

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



The Executive Committee

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Alka Ahuja

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Zara Baxter, Young person representative

Tori Bullock, Young person representative

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Priyanka Palimar, Trainee representative

Priya Rajyaguru, Trainee representative

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Toni Wakefield, Carer representative

David Williams, DH Welsh Assembly

Richard Wilson, Faculty in Northern Ireland

In this issue**Virginia Davies**

Welcome to our spring newsletter. I have decided to front this newsletter with a picture of some magnificent magnolia blooms. Reaching up, they capture for me the joyful potential that this time of year has to offer.

Children's lives hold this same potential, but just as inclement weather can ruin spring blooms, so too can adverse events in childhood. If we are to be helpful agents in protecting or mitigating the effects of adverse events, we need to listen carefully to what children and families are trying to tell us. In this edition, Peter Hindley writes in to make an impassioned plea for listening and understanding, rather than spurious diagnostic labelling, of abused children. And on a related theme, Sebastian Kraemer reviews Andrew West's new book, which reiterates the critical need to understand symptoms and experience from the child's and family's point of view.

Trying to see things from our point of view, Bernadka sets out to increase our understanding about quite what the College does for all of us. She fills us in on the behind-the-scenes activity of various groups within the College and Faculty, emphasising the communications function that both members and College hold. She highlights the importance of media work for public mental health education (yet again that theme of understanding) and recruitment of future child and adolescent psychiatrists. If you would like to get involved in media work, see the information about College media training in November.

Amani and Oliver update us about Wales' attempts to bring everyone together to decide how to best deliver mental health support and education in schools (co-production relying on understanding ones stakeholder partners better, not least learning to speak each other's 'languages'). Greater understanding seems to be required by the Welsh Government before the proposed autism legislation can proceed.

Elaine describes a busy schedule of events and meetings in Scotland, with lots of increased understanding presumably an outcome for the delegates attending the two recent Faculty meetings (one with the RCPCH). Elaine is also working on promoting a better grasp of the landscape of child and adolescent mental health and its determinants by the Children and Young People's Mental Health taskforce now that she's been seconded one day a week to this work.

Richard is bucking the trend for political inertia in Northern Ireland and busily engaged in *organdising* (as Eeyore would call it) conferences. He reports back on cross-boundary work with adult mental health to set up youth mental health services and the *Still Waiting* report by Northern Ireland's Children's Commissioner; it sounds like a painful read for those struggling on the front line

to deliver the services they'd want to but can't. It reminded me of a YouTube clip sent my way about the 'moral injury' to which frontline healthcare staff are subject.

Suyog feeds back about the exciting beginnings of the Run-Through Training Pilot (super-popular with lots of applicants, huzzah!), and Priya and Priyanka feed back from their vantage point as trainees, reminding all trainee readers about the upcoming trainee conference.

After their absence last edition, CAPSS give us a longer than usual update about all their various studies. What a shocking picture this paints about transition for young people with ADHD. Do keep filling CAPSS in on the situation in your locality.

Ananta Dave describes some of the challenges around ensuring that so called 'mental health' patients, especially children and young people presenting in crisis, have their safeguarding needs adequately perceived and addressed.

We have a brief introduction to Sam Young, participation lead for the Faculty, as well as Tori Bullock and Zara Baxter, participation consultants. Expect more from this group in future editions, not least with reports about how they are informing work with the Faculty's various work streams.

On the theme of enticing routes into child and adolescent psychiatry, Amy McCulloch describes her rich experience in a six-month third foundation year (FY3) CAMHS job. Most notable for her was the space and time to really think about her cases and "see them get better", a stark contrast to her experience in other specialties. Let's try and ensure more trainees get this taster.

We finish up with information about how to get more from your College library. If you're anything like me, then you're definitely missing a trick if you haven't thought about all the ways they could help you. Take advantage of another aspect of your membership!

Dr Virginia Davies

Editor

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The chair's column



Bernadka Dubicka

Is membership of the College value for money and do we do anything worthwhile? I am asked that question regularly and recently I found myself having to justify the work of the College and Faculty again to a colleague. So, here's a quick review of the past few months and I guess you can decide for yourselves.

I attended the College council meeting today and listened to Simon Wessely present the final report of the Mental Health Act review – in his own words, we managed to make what we hope are helpful recommendations for children and young people; however, we also deflected quite a few suggestions which would have added significant pressures to an already overburdened consultant workload. Often our work is about influencing policy in a positive direction, which is not always evident to the membership. Paul Rees, our CEO, informed us that over the past three months the College had a reach of 32 million through our communications work, much of which was due to our Faculty. As I often say, being in the media is not the main focus of our work, and I would much rather the focus of government and the press was around the main drivers of mental health problems like poverty, rather than the ongoing social media debate. However, our media work provides a platform to raise our profile as psychiatrists and to share our perspective on important child and adolescent mental health issues. Hopefully, it also helps our recruitment drive. The good news is that our run-through training continues to be popular and a further 11 places have been filled. This is a good start, but we need to keep on making more progress. The College also has exciting fellowship opportunities for trainees who are interested in policy or sustainability and these are currently open to applicants, so do spread the word.

Work around implementation of the NHS Long Term Plan in England is moving at a pace. Again, we lobbied hard for more funding for CAMHS and consideration of young adults, which is now a key part of the plan. The green paper is being rolled out, with huge numbers of applicants seeking to provide the new mental health support teams in schools. We hosted a day to review the progress of the green paper at the College recently. Government and NHSE representatives attended, as well as a wide range of front-facing professionals from across the system, including members of the National Association of Head Teachers (NAHT), GPs and the voluntary sector. We have excellent working relations with a wide range of stakeholders, which is a pre-requisite to enabling all our systems to work together. Adrian James, our registrar, co-chaired the day and was impressed and inspired by the many excellent colleagues who contributed to the proceedings. Continuing with the spirit of collaboration, I addressed the NAHT this week who remain keen to work with us and play their part in promoting good mental health in children and young people (CYP). Notably, the language in

education has moved away from just 'behaviour' to thinking about mental health drivers for difficult behaviour. Bearing in mind that teachers are usually the first point of contact for CYP, 'making every contact count' was one of my key messages to teachers.

The Faculty is involved in developing a number of reports at the moment which should be published later this year. These include reports on services for CYP aged 0-25, self-harm admissions, and our technology paper. The latter subject remains highly controversial and our paper is primarily focused on the effects on vulnerable groups, content and potential for addiction, rather than screen time per se. We are in the final stages of writing this up so please do contact me either with your clinical experiences or if you know of new important lines of evidence (stella.galea@rcpsych.ac.uk).

I hope this gives you a snapshot of some of the work of the Faculty. It is far from exhaustive. I hope that many of you do think that we give value for money and actively promote the issues that are important to you. We do however recognise that we need to continue to improve our engagement with members and for those of you who are on Twitter, our Faculty twitter account is now live (@rcpsychCAP). I'm afraid that re-activating my own account has been one of those New Year resolutions that I have yet to implement due to my own issues with technology overload, so I have been relying on my excellent twitter-savvy colleagues to manage the account. I'm also looking forward to welcoming our nine newly elected members to the executive in July and using their broad range of expertise.

Our next annual conference will be in Belfast for the first time with a great programme, including symposiums on ethics and technology, so please do register and join us there.

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Report from Wales



Amani Hassan and Oliver John

I attended the first whole school approach to mental health and wellbeing stakeholder reference group meeting (SRG) on 24 January 2019 at the Welsh Assembly Government. While all children's services in Wales, including CAMHS operate up to 18 years, the meeting acknowledged that the work should include the age group up to 25 years.

The Welsh Assembly Government has sent out a *Code of Practice on the delivery of Autism Services* in Wales for consultation. The code will be under the Social Services and Well-being (Wales) Act 2014 and the NHS (Wales) Act 2006. The code was developed after the new proposed autism legislation in Wales fell short of the required support to take it through to legislation. The new consultation closed in March. A letter was sent on behalf of The Royal College of Psychiatrists in Wales, RCPCH, the Royal College of Speech and Language Therapists, the Welsh NHS Confederation and the Royal College of Occupational Therapists to the Minister of Health and Social Services voicing their concerns.

On 14 December, I attended a joint education conference with the National Association of Head Teachers (NAHT) Cymru, called *Collaborative Approaches to Improve Mental Health in Schools*. This meeting marked the government's commitment to bringing together all involved parties in working together to create better whole school mental health and mental health support in schools.

I attended the RCPCH Wales National Specialist Advisory Group (NSAG) on 19 February. Discussion focused on the need carry out joint work related to transition and to consider the possibility of new services for 16 to 25 year olds in Wales.

The first biannual meeting of the CAP Faculty in Wales will be held in Cardiff on the 7th of June.

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The proposed Autism (Wales) Bill was voted down by Assembly Members across the Senedd chamber, with an aforementioned *Code of Practice* subsequently being proposed by the Welsh Government.

Elsewhere, we continue to work closely with the Children's Commissioners for Wales' office, in informing the development and progress of the Mental Capacity (Amendment) Bill and extending the safeguarding scheme contained in the provision to 16 – 17 year olds.

Additionally, we've contributed to discussions with stakeholders across the health sector to consider draft Welsh Government guidance that will be produced on transition in the health setting. There was valued contribution from the CAMHS adviser to Welsh Government, Dr Dave Williams.

The provision of appropriate healthcare for children, young people and young adults, and the handover of care from child to adult services has long been highlighted as a key priority for improvement, in particular by the College, National Assembly for Wales Committees and by the Children's Commissioner for Wales. We've committed to facilitate discussion and joint work with other royal medical colleges in Wales and the Commissioner.

Lastly, both Amani and I are delighted that Dr Eleri Murphy has joined the Faculty in Wales as vice chair. Eleri will be a real asset. We also extend our thanks to Dr Prashant Bhat for all of his contributions to the Faculty.

Oliver John, RCPsych in Wales Manager

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Report from Scotland



Elaine Lockhart

The RCPsych in Scotland Child and Adolescent Faculty enjoyed a very successful academic meeting in November entitled *The role of psychiatrists for young people with self-harm and risk taking behaviours (from A&E to CAMHS and In-patient care)*. We were delighted that Dr Carey Lunan, Chair of the RCGP Scotland spoke at our AGM and we hope to build on this with a further meeting to discuss referral processes and how we can best support GPs in their work with children and young people with mental health presentations.

The Children and Young People's Mental Health taskforce is under way and as Chair of our Faculty in Scotland I've been seconded to work with the Scottish Government for 1 day/week. There are 4 work streams focusing on the development of generic, neurodevelopmental, specialist CAMHS and

At Risk mental health services for 0 – 25 years, with additional work regarding workforce, information and digital technology and finance. The delivery plan can be accessed through the following link; [Mental Health Taskforce Delivery Plan](#). If anyone would like to hear more about this work and provide feedback please contact me on c/o stella.galea@rcpsych.ac.uk

The proposal for a LD CAMHS in-patient unit in Scotland has been approved by the Directors of Planning, with the Lothian bid being successful for the provision of four beds for 12 – 17 year olds, with the plan to locate two beds for under 12s alongside the national child psychiatry inpatient unit at the Royal Hospital for Children in Glasgow.

We were delighted to host an oversubscribed joint meeting with the Royal College of Paediatrics and Child Health and the Scottish Paediatric Society on the 1st March in Glasgow. This included research and audit and clinical presentations, an update on the taskforce by Dame Denise Coia and keynote presentations on Medically Unexplained Symptoms and the recent SIGN guidelines on Foetal Alcohol Spectrum Disorder. It was very well received, with plans to repeat this meeting next year.

Aileen Blower, our vice-chair, and I were pleased to join RCPsych in Scotland colleagues in meeting the recently appointed Director of Mental Health at Scottish Government which, among other things, allowed us to discuss the use of anti-depressants in children and young people. It was agreed that this will be included in a proposed review of the Scottish Government's position paper on anti-depressant use across the age range.

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Report from Northern Ireland



Richard Wilson

I am writing this report on 15th March, when forty-nine people lost their lives in the attack on the Al Noor Mosque and the Linwood Centre in Christchurch New Zealand. I am sure all of our hearts go out to the families and friends of those who lost their lives in so hideous a manner and to those who are recovering from their injuries.

In such circumstances it is not so easy to focus on issues and tasks close at hand, but it is perhaps worth emphasising that much of our work in psychiatry aims to improve understanding, to listen and to comfort always, to embrace diversity and to nurture the spirit of generosity that promotes healing and health in all places.

So it feels poignant that I spent the morning of the 15th in the good company of my friend and colleague Dr Shilpa Shah, Chair of the Ulster Paediatric Society (UPS), to look at a new venue for our upcoming joint UPS/RCPsych conference on 7th June.

The keynote presentation this year will be on advances in mental health genetics, given by Professor James Walters from the University of Cardiff. The 2019 conference will attempt to delve 'Beneath the Surface' of chronic mental health challenges, particularly with reference to potentially life-long physical conditions such as metabolic disorders, epilepsy and chronic respiratory illness. The interplay of the environment with individual patient journeys will be informed by leading edge research on genetics and epigenetics.

The new venue at Mossley Mill will provide enhanced capacity and facilities to cater for the growing numbers attending this collaborative event now in its ninth year!

Now division, separatism, scapegoating, exits and Brexits seem to loom large at present and perhaps add fuel to the fires of increasing anxiety, despair and anger prevalent across the country. Contrary to the prevalent mood, the Northern Ireland College has continued to work hard to bring people together. Our TPD Dr Boyd, myself and some of our trainees have been invited to Dublin to attend a meeting of our Faculty counterparts at the Irish College of Psychiatrists...it is hoped that we can begin to re-establish educational and CPD links for trainees and colleagues across the border.

Some of you will know that Dr Michael Doherty from adult mental health, the College vice chair in Northern Ireland, Bernadka and I have set up a cross-Faculty group to try to move the development of comprehensive youth mental health services onto the next level. Like all integrative projects, this presents many challenges, notably establishing a credible evidence base, promoting services based on sound values and balancing the strengths of specialist and generic services across established service cultures and cross-Faculty boundaries. Again, in keeping with the RCPsych focus on evidence-based learning, it is likely that practice improvement will be informed by enhanced training and improved understanding between those parts of the system necessary to generate better outcomes and experience for patients and families.

Just as in the rest of the UK, mental health practice in Northern Ireland is from time to time the focus of observation and analysis from independent bodies. In autumn 2018, the office of the Northern Ireland Children's Commissioner (NICCY) published a challenging report on the state of CAMHS services in Northern Ireland. Entitled *Still Waiting* the Commissioner, Ms Koulla Yiasouma, challenged the Department of Health and providers to promote more regionally-coherent services, improved data systems and make services more responsive to patient need. Specific challenges in the provision of services for young people with mental health problems due to substance use or associated with intellectual differences were especially highlighted. The persistent elephant in the room of the absence of effective devolved government was emphasised as a significant barrier to progress; also the malignant effect of political inertia as a factor tending to impair the healing of wounds in a post-conflict society. The Northern Ireland Faculty will continue to work with all stakeholders to ensure that an evidence-led approach is taken to service improvement.

Finally, may I remind all child and adolescent psychiatrists and mental health colleagues that you will be very welcome at the Annual Scientific Conference in Belfast in September 2019! I hope to see you there. Professor Minnis and the organising committee have put together a superb quality academic programme....I am sure you will enjoy all that Belfast has to offer!

Special mention for Lucia Quinney Mee and the NHSCT CAMHS ED Team

Lucia has raised an incredible £1200 and presented this to our Northern Health & Social Care Trust (NHSCT) eating disorders team towards improving patient care and experience! Lucia who has recovered from anorexia nervosa organised and ran a successful coffee morning to say thank you for the care she had received and also to give help and encouragement to other young people who suffer from severe eating disorders.



Lucia overcame many challenges on her own journey, firstly due to progressive hepatic failure requiring no less than three liver transplants and secondly due to the insidious onset of an anorectic type eating disorder. We are delighted that Lucia is now in excellent health and in fact has become something of a powerhouse of creativity. She is a potent voice for organ donation and we are sure you will find her *Live Loudly Donate Proudly* website... & Facebook Page most interesting.

I may be able to persuade her to pen an article on her great work for the next newsletter!

Pictured from left to right, Dr Richard Wilson, Chair of Royal College Child and Adolescent Faculty, Northern Ireland, Leoni Dunne, Head of Clinical Services, NHSCT, Lucia Quinney-Mee, Fundraiser Extraordinaire, Sonya Jain, Head of Eating Disorders, NHSCT

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Report from Child & Adolescent Psychiatry Specialty Advisory Committee (CAPSAC)



Suyog Dhakras

CAPSAC has now formally started the work on the curriculum review (alongside similar work being carried out by the SAC members in each of the other specialties). I took the opportunity to convene a child and adolescent psychiatry Training Programme Directors (TPD) meeting on 13 March 2019 and several TPDs contributed to the curriculum review meeting, and some have agreed to continue their participation in the ongoing work - thank you to all who attended.

The 2019 CAP Run-Through Training Pilot interviews took place in Manchester in Feb 2019 and 14 places nationally were offered. The initial results look very promising and confirmed numbers will be shared once HEE informs us that the offers have been finalised. I attended two days out of three at these interviews - as the Clinical Lead for the day – and it was wonderful to see the active and enthusiastic participation from child and adolescent psychiatry consultant colleagues, TPDs and other child and adolescent psychiatry educators in the interview process. Thank you to all child and adolescent psychiatry colleagues who travelled up to Manchester to sit on the interview panels; it was great to meet you all. I hope that the outcomes and evaluation of the pilot will provide us with information which might be helpful in recruitment and retention and also regarding the benefits of increased links with paediatric colleagues. TPDs and Heads of Schools who would be interested in participating in next year's round are welcome to contact me via Stella Galea.

I will attend the European Union of Medical Specialists in Child & Adolescent Psychiatry (UEMS-CAP) meeting in Lyon in May 2019. I think a few other colleagues are also due to attend, not least Brian Jacobs, chair. It will be a useful and interesting exercise to get together with European colleagues involved in child and adolescent psychiatry training and discuss training issues, especially with the uncertainty inherent in Brexit looming over the country.

The College and the Faculties are also included in the response to the Long Term Plan, so opportunities for innovation in training and education may arise.

Suyog Dhakras
CAPSAC Chair

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Trainees' Report



Priyanka Palimar and Priya Rajyaguru

An introduction by the new reps, Priyanka Palimar and Priya Rajyaguru

Hello everyone! We are Priyanka and Priya, and we are honoured to be the CAMHS trainee reps this year. Priyanka is an ST6 in Sandwell, West Midlands and has an interest in medical education, using the arts and humanities in teaching psychiatry and Balint groups. Priya is an ST4 based in Bristol and has been an academic trainee undertaking research locally at the university while also championing wider public engagement through a variety of means. Together we are passionate about representing the views of trainees within the Faculty and hope to be a useful point of contact for CAMHS trainees over the year.

We are currently in the process of organising the 2019 National Child and Adolescent Mental Health Trainee Conference which we hope will be a great educational opportunity for all. We have started to put together an exciting line up of speakers and would like to ask all trainees, trainers, consultants and others interested to put forward ideas or suggestions they might have around subject areas or topics of interest. Current themes include sessions around leadership training for child and adolescent psychiatry trainees specifically, supporting mental wellbeing and building resilience among doctors. In addition to this, we hope to have some exciting sessions focusing on links between sociocultural trends (such as gaming and vlogging) and child mental health.

Being passionate about what we do and our training, we hope to invite medical students, foundation doctors, core and higher trainees to the conference. There will also be a call for submissions to present posters and oral presentations on a variety of topics. Details on this, including date and location, will be announced in due course.

In the interim we are a collective trainee voice and aim to represent the views of trainees nationally within the Faculty. Thus, please don't hesitate to contact us. Your views on our curriculum, which is undergoing an update, recruitment ideas and ideas for child and adolescent psychiatry trainees to keep in touch would be appreciated.

Priyanka Palimar and Priya Rajyaguru
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Update from the Child and Adolescent Psychiatry Surveillance System (CAPSS)

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins

CAPSS has had a busy period with both the launching of new studies and the ongoing collaboration with the Perinatal Faculty to support their epidemiological study of rare diseases and events.

Study Updates and Impact

The **Early Onset Depression** study was launched January 2019. Please look out for these yellow e-cards in your inbox. The team have been notified of 13 cases in the first month; however, response rates by consultants in child and adolescent psychiatry were at 47% for the first month which could be improved, so please do send back your e-cards whether you have diagnosed a case or not. If you have any IT issues, please let us know.

We are currently preparing to launch the **Sydenham Chorea study** in May 2019, so look out for this study in the summer. This has already started its paediatric surveillance, and 18 cases have been reported in the first three months. Please contact Tamsin Newlove-Delgado or Oana Mitrofan (t.newlove-delgado@exeter.ac.uk; o.mitrofan@exeter.ac.uk) for more information about this study.

The results of the NIHR funded **CATChUS surveillance study** will be published shortly in an academic paper and a detailed report to NIHR. They demonstrate that shockingly few young adults with ADHD, who need, and are still willing to take, medication and who are too old for children's services, successfully transition. Furthermore, the experiences of those who do successfully transfer to adult mental health services are far from optimal. More details about the study are available on the CATChUS website and include an interactive map of UK based services for adults with ADHD that might be of use to you and your patients. [CATChUS website](#)

The results of the NIHR funded **CostED surveillance study** will be published shortly in an academic paper and a detailed report to NIHR. They suggest that assessment in a specialist eating disorders service for young people with anorexia nervosa has a higher probability of being cost-effective than assessment in generic CAMHS. This was true at both 6 and 12-month follow-up and using both the CGAS and %BMI as the measure of effect. The cost-effectiveness findings in favour of specialist services were due to similar outcomes in the two groups alongside lower costs in the specialist group, following adjustment for poorer baseline clinical status in the specialist group. The poorer baseline clinical status in the specialist group suggests specialist services are more likely to assess more severely ill young people, or more complex cases with greater co-morbidity, than generic services.

CAPSS studies are only as good as your reports and support. Look out for those 'e-cards' when they come. Keep responding as knowing that you DID NOT see a case is as important as 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. And current responders, please send any changes or updates to your email to CAPSS@rcpsych.ac.uk

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins
On behalf of CAPSS Executive Committee
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Child safeguarding training: how do we get it right?

Ananta Dave

Working together (revised 2018) ¹, the main advisory cum statutory guidance for child safeguarding practice and policy, states 'child safeguarding is everybody's responsibility'. It is certainly a big part of the responsibility of child and adolescent psychiatrists to make sure safeguarding concerns are referred to children's social care, and that the risks are communicated effectively to all partners working with the child or young person and carers.

To enable us to carry out this duty effectively, all of us should be able to access child safeguarding training. This usually forms part of mandatory training provided by our organisation. *Working Together* states 'All staff working in healthcare settings – including those who predominantly treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance' ¹. Recently the Inter-Collegiate Document, which is the principle guidance for standards of safeguarding training was revised and published, updating some of the competencies ². It covers all healthcare settings and the Royal College of Psychiatrists is a co-author.

It is a positive development that safeguarding practice and remit has widened and includes all health and care providers, and that there are multi-agency training programmes, and named and designated professionals in each organisation/borough to lead in this area.

So that's everything sorted then, I hear you say? Unfortunately, not.

For a start, the e-learning module developed by Health Education England ³ for Level 3 training (this is the level for all psychiatrists ST4 and above) contains very little information about the child safeguarding concerns which may present to mental health settings. It appears that there is either insufficient understanding or that a cultural shift is required amongst policy makers, commissioners and providers to ensure that safeguarding concerns are fully grasped when a child or young person (CYP) presents to mental health services. For example, the possibility of emotional abuse or neglect resulting from parental mental illness, substance misuse or insecure attachment /relationship conflict with caregivers is often overlooked or not taken seriously enough when CYP present in crisis, be this in the emergency department or other acute care settings.

Furthermore, there are instances where serious safeguarding concerns raised by mental health professionals do not meet the threshold for children's social care intervention, often to the consternation of other involved health and education parties. This is, in part, explained by the different cultures within different agencies, as well as pressure on limited resources. However, on occasion, a lack of understanding and training about emotional harm and its relationship to mental health problems can drive decision-making that ultimately fails to recognise significant safeguarding risks.

Those of us who work in liaison or A&E settings, and many of us who deliver out-of-hours duties, recognise that a significant proportion of CYP who present in crisis do so because of safeguarding risks rather than mental illness per se.

Consider the following scenario:

A 15 year old young woman presents to A & E having run away from her foster carer's/children's home and threatening to kill herself. The child and adolescent psychiatrist on-call is promptly called and carries out an assessment. A request for the duty/allocated social worker to be available leads to so much delay that the assessment goes ahead without the social worker. The young person gives a coherent account of being frustrated and distressed due to multiple placement breakdowns, poor supervision at her carer's, unreliable contact with her family, harassment on social media and feeling isolated. "Nobody cares and I am fed up". After a full mental health assessment, the psychiatrist asks for social worker involvement in order to identify a new placement, and the need to address quality and type of placement, the levels of experience of the carer, and support for the young person in addressing family contact and peer group concerns. The young person does not want to go back to that placement but is willing to consider a different one.

What kind of response do you have from your local paediatric emergency department staff and duty children's social care staff when you are faced with scenarios like this? What pathways does your acute Trust have for cases like this? Do you and your local on-call psychiatry teams have problems accessing the right support for young people like this?

Anecdotal accounts by psychiatrists and indeed CYP and carers highlight the problems of safeguarding risks being labelled as mental health problems and vice versa.

So, what can we do about it?

- Psychiatrists can take a lead in producing training materials incorporating the right information.
- Multi-agency training should be a core part of safeguarding training.
- Make training consistent and standardised across the NHS, keeping in mind that adapting as per local context.
- Support Named and Designated professionals to carry out their roles effectively.
- Have protocols and care pathways jointly between acute care, mental health and social care.

References:

1. <https://www.gov.uk/government/publications/working-together-to-safeguard-children>
2. <https://www.rcn.org.uk/news-and-events/press-releases/rcn-publishes-framework-for-safeguarding-children-and-young-people>
3. <https://www.e-lfh.org.uk/programmes/safeguarding-children/>

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Welcome Sam Young, new Faculty participation lead, as well as Tori Bullock and Zara Baxter, participation consultants

Sam Young



The Faculty Exec meeting welcomed the new participation lead, Sam Young, pictured here with Faculty participation consultants, Tori Bullock and Zara Baxter. Sam, who draws on over 10 years of Tier 4 CAMHS inpatient advocacy experience, will be supporting the Faculty to develop a participation strategy over the next 12 months. Sam said: "I am delighted to have the privilege to work alongside the fantastic participation consultants to help maximise the value of their input for both them and the Faculty."

The participation group updated the Executive on the work they have been involved in, contributing to the Faculty's 0-25 position paper and the eating disorders mentoring scheme. The participation consultants outlined their wide range of expertise and areas of interest as they look forward to supporting a range of the Faculty's work streams through 2019.

Sam Young, Tori Bullock and Zara Baxter
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An FY3* year in CAMHS

Amy McCulloch

I knew from the first day of my psychiatry placement that I wanted to be a psychiatrist. I had a wonderful supervisor who was so kind to his patients and always took the time to understand them. I decided there and then that I would try to be like him when I 'grew up'. A few years later, during my foundation training, I was really lucky to have an inpatient perinatal post, which was incredibly rewarding and further increased my fascination with psychiatry. The rotation involved being on the SHO on call rota, through which I saw a wide range of mental health presentations in people of all ages. I always really enjoyed seeing children and young people but often felt very out of my depth, as it was usually in the middle of the night in an A&E cubicle with no one else around.

As I came towards the end of my foundation years, I did not want to go straight into training and began thinking about what I could do instead. I thought about those A&E reviews in the middle of

the night and realised that they were only daunting because they were unfamiliar. So, I decided that the best thing to do would be to get more experience in child and adolescent psychiatry. I looked around for different 'FY3' jobs and found a six-month post. I nervously prepared for the interview and when I was accepted and asked to choose a subspecialty, I asked for CAMHS. At the time I was working in intensive care and received a wide mix of responses from the anaesthetists when I explained my choice. Most of them seemed to think it was a compulsory rotation that I had to get through before I could choose something else!

I was really pleased to be given a part-time post with Dr Sue Abbas in community CAMHS but then spent weeks worrying that I had no CAMHS experience and would have no idea what to do! However, Dr Abbas welcomed me into the team and made me feel at home straight away. I spent the first few weeks shadowing different members of the team and was amazed by the range of experience and skills. I then began seeing patients on my own, which was initially very daunting, but with regular supervision my confidence grew. I soon realised that I was really enjoying the work; I looked forward to my appointments, some of my patients started to show some improvement and others presented new challenges that I had not come across before.

I also joined the family therapy team and took the lead on one case. Stepping away from the structure of taking a history and developing a management plan at every appointment initially felt very alien to me and I had not realised how much I relied on that format. However, I quickly saw how beneficial this form of intervention was, not just for young people but also for their families. The family therapy team show such dedication and care for the families in the clinic that it was a real privilege to be a part of the sessions.

I have always been interested in research and one of the reasons I wanted to take some time out was to gain some more research experience in order to apply for an academic clinical fellowship. I was really lucky to work on a systematic review with Dr Bernadka Dubicka and Dr Leo Kroll. I think I slightly underestimated the amount of work that this required, but Bernadka and Leo were endlessly patient with me! I learnt so much along the way but most importantly the experience confirmed for me my love of research and showed me the benefits of having an academic role alongside clinical work.

Prior to working in CAMHS, I had often felt that I was only ever able to offer limited solutions to much bigger problems. I had worked on busy medical and surgical wards where there was so much pressure to discharge patients that we were rarely able to give them the time they deserved. I often felt that we were discharging patients following only a marginal recovery, only for them to then return a few weeks later. Since joining the community CAMHS team, I finally feel as though I have the time and space to do everything that my patients need. I have long appointment slots, I have space to follow up those who need to be seen a bit more regularly and most importantly I have access to excellent care co-ordinators and a range of psychological therapies. I see my patients get better and I feel that I have been able to do my very best for each of them.

Amy McCulloch, first year core trainee in psychiatry

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*Third foundation year ie a third year of training at the most junior doctor level after finishing at medical school. The first two years include four-month stints in general medicine, surgery, general practice, psychiatry, paediatrics

Letters to the editor

Why is frozen watchfulness a psychiatric disorder?

The risks and benefits of psychiatric labels

Dear Editor,

I have spent the months since September 2018 mulling over the rich offering we received in Glasgow. Congratulations to the conference executive for a genuinely stimulating and thought-provoking event. The young people's debate was a highlight, confirming the sophisticated level of understanding that our young people have of the benefits and risks of psychiatric diagnoses.

In Charlie Zeanah's talk on Infant Mental Health we saw the best and, in my opinion, the worst of North American mental health science. On the one hand he presented compelling, multidisciplinary research to confirm the importance of early experience for child wellbeing and mental health. This research had driven important and effective policy change which had improved young lives at a State wide level. On the other hand, he presented one of the most extreme examples of the 'pathologisation' of childhood that I have witnessed in a long time.

Earlier in the conference Paul Tiffin had reminded us of the central importance of Jasper's concept of *verstehen*, or understanding, in the practice of psychiatry. Children develop frozen watchfulness as a response to severely threatening environments. It is an understandable, and some would argue, an adaptive response to a highly abnormal environment. To describe frozen watchfulness as a psychiatric disorder is to marginalise and demean children's experience of severe abuse. My suspicion is that the drive to generate psychiatric disorders in these contexts is more related to the needs of the US health system where billing depends on diagnosis, than the needs of the children themselves.

The use of diagnosis is core to our practice of psychiatry. As child and adolescent psychiatrists, we need to listen to the children, families and young people who we serve, and understand the power for good and bad that psychiatric diagnoses bring. We should strive to listen to and understand the experiences of children and young people, not pathologise them.

Yours sincerely

Dr Peter Hindley

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Book review

Sebastian Kraemer

Being With and Saying Goodbye: Cultivating Therapeutic Attitude in Professional Practice, by Andrew West

Routledge, 2015, £17.38 (pb) 208 pp. 1st edn.
ISBN139781782203360

'I do not consider precision in diagnosis, or even assessment, to be the main goal. I want us to remember that helping a child forward is the main goal'. Andrew West's learned lament for what has been forgotten about the primary task of child and adolescent psychiatry is required reading for anyone engaged in child mental health. Often ironic, his text puts us in the position of a child visiting a Child and Adolescent Mental Health Services (CAMHS) clinic: 'the child will be looking for some genuineness ... children are as acutely aware of bullshit as they are of condescension and they are not fooled'. Here is a doctor who sees it as his duty to identify with his patient: 'I know what it feels like to be misunderstood' says Andrew, taking the further step to see 'that it may not be in [the child's] greater interests to be free of this particular symptom'. That symptoms have functions is a sophisticated perspective, encouraging the clinician not to hurry too quickly to remove them.

Andrew cites the great paediatrician-turned-psychoanalyst Donald Winnicott's view that it is necessary to 'contain the conflicts ... rather than anxiously looking around for a cure' (1971, p. 2). In that spirit – though it may only be for a short time – the psychiatrist offers himself as a powerful therapeutic companion who is 'able to slow time down and actually enable treatment to take place'. This creative encounter is not likely when the clinical service has a very limited number of answers. 'A parent says, "I want my child to behave better," and the clinician says, "this is ADHD; I suggest that you attend a parenting group and I can prescribe medication for your child"'. It is reminiscent of a conversation between two deaf people along the lines of "are you thirsty? No, it's Friday".'

Since diagnostic psychiatry became the dominant mode around three decades ago, too little attention has been paid to consultative skills in our profession. Andrew West proposes an ethical practice for modern child and adolescent psychiatrists, placing particular emphasis on the initial assessment and on the 'saying goodbye', both of which can be powerfully therapeutic in themselves, whatever other clinical intervention is provided. Dr West obliges us to see the experience from the patient's and family's point of view, where 'treatment' is not just what is ordered after an assessment but something that 'begins at the point that the service accepts the referral'. A beautifully written, highly intelligent and inspiring book.

Reference

Winnicott, D. W. (1971) *Therapeutic Consultations in Child Psychiatry*. London: Hogarth Press

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Why not train up to join Bernadka, Jon, Louise and others in providing comment to the media?

As you have already heard from Bernadka, taking up the opportunity to engage with the media in providing comment and expert opinion about matters child and adolescent mental health-related, not only offers a chance to get accurate public mental health information out into the public domain, but also raises the profile of our profession and potentially piques the interest of future child and adolescent psychiatrists

This November (Thursday 21), the College is running another media training day. Why not go?

[Advanced Communication Skills for Public Engagement](#)

How to get the most out of your College library

Fiona Watson

The College library provides OpenAthens accounts to members, to help them support and develop their practice. The accounts allow access to a wide range of databases and journals and ebooks, specifically chosen for psychiatrists.

The collection is built completely on member recommendations, so if you cannot find something you need, just let us know.

Databases – the College provides access for members to Medline, PsychINFO and Embase.

Journals - Lancet Psychiatry, the American Journal of Psychiatry and European Psychiatry.

Books - We have a physical library and members are welcome to borrow books, which we will send out in the post for free. We also provide access to online versions of the **BNF** and the **Maudsley Prescribing Guidelines**.

For any articles not available through our own subscriptions, we offer inter-library loans, finding what you need in another library and sending it out to you by email.

We also offer a free and unlimited literature searching service for those who do not have the time or confidence to search through the medical databases. This can also be combined with training for anyone who wants to refresh their skills.

You can find all these resources on the College website: www.rcpsych.ac.uk/library

Or get in touch with us directly: on infoservices@rcpsych.ac.uk 020 3701 2520, 020 3701 2547

Fiona Watson
Library & Information Manager

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 Elizabeth Fellow-Smith	Urgent & Emergency Care
Prof Tamsin Ford	Schools
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