

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



The Executive Committee

| Chair | Elected members | |
|------------------------|------------------------|-------------------|
| Bernadka Dubicka | Philippa Buckley | Leo Kroll |
| | Rory Conn | Holan Liang |
| Vice Chair | Nicole Fung | Jose Mediavialla |
| Jon Goldin | Rajesh Gowda | Paramala Santosh |
| | Tina Irani | Louise Theodosiou |
| Finance Officer | Abdulla Kraam | Susan Walker |
| Alka Ahuja | | |

Co-opted members and observers

Omalade Abuah, Trainee Representative
 Cornelius Ani, Medico-legal
 Nicholas Barnes, Specialty doctor representative
 Zara Baxter, Young person representative
 Prathiba Chitsabesan, NHS England representative
 Ann Collins, PTC representative
 Virginia Davies, CAPFEB Chair
 Suyog Dhakras, SAC Chair
 Kristy Fenton, Faculty in Wales
 Tamsin Ford, Schools
 David Kingsley, Adolescent Forensic SIG
 Marinos Kyriakopoulos, Deputy academic secretary

Clare Lamb, Student Mental Health
 Elaine Lockhart, Faculty in Scotland
 Mark Lovell, CAIDPN representative
 Saeed Nazir, QNCC representative
 Guy Northover, GIRFT & QI
 Dennis Ougrin, Self-harm and suicide
 Kiran Panesar, Trainee representative
 Karen Street, RCPCH link
 Fionnuala Stuart, Perinatal link
 Toni Wakefield, Carer representative
 Birgit Westphal, Liaison
 David Williams, DH Welsh Assembly
 Richard Wilson, Faculty in Northern Ireland

In this issue**Virginia Davies**

Welcome to the winter newsletter. By the time this reaches you in 2020, we will be part of the Brave New World that is Blue 'Go-it-alone' Britain. Many of us may have significant concerns about what this means for the NHS and drug pricing as we know it, so we have to hope that the promises about NHS investment and recruitment will come good. Time will tell.

In this edition of the newsletter, there are a number of recurrent themes: recruitment, run-through training, the value of early exposure to child and adolescent psychiatry during medical school, transition between child and adult care, and the need to examine ourselves for possible hypocrisy before we dish out either advice to our patients or judge harshly those caring for our loved ones.

All of the chairs describe the rich pickings to be had from academic meetings, this year's Northern Ireland-hosted Faculty conference being much praised. Two particular points leapt out for me in the chairs' reports: the value of service user involvement (in Scotland's executive) and the role of forgiveness in our professional practice (Richard's report).

Forgiveness and regret often go hand in hand, and as I step down as editor, I regret not having been able to involve service users more in the production of this newsletter. I am hopeful that my successor may find a more effective formula. I used to ask our four chairs to make their own local links, but I wonder if our Faculty participation lead, Sam, might devise a better method for involvement? I am certainly struck by the power of articles written from the patient's perspective, as with the 'What Your Patient is Thinking' series in the BMJ, and wonder if we might think about more articles in this line going forward....?

On which note, we have a very thought-provoking article by a young person, reflecting on how she might have felt if asked to say goodbye to her strong relationship with her CAMHS nurse in order to forge entirely new relationships with someone who did not know her of old. It certainly made me reflect on quite how inappropriate the 18 year age cut off is.

After updates from the Paediatric Liaison Network, Child and Adolescent Psychiatry Specialty Advisory Committee, and Dr Bloster's blog (how do you feel about CETRs? And how much have you examined your own consulting style recently?), we have our Psychiatric Trainee Committee and trainee reps' updates. The former asks us to examine our own behaviours, and the latter has some useful advice to trainees from Sun Tzu's 'The Art of War'.

We then wish CAPSS happy tenth birthday. They are still going strong, succession planning is underway and they are outputting yet more really useful data for our conversations with NHSE and commissioners. Catch the CATCh-uS webinar on 30 January.

The newsletter finishes with some non-standard content. Brain Jacobs describes work with the magazine Teach Primary to spread the word about MindEd to primary school teachers. Leo Kroll fills us in on all the different ways that values-based practice can be incorporated into clinical work and service design, and describes current projects. And finally, although in a non-standardised format this article should really be front and centre stage, we have a fascinating piece written by Nick Barnes Catriona Mellor and Alan Kellas about the work that is happening around addressing greener ways of working, work with nature, and how we address eco-anxiety in our patients. It's real food for thought at a time when we have just passed through one of the most 'consuming' parts of the year.

Dr Virginia Davies

Editor

virginia.davies@slam.nhs.uk

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The chair's column



Bernadka Dubicka

Since I wrote my last newsletter piece, Brexit has continued to take up the bulk of parliamentary time and the country has been in the grip of election fever (similarly, don't forget to vote in our own presidential elections). By the time you read this, our new government will have formed and we will need to ensure that CAMHS remains high on the agenda. Recruitment and retention as well as the wellbeing of staff continues to be a top priority for the College. In England, we are engaged with Health Education England (HEE) and NHSE with relation to the development of an additional workforce, such as the education mental health practitioners and physician associates. On the plus side, in 2019 HEE reported a 23% expansion in the CAMHS workforce since 2016, and more children & young people are accessing services (36%, NHSE). However, this is against a background of increased referrals (17% in the last twelve months, 2019 NHS Benchmarking audit), and difficulties in recruiting more specialist staff. The latest RCPsych data show vacancy rates standing at 11.2% for consultants, 13% for specialty doctors, and 50% for trainee recruitment. However, the NHS Digital workforce data for England is slightly more encouraging, reporting a recent upturn of 3.9% over the past two years for full-time equivalent numbers for child and adolescent psychiatry. Although the HEE Stepping Forward plan includes a commitment to increase the number of child and adolescent psychiatry consultants by 100 posts by the end of 2020/21, over the past two years the number has declined by almost 18 FTE posts. Scotland appears to be bucking the trend and has seen an increase in the number of child and adolescent psychiatrists of all grades (38.2%) over the past two years, including consultants.

There is no straightforward solution to our workforce crisis and we need to continue to address this from many perspectives. The pensions crisis has without doubt had an effect on the morale and retention of our senior consultants, and the College has continued to press on this issue at every opportunity. Some of you may have seen the interview with our dean Kate Lovett in the British Medical Journal on how her huge pension-related tax bill has, amongst other things, affected her ability to take on extra work. Since the new annual allowance tax issue is affecting the entire senior medical workforce, the BMA is continuing to campaign on our behalf. We cannot afford to keep haemorrhaging consultants.

At the other end of the spectrum, we need to increase our profile in medical schools, so that medical students can develop an interest in child psychiatry. The College has recently produced guidance for medical schools to ensure high-quality exposure to psychiatry; Zoe Mulliez is developing an online hub with examples of good practice and is keen to hear from members about good practice examples

Zoe.Mulliez@rcpsych.ac.uk). Please do whatever you can in your area to engage with medical students, medical schools and Psychsocs. Similarly, visiting schools and colleges is an important opportunity to increase our profile and influence career choices, and we are developing a public engagement fellow with a specific focus around this.

Run-through training continues to attract candidates and has been a great success, thanks to everyone involved and to our training lead Suyog Dhakras. Suyog is also working with the College to ensure that we get as much feedback as possible regarding training issues, so we can work to improve all training experiences.

Wellbeing is crucial for all of us and high on the agenda at the College. Dr Ananta Dave was recently awarded the Churchill Fellowship to visit the United States in order to investigate good practice in relation to preventing doctors dying by suicide. She will present some of her findings at our Winter Institute and to the College Wellbeing Committee and discuss how some of these findings can be disseminated.

Lastly, on the subject of workforce and morale, we have dedicated our Winter Institute on 31 January 2020 to leadership and innovation. We know there is a lot of excellent work happening and wanted to showcase some of this, as well as inviting some of our national leaders to share their experiences. Please do come along.

On the subject of conferences, many thanks again to everyone involved in the annual conference in Belfast. It was a truly outstanding meeting, much of which was due to the warm hospitality that we received from the host city; if you've never been, go – great food, music, and the Titanic alone is worth seeing. Thanks again to our outgoing academic secretary, Professor Helen Minnis, for all her hard work, and many thanks to our new academic secretary, Professor Andrea Danese, and deputy, Dr Marinos Kyriakopoulos, who have kindly agreed to take on these roles. Our next meeting is in London, 17-18 September, so please look out for announcements about making submissions early in the new year. One topic that we want to focus on this year is climate change and eco-anxiety. We are working with Alan Kellas, Chair of the College Sustainability Committee on our response to the climate emergency, eco-anxiety and nature projects for mental health. The Wildlife Trust are one our partners and keen to work with local services.

Finally, big congratulations to those of you who have received awards recently for all your hard work and dedication to CAMHS: Professor Tamsin Ford, CBE; Dr Jim Boylan RCPsych Educator of the Year and Lichfield CAMHS, Midlands Partnership Foundation Trust RCPsych CAMHS Team of the Year.

Happy new year to you all.

Dr Bernadka Dubicka
Chair, Faculty of Child & Adolescent Psychiatry
Stella.Galea@rcpsych.ac.uk

Report from Wales



Kristy Fenton

We have said our fond farewells to Dr Amani Hassan who stepped down as Chair in October and wish her well in her new ventures. Her parting gift to us was the first joint meeting between the General Adult and Child and Adolescent Faculties on the theme of transition of care. This meeting was a stepping-stone in enhancing collaborative working. We welcomed keynote speakers sharing their expert guidance on Improving transition between services, early intervention in psychosis, ADHD and eating disorders. The day ended with a welcome visit from the Lead Coroner for South Wales, who did his best to allay fears with regards to providing evidence in the Coroner's Court. Many thanks to all who contributed to a very successful first joint meeting.

In addition, we welcomed Dr Sheriffa Dalrymple to the role of Training Programme Director for CAMHS Higher Trainees and thank Dr Mark Griffiths for his many years of support, guidance and an excellent training curriculum for higher trainees. We embraced the news that uptake for training positions continues to improve, and the high calibre of trainees choosing child and adolescent psychiatry is great news for the coming years.

We must also thank Professor Alka Ahuja for coordinating an excellent joint education conference 'A Whole School Approach' between the RCPsych Wales and Welsh Government, and Dr Bernadka Dubicka for giving the keynote presentation. Professor Ahuja has contributed to the RCPsych Wales and Welsh Psychiatric Society joint winter meeting regarding improving collaboration with young people, carers and schools.

Welsh Government are intending to issue guidance on transition in health settings for public consultation. There will be a 12 week consultation in the New Year. We have also been involved in discussion on the development of the work with officials from Welsh Government and the Children's Commissioners Office.

RCPsych Wales responded to the Child Sexual Exploitation consultation from Welsh Government. This was just prior to my appointment as Chair of the Faculty.

Lastly, we will be considering a response to the Welsh Government consultation on school and community-based counselling toolkit.

Dr Kristy Fenton
Chair, Faculty of Child & Adolescent of Psychiatry, RCPsych in Wales
Oliver.John@rcpsych.ac.uk

Report from Scotland



Elaine Lockhart

We have just enjoyed our annual academic meeting and AGM which required us to move to a bigger room to accommodate a record number of attendees! Dr Ereni Skouta devised an intriguing programme for our meeting entitled 'Autism in children and young people and co-morbidities'. Experts by experience opened and closed the meeting, which had excellent speakers from across the UK. At our AGM, we heard from two of the RCPsych in Scotland officers about their roles and how members can become more involved in the work of the College. As well as electing three new members onto our committee, Dr Justin Williams was elected as vice-chair/secretary and Dr Aileen Blower was thanked for her hard work and effectiveness over the past three years.

To support the Choose Psychiatry in Scotland campaign, we had asked the higher trainees to record up to one minute of them explaining why they chose to work in child and adolescent psychiatry, but at the AGM we agreed that any psychiatrist working in CAMHS in Scotland could submit their clip. Please contact Laura Varney at RCPsych in Scotland when you have one to send. Our plan is to have these on our page of the RCPsych website, the content of which we plan to update radically so that our online presence is attractive and informative to members and students or trainees who are considering a career in our specialty.

We have benefitted greatly from having service users on our executive and I look forward to working with RCPsych colleagues, so that we continue to benefit from their input in the context of the new national arrangements which have been put in place. We congratulate Dr Ereni Skouta, who was recently appointed as the national Training Programme Director for child and adolescent psychiatry in Scotland.

My work with the Children and Young People's Mental Health and Wellbeing Programme Board continues, with the plan to publish the national referral proforma to CAMHS in December, along with a service specification and detailed guidance. More information can be found on the website [Children and Young People's Mental Health and Wellbeing Programme Board](#).

I met with the Primary Care Leads group recently to discuss how we can work with colleagues to ensure that children and young people get timely access to specialist CAMHS when needed. They can hopefully support the development of shared care protocols for medication and physical health monitoring for our patients.

We are drawing up guidance for colleagues and managers when there are gaps in the consultant workforce, which is currently presenting a significant challenge for colleagues in a couple of areas in Scotland.

Media interest in CAMHS continues, which can present challenges both to meet these requests on time and to manage the occasional negative response to our representation of our clinical experience. We are grateful to the RCPsych Officers and Comms team for their support with this work.

Finally, there was a tremendous response across Scotland to our request for more mentors for newly appointed consultants, which we will take forward in 2020.

Wishing you all the best for 2020 from Scotland.

Dr Elaine Lockhart
Chair, Faculty of Child & Adolescent Psychiatry, RCPsych in Scotland
[c/o Stella.Galea@rcpsych.ac.uk](mailto:c/o.Stella.Galea@rcpsych.ac.uk)

Report from Northern Ireland



Richard Wilson

The great poet Maya Angelou once said “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

With this in mind, I want to start by thanking all of you who made the journey to Belfast in September. So many members here in Northern Ireland have said to me how proud it made them feel to have hosted such a high-quality event on Irish soil. The opportunities for connection and learning have produced all kinds of potential for the future. The keynote addresses by Professors Elena Garralda and Tamsin Ford powerfully illustrated the capacity of academic research to guide practice and rational service development, and prompted, in me, thoughts about the possibility of developing a local academic infrastructure to promote primary research and trainee opportunities.

The Conference was opened with a bang by Northern Ireland author and international peace collaborator, Dr Tony Macaulay. Tony’s talk, arrestingly powerful and wonderfully humble, introduced the audience both to Norn Iron vernacular and the resilience of the human soul in a situation where anger and disillusion bred violence and murder, and where the pot still boils. Most memorable for me was the learning from his experience of work in post-genocide Rwanda. As a single ameliorative factor,

forgiveness is proving to be an essential element of repair and progress. Forgiveness is not a factor we much consider in psychiatry, and certainly not in Western Society where blame and punishment seem to have become conflated with justice. Food for thought perhaps?

Excellent workshops were well received and thoughtful seminars on Youth Services and Ethics invited much audience participation.

Thanks to Helen and Bernadka, young people's positive involvement in the organisation and delivery of our work continues to add quality. The successful Harkness debate and seminar input emphasised the effective voice of young people ...let us nurture this going forward.

Moving on and hoping that we will host future events (to give Prathiba even more scope to explore the Cathedral Quarter!) let me briefly mention our further major event in November. This was another conference, jointly organised and delivered by RCPsych Northern Ireland and the College of Psychiatrists in Ireland. Held in the Titanic 'Iceberg', this was a fantastic event and positive for child and adolescent psychiatry, helping to build practical links between our Faculties across the border. One area (of many!) needing improvement is that of services for young people with mental health problems due to substance misuse. Since this conference, we have not been idle and have not only had a cordial meeting with our counterparts in the Addictions Faculty but also initiated a collaboration with Bobby Brown's team in Dublin. We are also in conversation with Deborah Judge about how best to build the required infrastructure to improve these services. Funding will be required and one of the Trusts has already identified additional funding for consultant sessions (a case of Barkiss is willing?)...this is a start. The challenge is to position the resources to maximise benefit and we will continue to need external guidance to do this most effectively.

Finally, we are planning a pre-Christmas College celebration event on the 13th of December (cue music and laughter) both to thank all our members for their sterling work and support in 2019, and also to say farewell to our eminent colleagues Niall and Lisheen who are retiring. Both have made huge contributions to the improvement of child and adolescent psychiatry services in Northern Ireland over many years. We wish them all the best in their new careers and indeed to all in child and adolescent psychiatry on this December morning.

I wish you all the best for 2020.

Dr Richard Wilson
Chair, Faculty of Child & Adolescent Psychiatry, RCPsych in Northern Ireland
[c/o stella.galea@rcpsych.ac.uk](mailto:c/o_stella.galea@rcpsych.ac.uk)

Moving from CAMHS to adult services at 18 or 25. My thoughts

Anonymous

I recently had the opportunity to contribute to the workshop on transition and the possibility of a 0-25 service, at the Child and Adolescent Royal College of Psychiatry annual conference. It was very interesting to hear about ongoing research and arguments for and against a 0-25 service. During the workshop, I discussed that, fortunately, I had never had to go through the transition from CAMHS to adult services, as I was discharged from CAMHS before I turned eighteen. However, I have known friends who have gone through the transition and I have seen young people transitioning through my placements as a student mental health nurse. I have seen young people going through a very smooth and positive transition from CAMHS to adult services, but I have also seen young people who have described the transition to be very unsettling and worrying.

At the conference, I spoke about how I think that I, personally, would have found transitioning from CAMHS to adult services to be extremely difficult and anxiety-provoking. Having been a patient in CAMHS for a number of years, I had built a strong therapeutic relationship with my nurse. I felt that I could really trust her and could be totally honest with her about how I was feeling. I also felt that she understood me, and she was always able to tell when I wasn't myself or if I was struggling. I feel that it would have been such a shame to have developed such a good relationship with my nurse, to then be discharged at the age of eighteen and put into the care of someone new, only for the process of getting to know each other to start again. As well as being extremely anxiety provoking for me, I can imagine that it may have even caused a deterioration in my mental state.

I also feel that eighteen is often not the best age to introduce such a big change to young people. While transition will be hard at any age, at eighteen, young people are undertaking stressful examinations, moving away from home to university, starting their first job, building relationships and friendships etc. Perhaps waiting until the young person is slightly older before transitioning would be a positive change.

Anonymous

stella.galea@rcpsych.ac.uk

Paediatric Liaison Network Update

Birgit Westphal and Virginia Davies

NICE self-harm guideline

It was a great experience to be part of the *Self harm assessment, management and preventing recurrence* stakeholder workshop on 10th October 2019. This was a scoping workshop for the future NICE Expert Reference Group (ERG) for the self-harm guidelines.

Points that stood out and were noted as in need of revision:

1. Why guidelines only apply at present to over eights? NICE representatives explained that there is little research evidence for under eights and guidelines are evidence based.
 - Everyone agreed that we cannot have a guideline that excludes under eights.
2. Self-harm in learning disability and Tourette's were discussed, as they were to be excluded.
 - It has been agreed, in these conditions, intentional self-harm can co-exist and needs assessment. A particular point has been made for self-harm in long term conditions (eg diabetes via insulin).
3. Overnight admission was contentious: it transpired that the current NICE guideline to admit under sixteens presenting with self-harm overnight can be misinterpreted. It has been noted by some paediatricians that, in some areas, CAMH services advise the acute Trust to admit children arriving even between 11am - 4 pm, 'because it is therapeutic'. This clearly has massive implications for paediatric ED flow.
 - It was established that there was no research evidence supporting this advice and a case by case assessment seems advisable.
 - Service user reps have voiced concerns in other ERGs about overnight admission, stating that children and young people may come to the emergency department for help and advice in (domestic) crisis and do not want to be admitted. Depending on one's views about the need for third party triangulation of information relating to safeguarding, one may or may not agree with this position.
4. Another point has been made about mental health hospital admissions which have been found to be potentially counterproductive and there was a risk of repeated self-harm and readmission e.g. for those with emotionally unstable personality disorder.

RCPCH

There has been an attempt to gain an overview of Paediatric Mental Health Groups and the recently formed, *Mental Health in Paediatric Care steering group* chaired by Max Davie and Lee Hudson has reformed to a smaller group made up of representatives of professionals' bodies. It is important to keep up effective collaborative work between various professionals' groups working with paediatric patients. Reformation of the steering group aims to make this group more effective.

There are clinical and commissioning challenges, as well as new challenges brought about by the revised curriculum for both paediatric higher trainees and child and adolescent psychiatry specialist trainees. There is a lot of hard work undertaken to collaborate between both Colleges.

Liaison Faculty

1. **Position Statement on Liaison Psychiatry & Integrated Care:** Jim Bolton reported that the integrated care position statement had been signed off:
[Position statement on the provision of liaison psychiatry services across the lifespan](#)
2. **Faculty Conference:** Paediatric Liaison will now feature regularly as part of this conference. The 2020 Liaison Psychiatry Faculty Conference is at the St David's Hotel in Cardiff on 13-15 May 2020. Put the date in your diary and watch the website for details:
[Faculty of Liaison Psychiatry Annual Conference 2020](#)
3. **The following Public Health Strategy was discussed:**
 - Background: 29% of adults are obese, i.e. with a BMI over 30.
 - Rates of obesity are twice as high in people with severe mental illness (SMI).
 - Healthy weight management was essential to reduce mortality and morbidity in people with SMI. This involves primary, secondary and tertiary prevention
 - Problems often start in childhood, however support and commissioning are not consistent, with obese children and young people often not meeting the threshold for CAMHS or paediatric eating disorder services
 - Peter Byrne will set up a task and finish group to establish current practice and a proposal for how liaison services could support this work and I have volunteered to take part. Peter had also been in touch with the Child and Adolescent and Eating Disorder Faculties regarding this

PLAN (Psychiatric Accreditation Network)

1. Paediatric standards have been piloted by six psychiatric liaison teams (who are PLAN members) with successful outcome and good feedback.
[PLAN Quality Standards for Children and Young People for Liaison Psychiatry Services](#)
2. CQC have mandated that every acute Trust must have a board level member who leads on / takes responsibility for mental health. This is exciting news, however it is likely to become emergency department-focussed, concentrating on delayed discharges and patient flow. Nonetheless, it is a start and might do more good for more patients.

Meetings

RCPsych Paediatric Mental Health Association PMHA: Annual Meeting

23rd & 24th January 2020, Highgate House, Creaton, Northampton, NN6 8NN

Paediatric Liaison Network (PLN) Annual Winter Meeting

31st January 2020, Institute of Child health (ICH)

PLN Research Group Meeting (Chair Ashley Liew)

30th January 2020

Liaison Psychiatry Faculty Conference

13-15 May 2020, St David's Hotel in Cardiff

Birgit Westphal on behalf of Birgit Westphal and Virginia Davies
Co-chairs Paediatric Liaison Network
c/o stella.galea@rcpsych.ac.uk

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



Suyog Dhakras

CAPSAC work remains interesting and busy, with the run-through pilot project and the curriculum now well under way.

Before I give an update on those two main issues, I would like to highlight the national CAP trainees' conference which was held in November 2019 in Birmingham. Priyanka Palimar and Priya Rajyaguru were the organisers and they did an excellent job. It was really lovely to see a packed audience of trainees, including a significant cohort of FY and CT trainees, as well as many trainees from the run-through pilot. There were also several medical students. It felt heartening (in these times of recruitment and retention troubles) to see this interest in our specialty. There was a lot of curiosity regarding the curriculum review and also understandable issues raised regarding compatibility with the e-portfolio. These concerns are being discussed at the College and we should be able to ensure as smooth a transition as possible. A key theme that was evident to me and many other trainers present was that exposure to child and adolescent psychiatry in the medical student years is minimal to none in the majority of medical schools across the country. I'd like to make a plea that consultant colleagues and ST4-6 trainees especially take opportunities to host medical students on taster sessions (especially in areas where child and adolescent psychiatry exposure is elective rather than substantive in undergraduate medical education). I totally accept that we are all stretched regarding time and with clinical and other commitments, however it would be in our favour to encourage some exposure to child and adolescent psychiatry during those early medical student years so they can see that our specialty is a vibrant, exciting, challenging and stimulating branch of medicine.

Child and adolescent psychiatry run-through pilot:

The first cohort appointed to the pilot finished one year in August 2019. We've got a lot of information from the qualitative feedback that I undertook (thank you to my colleagues Pauline Whitelaw and Alice Simpson from the College). We are waiting to get quantitative progression data (e.g. ARCP outcomes etc) and then we'll share the report with the GMC.

Based on the success of the pilot so far, the GMC has agreed that we will run the pilot (along with HEE) until August 2021, with 20 places being offered each year. The task after that will be to track the progress of the candidates. Please contact me via [Stella Galea](#) and [Pauline Whitelaw](#) if you would like to have information regarding this training pilot.

Curriculum review

I'd like to thank my CAPSAC colleagues and Pauline Whitelaw and Alice Simpson for our successful COG (Curriculum Oversight Group) application to the GMC. This was the first step in the process of drafting the key capabilities in the new curriculum (based on the GMC Generic Professional Capabilities).

We expect to work closely with the e-portfolio team to ensure that the assessments are compatible with the new curriculum and also that any transition issues are ironed out to ensure that trainees and supervisors do not have to duplicate any work. I will aim to give a clearer outline of the timescales and stages early next year.

Liaison with other colleges regarding training

I was asked to give formal feedback to the RCPCH SPIN (Special Interest) modules on Paediatric Mental Health by Dr Sheila Peters (Consultant Paediatrician and Chair of the PMHA - Paediatric Mental Health Association) and Dr Emma Blake (Chair of RCPCH Child Mental Health CSAC - College Specialty Advisory Committee). It has been really helpful and interesting to work with paediatric colleagues and also helpful to have had discussions with Birgit Westphal, Child and Adolescent Faculty Executive member and also a member of the child and adolescent psychiatry curriculum review working group, along with Virginia Davies, who represents the College on the RCPCH Emergency Standards Committee, as well as with Bernadka. I look forward to meeting the new RCPCH Paediatric Mental Health Officer in January 2020.

Discussions are ongoing with HEE regarding recruitment and retention issues, and I hope to have useful meetings with RCPCH and RCGP colleagues in 2020.

I'd like to thank all my CAPSAC colleagues, trainee reps and colleagues from the College – Stella Galea, Pauline Whitelaw, Alice Simpson (who is off travelling around the world next year), Nikki Cochrane, James Compagnone and Kathryn Squires – who've been so helpful and fun to work with over the last very interesting year at the College.

I wish you all the best for the New Year.

Suyog Dhakras

CAPSAC Chair

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

“I will wear my badge and do my best”**Dr Bloster**

For several years now, I have been a carer for my father, a retired consultant psychiatrist, who is 84 and lately, bedridden. As I was sitting with him, reading and keeping warm on a bitterly cold weekend, the doorbell rang, and a nurse came in bearing an injection and prepared to give it to him.

He is being given injections of heparin by the local district nurses. There is a whole team of nurses and they appear to be under some pressure as they rush in and out of his flat, deliver the injection and leave. This causes my dad some distress, firstly because he is old and a little confused and secondly because he feels depersonalised by the speed of the visit. We have managed to persuade them to show their badge and explain the reason for their visit, as there are numerous other professionals ‘popping’ in and out during the day. It must be really frightening to have a stranger let themselves into your flat, expose your body and give you an injection, particularly if you are deaf or have a poor memory. For this reason, I have been reflecting on my own practice in inner city child and adolescent psychiatry.

Like the district nurses who come in, I too have a bright yellow badge saying that I am X (first name only). My Dad has a book in which he writes down the name of his visitor including surname. Some of the nurses feel ambivalent about giving their surname. Perhaps they feel that it might be preliminary to making a complaint, whereas for him it is about accountability, but also having some control over what is happening to him. My dad says: “I’m doing it for the others”, by which he means all the other poor elderly people without relatives and carers.

When one of our commissioners asked me to attend my first CETR (Care Education and Treatment Review Meeting) for a patient I had seen on the ward when on call, I felt mildly irritated. How on earth was I going to find the time to attend when I am booked up for the next 10 weeks? What was the point of the meeting? I had already made a decision on the basis of seeing the patient and I was in no mind to change it. I arranged to phone into the meeting.

I advise you all to look at the CETR Code and Toolkit produced by NHS England. CETRs are focused on those children and young people who either have been or may be about to be admitted to a specialist mental health / learning disability hospital, either in the NHS or in the independent sector.

They bring together ‘those responsible for commissioning and providing services (this will include nurses, social workers, education, commissioners and other health, education and social care professionals alongside strategic commissioners where appropriate) with independent clinical opinion and the lived experience of children and young people and families from diverse communities with learning disabilities, autism or both’.

In addition: ‘The ‘spirit’ in which CETRs are carried out is paramount and is rooted in principles of human rights, child and young person-centeredness and co-production’. So far so good. I found myself

completely agreeing with the spirit of the CETRs and the point of them, which seems to be to meet children and young people's needs in the community where possible and to integrate services so that there are no unnecessary admissions.

We ended up agreeing to admit our patient, who was very vulnerable because of her autism and a concurrent mental illness. This was somewhat of a relief, as I had already made a recommendation for section 2. It wasn't clear what would have happened if the CETR had come to a different conclusion.

There is still an old fashioned, perhaps rather controlling part of me, who just wants to turn up, interview the patient and family and make a decision using my 20 years of experience as a child and adolescent psychiatrist. I am ashamed of this as I know the importance of partnership working and integrated care. Perhaps I have more in common with those district nurses rushing to give their injections than I thought, and my patients, their families and partner agencies might have got something they would like to say to hold me to account?

I just wonder how CETRs will work in practice, and how I will manage to find the time needed to enter into the discussions with experts by experience, schools, social workers, parents and the patients, once we are all together. Who will take responsibility for the decisions that we reach? Perhaps it will save time in the end and improve the quality and acceptability of our decision-making. In the meantime, I will remember my Dad and his time-challenged district nurses and wear my badge and do my best.

Dr Bloster

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

Trainees' Report



Omolade Abuah and Kiran Panesar

Hi everyone, we are Kiran and Lade – the new CAMHS trainee reps this year. Kiran is an ST4 in Sandwell, West Midlands and Lade is an ST5 in Sunderland. We are both excited and privileged to be the CAMHS trainee representatives.

We would like to take this opportunity to thank our predecessors Priyanka and Priya for organising a superb trainee conference in November 2019. The day went really well, and we had excellent attendance with around 75 delegates who were CAMHS, core psychiatry and foundation trainees.

There were 22 posters presented, as well as stimulating and topical talks and debates from themes such as leadership, gender identity and 0-25 services. We would also like to thank all those who presented on the day, as without their support it would not have been possible.

We certainly have big shoes to fill, but we are enthusiastic to organise the trainee conference for November 2020 and hope it will be an equally (if not more!!) stimulating, diverse and well-attended day.

The run through CAMHS trainees have completed their first year of ST1 training, finishing in August 2019. Although overall positive feedback has been received from the run-through ST1 trainees, we regret to hear that they have been struggling with certain difficulties in relation to training and logistics. We have identified that a senior 'run-through training rep' would be useful as a point of contact for our run-through colleagues and Lade has agreed to take on this position.



Sun Tzu was a Chinese general, military strategist, writer and philosopher who lived in the Eastern Zhou period of Ancient China. We have pinched a few of his quotes from his book 'The Art of War' including:

- A leader leads by example, not by force
- You have to believe in yourself
- Even the finest sword plunged into salt water will eventually rust
- To lead people, walk behind them

Sun Tzu's Art of War has been a bestselling book for 2500 years, and was written around 500 B.C. We feel, despite how long ago it was written, these quotes resonate with our work today and hope that they inspire trainees to attend the Faculty's winter

meeting in January which has a focus on leadership.

And a final word from Sun Tzu: 'in the midst of chaos, there is also opportunity'. This may be reflective of how as trainees we feel about training and the current curriculum review. We encourage our trainee colleagues to contact us with any views you would like to share about training and the curriculum, as well as recruitment ideas. We will endeavour to support and represent you in the best way we can. We look forward to hearing from you!

Kiran Panesar and Omolade Abuah
Faculty trainee representatives
c/o stella.galea@rcpsych.ac.uk

PTC Representative's Report



Ann Collins

The Psychiatric Trainee Committee (PTC) conference is being held on the 30th April and 1st May 2020 in Glasgow. The main theme will be *Breaking Barriers to Recruitment and Retention*. Some of the session themes will include 'looking after you' and how to remain enthused and invigorated in your career. The two areas really go hand in hand, as we cannot be enthusiastic, energised clinicians if we aren't looking after ourselves. However, it is often hard to translate what we know on paper into real life actions and it can feel logical to prioritise our patients over ourselves while in work. Working a long shift without rest or food could be construed as being a committed doctor. Luckily this attitude feels less pervasive since entering psychiatry, but I fear there is still a culture of spending lunch tackling emails and not seeing daylight in the working week (especially in winter).

Young people have always had a knack for holding a mirror up to society. When it comes to looking after ourselves, I think this can become apparent in the clinic room. Advising a teenager to get outside, sleep in a separate room from their phone and avoid screens two hours before bed is evidence-based, good advice, but our patients are all too aware that they are not the only ones addicted to their social media accounts. We will all have our own personal thoughts about where giving advice and clinical recommendations becomes hypocritical. And I wonder if our patients' views on where hypocrisy lies are any different from our own?

As a trainee, it can be daunting to see the challenges that busy senior clinicians face, but it is also the perfect time to hone the skills that will help us with the complexities of senior jobs in the NHS. How can we really look after ourselves when there are only so many hours in the day? Often our focus is on improving our clinical skills, leaving non-clinical skills overlooked. I am really looking forward to the focus the conference will bring to these fundamental areas and I hope trainees find the lectures and workshops as useful as they did last year.

Ann Collins

Psychiatric Trainees Committee representative

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

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

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins

CAPSS is celebrating 10 years!

CAPSS will have been running for ten years this December and, to celebrate, we are due to publish our 10-year report which you can see on our website by the end of the month. It is a real achievement to see how the studies, to which you have all contributed through the surveillance system, have generated significant impact in terms of service development and shaping national policies. Please do take a look at the CAPSS website for more detail; we will include a direct link in our next update.

Committee Updates

Tamsin Ford has chaired the CAPSS committee for the last ten years and has been the driving force behind developing an excellent surveillance system for rare disorders in child psychiatry in conjunction with our partners at the British Paediatric Surveillance Unit (BPSU). Tamsin is stepping down this year as chair and as a committee we want to thank her for all her hard work and encouragement. Dr Aditya Sharma is our new chair, having been in the role of vice chair and we are looking forward to his leadership of the committee.

We have some vacancies on the committee, and we are looking for expressions of interest for a representative from Scotland and Northern Ireland. You don't have to have had experience on the committee but be interested in contributing to the work of CAPSS and be able to contribute for at least two out of the four meetings held each year. If you are interested, please email CAPSS@rcpsych.ac.uk. Dr Aditya Sharma is happy to speak to anyone interested in these roles.

Study Updates

The Early Onset Depression surveillance study was launched January 2019. The team have been notified of over 100 cases. If you have reported a case, please can we also encourage you to return the questionnaire that we have sent out to you about the case you reported.

The Sydenham's chorea surveillance study was launched May 2019. Ongoing data collection is happening through both BPSU and CAPSS. The team has been notified of cases through BPSU, but no cases have been reported through CAPSS. The team would like to encourage CAPSS contributors to report any cases. For more information about this study, please contact Tamsin Newlove-Delgado or Oana Mitrofan (t.newlove-delgado@exeter.ac.uk ; o.mitrofan@exeter.ac.uk).

Please look out for these yellow e-cards in your inbox for both these studies.

Impact

The results of the NIHR-funded *CostED surveillance study* have been published and the incidence paper published in the BMJ has received considerable media coverage. Please do take a look at the links for further information on this significant study.

Incidence of anorexia nervosa in young people in the UK and Ireland: a national surveillance study

<https://bmjopen.bmj.com/content/9/10/e027339>

<https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/11102317/#/>

Transition in young people with ADHD (CATCH-US)

Look out for a webinar on the BPSU website that Tamsin Ford is doing on the 30th January 12-1pm on her recent study. <https://www.rcpch.ac.uk/resources>

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins

On behalf of CAPSS Executive Committee

capss@rcpsych.ac.uk

Spreading the Word About MindEd to Primary School Teachers

Brian Jacobs

When we recently published our four skills-building sessions about self-harm and suicidality on the MindEd website, we were invited by Teach Primary, a magazine widely read by staff in primary schools, to write about our work. As my wife was a primary school teacher, among her several careers, I had some insight into the situations that teachers face from another perspective. I tried to encapsulate that.

The four skills-building sessions that we have created are designed to be used by a single person on their device but also to be delivered in schools as small group teaching for staff. They are video-rich and use techniques that we have learned in mental health to guide the learner. They are accompanied by information-rich documents, including a group leader guide to using the material.

These sessions are already gathering praise and the small group format seems to be a way of using e-learning to build skills, not knowledge alone.

Our wish: lightening teachers' burden

When she got back from her primary school teaching, my wife turned to me and told me of two children in her class that she just did not know what to do with. They worried her and frustrated her. One was disrupting the class with his behaviour; calling out, making noises, scraping his chair on the ground and interrupting other children when they were trying to work. It made her life trying to teach the whole class just so difficult. The other, a girl, in some ways worried her more. Her behaviour had changed from a happy child to one that rarely smiled, her work was going downhill and my wife had found her banging her head against a wall by herself on more than one occasion.

She knew something was amiss for both children but felt she did not know what to do. She had tried the 'pull your socks up' approach and she had tried to talk to each of them but without any change that she could see. She confided that she felt really worried for both children but also thought that she felt ill-prepared to deal with these situations and, if honest, that it was not her job. She had shared this information with her SENCO (Special Educational Needs Coordinator) who suggested speaking to the parents and a referral to CAMHS before ruefully saying that they might well turn down such referrals as they are chronically swamped with work. So, what was going on? What could she do about it? She felt that she was not alone in this sort of predicament and she had certainly never been taught how to handle these situations.

She was right in many ways. Teacher training focuses on teaching, not on mental welfare and many have felt that it is just not the job of teachers. They are grossly over-loaded with their day-job. Some have gained real skills in this area; learning on the job, but many feel ill-prepared and worried about doing harm and the extra work involved. However, as society is realising the sheer scale of mental health difficulties among children and young people (currently 1:10 to 1:8 of those under 18 at any one time [1]), it becomes clear that society's past approaches of having children seen in specialist mental health services or making school counselling available to a few children are insufficient.

What is being done to help? The Government, through Health Education England and the Department for Education, is working to set up a network of specialist teams who will be co-located in schools and CAMHS to help provide specialist consultation and work in schools.

Coupled with this, is the intention to build a network of teachers with specialist knowledge and skills in the area of mental health.

At MindEd, we have created a rich source of learning material online www.minded.org.uk. This is completely free to use - it has been funded by Government. There are many "bite-size" e-learning sessions which are very suitable for teachers including several learning paths for teachers [2] and others in education. A session takes about 20-30 minutes to work through and if you register, you can keep an online record of what you have done. You can, however, use the site without registering.

We also want to empower teachers so they are more confident and more skilled at handling mental health and wellbeing issues and agendas in schools and colleges. We wish them to feel their burdens are lightened and their daily jobs eased and less difficult, while being better equipped to deal with and enact whole school support for the wellbeing of all pupils.

We work to achieve this through a values-based approach that helps ensure teachers know how, where, and when to access the very best evidence and knowledge that they can apply in their work.

My wife has used some of the MindEd sessions on ADHD [3, 4] and some of our new material to help build teacher skills around self-harm [5] and on talking to children about difficult subjects and material on tics and twitches [6] that have helped her to understand better the difficulties these two children were having. Working on the recent self-harm material is giving her the confidence to talk with and get help for the young depressed girl in her class. She has also discovered that we have sessions co-

designed with parents [7] to help them with their children's difficulties. Have a look. You might find it helpful.

1. [Mental Health of Children and Young People in England. 2017](#)
2. [Schools Learning Path. 2016](#)
3. [Poor Concentration and Overactivity 1. 2016](#)
4. [Poor Concentration and Overactivity 2. 2016](#)
5. [MindEd Suicide and Self-Harm Prevention. 2019](#)
6. [Tics and Twitches. 2016](#)
7. [MindEd for Families. 2016](#)

Brian Jacobs

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

Putting Values-based Practice into Action in Clinical and Service Settings

Leo Kroll

Over the last 18 months I've been involved, with others, in trying out various Values-Based Practice (VBP) initiatives. It has been a steep learning curve for me, and this report summarises where things are up to, and also some possible ways forward.

First, a brief reminder that values are not goals; they act as fundamental motivators to human behaviour, they are like a lighthouse that guides our way.

There are 10 areas of VBP. The areas I'm focusing on here are: balanced decision making made within a frame of mutual respect, the two-feet principle of taking into account values and evidence, multi-disciplinary team working, and person-centred care.

At the moment, if you believe social media, mutual respect seems to be lacking. In a health arena, mutual respect can show itself in discussions about the evidence of what works, and also in how medication is valued or not. What is needed is to hold and respect different value sets (or points of view). Respecting differing views is the bedrock of well-functioning multi-disciplinary team working.

Person-centred care works best, in my opinion, when you first identify values and then explore them (so as to understand the drivers of what brings a family to a service). Then, within a frame of mutual respect, explore different points of views and beliefs, including the current evidence, in order to reach a balanced decision and action plan. To carry out this process well takes skill and time, though it can be done more speedily if the value and evidence sets held by all parties align reasonably well.

Some examples of VBP clinical, research and service practice.

In the last 18 months, I've been involved in various initiatives in VBP in my role as co-chair of the Values-based CAMHS Network supported by the Collaborating Centre for Values-based Practice in Oxford (see below). This was an initiative set up originally by Dame Sue Bailey, following the launch of the Report of the Values-based Child and Adolescent Mental Health Commission. As part of the

combined therapies modules on MindED, colleagues and I have written a module on VBP. [Values Based Mental Health, Apr 18](#)

And if you wish to read more, there is also a chapter in this publication written by Barbara Rayment (Youth Access Service) and me:

[Children and Young People's Mental Health: Early Intervention, Ongoing Support and Flexible Evidence Based Care](#)

I am also involved in a number of projects where values, and VBP are at the heart of the intervention. VBP has also been used within the MDT project team. Some of these projects include:

- With Bernadka Dubicka, running a behavioural activation feasibility study
- Becoming aware of the College document on values CR204 (Veryan Richards)
- Developing, with my local NHS service, a funded wellbeing project based on Acceptance and Commitment Therapy/training (ACT). ACT holds values as key, and VBP is found in both the individual and prosocial ACT model: [Prosocial World](#)
- Becoming part of a University of Manchester research team, using ACT as one part of an ASD post-diagnostic intervention.
- Further developing our consultation and advice model (ACBI,) again based on principles of VBP and ACT.
- Finding out that one of our Trust psychology researchers, Sam Hartley, is part of a research group that has developed an MDT tool, which is VBP in focus, particularly on person-centred collaborative care. [The Team Formulation Quality Rating Scale \(TFQS\): development and evaluation](#)
- Being witness to the successful Youth Access lottery bid that will map out a co-produced model of service recommendations over the next five years. This project will bring young people, mental health professionals and policymakers together to co-design mental health and wellbeing services that are more responsive to the needs of young people. The College has an input into this project via Bernadka Dubicka.
- Developing an interest of VBP at a commissioning, service, and individual level, particularly in the voluntary and NHS sector (e.g. 42nd street, mefirst.org.uk, TOGMind, Places2be, Xenzone, and YIACS (Youth access service)).

The Collaborating Centre for Values-based Practice <https://valuesbasedpractice.org/> which is based in Oxford, intends to develop its implementation strategy and actions further over the next five years. Examples and sharing of good clinical practice using VBP will be one focus. They have also started a research network to bring together researchers where the principles of VBP are embedded in research and practice.

I would like readers to consider how we bring together clinical and research examples of VBP implementation (including when VBP is implicit), and how the executive, as well as CAMHS services, can get involved in aspects of the VBP network's work. Please contact me via Stella with your suggestions.

Leo Kroll

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

Working Towards a Greener CAMHS – A Time For Action

Nick Barnes, Catriona Mellor and Alan Kellas

"The eyes of all future generations are upon you. And if you choose to fail us, I say we will never forgive you."– Greta Thunberg, UN Climate Summit, New York, 23 September 2019

Few amongst us could have failed to be profoundly moved, and hopefully galvanised, by the remarkable actions and words of climate activist Greta Thunberg as she sailed across the Atlantic to make her plea at the United Nations Climate summit earlier this year. From the 20 to 27 September, the Global Week for Future, there were thousands of school strikes and protests across more than 150 countries, with over 4 million protesters taking to the streets on the 20th September. Similar numbers walked out of schools the following week, recognising 27 September as the anniversary of Rachel Carson's seminal work *Silent Spring*ⁱ, often considered to have kick-started the environmentalist movement. In the UK, there were huge protests up and down the country, with children and young people leading the way in demanding action on the climate crisis, heeding Greta Thunberg's rallying cry, "*We showed that we are united and that we, young people, are unstoppable.*"

And yet, as child and adolescent psychiatrists, what has been our contribution to this evolving dialogue? Many of us will meet with children and young people who are highly concerned and worried about the environment, or with parents who want to try and offer some sense of reassurance and support for their children, and yet feel quite overwhelmed, and unsure of where to begin. Likewise, there is growing evidenceⁱⁱ of the mental health impacts of climate change on children – not just in relation to eco-anxiety and the uncertainty of our futures – which highlight the need to prepare for ever growing demands on services. Given this global shift in perspective in relation to the environment, many practitioners have also been keen to explore the role of Nature and a wider appreciation of ecological issues within our practice, seeing the potential benefits for children and their families of being more in touch with the world around them. But to date, there has been little guidance on how, as a Faculty, we might best support these ideas and initiatives, as well as providing advice for children and parents on eco-anxiety and other emerging concerns.

Within the Faculty a subgroup has recently emerged, supported by wider initiatives within the College, that is looking to create a space for this type of discussion, and allow for the development of guidance and support for clinicians and services, as well as children and families. The Sustainability Committeeⁱⁱⁱ has taken the lead on addressing the perspective of a more sustainable future for the College and supporting mental health practitioners through forums such as Psych-susnet^{iv}. This work has enabled the development of a College position statement^v on sustainability focusing on the four pillars of

- Prioritise prevention
- Empower individuals and communities
- Improve value
- Consider carbon

But, given that it has been children and young people who have taken the lead in the emerging protests on climate strike, and that it has been predominantly children and young people who have taken to the streets, it seems appropriate that the Child and Adolescent Faculty is involved. In some areas, the Faculty may need to take the lead alongside young people in offering a scaffold for exploring these issues, given the overwhelming anxiety and uncertainty that real engagement with environmental issues can generate.

Whilst the Sustainability Committee has taken a lead on raising the issues such as the Royal College position on climate change, and seeking a Divestment in Fossil Fuels, as well as possibly setting up a working group on Mental Health and Climate Emergency, the work of the CAP FAC subgroup has been able to progress in a number of further directions and would welcome involvement and contributions from other members.

There are have been six core areas of work that have been explored to date, including

1. Nature friendly schools project

The emergence of a subgroup was initiated following a presentation by Dr Alan Kellas (RCPsych Sustainability Committee Green Care Lead) and Dominic Higgins (Nature and Wellbeing Lead at The Wildlife Trusts^{vi}) at the June 2019 Faculty meeting on ‘Connecting with Nature for Mental Health with Children and Young People’ introducing the Faculty to a four year study, funded by DEFRA and Department for Education, looking to explore the development and impact of Nature on children and young people’s health and wellbeing. Within DEFRA’s 25 year plan^{vii} there is a clear desire to embed nature in mental health services and encourage the connecting children to nature. This is reinforced with 2019 being the Year of Green Action for young people^{viii}.

The Nature Friendly Schools programme is a targeted whole-school intervention focusing on restoring nature in both school grounds and social and emotional health curriculum, combining resilience and environmental education for mental health outcomes. This project is being delivered by a consortium partnership, led by the Wildlife Trusts and including partners such as Groundworks^x, Sensory Trust^x, Young Minds, Field Studies Council^{xi}, and looks to coproduce, deliver and evaluate nature friendly interventions in schools, with a focus on building resilience and looking for this work to fit within the academic resilience framework^{xii} that has been co-developed by Young Minds.

Whilst still very much in the early stages of development, by being positioned within the expert advisory group, representatives from the Faculty subgroup will be well placed to explore the developments of this work, and feedback to the Faculty on many of the findings – not just in relation to outcomes and impact, but also in regards to project design and service development.

2. Summarising and reviewing evidence of interventions that currently have “nature friendly” / environmental and ecological focus

A repeated request from funders, commissioners as well as practitioners and providers is: “What is the evidence?” Many of us who have been able to lead on taking groups on residential to environmental settings or explore issues of sustainability within our localities with children and young people can anecdotally offer testament to the benefits for such work, but there are considerable gaps in the evidence base. Hence one of the key aspects of work for this subgroup will be to begin the task

of reviewing the evidence as it stands, helping offer some guidance and support for services, but also offer some thought on where future funding and research should be directed.

A recent summary of findings by Dr Catriona Mellor (Specialty Doctor, Marlborough House adolescent inpatient unit in Swindon) found;

- Lots of evidence on benefits of nature exposure on multiple outcomes including mental wellbeing.
- Some of this relates to specific mental health outcomes e.g. ADHD, depression, mostly in adults.
- Some evidence for targeted nature-based interventions for specific groups of individuals - mainly in the adult literature
- Less evidence for targeted interventions for those under 18 years

Alongside this review of current data, there are multiple issues for clinicians that have been emerging from their practice. These have included;

- Climate concerns and anxieties for the future; emerging cultures of children and young people feeling catastrophic about life beyond 10yrs, and anger towards parenting generations
- Context of increasing screen time/social media impacting alongside reduced time in nature perhaps alongside changing patterns of play from outdoors to indoors, with increasing restrictions and fears; a development that has been evolving over decades
- Changing presentations/conversations with children and young people away from devices and more back in the outdoors. This work has been thinking particularly about ADHD/neurodevelopmental/social-communicative/sensory assessments in clinic compared to outdoors or in the presence of animals.
- School exclusions and forest school-type alternatives proposed for 'poor achievers' and sensitive learners in classrooms.
- Family/systems work recognising the broader non-human world: animals, sense of place; cultural landscapes of origin
- The impact of residential trips and opportunities for being out of urban environments
- Emerging popular concepts: nature deficit disorder^{xiii} (Louv), biophilia^{xiv} (Wilson), solastalgia^{xv} (Albrecht)
- Quantifying time in nature: benefits of 2 hours/week^{xvi} (White's recent review)
- Development of academic notions such as nature connectedness^{xvii}, attention restoration^{xviii} and stress reduction theories^{xix}
- Growing awareness of evidence for specific green interventions for specific levels of need /conditions which have been highlighted in recent reviews^{xx}

Likewise, areas of current investigation have included the work of 2019/2020 sustainability scholar Sharon Cuthbert who is investigating nature-based approaches to care in early intervention in psychosis teams. This links with work carried out by the European Centre for Environment and Human Health at Exeter, led by Becca Lovell, who are collating and compiling descriptions of what works for whom. They are calling for evidence^{xxi} from those working in secondary care as well as in primary care, and welcome experiences, data and feedback related to using nature-based care in mental health settings.

What is clear is that this is a massive emerging field of work, and it feels important that the faculty is involved and informing the direction of travel to ensure that this best meets the mental health needs of all children and young people.

3. Developing a framework for practitioners and services that might seek to offer Nature Friendly / Green CAMHS work

Dr Alan Kellas is developing a collaborative guide to local Nature-based provisions for CAMHS teams, and is liaising with organisations such as the Wildlife Trusts, social farms, forest schools and wilderness networks to begin to map out what types of networks may be accessible and reachable for CAMH services within their localities, that might then allow for partnership and co-working alongside young people in this field. Dr Catriona Mellor has also coproduced a document – “**Marlborough House going Greener**”^{xxii} which outlines really clearly how thinking in a ‘Nature friendly’ way can be taken forward within a service, in this case, specifically focusing on an inpatient setting.

There are a number of key national partners that currently have contacts and links easily accessible for local CAMHS teams to work alongside, if looking to explore this work further, including;

- [The Wildlife Trusts](#)
- [Forestry England](#)
- [Social Farms and Gardens](#)
- [Forest school Association](#)
- [Field study Council](#)

4. Exploring responses to current climate crisis

As noted earlier, one area that we are all facing within our clinical practice is an increased appreciation of the worries and concerns that the current climate crisis is bringing for our children, young people and for parents. It is essential that we offer some space for these anxieties to be explored and considered, and it feels important for children and young people to feel their fears have been heard.

Dr Catriona Mellor has drafted a guide to climate anxiety/eco-anxiety, using College factsheet guidance, and we will look to have this adapted into a College fact sheet by the start of the new year. However, we anticipate that this will be a starting point for this type of guidance and support and that this work will need to dovetail with wider messages and responses in relation to climate emergency from the College as a whole.

Further evidence has been emerging on practical actions, conservation and opportunities for connecting with nature that can help focus ruminations or worries into active hope and the development of a sense of community connection.

5. Connecting with wider networks

There is little to be gained from working in isolation on an issue as enormous as climate change – our response needs to be considered and, where possible, evidence-based, but at the same time it needs to be connected and coordinated with other networks that have been engaged in this dialogue for much longer. Just as the Nature Friendly project outlined earlier is informed by partnership practice, we also need to ensure that we are working within networks so that we can learn from others what might be manageable and achievable, whilst ensuring that we share the learning from emerging

expertise available within the College. There are many organisations that are exploring the impact on climate change on mental health, and the psychological responses and reactions to the climate crisis. A good example is the Climate and Mind^{xxiii} network which looks to explore the relationship between climate disruption, human behaviour and human experience.

Once again it feels important that the views of child and adolescent psychiatrists, as well as the wider Royal College, help inform developments within this field, rather than been seen in isolation and/or on the periphery.

6. Dissemination of evidence, information and guidance

Lastly, we would see this subgroup working with other experts within the field to promote the publication of any evidence that is found, as well as providing information and guidance in a variety of journals and wider forms of media.

A time for action;

The emergence of this subgroup is a start, but I am sure there are many who will be reading this and have ideas and suggestions about what else needs to be done. This is not just a time for talking, but it is also a time for action, and we see this article being a starting point for a call to action – not just within the College, but also for services and practitioners across the country. With the next UN climate change conference^{xxiv} (COP26) scheduled to be hosted in Glasgow in December 2020, it feels as though we are well placed to offer a significant contribution to that conversation from the perspective of children and young people's mental health. But it is important that this contribution is not offered in isolation, but centrally informed by listening to and working alongside young people.

We would therefore propose the following next steps;

- Promoting all the current work of the subgroup as outlined above – and considering whether this needs to become embedded within a specialist working group of the Faculty, reporting back to the chair of the Faculty on a three-monthly basis.
- Creating the space for discussions with children, young people and parents about the climate emergency and the impact this is having on mental health and ensuring this can be co-presented at the next annual CAP FAC conference in September 2020
- Considering the co-production of a document with children, young people and wider networks on the impact of climate emergency on CYPMH to be launched and promoted at the time of COP26 in December 2020 – ensuring the voice of young people is being heard and acted upon by the Royal College

The timeframe for this work is short, and there is much that needs to be done, and hence this article is not just for information, but rather to gather support and involvement. If you wish to become involved in the development of this work, then please contact nick.barnes4@nhs.net; Catriona.mellor@oxfordhealth.nhs.uk; alankellas@doctors.org.uk

Nick Barnes, Catriona Mellor and Alan Kellas

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- ³ Sustainability SIG - <https://www.rcpsych.ac.uk/improving-care/working-sustainably>
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- ⁵ <https://www.rcpsych.ac.uk/improving-care/working-sustainably/about-sustainability-in-mental-health-care>
- ⁶ The Wildlife Trusts - <https://www.wildlifetrusts.org>
- ⁷ DEFRA – 25 year plan - <https://www.gov.uk/government/publications/25-year-environment-plan>
- ⁸ Year of Green Action for Young People - <https://www.yearofgreenaction.org>
- ⁹ Groundworks: <https://www.groundwork.org.uk>
- ¹⁰ Sensory Trust: <https://www.sensorytrust.org.uk>
- ¹¹ The Field Studies Council: <https://www.field-studies-council.org/2019/11/28/field-studies-council-backs-iwill4nature/>
- ¹² Academic Resilience Framework – Young Minds: <https://youngminds.org.uk/resources/school-resources/academic-resilience-resources/>
- ¹³ Louv – Nature Deficit Disorder: <http://richardlouv.com/blog/what-is-nature-deficit-disorder/>
- ¹⁴ Wilson – Biophilia: <https://www.hup.harvard.edu/catalog.php?isbn=9780674074422&content=reviews>
- ¹⁵ Albrecht – Solastalgia: The distress caused by environmental change; *Australas Psychiatry*. 2007;15 Suppl 1:S95-8
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- ¹⁷ M Richardson et al: A Measure of Nature Connectedness for Children and Adults: Validation, Performance, and Insights; *Sustainability*, 2019, 11, 3250
- ¹⁸ Heather Ohly et al, (2016) Attention Restoration Theory: A systematic review of the attention restoration potential of exposure to natural environments, *Journal of Toxicology and Environmental Health, Part B*, 19:7, 305-343, DOI: 10.1080/10937404.2016.1196155
- ¹⁹ Stress reduction theories: Ulrich, *Journal of Environmental Psychology*
- ²⁰ NE/DEFRA summaries/reviews:
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<http://www.champspublichealth.com/writedir/9ee3FPH%20green%20space%20briefing.pdf>

²¹ <https://beyondgreenspace.net/2019/05/30/therapeutic-nature-call-for-evidence/>

²² Mellor, C (2019) MH going Greener – please contact author, Catriona.Mellor@oxfordhealth.nhs.uk

²³ Climate and Mind – <https://www.climateandmind.org/climate-and-mh-professions>

²⁴ COP26: <https://sdg.iisd.org/events/2020-un-climate-change-conference-unfccc-cop-26/>

Contacts and leads within the executive

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

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

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

| | |
|-------------------------|---|
| Dr Omalade Abuah | Trainee representative |
| Dr Nicky Adrian | Regional Representative for London South West |
| Prof Alka Ahuja | Financial Officer |
| Dr Cornelius Ani | Deprivation of liberty, Mental Health Act Review |
| Dr Nisha Balan | Regional Representative for Trent |
| Dr Nicholas Barnes | Specialty Doctor rep |
| Ms Zara Baxter | Young person representative |
| Dr Anupam Bhardwaj | Regional Representative for the Eastern Region |
| Dr Ivona Bialis | Regional Representative for South Eastern |
| Dr Aileen Blower | RCPsych in Scotland regional representative |
| Dr Anna Boyce | Regional Representative for Yorkshire |
| Dr Debra Bradley | Regional Representative for North Western region |
| Dr Philippa Buckley | Elected member |
| Dr Prathiba Chitsabesan | NHS England link |
| Dr Ann Collins | Psychiatric Trainee Committee Representative |
| Dr Rory Conn | Elected member, RCP & RCPCH link |
| Dr Anna Conway Morris | Regional Representative for Eastern Region, and regional representative lead, Eating Disorders link |
| Dr Sarah Curran | Regional Representative for London South East |
| Prof Andrea Danese | Academic Secretary |
| Dr Ananta Dave | Safeguarding lead, young carers, physician associates |
| Dr Virginia Davies | Public engagement, newsletter editor, Paediatric Liaison |
| Dr Nicola Dawson | Regional Representative for Yorkshire Region |
| Dr Sharada Deepak | Regional Representative for Oxford Region |
| Dr Suyog Dhakras | Specialty Advisory Committee chair |
| Dr Bernadka Dubicka | Faculty Chair |

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|--------------------------|--|
| Dr Kristy Fenton | Chair of the Faculty in Wales |
| Prof Tamsin Ford | Schools |
| Dr Nicole Fung | Elected member |
| Dr Jon Goldin | Vice Chair, Parliamentary group |
| Dr Rajesh Gowda | Elected member |
| Dr Muhammad Gul | Regional Representative for the West Midlands |
| Dr Shermin Imran | Regional Representative in North Western Region |
| Dr Tina Irani | Elected member, policy lead |
| Dr David Kingsley | Adolescent Forensic SIG |
| Dr Shashi Kiran | Regional Representative in North Eastern Region |
| Dr Abdullah Kraam | Elected member, policy lead |
| Dr Leo Kroll | Elected member, Values Based CAMHS |
| Dr Marinos Kyriakopoulos | Deputy academic secretary |
| Dr Clare Lamb | Student Mental Health, Infant Mental Health |
| Dr Holan Liang | Elected member, workforce lead |
| Dr Elaine Lockhart | Chair of Faculty in Scotland |
| Dr Mark Lovell | CAIDPN representative, Intellectual Disability |
| Dr Jose Mediavilla | Elected member, QNCC representative |
| Dr Tessa Myatt | Regional Representative in Mersey, CYP Coalition |
| Dr Saeed Nazir | Co-opted member |
| Dr Guy Northover | Regional Representative in Oxford, QI lead |
| Dr Lynne Oldman | Regional Representative in Wessex |
| Dr Dennis Ougrin | Self harm and suicide lead |
| Dr Kiran Panesar | Trainee representative |
| Dr Gabrielle Pendlebury | Regional Representative London Central and North East |
| Dr Edward Pepper | Regional Representative in Yorkshire, Safeguarding |
| Dr Sarah Rawlinson | Regional Representative in the South West |
| Dr Rafik Refaat | Leadership & Management, QNIC |
| Dr Mark Rodgers | Regional Representative in Northern Ireland |
| Prof Paramala Santosh | Elected member, informatics & currency |
| Dr Raj Sekaran | Regional Representative in London Central and North East |
| Dr Karen Street | RCPCH link |

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|----------------------|--------------------------------------|
| Dr Fionnuala Stuart | Perinatal link |
| Dr Louise Theodosiou | Elected member, comms, social media |
| Mrs Toni Wakefield | Carer representative |
| Dr Susan Walker | Elected member, mental health law |
| Dr Birgit Westphal | Liaison link |
| Dr Dave Williams | Welsh Government |
| Dr Richard Wilson | Chair of Faculty in Northern Ireland |