towards children and young people. A rights-based approach sees children as equals and as active, valued participants in society. This to me is the most important consideration for you as child and adolescent mental health professionals. Children and young people will know when you have the wrong mindset, and it does affect that therapeutic relationship.

A rights-based approach can be tied in with the current emerging framework of values-based practice, wherein both clinical evidence and stakeholder values are considered to bring about balanced decision making. A rights-based approach is a method for gathering the values and opinions of the child or young person you are working with. By working with a rights-based approach, it also means that you ensure that children and young people accessing your service have a say in how the service is run. Practical ways of doing this include having a child/young person sit on interview panels for new staff members, having new resources evaluated by children and young people, and asking children and young people accessing the service for ideas on how to improve the service.

As a whole, the most important part of a rights-based approach is to inform and educate children and young people about their rights. We should be seeking to empower young people to have the confidence to take control of their situation, enable them to be meaningful and valuable participants, and ensure their voices are being heard. As professionals by creating opportunities for the meaningful engagement of children and young people you will find better, balanced decisions can be made. By embracing a rights-based approach, services can be run more

effectively and be better-suited to those accessing them; children and young people will feel valued and listened to, the power imbalance will be dissolved, children and young people will have more trust in the system and will be more likely to engage in future. A cycle of trust, appreciation and meaningful participation can be built, producing better outcomes for us all.

I would reiterate, I'm not expecting you to become an expert on children's rights, but next time you meet with clients, consider informing them of their rights. Or give thought to how your service could be including the voice of the young people in matters concerning service delivery. Small steps can make big differences, by working together we can take those steps in the right direction.

The Children's Commissioner for Wales, Professor Sally Holland, published *The Right Way: A Children's Rights Approach in Wales* in March 2017. I strongly urge you to read it (you can find it on the Welsh children's commissioner's website under 'Publications').

#### References

Liberty . (no date). The Human Rights Act. Available: <https://www.liberty-human-rights.org.uk/human-rights/what-are-human-rights/human-rights-act>. (Last accessed 01/08/2017).

Unicef. (no date). How do we protect children's rights. Available: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>. (Last accessed 01/08/2017).

Children's rights in Wales . (no date ). Making children's rights a reality . Available: <http://www.childrensrighthswales.org.uk/childrens-rights-a-reality.aspx>. (Last accessed 02/08/2017).

Valuesbasedpractice.org. (2017). The collaboration centre for values-based practice; What is values-based practice?. Available: <http://valuesbasedpractice.org/>. Last accessed 06/08/2017.

Values-Based Child and Adolescent Mental Health System Commission (2016). What Really Matters in Children and Young People's Mental Health. Summary Document. Royal College of Psychiatrists.

Unicef. (2016). What is HRBAP?. Available: [https://www.unicef.org/policyanalysis/rights/index\\_62012.html](https://www.unicef.org/policyanalysis/rights/index_62012.html). (Last accessed 02/08/2017).

**Mair Elliott**  
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## **Report from CAPSAC (previously CAPFECC)**

**Suyog Dhakras**

There have been a few changes since the last update.

CAPFECC is now CAP SAC (Specialty Advisory Committee).

Helen Bruce has stepped down as chair of CAPSAC and I was appointed in December last year. I have been Helen's Deputy Chair for the last three years. I'd like to thank her for her leadership, the training initiatives that she spear-headed, and also for her advocacy of our specialty.

There have been several exciting developments in terms of training in child and adolescent psychiatry (CAP).

The CAP-Medical Psychotherapy Dual Training Programme has been approved by the GMC and joins CAP-Forensic Psychiatry and CAP-Psychiatry of Intellectual Difficulties as the dual programmes available to trainees.

The GMC also approved of the Social Media and Child and Adolescent Mental Health ILO and it has been included in the mandatory ILO 1 (Professionalism).

The CAP run-through training pilot was approved by the GMC, and has been successfully implemented. The response from trainees was excellent. Details will be made public once the offers are formally accepted by the successful candidates.

The major task facing CAPSAC (and also SACs of other faculties at the College), is the review of the curriculum (core and higher specialties) for approval by the GMC in line with the documents 'Excellence by Design' and the 'General Capabilities Framework' to be found on the GMC website [Standards and guidance for postgraduate curricula](#).

The RCPCH has successfully undertaken this work and their project manager presented their work to the SAC Chairs Committee. Their work can be accessed on the RCPCH website: [paediatric curriculum for excellence](#).

This will be an exciting as well as complex task, and input from training programme directors (TPD), trainers and trainees will be essential and welcome. The submission to the GMC will need to happen by Dec 2020.

I chair my first CAPSAC meeting in April 2018 and, in addition to starting the process of the curriculum revision, will also be discussing standing issues such as the CAP TPD conference and medical students' essay prize. We'll also be looking to refresh CAPSAC membership.

Please email me c/o Stella Galea if you have any queries, comments or ideas re CAPSAC training. I look forward to hearing from you.

**Suyog Dhakras**

**CAPSAC Chair**

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## ***Trainees Report***



**Priya Nathwani and Kate Powell**

### **An introduction by the new reps, Kate Powell and Priya Nathwani**

Hello, we are Kate and Priya, and we are honoured to be the CAMHS specialist trainee reps for 2017/2018. Kate is an ST5, currently working in Gloucester, Severn Deanery, having completed core training in Wales. Priya is an ST6, currently working in the London Deanery for South London and Maudsley NHS Trust.

We are in the process of organising the next annual CAMHS trainee conference, which will be held this year at the Royal College of Psychiatrists, London. Please save the date of **Monday 5<sup>th</sup> November 2018** as we hope that you will be able to join us for an exciting day considering 'CAMHS of the future'.

We are delighted to welcome the Rt Hon Norman Lamb MP, who has been a tireless campaigner for young people's mental health for many years, as a special guest speaker at our conference. We will also be hosting a number of other exciting talks

on a diverse range of topics including body dysmorphia, forensic/gangs, and the impact of social media on children's mental health.

We both have a keen interest in recruitment and hope to encourage medical students, foundation doctors and core trainees, as well as higher trainees, to attend our conference. We will be including an interactive forum, led by Dr Tessa Myatt, to discuss working in CAMHS, where we can share our experiences and hopefully inspire more trainees and even medical students to consider a career in what we believe to be the best speciality medicine has to offer!

There will also be opportunities for trainees and students to present posters, research, and as a trainee conference first, we hope to offer some technology demonstrations, featuring the latest apps for young people and clinicians.

Tickets will be priced at £50 per delegate, to include refreshments and a hot meal at lunchtime.

We are still finalising our programme, so if any clinicians feel that they can offer a talk on an innovative topic within CAMHS, we would be very pleased to hear from you.

We will be attending the next Faculty executive meeting on 22<sup>nd</sup> May 2018 and would welcome any questions or issues that trainees would like to raise at this meeting.

We very much look forward to welcoming everyone at our conference in November and hope to meet people at other College events over the summer. Contact us for more information.

Dr Kate Powell, ST5, Severn Deanery  
Dr Priya Nathwani, ST6, South London and Maudsley  
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### ***Update from the Child and Adolescent Psychiatry Surveillance System (CAPSS)***

**Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins**

#### **Welcome to the Perinatal Faculty!**

We would like to welcome our perinatal colleagues who have agreed to join the CAPSS executive committee so that we can run perinatal surveillance studies. Some studies may be joint with our Faculty. We are already processing the first application from the Perinatal Faculty which is a great first step.

### **Study Updates**

The surveillance of children and adolescents with ADHD in transition between children's services and adult services (CATCh-US) commenced in November 2015. This project focuses on what happens to young people with Attention Deficit Hyperactivity Disorder (ADHD) when they are too old to stay with children's services. The follow up is now complete and investigators are now analysing these results, which should be available around Christmas 2018.

The Childhood Disintegrative Disorder – Surveillance Study (CDD-SS) is now in the follow up phase. Cases that have been identified will be followed up at 12 and 24 months.

The Early Onset Depression study has now gained ethics approval and it is hoped this study will be launched later this year.

The Cost-ED final study report has been submitted for editing and we look forward to reading the results of this important study.

### **CAPSS studies are only as good as your reports and support**

Look out for those "e-cards" when they come. We are pleased to report that reporting via email has significantly improved reporting rates. Keep responding, as knowing that you DID NOT see a case is as important to knowing that you did.

If you are a consultant child and adolescent psychiatrist who has or will be awarded a CCT in the next 6 months, please join our database. Current responders, please send us any changes or updates to your email.

**Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins**  
**On behalf of CAPSS Executive Committee**  
[capss@rcpsych.ac.uk](mailto:capss@rcpsych.ac.uk)

**Letters & Reflections: Plus ça change****Philip Graham**

I was interested to read in the December Child and Adolescent Psychiatry Faculty Newsletter that it is felt that 'currently health and education are too disconnected'. I thought members of the Faculty might be interested in this anecdote from just over 30 years ago. It is one of my more memorable professional experiences.

I was asked, I think as a doctor with links to the National Children's Bureau, to join a group brought together by Baroness Lucy Faithfull. It consisted of Chief Education Officers, Professors of Education, Directors of Social Services etc and was formed to lobby the Prime Minister, then Margaret Thatcher, to try to improve collaboration between the Departments of Health and Education on child policy. We met in the Cabinet Room in No. 10, where the Prime Minister talked for about 20 minutes non-stop about her views on the inadequacy of academics (irrelevant research) and schoolteachers (can't keep discipline). We were then allowed to put our views on the topic we had come to discuss. I said very little, but all the members of this high-powered group complained about the lack of coordinated policy between government departments.

The PM asked Tony Newton, the then Minister of State at the Department of Health who had been asked to attend, for his views and he said there wasn't a problem. She was about to dismiss us when I piped up and said surely if all these people who knew what they were talking about felt there was a problem, the matter should be taken seriously. The PM looked at me thoughtfully and said 'Professor Graham, I think we should bring the meeting to a close. I'm sure your patients are missing you.' I said 'I think if my patients knew where I was, they would be prepared to wait a few more minutes.'

This brought a nervous laugh and we carried on talking. After about fifteen more minutes the PM said she would look into the matter and we would all meet again after the (1987) election. Of course, we never did!

**Philip Graham****Chair, Child and Adolescent Psychiatry Section, RCPsych. 1974-1977**c/o [stella.galea@rcpsych.ac.uk](mailto:stella.galea@rcpsych.ac.uk)



## **Letters & Reflections: The Paediatrician's Dilemma**

**Sebastian Kraemer**

I have now retired from paediatric liaison practice, but am very pleased to see how some of the ideas we collectively developed over recent decades are beginning to get a better airing. My gratitude goes in particular to Birgit Westphal and Elaine Lockhart, co-chairs of the Paediatric Liaison Network, for their tireless networking, one of the essential ingredients of successful liaison.

Looking at the recent government Green Paper, 'Transforming children and young people's mental health provision' <sup>(1)</sup> it is hardly surprising that there is limited public support for child and adolescent mental health. How many people know what a child mental disorder is, or how you get one? Some, such as eating disorders and autism, are better known (if less well understood), but unless you've had close-up experience of clinical levels of other conditions, such as anxiety and depression, you wouldn't readily grasp what the problem is. It is easier to avoid thinking about severe mental pain in children, so that's what most people do. Parity of esteem is all very well, but we can't expect any time soon to get the same reflex respect from patients, as doctors who treat broken limbs, serious infections and cancers.

When it comes to liaison, it is our paediatric colleagues who are mystified. Medically unexplained symptoms are well named. There is as yet no explanation for them. This is a potential crisis of confidence for the paediatrician, readily picked up by patients. "Making the transition from physical to psychological care was perceived as one of the most difficult stages in the professional-carer relationship because of parental resistance to giving up the notion of an identifiable, treatable physical cause for the symptoms in favour of an approach addressing psychological and social issues" <sup>(2)</sup> So why consult a child psychiatrist rather than a gastroenterologist or a neurologist? Sometimes this is nothing more than a clinical hunch, not sufficient to make a referral. What the paediatrician most needs is a mental health colleague with whom to discuss the dilemma, maybe on the ward or in the clinic. The liaison psychiatrist may well suggest that the paediatrician seeks a neurological opinion!

This is why referring complex medically unexplained symptoms (MUS) patients to community CAMHS is so profoundly unethical. Without a physician by your side, how can you tease out the relative contributions that mind and body play in such cases? The patient is rightly insulted by the implication that only a part of his or her problem is going to be taken seriously.

It took me some years to realise just how important it is for patients and families to experience a good relationship between the mind and body experts <sup>(3)</sup>. Once a referral has been decided upon, it makes an enormous difference to patients and families if the paediatrician can speak of mental health colleagues with respect, and some familiarity: “I’m not sure what’s the matter, but I’m not going to abandon you. My mental health colleague will help me to understand your problem better” That is a therapeutic bonus before you even start your assessment.

Finally, I want to thank Ginny Davies and RCPCH mental health lead, Max Davie, for their own liaison work. This collaboration has helped to open up the most promising initiative for paediatric mental health liaison in years: a standing multidisciplinary working party on hospital paediatric liaison. It rather proves the point that if you want to demonstrate the value of liaison, you have to get out there and do it.

1. Department Health & Social Care/Department for Education (2017) *Transforming children and young people’s mental health provision* <http://bit.ly/2B8sjqL>
2. Furness P, Glazebrook C, Tay J, Abbas K, Slaveska-Hollis K. (2009). Medically Unexplained Physical Symptoms in Children: Exploring Hospital Staff Perceptions. *Clinical Child Psychology and Psychiatry* 14:575–87, p 579.
3. Kraemer S. (2016) The view from the bridge: bringing a third position to child health, *in* (eds) S Campbell, R Catchpole & D Morley. *Critical Issues in Child and Adolescent Mental Health*, Palgrave Macmillan <http://bit.ly/1Ry2QHy>

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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**

Contact the Faculty Exec and any of the contributors c/o

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Dr Susan Jennings	Elected member, CAMHS Transformation
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Dr Elaine Lockhart	Chair of College in Scotland
Ms Michelle Long	Carer Representative
Dr Mark Lovell	CAIDPN representative, Intellectual Disability
Prof Helen Minnis	Academic Secretary
Dr Tessa Myatt	Regional Representative in Mersey, CYP Coalition
Dr Priya Nathwani	Trainee Representative
Dr Saeed Nazir	Regional Representative Lead, Regional Rep in Trent, QNCC rep
Dr Guy Northover	Regional Representative in Oxford
Dr Lynne Oldman	Regional Representative in Wessex
Dr Kate Powell	Trainee representative
Dr Sandeep Ranote	Eating Disorders, Commissioning
Dr Madhav Rao	CAMHS Transformation, Data sets, service models
Dr Sarah Rawlinson	Regional Representative in the South West

Dr Helen Rayner	Self Harm, Workforce
Dr Rafik Refaat	Leadership & Management
Dr Mark Rodgers	Regional Representative in Northern Ireland
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 Abigail Swerdlow	Psychiatric Trainee Committee representative
Dr Louise Theodosiou	Comms, social media
Mrs Toni Wakefield	Carer representative
Dr Michael Wardell	Regional Representative in KSS
Dr Dave Williams	Welsh Government
Dr Richard Wilson	Chair of Faculty in Northern Ireland