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

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<tr>
<th>Chair</th>
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<td>Peter Hindley</td>
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<td>Shirley Gracias</td>
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<td>Andrew Hill-Smith</td>
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### Co-opted members and observers

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<tr>
<td>Alka Ahuja, College in Wales</td>
<td>Ann Le Couteur, Academic Lead</td>
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<td>Pru Allington-Smith, Intellectual Disability Link</td>
<td>Cesar Lengua, AFSIG lead</td>
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<td>Tom Berney, Intellectual Disability Link</td>
<td>Michelle Long, Carer Representative</td>
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<td>Helen Bruce, CAFPECC Chair</td>
<td>Anne McFadyen, College in Scotland</td>
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<td>Max Davie, RCPCH Representative</td>
<td>Margaret Murphy, Immediate Past Chair</td>
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<td>Virginia Davies, CAPFEB Chair</td>
<td>Carolyn Nahman, Eating Disorders link</td>
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<td>Nisha Dogra, Academic Faculty Link</td>
<td>Cristal Oxley, Trainee Rep</td>
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<td>Elizabeth Fellow-Smith, Urgent Care</td>
<td>Sandeep Ranote, CAMHS SCN Link</td>
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<td>Tamsin Ford, Schools</td>
<td>Helen Rayner, Workforce Link</td>
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<td>David Foreman, Perinatal link, data sets</td>
<td>Michael Shaw, BAFF Family Justice Council</td>
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<td>Matt Fernando, Trainee Rep</td>
<td>David Williams, DH Welsh Assembly</td>
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<td>Kathryn Hollins, Perinatal Link</td>
<td>Richard Wilson, College in Northern Ireland</td>
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<td>Susan Howson, PTC link</td>
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Welcome all to the summer newsletter. And I am hoping that the all will now include some readers who may never before have opened the newsletter. As you will have noted, after some very useful feedback about faculty members’ delete-before-reading habits, we have decided to see if you’re more likely to get as far as opening this missive by having a bespoke e-mail address. Do let us know if you have been ‘hooked’ by this new method.

I am aware that some pieces in this newsletter are quite lengthy, but I work on the basis that if you want to read about a subject, you’d rather do it in a more in-depth and discursive fashion. As such, for those of you want to update yourselves about what’s going on around the country, as well as what other jurisdictions are doing about the Sisyphean task of delivering adequate and meaningful mental health services for children and young people whilst everything around them burns, read on!

I am absolutely delighted that the chair can now report that we have young people attending and commenting on the processes entailed in the executive meetings. As Peter says, it has been a while coming, but is a real milestone in the development of the life of the Faculty. It will be fascinating to see how greater levels of participation start to change things within the college. As you can read in Alka’s and Anne’s reports, the voices of young people in Wales and Scotland are certainly making waves in mental health planning in their countries.

Dr Bloster reminds us of the valuable contributions of those at the other end of the age spectrum. We need to ensure that however our services develop, they can accommodate a multiplicity of voices and perspectives.
Swaran Singh then alerts us to a piece of work in which carer narratives have been harnessed to the public good. He and various collaborators from Warwick created a play based on the findings of their research with parents of young people who developed psychosis. Watch the YouTube film of the play’s development for no better example of the value of multiple voices.

Finally we have articles about two useful resources. If you look after young people attending mental health review tribunals and want some additional materials to help you explain what this entails, why not download the leaflet Sophia Ulhaq and Aneira Carter have developed with a group of young people from East London?

Or if your CAMHS team wants to take advantage of the free team training being funded by Health Education England, you’ll find all the details you need in the briefing we’ve included.

Enjoy your summer, and as I’ve said before, if you have any suggestions or want to write in about anything, I’m very happy to include interesting letters or personal opinions, so do get in touch.

Dr Virginia Davies
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Contents
Page 5  The Chair’s Column
Page 5  The Values Based CAMH System Commission
Page 8  Young People’s Participation in the Faculty Executive
Page 10 Report from Wales
Page 16 Report from Scotland
Page 18  A Beginner’s Guide to Vanguard Sites
Page 24 CAMHS blog #3: In Praise of Moaners
Page 25 Report from CAPFECC
Page 27 Report from the CAP Trainee Reps
Page 28 CRACKED A New Play About Psychosis in Young People
Page 28 A Guide to Mental Health Tribunals for Young People
Page 29 Free Training Events for CAMHS Teams
Page 30 Invitation to Steve Kingsbury’s Memorial Service
Page 31 Contacts and leads within the executive
The chair’s column

I am keeping my report relatively brief because I have two bigbish pieces in this newsletter, one on the Values Based CAMH System Commission and the other on young people’s participation in the executive.

The main initiative that I want to report is work that I have been doing with colleagues in child and adolescent psychiatry, CAMHS nursing and community paediatrics. Together we have written a new curriculum for interventions involving psychotropic prescribing and psychological treatments. This will be linked to the CYP-IAPT curriculum, with additions to the core CYP-IAPT curriculum focusing on physical health and prescribing. The curriculum will be supported by an extension to MindEd which has been funded by Health Education England.

We envisage the curriculum being of interest to prescribers in the CAMH system. It will be delivered over 10 days in an academic year, supported by distance learning using MindEd, and leading to a university certificate qualification. I would like to thank all the members of the Faculty who have been involved but I would particularly like to thank Raph Kelvin who has given stalwart support to the initiative.

I would like to alert you all to our first joint residential conference with the general adult faculty in Birmingham 6-7/10/16. Ann Le Couteur has led for the Faculty in the extensive work on the programme. I would strongly encourage you to get the dates in your diary. The programme looks excellent and it will be good opportunity to build relationships with our adult psychiatry colleagues.

The Values Based Child and Adolescent Mental Health System Commission

Too often, many people involved in children and young people’s mental health feel that the system does not reflect what really matters to them. This could be a child who feels like they are not being listened to, or an overworked therapist who feels the system is
preventing them giving the best care possible. That is why we have set up a Commission to look at how we could improve the CAMH system to take better account of what really matters to all those involved. Or in other words a values based approach. Some examples of what matters to different people who care about good mental health for children and adolescents could be:

- Prioritising prevention and early intervention
- Ensuring the system focuses on wellbeing and resilience
- Making sure that help is there in an emergency
- A system that listens to and involves children and young people and / or parents and carers.
- Easy access to information
- Services being 'joined' or 'linked up'.
- A ‘warm’ approach from social workers
- Mental health staff being supported
- A good quality of care in schools.
- Communication: with children and young people, parents and carers and other agencies
- Service to be easily accessible
- Staff to have the skills they need
- A good range of interventions available
- Prioritising reaching vulnerable groups

The commission has almost completed collecting evidence and it will formally report in September but I thought that it would be helpful to give interim feedback to the Faculty. Can I start by thanking all of you who have submitted written evidence. We have received almost 100 submissions from all parts of the system and I am in the middle of analysing the responses. At the same time, the commission has been hearing oral evidence from across the system. We have been particularly lucky in attracting a wide range of talented individuals representing all aspects of the system to join the commission: experts by experience, both young people and carers; commissioners; clinicians; education; social care; and the voluntary sector (see attached membership and terms of reference).

We’ve been particularly fortunate in having key experts playing an active role in the commission: Professor Bill Fulford from the Centre for Values Based Practice in Health and Social Care, St Catherine’s College, Professor Sue Bailey from the Children and Young People’s Mental Health Coalition and Sarah Brennan from Young Minds.

The Commission started by looking at the picture of children and young people’s mental health and wellbeing across England, Scotland, Wales and Northern Ireland. We then focussed on mental health and wellbeing in community settings, in two separate sessions;
inpatient settings; commissioning, both health and social care; and in our last session on regulation, training and leadership.

For me it has been fascinating to be able to look at the system, from primary care through to specialist inpatient care from so many perspectives and to do so with colleagues from a wide range of backgrounds. Our witnesses have included young people and carers, teachers, clinicians, managers, commissioners, the voluntary sector. They have come from all parts of the United Kingdom.

At times it has been disconcerting having to work both with and without my clinical perspective. I feel that I have been privileged to have the opportunity to spend so much time really trying to understand what matters to all the different people who make up the complex system.

So what are my initial reflections? Firstly, there is a lot of really good work going on around the country. We heard about some outstanding examples of how people working in the system are really trying to understand what is important to children and young people, staff working within CAMHS, commissioners and referrers. There are a lot of commonalities: easy access, care delivered in non-stigmatising environments, high quality staff with compassionate and welcoming attitudes, good coordination between services and agencies and real system leadership.

I suspect that many of you will think: we’ve heard all of this before. What seems clear to me is that what is new about the commission’s work is that we are getting a feel for how to get these good intentions to really work on the ground. My sense is that there are a number of principles starting to emerge. Collaboration and co-production with children, young people and parents and carers needs to be key drivers from the beginning and pervade the system. Working with the different values across the system needs time, and expectations need to be managed if you really want to change a system which is not working well. People within the system need to understand that problems will not be solved overnight. However, time invested in helping all parts of the system to participate is time well spent. It leads to meaningful and lasting change. Finally, for all of this to happen there needs to be system leadership and child and adolescent psychiatrists play a vital role in this.

For me the most significant realisation is that specialist services can’t be blamed for problems of a dysfunctional system. At the same time, they have to engage in a meaningful dialogue with all parts of the wider system to work out how we can participate in re-designing systems so that children and young people obtain access to the right kind of care, in the right place and at the right time. I suspect that this will entail us having to relinquish some long-held beliefs, such as using threshold criteria to limit demand, and my intention is that the report of the commission will give us effective and practical examples of how this can be achieved.
The VB-CAMH System Commission is funded by the Dinwoodie Settlement, Young Minds and the Faculty of Child and Adolescent Psychiatry, RCPsych and supported by the Children and Young People's Mental Health Coalition.

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Young People’s Participation in the Faculty Executive

Peter Hindley, Tori Bullock, Nicole Butler and Gill Welsh

24th May 2016 was a landmark day for the Child and Adolescent Psychiatry Faculty Executive (CAFE). For the past two years, we have been trying to work out the best way to involve young people in the executive. We've discussed the pros and cons of an advisory board vs young people being directly involved and felt that we would like to engage with both options. Bernadka Dubicka approached her local participation worker in Lancashire, Darren Conway, and his group, The Crew, who agreed to take on non-face-to-face consultation work, and Andrea Gnanadurai, SpR rep on CAFPEB, asked her Trust's youth participation officer, Gill Welsh, if young people from Oxford Health's participation programme would be interested in direct involvement with executive meetings. Several of them were, and you will hear from two of them in this report.

I spoke to three young people, Tori, Nicole and Lauren, on the phone the week before the executive and arranged to meet them for lunch before the executive. Unfortunately, Lauren was unwell over the weekend so could not join us. Nicole was in the middle of her GCSEs and Tori had just finished her finals. I was grateful to both of them for their time but particularly to Nicole. They were both clearly very keen to get involved and had extensive experience of youth participation in CAMHS. Prior to the meeting, I went over the agenda for the afternoon and tried to explain specific terms and concepts. Gill joined us to support us in our first foray into participation.

I explained that CAFE is a large meeting, up to 30 people, and we have a long agenda. I think we were all a bit nervous. I knew that the meeting can be a bit overwhelming for new joiners; that's certainly how I felt when I started. I said that I did not have any specific suggestions as to how Nicole or Tori should get involved and wanted to give them some time to get used to the meeting before we made firm decisions.

We arranged the seating so that Tori, Nicole and Gill sat opposite me. I asked all the executive members to explain any terminology, acronyms, jargon etc and encouraged Tori and Nicole to ask questions. All the executive members tried their best to stick to this but it reminded me how much jargon we use when we get together and Nicole and Tori's
presence made us all think more carefully about how we express ourselves, which I think helps all of us. Tori and Nicole talked about themselves and their ideas about how they might get involved towards the end of the meeting and I met with them and Gill afterwards, to discuss how we would work out how best to involve them.

I think they both felt a bit overwhelmed and exhausted, and I can’t help thinking that this is how a lot of the CAFE members feel at the end of a three-hour meeting. I certainly do! It has made me think that I should look more radically at how the agenda is organised, in order to make it a more productive and enjoyable meeting. I’m going to meet with Nicole, Tori, Lauren and Gill to discuss how we should do this.

I suggested two areas that Nicole and Tori could immediately get involved in: the planning of our 2017 conference and some work we are planning to do on pathways from specialist CAMHS (Tier 3) to inpatient CAMHS (tier 4). In the longer term, we have agreed that Lauren, Nicole and Tori should use a slot at our strategy day in February 2017 to think with the executive about how best the faculty can benefit from young people participating in CAFE.

I want to thanks Nicole and Tori for taking the time to join us and to Gill for organising everything. It's taken us quite a time to get here but I'm sure this is the beginning of a very important process for the faculty.

**Tori and Nicole’s first impressions and questions**

As observers it felt like there was little time for discussion or debate, so people were left with unanswered questions and the need for follow up emails after the meeting.

This made it very difficult for us or anyone to chip in. The pressure to cover everything on the agenda means everything is reported on, rather than discussed or debated.

We would like you to reorganise the agenda, grouping together the issues into which we can input and allowing more time for these issues, so we can really contribute. And allowing sufficient time for us to input into those areas in which you want our feedback.

Perhaps put the subjects less accessible to participation at the end, so we can stay till the tea break and then allow time and create opportunities to include us more in the discussion.

It’s very fast paced which makes it difficult to contribute and understand/follow what is happening

The pre-meeting with Peter was useful to make sure we were more prepared. The agenda doesn't mean anything if we don't know what stuff is about, but there was an awful lot of it.

You could consider asking us to consult others about the issues we will contribute to.

Ask us questions such as, ‘What is your experience etc?’ We welcome that sort of interactive input.
Going over acronyms was useful, but a sheet would be really helpful as well. It’s too much to remember otherwise.

Can you clarify the role of exec and College so we can work out our role in relation to this?

We would also like to know what happens to the reports and what difference they make?

We don’t really understand why the exec are gathering the information. Who asks them to do it and why? eg the Healthwatch presentation

It made it easier and more comfortable to have Gill there, as it’s easier to ask questions and state our opinions.

Another meeting with Peter would be good. We want to be involved and have things we want to say. We also like the idea of having input into the conference. We could plan our part of the programme and this is something we have done before.

Peter Hindley, Tori Bullock, Nicole Butler and Gill Welsh

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**Report from Wales**

The Child and Adolescent Faculty in Wales is always busy, and the last six months has been no exception. Even though I am nearing the end of my term as Faculty Chair, we do not appear to be slowing down. In fact, the opposite is true. The College is involved with Welsh Government’s programme to improve CAMHS (Together for Children and Young People - T4CYP) and its pace has picked up significantly over the past few months. We have also begun to work collaboratively outside of the programme but in tandem to ensure that the course of direction is not steered solely by Welsh Government, and to demonstrate that joint working is a reality and not something that is simply talked about.
Together for Children and Young People (T4CYP): The programme was launched in February 2015 and its focus is broad and requires a multi-disciplinary ownership for the health and wellbeing of children and young people from early years through transitions; in primary care to specialist pathways. Despite this ambitious goal, the programme has achieved a great deal to date and continues to gain momentum. There are several reasons for this success; it is a *programme* of improvement and not *a(nother) review*, so the broad range of professionals involved feel empowered to make improvements rather than deflated and dejected because of failures; the programme was developed in consultation with its members who have organised specific priorities and products to action and work streams to implement the changes (see below); and Welsh Government is receiving expertise from Dame Professor Sue Bailey. This wouldn't be possible without the significant amount of money that has been allocated to CAMHS annually.

Professor Dame Sue Bailey addresses the C&A Faculty meeting in April on T4CYP

There are four priority areas:

1. Early Years, Resilience and Wellbeing
2. Early Intervention and Enhanced Support
3. Neurodevelopmental and Co-morbid Mental Health/Learning Disabilities (LD)
4. Specialist CAMHS Pathways

And three cross-cutting work streams:

1. Workforce, Education and Training
2. Care Transitions
3. Health Needs Assessment and Evidence Review (by Public Health Wales)

Each priority area has identified priorities for action, and products for implementation. These are as follows:

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<th>Workstream</th>
<th>Priorities</th>
<th>Products</th>
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<td>Resilience, Wellbeing and</td>
<td>Whole school approaches to mental health (MH) and wellbeing</td>
<td>All Wales training module for professionals in relation to MH and resilience</td>
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<tr>
<td>Early Years</td>
<td>Attachment issues for mothers with perinatal problems</td>
<td>Directory of staff professional training for early identification and intervention of children’s</td>
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<tr>
<th>Training professionals across statutory and third sectors in child development and MH Early years’ support</th>
<th>MH. ‘Measuring Wellbeing’ toolkit for schools and services.</th>
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<td><strong>Early Intervention &amp; Enhanced Support</strong></td>
<td>Identification of young people at risk of development of severe mental illness such as psychosis, severe eating disorders or severe self harm. Cross sector services with emphasis on early support. Support for the most vulnerable children and young people including Looked After Children (LAC)/Adopted children.</td>
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<td><strong>Neurodevelopment and co-morbid Mental Health/LD</strong></td>
<td>Better understanding of Attention Deficit Hyperactivity Disorder (ADHD)/Autistic Spectrum Disorder (ASD) across all agencies. Bespoke care pathways for individuals with ADHD/ASD. Timely access to those needing specialist assessment and treatment services. Drawing together the skills of mental health, paediatrics, therapists and LD specialists.</td>
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<td><strong>Specialist CAMHS Pathway</strong></td>
<td>Crisis care and out of hours provision. Cross sector working to deliver best care to improve outcomes.</td>
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| Workforce, Education and Training | Early intervention for young people with psychosis  
Evidence based psychological therapies | Consider the recommendations and outcomes from the other work streams and to distil from these, key competences that practitioners/workforce will need.  
Develop a workforce model that reflects different levels from awareness to specialist skills.  
Develop a core training curriculum to be applied across professions and agencies | Multi professional, cross agency, national Core Competencies and Training Framework  
Continuous Professional Development Framework for CAMHS professionals |
| Care Transitions | CAMHS to Adult MH Services  
Paediatric to CAMHS  
Referrals to and from Youth Justice  
Transition of all children and young people in complex care (LAC/Adopted) to adult services | Transition Pack’ of resources for professionals, setting out a model for a good transition across the four areas covered in its remit |
| Health Needs Assessment/Evidence Review | Review of Public Health Wales reports  
Identify method to estimate prevalence of relevant conditions and risk factors  
Evidence based review of interventions and suggested | |
The Children’s Commissioner for Wales: The Children’s Commissioner recently carried out a consultation to help her to understand the key areas of work that children and young people would like her to focus on. The report was published recently “Beth Nesa? What Next?”

Making Sense Report: As part of Together for Children & Young People (T4CYP), a group of young people and service users were tasked with developing a fuller report that captured the views and experiences of young people, but also suggested possible solutions against a background of escalating referral rates and increasing dependence on NHS CAMHS. A collaboration of four Mental Health Charities (Hafal, Mental Health Foundation, Bipolar UK, and Diverse Cymru along with Wales Observatory) supported the young people in creating and developing the report, which is being used to support the remodelling of services in Wales. Over 500 people from across Wales took part in the consultation, including CAMHS users, carers of CAMHS users and young people under 25. Key findings suggest:

- Three-quarters of CAMHS users have a negative experience of CAMHS.
- Less than half of CAMHS users agree that the service helped them get better and move on.
- But 75 percent of CAMHS users said that the service was friendly and approachable.
- 56 percent of CAMHS users would prefer to turn to friends, 44 percent would prefer to turn to education counselling services and 39 percent would prefer to turn to teachers.

Some of the recommendations were as follows:

1. Expand and/or create high-quality support provided by non-mental health professionals.
2. Don’t medicalise growing up.
3. Reform CAMHS’ referral systems.
4. Embed emotional intelligence and healthy coping mechanisms into the curriculum.
5. Introduce an absolute timescale for referrals.
6. Review practice within CAMHS.
7. Reorganise the transition to adult services.
8. Improve data collection and accountability.
10. Listen to young people.

A report by young people on their wellbeing and mental health
It is important to note that the recommendations have been developed by the service users themselves and have not been edited by those bodies representing them, as is the case in some reports. The report truly speaks the views of those using the services, so not only offers an insight into what people really feel but how they would like to be treated and viewed.

**ADSS Cymru:** Clare Lamb, Manel Tippett and I have met with the Association of Directors of Social Services Cymru twice this year to develop ways of collaborative working around the T4CYP programme. Both organisations feel that joint working would be viewed as a positive step, particularly as silos and boundaries associated with health and social services produce few benefits. The collaboration must be more than meeting on occasions; the group feels that we must produce actions that prove that working together enables us to work better. We have produced a joint statement of intent and will have it endorsed by the third sector and the RCPCH. ADSS have agreed to dedicate a full session at the next ADSS Conference to children and mental health, specifically focussing on T4CYP. Clare, Manel and I will discuss at the next Welsh Executive Committee how the College can include this joint working in our programme.

**Joint RCPsych and Hope GB conference:** Sarah Robinson, College carer representative, as well as director and founder of Hope GB, a charity supporting parents and families of children with autism, organised a conference in April with RCPsych in Wales. It focused on the dilemmas and challenges in Autistic Spectrum Disorder. Parents, carers, and professionals attended the conference to hear speakers present on challenges in diagnosing autism, identifying female autistic traits and autism in adults and older people. It concluded with an anonymous Q & A session, which enabled the audience to feel comfortable asking personal questions directly to the experts. This proved very popular.

**Prudent Healthcare:** Wales is leading on prudent healthcare in the UK. The prudent agenda underpins all health policy in Wales, which simply stated, encourages doing only what is needed, by the right person, with the patient taking responsibilities and coproducing with the professionals. This agenda is known as ‘Choosing Wisely’ in England and variations have...
been adopted in countries around the world. The College has been invited to a workshop on prudence in mental healthcare, led by Professor Marcus Longley. Marcus is Professor of Applied Health Policy & Director at the Welsh Institute for Health & Social Care and advisor to Welsh Government. The information gathered at the workshop will form part of a Prudent project and evidence will be presented to the new Health Minister.

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Report from Scotland

We don’t have a volunteer contribution this time, as Ella Robertson is about to sit exams. She’s had a busy few months doing things on behalf of our Exec Committee and seems to have also fitted in working on an adventure camp for children and lambing in the last few weeks. She’ll be telling us more next time about the work she’s been doing with the Young Scot organisation and the team from the Children and Young People’s Commissioner’s office. In the meanwhile, Jack, who contributed to the last newsletter, has stepped down from his role to concentrate on school and his job as a MSYP, Member of the Scottish Youth Parliament. We are really grateful for his contribution and wish him well.

I met some of the Young Scot team myself on 20 February. The young people in question were from the Young Scot Youth Investigation Team. They had invited me, Aileen (from the British Pharmaceutical Society) and Sally (from the BMA) to talk about young people’s health. Young Scot has been commissioned by the government to contribute to the ‘National Conversation’ on ‘Creating a Healthier Scotland’ and the young people we met had
already carried out a Scotland-wide survey and embarked on a more in-depth investigation into health and social care.

The format was conversation interspersed with some specific questions which we were asked to respond to there and then in writing. They were keen to know how to influence services and what was delivered, starting with what is taught in schools. We discussed stigma and debated the name CAMHS, reaching a consensus that calling mental health services of any sort by obscure ‘friendly’ names actually increased stigma, as the key issue was avoided and myths perpetuated. They felt that stigma continues to be a huge issue. They were also concerned about inequality, and the challenge they had to engage young people from all backgrounds, which is mirrored in issues around access to services and to health promotion. They were interested in linking this to resilience building and the development of ‘Health Literacy’. I had the chance here to put in a plug for Healthy Start Healthy Scotland and the young people were very interested in hearing some of the evidence on the importance of early years’ experience for the development of empathy and understanding. One of the investigators was planning to study medicine and I had a good shot at trying to divert him from his plan to be a trauma surgeon and encourage him to embrace psychiatry as his chosen profession. Overall, I have to say that I was very impressed by how these young people were really getting to grips with articulating the challenges for youth today and I look forward to seeing their report in the near future.

Later in February, Roch Cantwell, Elaine Clark and I, ably supported by Laura Hudson from the College office, held a fringe meeting on Healthy Start, Healthy Scotland at the Scottish LibDem Conference. The session was chaired by Jim Hume and attracted a lot of interest (not just for the free sandwiches). In addition to very pertinent questions about perinatal and infant mental health, there was some debate about shifting the balance of healthcare, an idea reflected in the newly published ‘A National Clinical Strategy for Scotland 2016’, and likely to form the bedrock of the new Mental Health Strategy 2016-19, which won’t be published until after the elections on 5 May.

For those of you who are not yet familiar with the College’s campaign you can access information on the website and please then bring it to the attention of colleagues within your own Boards and partner agencies too.

Ella, Ereni Skouta and I attended the Scottish Parliament for the ‘hustings’, otherwise known as the Child Health Debate, on 1 March 2016. The format was basically a ‘Question Time’ one, with Peter Fowlie, Scottish Chair of the Royal College of Child Health and Paediatrics, in the role of David Dimbleby. Five parties were represented, Green, SNP, LibDem, Labour and Conservative, and MSPs answered questions, some of which had been tabled in advance. Lots of the questions were about child mental health. This was great for us and we had an opportunity ourselves to ask questions. Ella was one of three young people given the floor. Her question “What changes would you be willing to make to the PSHE course in the Curriculum for Excellence to ensure young people have a better understanding of mental
health?” got a positive response and maybe even some commitment to support changes to the PHSE (Personal, Health and Social Education) curriculum in schools. My own question about parity of esteem was also met with positive comments, and afforded the panel an opportunity to reflect on progress so far and their affirmed commitment to further developments in CAMH Services. Of course there were also comments about waiting times and I had a sense that the idea of stepped services with appropriate interventions by a range of professionals working at different levels was not well understood. I went away excited and energised, but also a bit despondent at the lack of opportunity to develop some of the themes, or correct some misunderstandings. But that’s Question Time for you ….

Following a series of meetings with staff from the Children and Young People’s Commissioner’s office, our next Executive Committee will include a session on the 7 Golden Rules for Participation which Ella is keen to see adopted by Child and Adolescent Psychiatrists. As I said, more about that next time.

And finally, building on work done at an engagement event in January, discussion has been ongoing in different arenas on what will be included in the 2016-2019 Mental Health Strategy for Scotland. The good news is that the College have been asked to work up an action plan around the delivery of Healthy Start Healthy Scotland and this is very likely to be included.

Dr Anne McFadyen
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A Beginner’s Guide to Vanguards Sites

Masood Khan

The NHS Five Year Forward View was published in October 2014 and identified three ‘gaps’: health and wellbeing, care and quality, funding and efficiency. From this, a core vision for the future of the NHS emerged as New Models of Care - Vanguard Sites. There are different types of Vanguard sites.

First wave of sites:

Primary and Acute Care Systems (PACS) will integrate hospital and primary care providers, combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.
Multispeciality Community Providers (MCPs) will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care. Early versions of these models are emerging in different parts of the country, but they do not yet employ hospital consultants, have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.

**Enhanced health in care homes:** The NHS will provide more support for older people living in care homes.

**Second wave of sites:**

**Urgent and Emergency Care:** The aim is to join up A&E, GP out of service hours, minor injuries clinics, ambulance services and 111 so that patients know where they can access urgent help easily and effectively, seven days a week.

**Acute Care Collaboration:** The aim is to improve the viability and sustainability of local hospitals by developing new models of delivery including hospital 'chains' which might involve formal collaboration between clinical specialists at different hospitals, shared management and shared back office administration between sites.

In January 2015 an invitation was made to register expressions of interest to become a Vanguard site. Using NHS guidance of what should already be in place, over 260 individual organisations and health and social care partnerships applied to develop a new model of care. Of the 63 shortlisted, 29 were chosen across different model programmes and were announced in March 2015. Since then more were formed and the total number is now 50:

**Primary and Acute Care Systems – joining up GP, hospital, community and mental health services**

1. Wirral University Teaching Hospital NHS Foundation Trust
2. Mansfield and Ashfield and Newark and Sherwood CCGs
3. Yeovil Hospital
4. Northumbria Healthcare NHS Trust
5. Salford Together
6. Lancashire North
7. Hampshire and Farnham CCG
8. Harrogate and Rural District CCG
9. Isle of Wight
Multispecialty Community Providers – moving specialist care out of hospitals into the community

10. Calderdale Health and Social Care Economy
11. Derbyshire Community Health Services NHS Foundation Trust
12. Fylde Coast Local Health Economy
13. Vitality
14. West Wakefield Health and Wellbeing Ltd
15. NHS Sunderland CCG and Sunderland City Council
16. NHS Dudley CCG
17. Whitstable Medical Practice
18. Stockport Together
19. Tower Hamlets Integrated Provider Partnership
20. Southern Hampshire
21. Primary Care Cheshire
22. Lakeside Surgeries
23. Principia Partners in Health

Enhanced health in care homes – offering older people better, joined up health, care and rehabilitation services

24. NHS Wakefield CCG
25. NHS Gateshead CGG
26. East and North Hertfordshire CCG
27. Nottingham City CCG
28. Sutton CCG
29. Airedale NHS Foundation

Urgent and emergency care – new approaches to improve the coordination of services and reduce pressure on A&E departments

30. Greater Nottingham System Resilience Group
31. Cambridgeshire and Peterborough Clinical Commissioning Group
32. North East Urgent Care Network
33. Barking and Dagenham, Havering and Redbridge System Resilience Group
34. West Yorkshire Urgent Emergency Care Network
35. Leicester, Leicestershire & Rutland System Resilience Group
36. Solihull Together for Better Lives
37. South Devon and Torbay System Resilience Group
**Acute care collaboration vanguard sites** - will link together local hospitals to improve their clinical and financial viability.

38. Salford and Wigan Foundation Chain
39. Northumbria Foundation Group
40. Royal Free London
41. Foundation Healthcare Group (Dartford and Gravesham)
42. Moorfields
43. National Orthopaedic Alliance
44. The Neuro Network (The Walton Centre, Liverpool)
45. MERIT (Mental Health Alliance for Excellence, Resilience, Innovation and Training) (West Midlands)
46. Cheshire and Merseyside Women’s and Children Services
47. Accountable Clinical Network for Cancer (ACNC)
48. East Midlands Radiology Consortium (EMRAD) (Radiology)
49. Developing One NHS in Dorset
50. Working Together Partnership (South Yorkshire, Mid Yorkshire, North Derbyshire)

**Map of 50 Vanguards sites**
1. What are Vanguard sites?

The aim of the Vanguard sites is to reduce the traditional divide between primary care, community services, mental health services and hospitals. Personalised and integrated health services that patients now need are considered difficult to deliver in these rigid boundaries. With long term conditions a focus of the NHS, individual and unconnected sequences of care are not meant to exist in a Vanguard site. Instead, they will provide the patient with an integrated, seamless health and social care pathway across all services. However, from past lessons, it is hoped the ‘end’ will not be administrative processes and structural re-ordering in themselves, but coherency around patient need, with patient input, and achieving specific outcomes.

2. Why are Vanguards important?

The new models are potentially offering the ‘complete redesign of whole health and care systems’. Attempts at service redesign and new models have occurred before. But emphasis on reorganisation, collaborations and partnerships has often obscured the pursuit of improved patient care. But Vanguards appear different with a ‘qualitative shift in values and objectives’. These are:

- Pilot tests will be a better experience for patients and families.
- PACs and MCPs are likely to redefine relationship between primary and secondary care.
- Key local organisations have signed up before being chosen as a pilot site.
- Where necessary, hospital admission will be avoided.
- Appropriate early hospital discharges will be targeted.
- Personalised care with independence will be more measurable.
- Better use of available resources and financial savings will also be linked to success.
- The health and social care spectrum could become more accessible, seamless and transparent.

The importance of the pilot sites negotiating the above cannot be underestimated. Even if the considerable challenges of confronting the orthodoxy and autonomy of an NHS (whose core structures are possibly being significantly rearranged for the first time) are. The Royal College of Psychiatrists can help with these challenges by assisting the integration of mental health provisions within Vanguard sites.
3. What is the overall status of the Vanguard sites?

- At a launch on 22 April 2015, the first 29 sites met to network and liaise for the first time.
- Some main aims:
  1. Dissolving barriers/silos.
  2. Co-designing local services.
  3. Applying lessons across health system.
- Success identified as
  1. New Care Models.
  2. Locally delivered.
- NHSE tailored support package includes:
  1. Clinical workforce redesign
  2. Digital tools/tech
  3. Patient empowerment
- NHSE completed their inspections of the first wave of 29 sites in May 2015.

We know that many of the successful sites are advanced as regards the interface of health and social care - equalling a head start in delivering care for their registered community’s needs. The real challenge for the whole Vanguard programme now is how to replicate/adapt/spread pioneering work. The transformation sketched in the Five Year Forward View requires clinicians, administrations and linked services to alter working practices and establish trusting, sustained relationships. The above point might allow for effective and comprehensive ‘real time’ evaluations. Applications showed some unclear distinction between PACs and MCPs. Some MCPs aspire to fully integrated bodies and some PACs are routed to primary care.

As of July 2015, mainly senior operational meetings have occurred. More practical management meetings are due. So far, no-end-of-programme large, design-orientated single evaluation is planned. Instead there is a commitment to real time [on the job] learning. Consequently, it is far too early to make any judgements on what it is that sites need to flourish and replicate. Sites need time to experiment, fail, succeed and communicate effectively both internally and externally.

4. What is happening in relation to mental health?

In the initial Vanguard expressions of interest, many of the original 29 sites very briefly outlined their plans for further development and integration of their mental health provisions. Some sites are naturally more advanced than others. However, as each site is made up of unique partnerships of trusts, GP practices, CCGs and related organisations, with all sites having very different needs for their varied population
registers, it is difficult to say what will specifically happen as regards mental health. Though there is a general acknowledgment that mental health is an essential part of any new, successful, integrated care model.

5. What will the College do?

Aim to ensure that existing and emerging vanguard sites are re-organising services that are appropriate for populations with mild, moderate and severe mental health problems, along with complex co-morbidity, whilst still fulfilling their objectives of delivering integrated care in a more efficient way, as set out in the NHS Five Year Forward View.

Masood Khan
RCPsych Policy Analyst
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CAMHS blog #3: In Praise of Moaners

Dr Bloster

This spring, I am celebrating the moaners and the gripers amongst us. In our Senior Management Team there are a couple of neglected Pathway Leads who will never rise smartly up to the Directorate Management levels. Glum, grim and sometimes downright ‘inappropriate’, they are the backbone of CAMHS. Shirking their bureaucratic duties, forgetting to document fully in a timely fashion, providing the ‘wrong care in the wrong place at the wrong time’. Yet I would argue that these men and women are essential to a flourishing CAMHS. The last of a generation who could add up and have time to think; they do what’s needed, not just what they are told. They stay as long as it takes and tackle huge caseloads. They contain pain and grief for young people and support families for way longer than six sessions.

These unlovelies have long been the butt of CAMHS management, with their grey hair and general lumpiness. They have been sitting for too many years listening to sad and traumatised young people and families. They have taken on the shape of their NHS chairs and are rarely asked to pose for the Trust Magazine. S/he’s a ‘maverick’ or ‘not a team player’ are the phrases most commonly used of such colleagues. Their long training and general air of thoughtfulness irritate their younger colleagues, who find them incomprehensible and slow.

These clinicians have immense value to CAMHS teams. They provide creative and alternative points of view. They prevent the lemming-like behaviour of CAMHS
teams who jump at every commissioning whim. They are near enough retirement to speak the truth: ‘We are overwhelmed with emails...we have too many patients...we have forgotten the child in all this...six sessions are not enough...people need beauty in their lives...’ They are morally strong enough to help others in the MDT and their long experience makes them great people to turn to when things get rough and go wrong at work. When you redefine the team critic as a creative thinker and doggedness as perseverance, you can harness a valuable source of power and a rich alternative perspective to help the MDT thrive in a wider culture of conformity.

Trust Boards and the directives of NHS England impose change from above, with a risk-averse culture of ‘You must’ denying the logical thought processes of their highly trained workforce. This creates a culture of conformity and builds dishonesty into the system. An example of this is the imposition of detailed risk assessments on all patients, even where there appears to be no apparent need for this. This going through the motions repetitively seems to dull the clinical senses and stop clinicians from thinking and feeling and being fully present in consultations, so that they can respond to risk. We are too bound up in the process of indemnifying our Trusts and the NHS to do our work effectively. We are so checked-up on that we spinelessly go to trainings that serve no greater purpose than to provide employment for those running them.

We collude with this rigid operationalisation of the NHS by writing untruths in our appraisals and revalidation. Our reflection might be that a postgraduate education course was boring, a waste of a day and identical to one we attended a few years ago, but if you actually say this, you have missed the point of the exercise. You might think that a complaint from a patient was vexatious or financially motivated, but again, whatever you may think, you are encouraged to be insincere in your reflections. I’m not sure that this is healthy for our profession, nor does it lead to a genuinely compassionate culture. So, when you hear a moan or a gripe in your MDT this week, celebrate difference of opinion in the MDT, for from the dialectic comes true communication and creative energy for quality improvement.

Dr Bloster

Report from CAP Faculty Education & Curriculum Committee (CAPFECC)

Helen Bruce

We had a very successful Training Programme Director (TPD) Conference in February and were delighted to have representation from almost the entire constituency. We focused on updates to training and recruitment, and then held workshops in the
afternoon on Foundation Doctors in CAMHS, the e-portfolio, what trainees want from training and trainees in difficulty.

We plan to hold a CAPFECC meeting at the Faculty annual conference on 6 and 7 October 2016 to which we would like to invite any TPDs as we did last year. More details to follow.

Plans for CAMHS “run through training to CCT” are looking promising with Health Education England wanting to commence the pilot in August 2017. We have identified pilot sites of the Yorkshire Deanery, the North West Deanery and London. We are now working on the curriculum for this.

We are continuing to work with the Royal College of Paediatrics on a common core year.

The Liaison Credential pilot began on 1st April and we are keen to see Youth Mental Health and Perinatal Psychiatry following after the Liaison Psychiatry pilot.

The dual training in Medical Psychotherapy/CAMHS has been approved by the Education and Training Committee but now needs to go to the GMC for their approval. Work on the General Adult Psychiatry/CAMHS dual training is ongoing.

Recruitment remains a major issue and we are working closely with PRIP (Promoting Recruitment in Psychiatry) at the College who have a variety of ongoing initiatives. Local initiatives seem to be the most effective so a plea to everyone to do all they can in their medical schools/training schemes to highlight a career in Child and Adolescent Psychiatry. We are hoping that the six month’s developmental psychiatry, soon to be compulsory in core training, will increase exposure to CAMHS and therefore uptake of ST4 posts.

If trainees, trainers or training programme directors wish to contact me to discuss any training issue, my email is Helen.Bruce@elft.nhs.uk

Helen Bruce
CAPFECC Chair
Helen.Bruce@elft.nhs.uk
Report from the CAP Trainee Reps

The first few months of 2016 have proved to be extremely challenging as many junior doctors, faced with a new contract being imposed by the government, have taken part in industrial action. In the face of this uncertainty, one thing is clear: that we juniors owe an enormous debt of gratitude to our consultant and other colleagues for their continued support.

Moving to other topics, there is certainly much to look forward to. This year’s child and adolescent psychiatry residential meeting takes place in Birmingham in the autumn. We also plan to hold the annual child and adolescent psychiatry trainee conference in Birmingham a couple of weeks later on Friday 21 October: please save the date now! We will be announcing speakers and the programme shortly, and as always there will be an opportunity for trainee presentations and posters to be exhibited at the conference.

Our new UK-wide child and adolescent psychiatry trainee email group is beginning to take off. Please do sign up to this if you are an ST4-6 in child and adolescent psychiatry, by sending your name, training grade, place of work (Trust and scheme) and email address to us at cap.sprs@gmail.com. We are piloting this as a useful forum to discuss training, to build links around the country and to promote local events of national interest. We are also hoping to launch a new website for trainees in the coming months.

Don’t forget that we would love to hear from you at any time about any issues, concerns, questions, ideas or updates that you might have.

Dr Cristal Oxley and Dr Matt Fernando
National Higher Trainee Representatives for Child and Adolescent Psychiatry 2015-16
Email: cap.sprs@gmail.com Twitter: @camhstrainees
Dear Friends

Thanks to a Wellcome grant, we have been able to transform the findings of our research project (ENRICH) into a play (CRACKED). The play is about carer bewilderment as their child becomes psychotic and they struggle to know how or where to find help. Though I say so myself, it is a stunning piece of theatre. It toured the Midlands and Scotland in October 2015.

As part of the grant, we have made documentaries: one about the making of the play, one about psychosis and one of the play itself. These are publicly available and can be accessed via Youtube.

In them, we attempt to educate and engage the viewer with this particular area of science.

Please help me in publicising this widely, especially to user and carer groups.

Many thanks

Professor Swaran P Singh,
Head, Mental Health and Wellbeing
Deputy Head, Division of Health Sciences
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It is essential that detained children and adolescents have access to information about the process of a mental health tribunal hearing to ensure they are able to participate fully and in a way which minimises distress. All information for patients about the procedure at a tribunal hearing either by the Royal College of Psychiatrists or the Tribunal itself is aimed at adult patients. There has been a gap therefore in the information available for young people.
We worked with a focus group of young people on a CAMHS inpatient unit in East London in order to compose an age-appropriate leaflet aimed at young people. The adolescents participating in the focus group suggested a number of key points which they reported would be helpful including:

- Use of developmentally-appropriate language
- Changes in terminology to make the information more accessible
- Break down of large pieces of text and use of diagrams and illustrations
- Using an e-format as well as a paper leaflet format

Their active participation facilitated the production of the Guide to Mental Health Tribunals for Young People. The final version has been approved by the First Tier Tribunal - mental health CAMHS Panel lead judge and also by the Royal College of Psychiatrists’ CAMHS Faculty lead. The leaflet is available via Dr Ulhaq and also on the Royal College of Psychiatrists Faculty of Child and Adolescent Psychiatry website.

We hope that the use of a developmentally-appropriate information leaflet will be of benefit to detained young people. By ensuring they have access to information they can understand young people can be better informed of the process, be able to participate fully in the process and this may help to minimise some of the distress associated with being detained in hospital. This also highlights the importance of service-user involvement in ensuring we provide a high quality service.

Dr Sophia Ulhaq, ST6,
Coborn Centre for Adolescent Mental Health
Aneira Carter, Student
sophia_u@live.co.uk

Free training events for CAMHS teams

Trio of leading CAMH charities secure Health Education England funding to run free training events for CAMHS teams

ACAMH, MindEd and YoungMinds have been successful in their bid to receive funding from HEE’s innovation fund to run free events for CAMH professionals in England.
The teams will deliver two types of event between June 2016 and February 2017:

- **Communities of Learning and Practice** events will bring together commissioners, CAMHS leads, service users and parents to identify priorities from Future in Mind, current needs and solutions, and disseminate information on the commissioning process. They will also give a guide to training priorities, and introduce a training resource on how to deliver transformed services incorporating e-learning.

- **Becoming a Local CAMHS Transformation Training Champion** events are two-day events emphasising the importance of transformation with reference to the CYP-IAPT, Future in Mind, the national funding landscape, etc. They also introduce the aforementioned training resource and how to use it, clinical topics, evidence-based practice, other available resources and how to support new starters or returners to work in CAMHS using MindEd’s established online platform.

The initiative is intended to bring together communities to best decide how to interpret the Future in Mind recommendations for their area and to enable CAMHS leads to cascade training to their staff using MindEd’s online platform – utilising the power of e-learning to upskill hundreds more CAMHS workers than those who can attend the training.

For more details, [view the press release here](#) and [sign up for email updates here](#)

### An Invitation to Steve Kingsbury’s Memorial Service

To everyone who knew and loved Steve Kingsbury

Steve died of a glioblastoma multiforme in April last year.

We are holding a memorial to celebrate Steve's work and life on Friday 17th June in London from 16.15 to 20.00. Do join us.

The memorial will follow the 2nd CORC International Conference. This free event hosts international speakers and a final session on CAPA, the Choice and Partnership Approach, of which Steve was a Co-Founder. Further details about the conference here:


The celebration will be held at the Anna Freud Centre, 4-8 Rodney Street, London N1
You are welcome to come for the talk that runs from 15.45 to 16.15 at the end of the CORC conference or just come for the celebrations afterwards, which will run until 19.30. Drinks, nibbles, music and a chance to talk about the Steve we knew and loved!

Just so that we know numbers please RSVP to: marta@annafreud.org

See you on the 17th!

Ann York
Drannyork@gmail.com

Contacts and leads within the executive

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

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Contact the Faculty Exec and any of the contributors c/o Stella Galea:
Stella.Galea@rcpsych.ac.uk

Dr Nicky Adrian Regional Representative for London South West
Prof Alka Ahuja Chair of College in Wales
Dr Pru Allington-Smith Intellectual Disability Link
Dr Cornelius Ani Deprivation of liberty
Dr Tom Berney Intellectual Disability Link
Dr Debra Bradley Regional Representative for North Western Area
Dr Helen Bruce Training & Curriculum, MindEd
Dr Lisheen Cassidy Regional Representative in Northern Ireland
Dr Ananta Dave Safeguarding lead, Policy Lead
Dr Max Davie RCPCH Representative
Dr Virginia Davies Public engagement, Service User Involvement
Dr Nicola Dawson  Regional Representative for Yorkshire Region
Dr Nisha Dogra  Academic Faculty link, Lead for Schools
Dr Bernadka Dubicka  Vice Chair, Choosing Wisely, Member Engagement
Dr Sukru Ercan  Paediatric Liaison, RCPCH YP SIG
Dr Elizabeth Fellow-Smith  Urgent & Emergency Care, QNCC
Dr Matt Fernando  Trainee representative
Prof Tamsin Ford  Schools
Dr David Foreman  Under fives/Perinatal Link, Datasets
Dr Jon Goldin  Policy Lead, Leadership & Management
Dr Muhammad Gul  Regional Representative for the West Midlands
Dr Shirley Gracias  Elected member
Dr Andrew Hill-Smith  Financial Officer
Dr Peter Hindley  Faculty Chair, Values-Based CAMHS, Youth Mental Health
Dr Kathryn Hollins  Under Fives/Perinatal Link
Dr Susan Howson  PTC representative
Dr Nigel Hughes  QNIC
Dr Shermin Imran  Regional Representative in North Western Region
Dr Susan Jennings  CAMHS Transformation
Dr Shashi Kiran  Regional Representative in North Eastern Region
Dr Tami Kramer  Regional Representative in London North West
Prof Ann Le Couteur  Academic and Conference Lead
Dr Cesar Lengua  Adolescent Forensic SIG
Dr Elaine Lockhart  Regional Representative in Scotland
Ms Michelle Long  Carer Representative
Dr Sarah Maxwell  Regional Representative in Eastern Region
Dr Anne McFadyen  Chair of College in Scotland
Dr Margaret Murphy  Immediate Past Chair
Dr Tessa Myatt  CYP Coalition
Dr Carolyn Nahman  Eating Disorders
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