

AFPSIG meeting at Forensic Faculty Meeting, Vienna, 7.3.19

Chair - Heidi Hales (notes)

Present - Brian Darnley, Tina Irani, Suzanne Coghlan, Dominic Johnson, Sinthujah Bala, Oliver White, Baldesh Jagar, Sarah Whitaker, Hannah Slavin, Gabrielle Pendlebury

Discussions -

1 - Chair of AFPSIG

Heidi noted that her 4year term as chair of AFPSIG will be completed in August 2019. The RCPsych are bringing all election timings together such that all roles start at the Congress in the summer and AFPSIG missed the last round of elections such that we do not have a chair elect to start in August 2019. Therefore we need to co-opt a new chair from August 2019 through August 2020 when we hope to have a new elected chair.

The time table for elections is:

- 2.9.19 – chair of AFPSIG to be posted on our webpage
- 18.10.19 – closing date for submission of nomination forms
- 11.12.19-8.1.20 voting
- 9.1.20 – results of elections declared.

Therefore, we need to do two things:

1 – to coopt a chair for this year. Please can willing people send their names to Heidi Hales and Catherine Langley (our SIG manager at RCPsych). The AFPSIG executive meet in July and will confirm who will be co-opted if there are several nominees.

2 – to elect a chair from July / August 2020. Please can those interested get in touch for nomination forms.

2 – CQC review of Restraint and Seclusion of young people in health care settings

This CQC review requested a representative from the RCPsych to join meetings in their review of restraint and seclusion of young people in healthcare settings. The Child Faculty asked whether someone from AFPSIG could be the representative and David Kingsley, the AFPSIG representative co-opted onto the Child Faculty agreed to be the nominated representative. He has attended one meeting which was shared between professionals, service users and carers. There was a strong voice in the room from service users and carers asking that restraint be stopped. On discussion in our meeting today we agreed, as professionals working in secure settings for young people with mental and emotional wellbeing difficulties and challenging behaviour, that restraint should always be an action of last resort. That said, we acknowledged that this is sometimes needed for the safety of young people or others. We noted the debate about whether prone restraint should be stopped but agreed that for some of our clients supine restraints can be retraumatising reminding them of abuse experiences. We all noted importance of individual care plans around restraint and debriefing of young people after restraint to enable the best and least restrictive and traumatising way of restraining if this is needed. We also all acknowledged that there are more restraints when staffing levels of low because there are more incidents and greater reaction to them to ensure the safety to everyone. This has been noted by CQCs on inspection of some Trusts and others have been open that this is inevitable when there are, nationally, insufficient nurses to appoint to ward positions.

David Kingsley had written to note that the next meeting is on 2.4.19 which he cannot attend. Tina Irani noted that she is already is doing a piece of work for NHSE on this issue and therefore offered to attend this meeting as there is overlap. We are aware that the RCPsych has already been working on the issues of ethics and restraint which can contribute to this

work. We wondered whether it would be useful to have smaller meetings with CQC to give them time to hear both the professional and carer views.

3 - Transitions and young adult work services

David Kingsley has also been involved, through the C&A faculty, in discussing issues around 0-5 and 18-25years services. The young adult services are most relevant to the clinical work in which AFPSIG members are involved. He has asked that the AFPSIG exec review the draft document and this will be sent around.

Oliver White reported that, as part of the CRG, he, David and others have been involved in a task and finish group between adult secure CRG and CAMHS CRG looking at young people transitioning between young people secure to adult secure services. Guidelines have been suggested. Of note, it appeared that the most complex group to consider were those moving from young person low secure to adult rehabilitation or other specialist non secure units.

4 - Dual training –

There has been some AFPSIG work around this issue again. A few years ago, Oliver White and Nick Hindley worked with RCPsych to review the needs to increase dual training across the country. At this time it was concluded by RCPsych that there was not a specific clinical need to increase the training posts. However, with the roll out of FCAMHS this has become more of an issue.

At the recruitment round in 2018, there was some confusion about what posts were available as many were advertised that did not appear to exist (for example a post in London). It was also reported to the forensic faculty that only 1 of the 4 posts was filled. However, we have now confirmed that there are 3 dual trainees in post – in the South West, in Oxford and in Manchester. These are all new appointments and will be in post for 5 years training. One dual training post has been advertised this year, in the Midlands.

We are concerned that there are currently insufficient dual trained consultants and dual trained trainees to fill adolescent forensic posts, therefore dual training has not been required for many of the FCAMHS or secure inpatient or inreach posts. It would be good if this were possible in the longer term.

There was a discussion with our RCPsych dean (Kate Lovett) and Heidi Hales and Nick Hindley in December 2018 about this and a letter was sent out to Heads of Deaneries and TPDs to ask about posts and needs.

Oliver White informed us that, currently, to create a dual training post, either the forensic or CAMHS TPD have to agree to their number being used as a dual training number. Over the 5 years the trainee will complete 2 years CAMHS, 2 years forensic and a year in adolescent services. Therefore, the TPD agreeing to their number being used, will not have a trainee in their services for 2-3years whilst they are in the other speciality. Whilst services that are oversubscribed with applicants may not want this, for other services that have not been able to appoint to all their training numbers, this may actually make the training post more attractive.

On discussion in this meeting we concluded –

- 1 – it would be helpful to have a few more dual training posts
- 2 – at present it would be useful to have these in South England where there has been difficulty in appointing to the FCAMHS services, but the training does need to be spread across the country.
- 3 – adolescent forensic training should not just be in places with medium secure services which often already have a number of specialists available.

We noted that there is now a new CAMHS run through, which may reduce the availability of ST numbers for CAMHS to be used for Adolescent forensic dual training. Conversely, this may also lay the ground for an adolescent forensic run through.

We also noted that it may be helpful for dual trainees to meet together more regularly, especially as the posts are scattered around the country. This may also support training in specific areas.

5 - Next study day

This is to be arranged for November 2019. The AFPSIG executive have already had an email discussion about this and agreed on the topic of young women's needs including self harm, eating disorder, complex trauma, considering what is emerging borderline personality disorder and how to manage and support young people with these difficulties. Several members agreed to help in arranging this. THANK YOU VERY MUCH.

6 - Future topics

Future topics for study days were discussed. It was noted that there for a study day we need to choose topics that interest both adolescent forensic and CAMHS colleagues. However, those working in adolescent forensic psychiatry may also have some specific training needs such as fire setting and sexually harmful behaviour. It was noted that the RCPsych can offer a room for a 2-3hour training session arranged by AFPSIG. The AFPSIG can arrange these, free, offering tickets through eventbrite and offering drinks and nibbles from the funds currently earned from the study day. It is also possible to use video conferencing facilities to make these meetings accessible for those not able to easily access London in the evening. Members are encouraged to think about what they would like, suggest topics and speakers and our chair and RCPsych can help to arrange.