

AFSIG Conference! "Child witnesses and ADHD in complex settings" 18th April 2006 at RCPsych, London



AFSIG Meeting on 3rd March in Glasgow at the Forensic Psychiatry Conference



AFSIG Exec will meet on 1st July - visit our homepage



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SPRING 2016 NEWSLETTER

ADOLESCENT FORENSIC PSYCHIATRY SPECIAL INTEREST GROUP



A NEW YEAR, A NEW LOOK!

HEIDI HALES, AFSIG CHAIR, CONSULTANT ADOLESCENT FORENSIC PSYCHIATRIST CNWL NHS FOUNDATION TRUST E: HEIDI.HALES@NHS.NET

Happy New Year all members of the Adolescent Forensic SIG. Welcome to the 2nd edition of our new Newsletter. I hope the articles in this edition are of interest.

I would like to highlight our Adolescent Forensic SIG Conference Day on 18th April. We will have two parallel streams of 3 morning lectures following themes on child witnesses or ADHD which we are asking delegates to choose on booking. You can mix and match the afternoon workshops. Be sure to follow the links above for more information. Many thanks to Nick, Ollie, Paul and Suzanne for doing all the hard work on this.

There have been changes to our executive committee. Abdullah Kraam stepped down as the Child and Adolescent faculty liaison earlier this year. Many thanks Abdullah for all your hard work. Cesar Lengua has moved into this liaison role. Ollie White has taken Cesar's place as the forensic faculty liaison representative. David Kingsley has joined our consultation group, Waleed Ahmed joined us as co-Scottish rep and newsletter editor, Catherine Mangan as Northern Irish rep. Welcome all! Many thanks to our Exec for all your work. We are still looking for someone to help us coordinate our research network and any other offers of help for our consultation group are very welcome. Lastly, may I invite anyone to contact [myself](#) or [Waleed](#) with articles for future newsletters.

I do hope we will see you all at the forensic faculty meeting and at our day conference in April. As an exec we will start to have a regular meeting in the summer to discuss the next year's plans for the SIG. Please contact us if there is anything you like us to consider. Finally, Waleed has kindly agreed to edit and produce our newsletter. I think this looks great and would like to extend my thanks to him.

NATIONAL FORENSIC CAMHS NETWORK REFERRALS

TINA IRANI, CONSULTANT CHILD AND ADOLESCENT FORENSIC PSYCHIATRIST ARDENLEIGH FCAMHS, BIRMINGHAM SOLIHULL MENTAL HEALTH FOUNDATION TRUST

Over the last year as chair of the national Forensic CAMHS referrals meeting, I have had a number of queries put to me by different clinicians and I thought it might be useful to take the opportunity via the SIG to explain the referral process.

With the nationally commissioned Medium Secure Adolescent Forensic network there are 5 non Learning Disability inpatient services and 2 Learning Disability inpatient services across England. Scotland, Wales and Ireland are not commissioned by NHS England but can approach

EXECUTIVE COMMITTEE

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- NICK HINDLEY** FORENSIC CAMHS



independent units and spot purchase beds. The six centres are as shown on the map.

The basic principle of referral to the network is that the young person in question should have a mental disorder within the meaning of the act, be detainable and present a risk of violence towards others. In addition, any patient subject to Ministry of Justice restrictions (section 41s and 49s) should be referred to the network.

Ideally when making a referral, it would be best to speak with the service closest to the young person's family; discuss it with local commissioners and get agreement for funding of the assessment; inform the NHS England case manager; and fill in a Form 1 to make a referral. (This does not apply out of England and each area will have their own process).

If a young person has a learning disability and/or an autistic spectrum disorder then they will need to have a Care and Treatment review organised before they can be admitted and hence it would be wise to organise this when considering the referral. If a recommendation is being made at court for a hospital assessment/disposal please discuss this with the relevant inpatient consultants within the network and commissioners before making the recommendation. We have often received referrals after the recommendation has been made and the network might not have a bed or agree with the recommendations.

Once a referral has been made, it gets discussed at the national referral meeting on Tuesdays at 4pm. There are further details re: the network and low secure referrals on the NHS England Form 1 appendix.

I hope the above makes the process clear but if you have any queries please do not hesitate to contact me on bsm-tr.FCAMHS@nhs.net.

SCOTTISH UPDATE

LAXMI KATHURIA, CONSULTANT CHILD AND ADOLESCENT FORENSIC PSYCHIATRIST, FCAMHS GLASGOW

Scotland contains one Forensic Child and Adolescent Mental Health Service (FCAMHS Team) which currently serves the Greater Glasgow and Clyde Area. There are current difficulties with a lack of low and medium secure adolescent in-patient units and this is further compounded by a lack of an Adolescent IPCU. However, FCAMHS have been in consultation with the Scottish Government and with senior management regarding planning for both of these facilities. As you will know the possibility of having a medium secure adolescent in-patient unit in Scotland has previously been discussed. This has been taken back to the Scottish Government for further consultation. Senior Management are also discussing the possibility of expanding the FCAMHS team in Greater Glasgow and Clyde to cover the West of Scotland so that the surrounding populations can be better served.

During the period of 2014-2015, FCAMHS have admitted one young person to Alnwood Medium Secure and another to St Andrew's Healthcare in Northampton. This has been at considerable cost, both financially and personally for the young persons and their families. An admission for a 16 year old young person was also considered but they had on-going charges, meaning that they could not be transferred to England for treatment. This young person was managed for a number of months in an adult IPCU. A cost-benefit analysis has been submitted to the Scottish Government along with individual case studies for consideration.

FCAMHS have begun to form links with the private provider the Ayr Clinic (Partnerships in Care) who have admitted 16, 17 and 18 year olds after special consideration. We currently have a patient admitted into their hospital and this is working well. There continues to be on-going concerns regarding the transition of young people from FCAMHS into adult services. They are often deemed too forensic for general adult psychiatry services and not forensic enough for Forensic Psychiatry. This inevitably causes delays and FCAMHS are working with the surrounding network to be able to develop transition pathways that best serve the patient.

We would love to hear from you! Email feedback, suggestions, and articles to Heidi (heidi.nales@nhs.net) or Waleed (waleedahmed@nhs.net)

TRAINING UPDATE



OLLIE WHITE

Interviews for February 2016 intake for Higher Specialist Dual Training in Child & Adolescent Psychiatry took place on 04 November 2015 in Bolton as part of the national selection processes. This is only the second time since Modernising Medical Careers in 2007, that there has been the opportunity to dual train in Child & Adolescent and Forensic Psychiatry via a specific dual-CCT programme; both the Wessex and Yorkshire Deaneries are commencing schemes. The quality of applicants was positive and the Adolescent Forensic Psychiatry Special Interest Group looks forward to welcoming the newly appointed trainees to the speciality.

