

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

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Nicholas Barnes

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Richard Wilson

In this issue**Louise Theodosiou**

Welcome to the first newsletter of 2020. I would like to start by thanking Ginny for her excellent work as the Newsletter Editor and for her guidance and encouragement as I stepped into this role. We know that this is proving to be a profoundly challenging year, with Brexit, environmental concerns and the complex unfolding tragedy of COVID-19. It is important to reflect on the impact of these events and yet also to remain hopeful. Many services are embracing digital/telemedicine methods of working with children and young people; Alka Ahuja has worked on the [Connecting with Telehealth to Communities and Hospitals in Healthcare](#) project which offers real potential to deliver services virtually during the current lockdown. Many other services are embracing this technology effectively. Our College has produced excellent guidance to support us, this is a link to COVID-19 section of the website [Responding to COVID-19](#)

Phrases such as unprecedented times can be overused, however these circumstances truly justify their articulation. Many psychiatrists are working from home, displaced from patients, colleagues and workplaces. It has never been so important for us to work together and to communicate with each other. For this reason, we would like to invite you to contribute to a Coronavirus special which we are planning to distribute at the beginning of June. We would welcome your personal experience, both at work and being ill. Please share with us how you have survived this time, personally and professionally.

The children and young people that we work with are increasingly able to participate in service design and delivery, and having participated in the shortlisting and recruitment of the new young people and parent consultants, I can attest to their enthusiasm. Ginny identified the importance of involving children and young people in this newsletter, and I would welcome contributions from participation groups that you might be working with.

It is exciting to hear about all the developments and initiatives in our United Kingdom, from the work on the Choose Psychiatry campaign in Scotland to the excellent digital technology guidance led by Bernadka. It is also so important to reflect on the interconnected nature of the teams and systems we work in, and I welcome Richard's thoughtful narrative from Northern Ireland, and the exciting Choose Psychiatry Scotland campaign. Finally, in breaking news this week, Bernadka is in discussion with the College regarding surveying members on their COVID experiences and we are producing further prescribing related guidance. As we move forward through (and hopefully beyond) Coronavirus we will learn to weave together the work and challenges of our lives before this challenge, and the new existence we find ourselves in. Do reach out to the Executive, together we can find solutions and support one another.

Dr Louise Theodosiou
Editor

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The chair's column



Bernadka Dubicka

As I sit here writing this on a beautiful warm spring day, I could not have foreseen how much would have changed since our last newsletter. I had a lot to report, however, much of this activity was BC (Before COVID) and now seems very superfluous. Easter is normally a time of celebration but 2020 is now full of apprehension; no one, anywhere, is going to be immune from the effects of this global crisis in one way or another. However, there will be an end, and in the meantime we all need to keep delivering services as best we can to families, many of whom will be struggling with additional burdens such as enforced poverty, illness and bereavement. As we embed into a new norm, it is vital that routine remote services can still be made accessible to families - many mental health problems will not disappear and the danger is that young people will end up falling into crisis if they can't access support soon enough.

Many of you will also be worried about yours and your family's exposure to the virus, and some of you may have already suffered. Although we all have a duty to our patients, you also deserve to feel safe whilst you are carrying out your work and your patients also need to be protected from professionals, particularly the most vulnerable such as those with eating disorders. Our president is having ongoing urgent discussions regarding safe working together with the medical academies, and the most recent guidance from the NHS in England on PPE was a significant improvement on the previous one. I know that there is a significant variability between Trusts in terms of current working practices and everyone at the College is working as hard as we are able in terms of providing updated guidance on the website. There is useful information up there already on topics such as medication (ADHD guidance is coming this week), remote working, liaison, and more young person specific information will be up shortly, for example, on the effects of COVID and self-harm. The College are also looking to develop COVID related CPD so please do contact me if you have particular expertise and would like to develop a module or record a podcast.

Ironically, one of our notable achievements earlier this year was the publication of our technology paper, which achieved a global reach of more than half a billion and discussed the potential harms of online activity in our most vulnerable young people. We had been invited to work with Ofcom and the government on plans for the government online harms paper; however, if there are any positives to come out of this crisis, one of them will be the technology revolution in how we deliver services and stay in touch. Many of you will now be familiar with providing video consultations and working remotely using platforms such as Accurx, Teams and Zoom. It has been incredible how fast

we have all had to adapt. Screens won't make face to face contact obsolete, but services won't be the same again and hopefully we will all be able to work more efficiently.

The other area which we had planned to focus on this year, and which is hugely important to our young people, was climate change. The COVID crisis has shown not only how interdependent we are globally on our environment, but also inadvertently demonstrated the huge impact on the climate and natural environment of the worldwide lock-down. These two global health crises are invariably inter-linked and profoundly affect our children and young people. Glasgow COP 2020 has now been postponed, but we still intend to ensure that we provide a response, together with the new climate committee that has been formed at the College, chaired by our new incoming president, Adrian James.

Workforce has been a continuous theme for us, particularly in light of the changes to immigration with Brexit. I hope, as I am sure that many of you do, that this crisis has highlighted the value of the NHS, the importance of mental health provision, the need for all our essential workers, and that ongoing mental health investment may be a long-lasting legacy of the crisis. We had been having regular discussions with NHS England (NHSE), Health Education England (HEE), The Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of General Practitioners (RCGP) regarding the importance of increasing mental health training to non-psychiatrists, as there is a recognition that specialist services alone cannot deliver all the mental health support that is needed; the need for cross-disciplinary training and multi-systems approaches is even more pertinent now in the midst of this global health crisis, and remains a key message from our Faculty.

I am collecting information on the situation for CAPs throughout the country and will be holding an emergency COVID executive meeting to hear from our elected members and regional representatives, so that I can feedback issues to the College. Please do contact your regional representative with any COVID-related concerns, or directly to myself (Stella.Galea@rcpsych.ac.uk). As we approach the peak of the pandemic in the UK, I hope that you will all be able to take the opportunity to find time to look after yourselves and be with your families – please do what you can to protect your own mental as well as physical well-being, as you are all vital to this emergency response. Keep safe.

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Obituary: Dr Dame Denise Coia

Elaine Lockhart



We were greatly saddened in Scotland to learn that Dr. Dame Denise Coia died on Thursday 9th April 2020 after being unwell for several months. Denise was a colleague of immense ability and energy who brought her charm and determination to the most senior roles in Scottish Health.

She trained and worked as an adult psychiatrist in Glasgow, was Chair of the RCPsych in Scotland and was the Principal Medical Officer for Mental Health to the Scottish Government for 5 years. She was the first Chair of Health Improvement Scotland which was established in 2011, in which role she led on improvements in healthcare across the country, highlighting areas of good practice and those requiring improvement. She was the Convenor of Children in Scotland and was awarded a DBE in 2017 for her services to mental health and healthcare quality improvement. Those of us working in Scottish CAMHS were delighted when she was appointed Chair of the Scottish Government's Children and Young People's Mental Health Taskforce in 2018. She brought her considerable talents and expertise to this work which involved her listening to and working with a wide range of stakeholders and was in the thick of this endeavour when she became unwell and needed to retire due to ill health in 2019. Her final publication was her work with Michael West for the General Medical Councils in 2019, *Caring for doctors, Caring for Patients* which was a UK wide review of the mental health and well-being of doctors. For those of us who had the pleasure of knowing her, Denise was not only formidably intelligent, rigorous and competent, she was also great fun and a joy to work with. Our deepest sympathy is extended to her husband, Archie, her two sons, Alexander and Andrew (both doctors) and her three grandchildren.

Dr Elaine Lockhart
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Report from Wales



Kristy Fenton

Connecting with Telehealth to Children in Hospital (CWTCH)

Last year the Aneurin Bevan Health Board launched the CWTCH project, funded by the Health Foundation. Child and Adolescent Mental Health Services are pioneering the use of tele-psychiatry using Attend Anywhere in order to allow young people to access health professionals virtually online. This allows them to access services in a timely manner in the company of their families, speeding up and reducing waiting times. This is a project which was endorsed by RCPsych Wales.

The project lead, Professor Alka Ahuja, outlined how the project may even have the scope to expand into other areas of health care:

"We've had interest from other paediatric teams, and from colleagues who work with older people with dementia. It may be a way to make appointments less stressful for them, because it can be difficult to get people to hospital. There are also possibilities for this sort of approach for health education, school nurses, and district nurses, who can have many, many appointments every week."

The Health Board have already started expanding this service in CAMHS and have been offering virtual outpatient appointments to young people in schools, GP surgeries and at home.

Read more about this project in Alka Ahuja and Gemma John's article below on page 20.

Online Neurodevelopmental Resources

RCPsych has developed an [online resource catalogue](#) for children and young people with ASD and ADHD, and their parents/carers. These were put together by Anne Marie McKigney and Professor Alka Ahuja, in conjunction with CARIAD (tertiary ND service at Aneurin Bevan University Health Board) and compiled and promoted by RCPsych Wales.

The resource is designed to offer support and guidance to those living with, or caring for those living with ASD and ADHD, highlighting online support and information as well as sharing stories of lived experiences.

Transitions

Welsh Government have produced guidance on transitions that we're writing a response to, both as the RCPsych Wales and with a high level response with the Welsh NHS Confederation. This work has

been postponed by the Welsh Government due to the COVID-19 Pandemic and their deadline for responses has been moved from April, to the end of July and we're hoping to convene the GA faculty and CA faculty in Wales before then to discuss issues around transitions.

Dr Kristy Fenton
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Report from Scotland



Elaine Lockhart

The Scottish Child and Adolescent Faculty enjoyed a highly successful annual academic meeting about autism and co-morbidities and Annual General Meeting (AGM) in November in Glasgow. This was opened and closed by excellent presentations by experts with experience of autism which complemented the high quality speakers from across the UK. Dr Justin Williams has now taken on the role of Vice-Chair/Secretary and Dr Aileen Blower was thanked for her hard work and effective contribution in this role for the past 3 years. Dr Ereni Skouta has also come to the end of her term as Academic Secretary, having organised 4 high quality meetings.

To support the Choose Psychiatry Scotland campaign, we have asked higher trainees and consultants to record up to 1 minute of them explaining why they chose to work in child and adolescent psychiatry, with the best being put on our website page. Please send them to our media officer, Laura Varney at the College Office.

Work with the Scottish Government's Children and Young People's Mental Health and Well-Being Programme Board continues with publication of the CAMHS service specification and national referral proforma to CAMHS in February. Detailed guidance for the former will be produced which will include the resource implications for local Health Boards and Integrated Joint Boards, which will be supported by discussions with Scottish Government officials. We now plan to pilot the referral proforma in a few areas around the country so we can learn if it supports better quality and appropriate referrals to CAMHS from GPs.

A meeting was held in January regarding the development of national guidance for the use of ADHD medication and physical health monitoring across the lifespan, with attendance from primary care,

mental health services, pharmacy and an engagement officer. It was agreed that draft guidance will be drawn up for discussion at a further meeting, which will then be sent for feedback, approval and sign off by the relevant groups, professional organisations and Scottish Government later this year.

Unfortunately, there are a number of consultant vacancies across the country and with a big increase in referrals to CAMHS over the past year, services are over-stretched. We have developed guidance for when there are gaps in the consultant workforce in CAMHS which was published and shared with members just before Christmas.

Work on the extension of the Distress Brief Intervention to under 18 and then under 16 year olds is ongoing, with funding from the Scottish Government to develop this in test sites. This builds on the work in the adult age range but it is being developed to include other networks and governance arrangements suitable for the younger age range. This is a non-clinical support service with Level 1 training for frontline services to provide a compassionate response to people in crisis with a Level 2 service provided for up to 2 weeks by third sector workers. Key to its success so far has been that this work is embedded within the local community with good connections between existing services and support systems. It is hoped that this will provide part of the community based mental health services provided within communities supported by the recent release of Scottish Government funding.

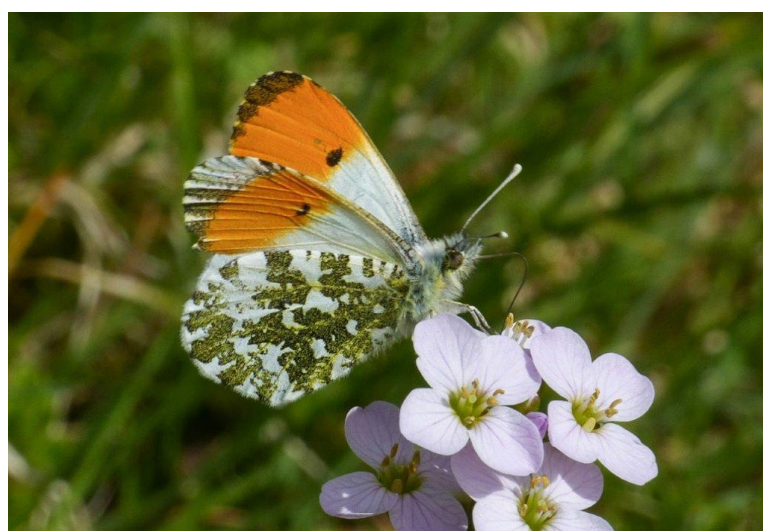
It is hard to consider further developments without thinking about COVID-19 and I hope that our colleagues stay well and we can continue to provide high quality services for children and young people over the next while.

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Report from Northern Ireland



Richard Wilson



Images above: unmown grass outside the clinic this morning. A profusion of cuckoo flowers (cardamine pratenses), the food plant of the Orange tip Butterfly (Antrocharis cardamines).

On the 5th of March I attended the CAP Executive meeting in London. In an engaging and productive meeting there was little sense of what was to engulf us just two weeks later. The rapidity and virulence of the spread of Coronavirus globally came as an enormous shock. By the end of March we were all in lockdown with all aspects of our lives and liberties unutterably altered. Today and every day we are exposed to chilling statistics summarising very inadequately the suffering and loss that is widespread in our community. Alongside this are the potentially devastating social and economic consequences of the pandemic; jobs lost, businesses ruined, lives wrecked. And all the time a climate of uncertainty; when will it end; how will we get through? What will life be like on the other side? So many uncertainties; so few definite answers.

At the Executive meeting I was thrilled to hear that Louise Theodosiou would be taking on the editorship of the CAP Newsletter. Louise is such an effective advocate for young people and mental health and her great kindness will be a significant asset in the role. Louise mentioned that she would like to have articles about professional leadership. Little did we know then that our leadership was about to be tested so severely. We have all seen Prof Whitty & Sir Patrick taking centre stage at National briefings and we all have our part to play. Getting the balance between evidence, panic and planning is a constant challenge as we attempt to absorb and integrate new and often unsettling information every day. There has been little time to reflect or mindfully prepare in this new world of social distancing, endless briefings and worries about necessary supplies.

In Northern Ireland the situation is interesting. For a deeply divided society that had only just gotten used to a functioning local government there appears to be a sense of post shock calmness and coping. The initial weeks around the time of the lockdown imposition was a period of high stress and confusion. Clinical systems were quickly reviewed, routine work was cancelled, detailed special protocols were introduced for the admissions service; there was much talk and indeed a degree of fear about redeployment of staff, rapid retraining was mooted in the midst of a growing number of people falling ill with COVID-19 and sadly the first reports of deaths due to the virus.

Four weeks on (and it has felt like a very protracted four weeks) we find ourselves adapted to working in an unrecognisable clinical CAMHS service. In all areas routine work has recommenced but remotely by phone or video link. It feels very strange indeed although what has been heartening is that almost universally the families and young people have been supportive of these necessary changes. In fact, I have noticed that in many cases the tables have been turned with families asking professional staff how they are doing ...an interesting subject for reflection on the nature of therapeutic relationship and how this is affected by external factors?

In our staff group we have had one young nurse hospitalised with suspected COVID-19 infection. I am pleased to say she is now on the mend. Communication between staff at all levels in the teams & hospitals has been generally excellent. In my department we have introduced weekly Consultant group meetings via Zoom ...this has worked well and it feels supportive. Multidisciplinary Teams (MDT) meetings are also taking place via Zoom (including staff who are home-working) and although it feels odd to be working remotely the situation possibly has brought a sharper focus to much of the discussion. Face to face work continues for new or emergency presentations (which have very considerably reduced) and for patients who are very ill and who require physical investigations or

treatment. At present PPE has been available as required after an initial period of anxious uncertainty about what to order and what was available.

Trusts have provided staff training in resuscitation and respiratory medicine and the relevant clinical management pathways. So far though, I am not aware of any senior psychiatrists who have been redeployed to acute medical areas. Regarding psychiatry trainees there has been helpful sharing of manpower resources between services as necessary. The College has provided appropriate support and advice regarding changes to examination and certification scheduling.

Both the UK and local RCPsych NI have provided excellent support to members on the professional side and also in coordinating resources useful to clinicians and families at this time. RCPsych NI have established a reference group to support ethical and clinical guidance concerns at this time. We have also consulted and collated feedback on remote call /videoconferencing options for our members. Professor Burn has kept in touch with us and her great kindness & leadership at this time will not be forgotten.

As you will know some of our Trainees and Medical Students have been fast forwarded into the clinical arena. Our Faculty Participation Consultant Zara Baxter has been drafted into the CAMHS Crisis Team in Belfast. She is coping positively with this challenge and, typically Zara, was telling me how concerned she is about the effect of the lockdown on young people who live in challenging family situations.

For my own part I had been hoping to use these few months to gently introduce myself to the new role as College Chair RCPsych Northern Ireland but my leadership training has taken a very different turn! I do want to say thank you to all member of the Exec whose support, expertise and great kindness I have appreciated so much and from whom I have learned so much of great value. I think I will be returning for advice & your wise counsel very often!

Finally, even in a pandemic I'm not letting you away without a bit of poetry! The first is a real gem written by a colleague in teaching who was having a sleepless night and turned it to creative use. It is intended for use with kids and in fact tackles some of the harder questions they might ask about coronavirus.

The Time We Spring-Cleaned the World

The world it got so busy,
There were people all around.
They left their germs behind them;
In the air and on the ground.

These germs grew bigger and stronger.
They wanted to come and stay.
They didn't want to hurt anyone -
They just really wanted to play.

Sometimes they tried to hold your hand,
Or tickled your throat or your nose.
They could make you cough and sneeze
And make your face as red as a rose.

And so these germs took over.
They started to make people ill,
And with every cough we coughed
More and more germs would spill.

All the queens and kings had a meeting.
“It’s time to clean the world up!” they said.
And so they had to close lots of fun stuff,
Just so these germs couldn’t spread.

We couldn’t go to cinemas
Or restaurants for our tea.
There was no football or parties,
The world got as quiet as can be.

The kids stopped going to school,
The mums and dads went to work less.
Then a great, big, giant scrubbing brush
Cleaned the sky and the sea and the mess!

Dads started teaching the sums,
Big brothers played with us more,
Mums were in charge of homework
And we read and played jigsaws galore!

The whole world was washing their hands
And building super toilet roll forts!
Outside was quiet and peaceful,
Now home was the place for all sports.
So we played in the world that was home
And our days filled up with fun and love,
And the germs they grew smaller and smaller
And the sun watched from up above.

Then one morning the sun woke up early,
She smiled and stretched her beams wide.
The world had been fully spring cleaned,
It was time to go back outside!

We opened our doors oh so slowly
And breathed in the clean and fresh air.
We promised that forever and always
Of this beautiful world we'd take care!

Credit: Louise Gribbons wrote this 😊

Head of English Department
Hunterhouse College
Belfast

The second is a quote from Seamus Heaney: He said: `If we winter this one out we can summer anywhere`.

I look forward to seeing you all again come that summer.

Dr Richard Wilson
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Working as the Participation Lead

Sam Young

Hi I'm Sam Young and I'm an Independent Advocate with 15 years practice in CAMHS Tier 4 Units over the North West of England. Since 2018 I have also been the Faculty's Participation Lead. The last year has been a busy time for the volunteer service users and carers, referred to as Participation Consultants (PC's), who give their time and expertise to contribute to the Faculty's many work-streams. Participation Consultants, supported by myself, attended each of the Executive Committee meetings, contributing their own agenda items and informing discussions. The Faculty's Technology recommendations paper and 0-25 services paper were authored in close collaboration with the PC's, their perspectives and insights woven through the fabric of both documents. Last year the College moved to standardise the model of engagement with Patient and Carers with a view to ensuring the contribution and added value that patient and carer representatives bring to the College is fully recognised. Our two new PCs will join the team alongside Toni Wakefield. I would like to place on record our thanks to our outgoing PC's Zara Baxter and Tori Bullock for their expert input and generosity with their time in recent years.

Sam Young
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COVID-19 e-learning hub

Zoé Mulliez

Information about RCPsych's COVID-19 e-learning hub

- An online hub providing access to a raft of educational resources to equip psychiatrists and clinicians working in mental health settings during the outbreak of COVID-19 has been launched by the Royal College of Psychiatrists.
- With increased pressures on NHS staff during the outbreak, the hub directs clinicians to the latest essential information about COVID-19 prevention and treatment.
- It also links to free CPD Online modules to help staff working within mental health settings, including resources on managing stress and burnout, medical ethics and the psychiatric aspects of end-of-life care. Other resource topics include infection prevention and control, diabetes care, as well as hands-on practical skills like blood taking.
- It features educational podcasts, videos and webinars produced by RCPsych, as well as resources from other Royal Colleges and external organisations, such as the Health Education England e-Learning for Healthcare (HEE e-LfH) COVID-19 programme.
- [Link to eLearning for clinicians: COVID-19](#)

Zoé Mulliez
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Reflections on the CAP Leadership conference

Kathryn Speedy, Fifi Phang

The Winter Institute meeting of the Child and Adolescent Faculty was held on 31st January 2020 at the RCPsych in London. The theme of the day was “Leadership” and there was a diverse programme of speakers and presentations, and a number of posters on display. We had travelled from Aberdeen, Scotland, and Newport, Wales to display our posters and we met at the conference. One thing that I always love about CAP events is how friendly and supportive everyone is.

We both felt how inspiring the day was and appreciated how enthusiastic the speakers were in sharing their personal 'leadership journey'. There is increasing emphasis placed on developing leadership as part of our training in psychiatry. Although there are now many courses and training

days being offered, it is comforting to know that no two leaders have been trained the same and their journeys may look very different.

Professor Dame Sue Bailey enthused us with her talk on “Being an enabler”. She had us reflecting on “5 reasons why child psychiatrists make good leaders”. Following a thematic analysis of the 19 surveys received, CAP clinicians believe we make good leaders because:

1. We have a systemic approach to patient care
2. Our personalities are suited to leadership, including traits such as empathy
3. We work as part of an MDT and are used to team working
4. We have long term vision
5. We have excellent communication skills.

These were messages that were also repeated during the talks on the day and many of the speakers made reference to how they, and ourselves, as CAMHS clinicians are unique as a systemic, meticulous and forward thinking group of clinicians.

It was also inspiring to hear so much about others’ leadership and research projects and to catch a glimpse of what may be possible in the future of healthcare - considering how healthcare can impact on nature and using telecommunication like Attend Anywhere.

As representatives from the devolved nations ourselves, it was refreshing to hear from speakers from Wales in the afternoon. On a lighter note, Professor Alka Ahuja had us all laughing and enjoying ourselves with the humour included in her talk, but on a more serious note it felt that many of the morning’s speakers had focused on NHS England, not realising that many services operate differently in Scotland, Wales and Northern Ireland. We wondered whether holding simultaneous meetings in the four nations, with parts of the day video-linked, would make the meetings more accessible to members from the devolved nations.

We both certainly feel that we benefited from and enjoyed the day, and we look forward to future events and developing our own leadership skills on our own journeys.

Kathryn Speedy and Fifi Phang
Trainees in child & adolescent psychiatry
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Report from Child & Adolescent Psychiatry Specialty Advisory Committee (CAPSAC)



Suyog Dhakras

CAPSAC activities have been affected by the COVID-19 linked restrictions, however we are trying to get work done via webinars.

The Curriculum review continues (thank you very much to all comrades who linked in via Webinar for the past meeting, and also to Pauline Whitelaw who coordinated the meeting). All future meetings will be via Webinar till Aug 2020. Due to the impact of the pandemic, the Curricula and Assessment Group has discussed with the GMC that there will inevitably be a delay in the submission (was expected end April 2020). I'll inform colleagues regarding the confirmed new submission schedule as soon as the GMC communicates back with us. In the meantime, I'll be joining the other Specialty Advisory Committee (SAC chairs) to ensure that there is coordination between the HLOs (Higher Learning Objectives) of the various specialties - especially for the dual CCT programmes. All this activity has tremendously improved my skills on Microsoft Teams and Zoom!

The Child & Adolescent Psychiatry run-through pilot again had a 100% fill in the spring interviews round (to start in Aug 2020). The project remains popular and Pauline Whitelaw, Clare Kerswill (HEE) and I were successful in applying to the GMC to extend the pilot for another year (i.e. till Aug 2021) as that would be the time when the first cohort who started would enter ST4 (providing all goes well in exams and other progression points). The pandemic and changes to clinical work have inevitably had an impact on those trainees in their ST2 year due to undertake the Paediatric-linked placements. College colleagues and I have had regular liaison with HEE regarding appropriate training experiences in these circumstances. Similarly, though my liaison and contact with RCPSCH continues, their Paediatric Mental Health SPIN Module (for which I am a reviewer) has been understandably put on hold due to the pandemic. We will pick this up later in the year.

Thank you to my trainee colleagues on CAPSAC for helping me mark the essays for the Medical Students' CAP Essay competition - will keep you posted regarding how it goes.

In the meantime, hope you are all keeping well and safe and healthy. Please get in touch with me via Stella Galea as usual.

Suyog Dhakras
CAPSAC Chair
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An inner city CAMHS clinic during COVID

Dr Bloster

CAMHS has been eerily quiet- there are fewer clinicians about the place, leaving a core of us to respond to crises. I have taken to cycling in to work to avoid the coughing and sneezing on public transport. I have divided the 7 mile journey into 3 legs. Leg 1 to the football stadium; leg 2 to the roundabout and leg 3 down through the roughest part of our borough, known as the Front Line.

At work, I am rather frostily rigid about social distancing and attend meetings by Zoom and Microsoft Teams. There is enough room for everyone to space out. Having been well so far, I have been at my post at our inner city CAMHS clinic. Two of my consultant colleagues are self-isolating, one is on annual leave prior to leaving her post here and one has the virus, which has been worse than expected.

At first, the atmosphere at work was quite volatile. People were alarmed by the news and afraid for their relatives and themselves. Several clinicians were moved to tears at times and at others have been brilliantly containing of other staff and patients. Everything seemed to close down- shops, clinics, services and we shrunk to seeing our 'red' rated cases and phoning amber cases. We see emergency cases with no medical risk (overdose/severe self-harm) at CAMHS to try to keep them out of A&E. To begin with we had no PPE and kept a good distance between ourselves and the patients and families in crisis. Since then we have PPE and uniforms have also been arriving.

The city, normally vibrant with noise, has become silent apart from the eerie sound of ambulances whizzing past the window.

I have become more tech-friendly than I ever thought possible, using and hosting daily team meetings on Microsoft Teams and Zoom. Attendance at Team Meetings is at an all-time high and we try to look after each other and enquire after each other's health and well-being more that we used to. I am surprised by how well our patients and families have taken to the online appointments and how much they value us checking in on them and trying to keep our service going. We have a minimum of staff on site but have been very well supported by colleagues working from home.

It's not easy to work from home. I have felt that the sanctuary of my own home and family life were being invaded by seeing patients online and hearing their anger and distress out loud at home. One thing hasn't changed: people are still complaining. Trying to find a private space where we could not be overheard by my family left me perching on the edge of chairs and desks attempting to achieve a neutral background and getting my own kids (and partner) to pipe down. Asked by a plaintive voice: 'Where are my pants?' I managed to cover with a judicious cough.

The most moving experiences for me were firstly the redeployment of both our junior doctors to the COVID frontline - as a response to their request to be useful. I am full of admiration for their desire

to help others and so impressed by their dedication as young doctors. Secondly, although I am not busy in the usual way of not having a spare minute, I understand that just by being here and carrying on with our work and systems, albeit sometimes remotely, we have an enormous value to our patients and families, as a symbol that society/ day-to-day healthcare has not totally broken down and that they will be able to get help if they need it.

Dr Bloster

c/o stella.galea@rcpsych.ac.uk

Report from Trainee Representatives



Kiran Panesar and Omolade Abuah

Hi everyone, we know we are in unprecedented and challenging times, we understand the strain the uncertain times could put trainees under, with pressures of any disruptions in training, progression or ARCPs that could occur as a result.

At the end of the day, all we need is hope and strength. Hope that it will get better and strength to hold on till it does.

It might seem daunting with all that's going on with the COVID-19 pandemic, the disruption to our lives and most of all any who lose loved ones or colleagues as a result.

We do have the hope and encouragement from the other countries that have passed through this stage and emerged on the other side of it.

The College and several Trusts have resources for any who would find this times quite difficult.

All you can change is yourself but sometimes that changes everything.

It is important to maintain health and wellbeing during these times. Please make use of any resources locally available to you and if you would still like to speak to someone, Kiran and myself are available via email.

We have our annual trainee conference booked for 16th November at Radisson Blu, Durham with a very exciting line up of speakers and, hopefully, this should all be resolved by then. The day

promises to involve topics highly relevant to trainees and would be very useful to all of us. We have been able to obtain discounted night stays for those who have to travel the night before and also free parking. The venue is also quite close to the train station and city centre; offering a great view of this historic and beautiful city.

Finally, hope is the only thing stronger than fear. Let us hope that the light at the end of this uncertain times comes sooner and quickly enough.

Kiran Panesar and Omolade Abuah

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Connecting with Telehealth to Communities and Hospitals



Prof Alka Ahuja

CWTCH is a Health Foundation, Quality Improvement project in Aneurin Bevan University Health Board (ABUHB). CWTCH provides young people and their families using Child and Adolescent Mental Health Services (CAMHS) the opportunity to have a video appointment using an NHS-approved communication platform called Attend Anywhere. The uses for tele-health in our CAMHS service have been varied, including CAMHS clinicians using it for autism assessments, outpatient follow-up and virtual groups. It has also linked hospital paediatric wards with CAMHS Emergency Liaison team members; offered post vention support to schools following serious incidents such as pupil suicide; and has also been used in medication reviews by psychiatrists. These appointments have taken place in a range of settings – at home, school or in hospital - using a smartphone, tablet or laptop. The CWTCH project has demonstrated that young people can get easier access to mental health care and support, when and where they need it, which is comparable to in-person CAMHS care and support, with high rates of satisfaction, acceptability and suitability from patients, families and clinicians. It also means there have been significant savings in time and transport costs to both patients and families, and to clinicians. Across 66 meetings and patient assessments, combining 257 people, CWTCH has made savings of a staggering 6,232 miles of travel; 129 hours of clinician time; 8.6 hours of parking, over £3,000 in travel expenses and helped the planet by reducing CO2 use by 1.65 tonnes.

CWTCH has recently been endorsed by the Royal College of Psychiatrists in Wales and has gained awards at a variety of conferences, including the ABCi #AMA2019 celebration; Royal College of Psychiatrist leadership event and the Royal College of Psychiatrists in Wales Winter Conference.

CWTCH is now considered an exemplar of good practice across Wales and has recently gone into partnership with the Welsh Government and Technology Enabled Care (TEC) team to establish a National Video Consultation Service for all appropriate primary, secondary and community care services, to roll-out video consultations across Wales as part of the COVID-19 emergency response. To find out more check out the CWTCH Social Media sites: Facebook | Telehealth to Specialist CAMHS and Twitter | @cwtchgwent and see the newly established National Video Consultation Service | <https://digitalhealth.wales/tec-cymru>



Gemma Johns
Research and Evaluation Lead
Technology Enabled Care Cymru
Aneurin Bevan University Health Board

Prof Alka S Ahuja
National Clinical Lead
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Update from the Child and Adolescent Psychiatry Surveillance System (CAPSS)

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins

Celebrating 10 years of CAPSS

We are pleased to report the CAPSS 10 year report is now available on the CAPSS website.

[CAPSS ten year report 2019](#)

Please do take a look at what both you as contributors to surveillance studies and researchers have managed to achieve together.

Committee Updates

Welcome to Dr Aditya Sharma as he takes on the role as new chair this year and are still seeking expressions of interest for the role of vice chair. Please do not hesitate to contact Adi, c/o CAPSS. We have decided to meet more frequently for shorter meetings and use video conferencing facilities to try and improve the flow of our committee decisions around progressing studies through the stages of application and approval. In light of COVID-19 the move to more video conferencing seems appropriate.

Study Updates

The Early Onset Depression Study has now finished the data collection phase and no more cards will be issued. If you have missed any months you will have been sent a reminder to complete them. Over 150 cases have been reported to date but we have had just about 1/3rd of questionnaires returned. Thanks to all of you who have contributed to this study by notifying a case and returning a questionnaire. **Please can we request those of you who have reported cases to return questionnaires or alternatively a member of the study team can complete the same with you on the phone at a convenient time.**

The Sydenham Chorea Study continues. The research team are asking clinicians to report when they see a child aged 0-16 who has or has had Sydenham Chorea who meets case notification criteria. These can be:

- new onset cases;
- new mental health presentations in a child/young person with a probable or definite previous diagnosis of Sydenham's chorea (including chronic and relapsing patients)

Interestingly, we have not had **any cases of Sydenham Chorea** reported by child and adolescent psychiatrists to date, which is an unexpected finding, given the prevalence of psychiatric symptoms in Sydenham Chorea. It might be possible that children and young people with Sydenham Chorea and associated mental health difficulties may be known to wider CAMHS teams and not be under the direct care of a child psychiatrist. It has also been suggested that such cases might be seen by clinical psychologists working within paediatrics and not child mental health teams.

We would be keen to hear the thoughts of child and adolescent psychiatrists on why cases might not be reported through CAPSS. If you have any suggestions or experience in this area please do contact Tamsin Newlove-Delgado, who is running the study (contact c/o CAPSS). We would also like to take this opportunity to encourage all clinicians to report any cases they see through CAPSS. This is a joint BPSU/CAPSS study and the yellow cards have been extended to two years.

Incidence of Avoidant Restrictive Food Intake Disorders (ARFID) study has received phase 2 application approval and we will be launching that study in the near future.

Impact

Transition in young people with ADHD (CATCH-uS) webinar is now available on you tube.

<https://www.youtube.com/watch?v=VDe1SoHjVcc&feature=youtu.be>

A Royal Visit

We want to give warm congratulations to Professor Tamsin Ford who was awarded CBE for her services to psychiatry in the 2019 Queen's birthday honours list. Professor Ford has played an instrumental role in helping to improve health services and schools across the UK and advised Ofsted about mental health in relation to their new education inspection framework. Her work has been cited in recent health and education policy documents and is regularly cited in government. She has chaired the CAPSS committee for 10 years and continues to support the committee into the next decade of work.

Updating personal details.

Finally, in keeping with the new GDPR requirements we will be asking you once a year to update your personal details and consent. If your email changes before your yearly update of other personal details please email CAPSS@rcpsych.ac.uk so that you do not miss any study cards.

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins
On behalf of CAPSS Executive Committee
capss@rcpsych.ac.uk

Update from the Quality Network for Community CAMHS

Ruby Lucas

The Quality Network for Community CAMHS currently has 62 member services, comprising general CAMH and eating disorder services, as well as a range of other specialist teams. Member services are entitled to a peer review, in which a representative from QNCC, alongside clinicians from other teams across the UK, will visit the host service, sharing experiences, offering advice and conducting interviews with young people, parents/carers and partner agencies. Member services will then receive a detailed report following the review containing achievements, areas for development and suggestions for service improvement. Staff from member services will also be able to visit other services around the country as part of a review team themselves.

Member services have said:

“The opportunity to learn from other services is enormous and the standards provide a guide as to how to deliver a good service.”

“The process has been extremely useful in guiding the future developments of the service. It has also helped us with a structure to be able to demonstrate good practice that is already happening and develop good working relationships with other teams nationally.”

The QNCC standards have recently been revised based on consultation with senior CAMHS clinicians and we are currently working with specialist teams to produce subsets of standards for CAMHS Learning Disability and Deaf teams. We are also working towards launching the accreditation process for eating disorder teams in the next cycle (beginning September/October this year). QNCC also offers further development and networking opportunities through a programme of events, recent examples of which include November's Annual Forum around the theme of joined up approaches to care and September's Special Interest Day on the transition from CAMHS to AMHS.

We understand that it is a difficult time for teams, so we have introduced the Knowledgehub online platform to support teams through COVID-19. To join, please just send an email from a work email address to covid19network@rcpsych.ac.uk and we will register you for the network. We are running CAMHS specific webinars hosted by clinicians and CAMHS staff across the UK who are able to share their questions, resources and experiences of operating through the pandemic. The recently developed QNCC Knowledgehub page will also be accessible to member services to access resources and discussion forums.

Please get in touch with the QNCC email on QNCC@rcpsych.ac.uk if you have any questions or would like to get involved in the network.

Ruby Lucas
Project Officer, QNCC
QNCC@rcpsych.ac.uk

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

Stella Galea, Faculty & Committee Manager: Stella.Galea@rcpsych.ac.uk

Dr Omalade Abuah	Trainee representative
Dr Nicky Adrian	Regional Representative for London South West
Prof Alka Ahuja	Financial Officer
Dr Cornelius Ani	Medico Legal, Deprivation of liberty, Mental Health Act Review
Dr Nisha Balan	Trent, Patient Safety Group
Ms Zara Baxter	Young person representative
Dr Nicholas Barnes	Specialty Doctor representative
Dr Anupam Bhardwaj	Regional Representative for the Eastern Region
Dr Ivona Bialas	Regional Representative for South Eastern Region
Dr Anna Boyce	Regional Representative for Yorkshire
Dr Debra Bradley	Regional Representative for North Western region
Dr Phillipa Buckley	Elected member, Eating Disorders lead
Dr Prathiba Chitsabesan	NHS England link
Dr Ann Collins	Psychiatric Trainee Committee Representative
Dr Rory Conn	Elected member, RCP link
Dr Anna Conway Morris	Eastern, ED Link, Regional Rep Lead
Dr Sarah Curran	Regional Representative for London South East
Dr Andrea Danese	Academic Secretary
Dr Ananta Dave	Safeguarding lead, Policy Lead
Dr Virginia Davies	Public engagement, CAPFEB chair
Dr Nicola Dawson	Regional Representative for Yorkshire Region

Dr Sharada Deepak	Regional Representative for Oxford
Dr Suyog Dhakras	Specialty Advisory Committee chair
Dr Bernadka Dubicka	Faculty Chair
Dr Kristy Fenton	Chair of Faculty in Wales
Prof Tamsin Ford	Link to Academic Faculty
Dr Nicole Fung	Elected member, physician associates, HEE group on nursing
Dr Jon Goldin	Vice Chair, Policy Lead, Parliamentary group
Dr Rajesh Gowda	Elected member, Workforce lead
Dr Muhammad Gul	Regional Representative in the West Midlands
Dr Shermin Imran	Regional Representative in North West, Psychiatrists Wellbeing
Dr Tina Irani	Elected member, Policy & Public Affairs Committee
Dr David Kingsley	Adolescent Forensic SIG
Dr Shashi Kiran	Regional Representative in North Eastern Region
Dr Abdullah Kraam	Elected member, Policy & Public Affairs Committee
Dr Leo Kroll	Elected member, Values Based CAMHS
Dr Marinos Kyriakopoulos	Deputy Academic Secretary
Dr Clare Lamb	Student Mental Health, Infant Mental Health
Dr Holan Liang	Elected member, NSPCC & Workforce
Dr Elaine Lockhart	Chair of Faculty in Scotland
Dr Mark Lovell	CAIDPN representative, Intellectual Disability
Dr Jose Mediavilla	Elected member, QNCC representative
Dr Tessa Myatt	Regional Representative in Mersey, CYP Coalition
Dr Guy Northover	National GIRFT lead, QI representative
Dr Lynne Oldman	Regional Representative in Wessex
Dr Dennis Ougrin	Self-harm and suicide
Dr Kiran Panesar	Trainee representative
Dr Gabrielle Pendlebury	Regional Representative London Central and North East
Dr Edward Pepper	Regional Representative in Yorkshire, Coram Baaf, safeguardin
Dr Mark Rodgers	Regional Representative in Northern Ireland
Prof Paramala Santosh	Regional Representative in London South East, BACD, NCEPOD
Dr Raj Sekaran	Regional Representative in London Central and North East
Dr Karen Street	RCPCH link

Dr Finnouala Stuart	Perinatal link
Dr Louise Theodosiou	Elected member, Comms, social media
Mrs Toni Wakefield	Carer representative
Dr Susan Walker	Elected member, medico legal
Dr Birgit Westphal	Liaison link
Dr Dave Williams	Welsh Government
Dr Justin Williams	Regional Representative in Scotland
Dr Richard Wilson	Chair of Faculty in Northern Ireland