

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

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Zara Baxter, Young person representative

Tori Bullock, Young person representative

Prathiba Chitsabesan, NHS England  
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Elaine Lockhart, Faculty in Scotland

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Mark Lovell, CAIDPN representative

Helen Minnis, Academic Secretary

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Saeed Nazir, QNCC representative

Kate Powell, Trainee representative

Sandeep Ranote, CAMHS SCN Link

Michael Shaw, BAFF Family Justice

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Louise Theodosiou, Comms, Social Media

Toni Wakefield, Carer representative

David Williams, DH Welsh Assembly

Richard Wilson, Faculty in Northern

Ireland

***In this issue***



**Virginia Davies**

Welcome to the summer newsletter, which can barely be called that as the first sharp mornings arrive and the leaves begin to turn.

Anyway, all of us have to accept that our best-laid plans don't always turn out as we hope, and my plan that these newsletters would follow hot on the heels of each executive is one example of this. Having said that, my contributors might suddenly develop new habit of timeliness after the next executive, so you will have to forgive us if we start behaving like the proverbial bus route, where nothing comes for ages and then several turn up in short succession.

In this edition, Bernadka updates you on the College's work around recruitment and retention, their ongoing lobbying for better funding, and the work with NHSE and the Anna Freud Centre on the development of mental health outcome metrics for CAMHS. The subsequent article by Jennifer Sharp gives you more detail about this important development.

Amani and Oliver update you about the academic activity and political lobbying that's going on in Wales, and also note plans for being more inclusive of their North Wales colleagues by holding their next executive meeting up there. On a similar theme of inclusivity, Anita Naik and Veryan Richards report back on the RCPsych Wales event 'Working Together' which involved multiple stakeholders and providers thinking together about how to address the emotional and mental health needs of children and young people in Wales.

Elaine reports back on the Scottish executive's work with Government, but also adult and child health colleagues. She gives a progress report on the development of Scotland's first secure unit and extends her welcome to those of us descending on Glasgow for the residential meeting later this month. Bernadka thinks she's already on Helen Minnis' dance card for a celidh!

Thinking about the Wales executive trying to push back against being centrist, if any ever feel like contributing views gleaned in positions other than that of the different jurisdictions' chairs, please send in your articles. It's good to hear about life on the shop floor, as well as news from the centre.

You'll note the re-appearance of Dr Bloster and the absence of Richard Wilson. I fear Richard provided us with such a fulsome report on all things Northern Irish last time, that he's having to gather up his energies before our Winter edition!

Dr Bloster raises some important questions from where he/she is sitting in an inner city CAMHs practice, and the trainees and CAPSS both send us their update reports.

Philip Graham has submitted obituaries for Lionel Hersov and Naomi Richman, both or one of whom may well have touched part of your training. Maybe Philip will become a regular contributor?

Finally we have a call for article proposals for BJPsych Advances (so get your ideas in) and finish with a survey that I assume is mainly adult-orientated, but nonetheless something to which readers might want to contribute anyway.

**Dr Virginia Davies**  
**Editor**

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

When I wrote my last piece for this newsletter, it's hard to believe the country was swamped by blizzards - since then we have been experiencing record temperatures and sweltering heat. Likewise, the heat is still on for our Faculty, and child mental health remains very much in the public and government spot light.

Many thanks to our excellent College communications team who have helped the college and our Faculty achieve record media coverage, and thanks to all my colleagues who have picked up a lot of this work. However, although it's important that we maintain a high media profile to highlight child psychiatry and the chronic underfunding of services, we also need to ensure that we work hard to influence policy decisions and make a difference to yourselves and the families we see.

One area where the College has lobbied hard was with regards to Tier 2 visas. The announcement that doctors and nurses will be excluded from the cap on these visas was very welcome news which will help with our immediate recruitment crisis, however we will continue to lobby for child and adolescent psychiatrists to be on the shortage speciality list. Helpful as these interventions may be, they are not the solution to our ongoing issues with recruitment and retention.

One College recruitment initiative has proved to be very popular and that has been the introduction of run through training. I was delighted to welcome our first cohort of trainees at the College in July. We will be monitoring their experiences closely and will seek to build on this cohort year on year.

Meanwhile retention is also a key priority for the College and the Faculty - more updates on this work in the next newsletter.

As we know, child and adolescent psychiatrists alone are unable to meet all the mental health needs of our children and young people (CYP), and it is important that

all health professionals who treat CYP also have some skills in this area. I am pleased to report that we have had excellent meetings with the Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of General Practitioners (RCGP) who are both keen to discuss further child mental health training within their colleges, as well as working together on common policy areas.

There have been some welcome announcements regarding additional funding for CAMHS in Scotland, and in England Simon Stevens has expressed his commitment to CAMHS and child health following Teresa May's funding announcement for the NHS. The College are working hard on our proposal for a 10 year plan to submit to NHSE, and we have emphasised the need for a child focus throughout.

The Care Quality Commission (CQC) review was published in the spring and I was pleased to see that it reflected the concerns that we had expressed at the stakeholder meetings, most importantly that we need a systems-wide approach to child mental health, including at government level, and that the CQC are active in ensuring that the recommendations of this important review are implemented.

The other important policy implementation in England is the green paper; the government response to the consultation was published recently and we have also produced a response to this which has been published on the [College website](#). Although the green paper can only make a start with regards to tackling overwhelming demand, and has many areas that have not been addressed, there is an ambition to double the current CAMHS workforce over the next 10 years, which is a significant increase in resource. The government have listened to some of our key concerns, particularly around the need for funded specialist supervisors for the mental health support workers, and I was pleased that the Faculty was invited to help develop the new curriculum. All this has been happening at breakneck speed - we had 6 weeks to develop the curriculum so that universities can begin to recruit students in the autumn. Look out also for announcements in the near future with regards to applications for trailblazer sites.

Lastly, another important ongoing piece of work between the Faculty and NHSE and the Anna Freud Centre has been the development of the outcomes work - please see the article below this giving details of this. The key message is that if we want to lobby the government for more funds, we will need to demonstrate that we are able to effectively use the funds that we have. I know that there are a lot of anxieties with regards to how this may be done and I hope that the further details in my colleague's article may help to allay some of these anxieties. However this project is still very much in the early stages and the team would like to get as much feedback as

possible from clinicians and families, including through their survey which is being run over the summer.

On a very final note, I hope to see as many of you as possible at the annual conference in Glasgow - last year Helen Minnis managed to get me on the dance floor and I have my suspicions that she has plans for me at the Celidh too!

**Dr Bernadka Dubicka**  
**Chair, Child and Adolescent Faculty**  
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## ***Children and Young People's Mental Health Outcomes Metric***

**Jessica Sharp**

In line with recommendations from the Five Year Forward View for Mental Health, NHS England has worked with partners to agree an outcome indicator for children and young people's mental health (CYP MH). This outcome indicator, reliant on routine recording of paired outcome scores on electronic care record systems and the Mental Health Services Data Set (MHSDS) submission, will be published from April 2019 and draws on learning from the CYP Improving Access to Psychological Therapies (IAPT) transformation programme.

It has been agreed to focus on reliable improvement in symptoms, functioning or other relevant domains considered from the perspective of the young person themselves, their parents and those working with them. This will form part of a suite of indicators to help assess impact of services, which will include consideration of how far children and families are achieving the particular goals they agreed to focus on in coming to seek help.

This indicator has been chosen because it

- Prioritises the voices of children and young people.
- Allows consideration of assessment of the amount of change achieved taking into account measurement error inherent in different measures.
- Does not require unrealistic expectation of complete recovery.
- Has been trialled within CYP IAPT data with resulting improvement rates of around 50% allow for baseline comparisons.
- Aligns with approaches being developed across all age mental health services.

- Can be used with a range of different measure allowing practitioners to use measures that are appropriate their populations.
- Supports clinical conversation with those accessing services and enhances informed choice and shared decision making.
- Does not put extra burden on clinicians. Measurement of reliable change using routine outcome measures and movement on goals has been a feature of CYPMHS routine outcome monitoring since 2012. This has been a focus of the CYP IAPT change programme, which has 98% coverage of the 0-19 population.

It is recognised that no indicator alone is a perfect measure of whether a service has helped young people and their families. All indicators have their strengths and limitations. NHS England, NHS Improvement and allied bodies are committed to considering data arising from such indicators with care, ensuring appropriate consideration of other data such as case mix as relevant. It is also important that clinicians continue to measure progress towards goals.

These data will be collected and analysed by NHS England over the course of 2018-19. Initial analysis of the MHSDS data on the metric has recently been shared with regional teams and clinical networks to feed back to services to review. NHS England will run webinars and provide support to help improve data quality and completeness over the course of this financial year. It is anticipated that from April 2019 these data will be publicly reported in NHS Digital routine monthly reports.

Working with a range of partners NHS England and NHS Improvement are developing an initial support offer which includes technical guidance, FAQs and some webinars detailing different elements of the metric. This support offer will be updated through the year in response to local feedback. This will help areas to prepare for the roll out next year and we ask that commissioners, providers and, crucially, local clinical leads, start to work together now to ensure services can collect and accurately report against this indicator through the MHSDS.

For more information please email [england.cyp-mentalhealth@nhs.net](mailto:england.cyp-mentalhealth@nhs.net) with 'CYPMH Outcomes Metric' in the subject line.

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**Programme Manager**  
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## Report from Wales



**Amani Hassan and Oliver John**

Hello everyone. The heat wave in Wales did not stop us from being busy. Here is a summary of the main events. The minor ones did melt with the heat.

In June we had our biannual Faculty meeting held in Cardiff. A highlight from the event was Professor Anita Thapar's lecture *An update on Academic Child and Adolescent Psychiatry*. This provided a valuable insight into the latest research on gene-environment interplay and neurodevelopmental disorders. This was in addition to an update from Dr Dave Williams on the latest report by the Children, Young People and Education (CYPE) Committee of the National Assembly for Wales on children and adolescent mental health.

We are hoping to hold our Autumn (October) meeting in Wrexham (North Wales). This is an exciting time for the Faculty, as this will mark the first time the meeting will be held in North Wales. The agenda for the meeting is in the process of being finalised with an update to follow.

In July 2018, I attended the Children Young People and Families Delivery Mental Health Assurance Group meeting held by the Welsh Assembly Government (WAG). The Chair reported that the CYPE Committee's Mind over Matter Report made 27 recommendations and one key recommendation. The Welsh Government's response was published on 27<sup>th</sup> June 2018. The Chair indicated that WAG has accepted fully or in part 23 of the 27 recommendations. Takeaways from the report include the acknowledgement of promising progress, particularly in specialist mental health services in recent years. That being said, the report also highlights areas where further work is needed such as services in primary care.

**Amani Hassan**  
Chair, Faculty of Child and Adolescent Psychiatry in Wales  
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We initiated consultation with medical colleges and the issuing of a joint paper that highlights shared concern around proposed legislation on autism in Wales. Signatories to this paper included NHS Confed, the Royal College of Occupational Therapists (RCOT), the Royal College of Paediatrics and Child Health (RCPCH) and The Royal College of Speech and Language Therapists (RCSLT). It is anticipated that a very significant number of medical colleges and organisations will sign up to the joint briefing paper as debate on this legislation progresses.

Concerns across the medical community centred on the focus on one condition, the impacts to services that legislation may bring and the need to evidence the recent ASD plan and investment into services in Wales. In gathering support from across the medical community, concerns have registered across the Chamber and our paper was referenced by the Health Secretary in debate.

Elsewhere, we have welcomed the Welsh government's intention to legislate for the *removal of the defence of reasonable punishment* before the end of the year. We have previously issued a briefing to Assembly Ministers that was referenced in debate in the Assembly.

Finally Dr Amani Hassan and Professor Alka Ahuja will give evidence to the Health, Sport & Social Care Committee on this issue in October. The committee will then present its findings to the Assembly before a vote on legislation is considered.

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## ***Working Together***

**Anita Naik and Vervan Richards**

The Child and Adolescent Psychiatry Faculty of the Royal College of Psychiatrists in Wales organised a successful afternoon seminar 'Working together' on 11<sup>th</sup> December 2017 at the All Nations Centre, Cardiff. The event was chaired by Dr Dave Williams (CAMHS divisional manager/ Welsh Assembly Government advisor). This followed on from the morning session which had facilitated a stimulating High Schools debate on 'This house believes that school is bad for your mental health'.

The seminar had 80 participants, representing a wide range of stakeholders who are engaged in primary care mental health and wellbeing. There were representatives

from Welsh Government, local authorities, the Welsh Local Government Association, psychological therapies, social services and third sector organisations - Barnardo's, Area 43, Place2be. Practitioners came from diverse groups: teachers, school counsellors, mental health nurses, school nurses, social workers, educational psychologists, special education needs care officers, consultant psychiatrists, trainee psychiatrists, paediatricians, counsellors, wellbeing coaches and youth workers. Three Year 12 students also attended the seminar, commenting afterwards how valuable it had been in increasing awareness of the range of issues involved and that it had "helped to normalise emotional and mental health difficulties".

The aim of the seminar was to disseminate some knowledge of useful models which had been tried and tested in their areas of work to help to improve the emotional and mental health of young people. It also provided good networking opportunities and a space to discuss and collaborate on ways to shape the wellbeing of future generations.

The seminar started with two brief presentations:

Sarah Stone, Executive Director from Samaritans in Wales, spoke about the new DEAL project (Developing Emotional Awareness and Listening) that is being trialled in a few schools. Its focus is to improve confidence and emotional wellbeing and to increase awareness about mental health issues.

Christina Evans, an educational psychologist from Newport, informed the participants that a new educational curriculum is due to be implemented which will have a greater focus on the health and well-being of young people. She also spoke about a pilot project which has been delivering workshops to Year 8 and Year 12 students, it is based on:

- Emotional well-being and eliminating stigma
- Eating disorders
- Coping with strong emotions
- Mindfulness strategies

The presentations were followed by workshops which involved group discussions on tables of 7-8 delegates. Two case scenarios were provided and the group discussed the issues involved and suggested some ways forward in each case. This generated very useful themes on the challenges and opportunities of how to improve young people's mental health and wellbeing.

Some of the common themes noted from the discussions were:

- Having a holistic approach both at assessment and management of the issues

- Considering the whole family unit and other social networks around the young person
- Robust risk assessment and safeguarding where necessary
- Avoiding over-medicalisation of emotional difficulties
- Early intervention is crucial and front- line staff like school teachers and counsellors play a vital role
- Collaborative working and strengthening the links across multiple agencies
- Effective communication and co-ordination between agencies

The afternoon seminar was well attended, with participants learning about a multi-disciplinary, cross-sector approach to the issues involved in delivering good emotional and mental health for children and young people. Good communication and collaboration are key in delivering safe and constructive care.

The feedback response from the session was very positive and the audience valued the various perspectives from different agencies. People commented that it was a 'thought provoking session' especially the case scenarios which led to excellent discussions. Feedback also echoed the importance of early intervention and prevention. We hope to run a similar event in December 2018 and topics suggested included: 'Ways to improve sharing of communication to provide an effective service'.

**Dr Anita Naik, Specialist Registrar, Aneurin Bevan Health Board**  
**Veryan Richards, Individual Partner in the Collaborating Centre for Values-based Practice in Health & Social Care, Oxford**  
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### ***Report from Scotland***



**Elaine Lockhart**

We have been enjoying wonderful summer weather here in Scotland this summer, but sadly this doesn't seem to have reduced the pressure on CAMHS. The national focus on the challenges in the provision of mental health services to children and young people continues and we contributed to a national conference chaired by Minister Maureen Watt and Claire Haughey, MSP and provided feedback to Audit Scotland whose report on CAMHS should be published in the near future. We are also awaiting the release of the report on the audit of rejected referrals to CAMHS,

which will undoubtedly flag up the lack of adequate services to meet the needs of children and young people with mental health presentations across all tiers of services and agencies.

I had the pleasure of speaking at the RCPsych in Scotland General Adult Psychiatry Faculty conference at the end of May about transition from CAMHS to adult services and the development of a protocol for admissions of young people to non-specialist beds. Hopefully feedback from this will allow for further joint working in these areas. In June I was delighted to present at the summer meeting of the Scottish Paediatric Society about our specialty and the potential for collaboration and we are hoping to host a joint conference next year.

The first of three consultation meetings about the proposed national Forensic CAMHS secure unit to be located in Ayrshire and Arran has been held and we will be contributing to the planning of this important service over the next two meetings. Unfortunately the work on a proposed Learning Disability CAMHS in-patient unit seems to have stalled and our Faculty executive will be writing to the Minister for Mental Health regarding the need for this provision in Scotland.

Dr. Ereni Skouta has been planning our annual academic meeting in November and has devised a fascinating programme entitled 'The role of psychiatrists for young people with self-harm and risk taking behaviour (from A and E to CAMHS and in-patient care)'.

Finally we are looking forward to welcoming many Faculty members to the annual residential meeting which will be held in Glasgow on the 20th and 21st September.

**Dr Elaine Lockhart**

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

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## ***Where do we go from here?***

**Dr Bloster**

Sitting here having my lunchtime banana as CAMHS Team Members periodically pop their heads round the door, or with more trepidation peer through the louvres of my NHS door, I am thinking about risk. This is the risk that all consultant psychiatrists are familiar with, self-harm, suicidality, harmful substance misuse and so on. Many of the young people I see are using seriously risky substances. This tends to be occurring, not among deprived young people but the more affluent party set. They go out at weekends to parties locally and take nitrous oxide, drink alcohol, take Xanax, take LSD. Skunk or strong cannabis is more for everyday use before or after school.

The parents of these young people are rightly very concerned about how their children present e.g. not getting into school or feeling alternately anxious or low and not coping with day-to-day living. They present to CAMHS with depression or anxiety. Any underlying mood disturbance is hard to resolve in the context of the poly-drug use. The young people can't explain why they feel so bad, but do not often connect their state with their drug use. When I make the connection, both parents and young people talk about self-medicating with drugs. In a proportion of young people this is true, but the very large numbers I am seeing in this part of the inner city make me concerned. My patients take so many drugs so as 'not to get addicted'. There is a sense from them that they are 'careful' and know what they are doing. Their information comes from social media. The anxiety they experience is also related to self-harm and to use of Xanax or medication from Granny's cupboard e.g. Tramadol.

We at CAMHS are incredibly busy. Young people do not want to go to see the youth workers at the local substance misuse service. They do not often want to stop using drugs. They are not infrequently presenting unconscious to our local A&E, recovering and being referred to CAMHS again in a cycle. Their behaviour is undeniably very risky, but we do not have the facilities or statutory powers to help them. Other than referring them to social care, there is little we can do. They are not 'addicted' to drugs and therefore do not qualify for a detox. We try to work with the families to reduce risk and to treat any mental health problems, but sometimes it seems that the problem is more one of parental and societal neglect, which is not readily solved from CAMHS. Parents and young people come across as very concerned about A\*s in

exams and we write many letters to exam boards for young people who are extremely anxious and not coping, but at the same time socialising well at parties.

At the other extreme, our deprived young people, some as young as 12, are going out to market towns with a return train ticket to godforsaken places, late at night, to sell drugs. They are extremely vulnerable in every way, often travelling alone or in pairs and dealing with strange adults. They return with hundreds of pounds. Often they are mugged before returning to the gang, in a scam in which they are actually robbed by the gang who sent them out. This means they earn nothing and become beholden to go on further sorties. All their business is done on mobile phones. They tend to present to CAMHS having been sexually assaulted, with PTSD symptoms and feeling low about their prospects, ability to be supported or to find a job. They do not talk about A\*s and have very low expectations in spite of often being bright intellectually.

These two groups of young people have one thing in common. Both groups feel empty and isolated. They feel hopeless about their future. One group is perfectionistic and anxious and the other feels hopeless and worthless. Both groups appear to be being parented by social media. Increasingly it seems that this is not a problem that 'coming to CAMHS' can solve. I strongly support the ban on smartphones in school for under 11s, but would extend it to 16. I would also value more guidance for parents on removing mobile phones/computers at night and more alarm bells being raised for those young people, often with neurodevelopmental problems, who become obsessed or addicted to scrolling through social media.

**Dr Bloster**

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## ***Trainees Report***



**Priya Nathwani and Kate Powell**

As the CAMHS trainee representatives over the last few months, we have had a chance to be involved in the RCPsych CAP Faculty meetings, observing first-hand the great work of the Faculty in promoting and delivering CAMHS-centred work across the country.

I (Priya) have also been involved in the creation of a 'Welcome to Child & Adolescent Psychiatry training' leaflet; driven by the 'Choose Psychiatry' recruitment campaign. I was also a member of the judging panel for the medical student essay prize, which this year had the theme of 'Social media: good or bad for your mental health'. I was very happy to read so many excellent essays about such a poignant topic at the moment.

Speaking of which, we have also been busy organising the CAP Trainee Conference. The event this year will be held on Monday 5th November 2018 at the Royal College of Psychiatrists London. [Link to conference poster](#). The theme will be 'CAMHS of the Future' and will include talks on a diverse range of topics including; body dysmorphia, forensic/gangs and the impact of social media on children's mental health. We are excited to welcome the Rt. Hon. Norman Lamb MP, who has been a tireless campaigner for young people's mental health for many years, as a special guest speaker. We would love to see as many people as possible attending so please register online at this address: [Link to event ticket website](#) and email us your abstracts with any CAMHS related audits, projects, or research - we will consider them for posters or short presentations on the day.

We will soon be handing over to new trainee representatives, so also please email us if you are interested in taking on this role. It is a great opportunity as part of your CAMHS training!

Dr Kate Powell, ST5, Severn Deanery  
Dr Priya Nathwani, Consultant OXLEAS  
c/o [stella.galea@rcpsych.ac.uk](mailto:stella.galea@rcpsych.ac.uk)

## **Update from the Child and Adolescent Psychiatry Surveillance System (CAPSS)**

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

### **Study Updates**

The Early Onset Depression study is nearly ready to launch. We are waiting on final approval from Scotland regarding ethics and hope to launch the study November 2018.

We are currently preparing a study on Sydenhams Chorea which is in the early phase of the ethics process.

Both the CATChuS and CostEd studies are due to be published within the next few months.

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

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

**If you are a consultant child and adolescent psychiatrist who has or will be awarded a CCT in the next 6 months, please join our database.**

Current responders, please send any changes or updates to your email to [CAPSS@rcpsych.ac.uk](mailto:CAPSS@rcpsych.ac.uk)

### **Faculty of Child and Adolescent Psychiatry Conference September 2018**

Look out for CAPSS at the faculty meeting and come and say hello. We will be doing a short presentation, so do come along.

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

## Obituaries

Philip Graham

Two child and adolescent psychiatrists who played a leading part in the development of our specialty in the second half of the twentieth century have recently died.

**Lionel Hersov** died after a long illness on 11 March 2018, aged 95. He was a consultant at the Maudsley Hospital from 1968 to 1994 and many trainees there will remember him with affection. When he left, he worked in the United States for six years. When he returned to London in 2000, he attended seminars at the Tavistock Clinic where again he shared his clinical experience. As well as being a joint editor with Michael Rutter of the first two editions of 'Child Psychiatry: Modern Approaches', he was editor of the Journal Child Psychology and Psychiatry and Allied Disciplines from 1963 to 1984 and continued to work for the journal for many years subsequently.

**Naomi Richman** died on 16 June 2018, aged 84, again after a long illness. She was a Reader in Child Psychiatry at the Institute of Child Health London and Consultant in Child Psychiatry at Great Ormond Street Children's Hospital from 1969 to 1989. She was the senior investigator in a pioneering epidemiological study of behaviour and emotional problems in three-year-olds, followed up to age eight years. She also developed and evaluated methods of treating sleep problems in young children. After leaving the Institute, she worked in Mozambique and then in many other conflict-ridden areas, helping teachers who were faced with children traumatised by civil war. Finally, she worked in Hackney, London, with Kurdish, Somali and Vietnamese refugee children.

Fuller obituaries of Lionel Hersov have appeared in *The Times* and of Naomi Richman in *The Guardian* and will be published online and then in print versions of the BJPsych Bulletin <https://www.cambridge.org/core/journals/bjpsych-bulletin>

Philip Graham

Chair, Child and Adolescent Psychiatry Section, RCPsych. 1974-1977

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## ***BJPsych Advances Call for Article Proposals***

BJPsych Advances, RCPsych's peer-reviewed CPD journal for consultant psychiatrists, invites clinical experts to submit proposals for articles on current ideas, techniques and developments in psychiatry. Articles typically discuss comprehensive, practical approaches to clinical problems and explain the full range of therapeutic options, with useful features like MCQs, summary boxes, and associated commentaries.

For further information visit the [BJPsych website](#) and [Instructions for contributors](#)

To submit a proposal to the journal, please email [apt@rcpsych.ac.uk](mailto:apt@rcpsych.ac.uk)

## ***Survey about sexism in resource allocation***

Do male and female mental health patients receive the same treatment in terms of resource allocation? That's the question two psychiatrists in Dorset are asking.

Dr Tamsin Peachey and Dr Aneal Sidhu, from Dorset Healthcare University NHS Foundation Trust, would love your help to work out if what's happening at a local level is reflected across the UK.

Members are asked to complete the following [short survey](#)

## ***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](mailto:Stella.Galea@rcpsych.ac.uk)

Dr Nicky Adrian	Regional Representative for London South West
Prof Alka Ahuja	Financial Officer
Dr Cornelius Ani	Deprivation of liberty, Mental Health Act Review
Dr Nicholas Barnes	Specialty Doctor rep

Ms Zara Baxter	Young person representative
Dr Anupam Bhardwaj	Regional Representative for the Eastern Region
Dr Aileen Blower	RCPsych in Scotland regional representative
Dr Anna Boyce	Regional Representative for Yorkshire
Dr Debra Bradley	Regional Representative for North Western region
Miss Tori Bullock	Young Person representative
Dr Prathiba Chitsabesan	NHS England link
Dr Ananta Dave	Elected member, Safeguarding lead, Policy Lead
Dr Max Davie	RCPCH Representative
Dr Virginia Davies	Public engagement, Service User Involvement, Newsletter editor
Dr Nicola Dawson	Regional Representative for Yorkshire Region
Dr Suyog Dhakras	Specialty Advisory Committee chair
Dr Bernadka Dubicka	Faculty Chair
Dr Sukru Ercan	Paediatric Liaison, RCPCH YP SIG
Dr Elizabeth Fellow-Smith	Urgent & Emergency Care, QNCC
Prof Tamsin Ford	Schools
Dr David Foreman	Under-fives/Perinatal Link, Datasets
Dr Nicole Fung	Elected member
Dr Jon Goldin	Vice Chair, Policy Lead, Parliamentary group
Dr Rajesh Gowda	Elected member, Workforce lead
Dr Muhammad Gul	Regional Representative for the West Midlands
Dr Amani Hassan	Chair of College in Wales
Dr Nigel Hughes	Regional Representative for the Eastern Region
Dr Shermin Imran	Regional Representative in North Western Region
Dr Susan Jennings	Elected member, CAMHS Transformation
Dr David Kingsley	Adolescent Forensic SIG
Dr Shashi Kiran	Regional Representative in North Eastern Region
Dr Leo Kroll	Elected member, Values Based CAMHS
Dr Elaine Lockhart	Chair of College in Scotland

Ms Michelle Long	Carer Representative
Dr Mark Lovell	CAIDPN representative, Intellectual Disability
Prof Helen Minnis	Academic Secretary
Dr Tessa Myatt	Regional Representative in Mersey, CYP Coalition
Dr Priya Nathwani	Trainee Representative
Dr Saeed Nazir	Regional Representative Lead, Regional Rep in Trent, QNCC
Dr Guy Northover	Regional Representative in Oxford
Dr Lynne Oldman	Regional Representative in Wessex
Dr Kate Powell	Trainee representative
Dr Sandeep Ranote	Eating Disorders, Commissioning
Dr Madhav Rao	CAMHS Transformation, Data sets, service models
Dr Sarah Rawlinson	Regional Representative in the South West
Dr Rafik Refaat	Leadership & Management, QNIC
Dr Mark Rodgers	Regional Representative in Northern Ireland
Dr Paramala Santosh	Regional Representative in London South East, BACD, NCEPOD
Dr Raj Sekaran	Regional Representative in London Central and North East
Dr Michael Shaw	Public Health Lead
Dr Abigail Swerdlow	Psychiatric Trainee Committee representative
Dr Louise Theodosiou	Comms, social media
Mrs Toni Wakefield	Carer representative
Dr Michael Wardell	Regional Representative in KSS
Dr Dave Williams	Welsh Government
Dr Richard Wilson	Chair of Faculty in Northern Ireland