Dear Friends,

This is my last note for the Newsletter as AFPSIG chair. I have completed my 4-year term and am handing over to Dr Alexandra Lewis as co-opted chair for the next 12 months, with elections for the new 4-year chair to be held in Autumn 2019.

May I start by thanking Alexandra for taking on this role and thanking our hard working AFPSIG executive for another year of work. I would like to thank, especially, Waleed Ahmed, Ernest Gralton, Aileen Blower and Nick Hindley who are stepping down from the Exec this June. Waleed helped me to put together the newsletter, teaching me all about QR codes; Ernest always helped me to think through the dilemmas of balancing restrictive practices with keeping young people with wise considered words and thoughts placing our clients at the centre; and Nick, our past chair, who stuck to his dream of a national roll out of FCAMHS and saw it become real. Aileen provided an invaluable link to Scottish developments and I would like to thank you so much for all the help and encouragement you have given me with all our AFPSIG activities. We welcome Helen Smith who is taking over Aileen’s role as Scottish co-rep.

I would also like to thank Olivia Clarke, our Public Relations officer at the College who has held my hand on numerous occasions when putting together our consultation responses, and Dr Bernadka Dubicka and Professor Pamela Taylor as our Child and Adolescent and Forensic Faculty chairs who have kindly and respectfully involved AFPSIG on issues that the College have been asked to consult upon which would benefit from our specialist input.
Over the last few years the College has been involved in discussions around restrictive practices, giving evidence to the Human Rights Subcommittee at Westminster, with CQC and HMIPP. We have been balancing the dilemmas of how to respect each young person’s Human Rights alongside the need to keep everyone safe. These discussions can be heated but they need to continue to ensure that we keep these issues and challenges at the forefront of our minds. We have a role to stand up for the needs of our client group, but also to ensure that we and our colleagues have the resources and procedures needed to continue the work safely.

Going forward I welcome Alexandra to the role and look forward to fresh thinking and directions. There will be elections for a 4-year chair, held in the Autumn. It will be advertised in September. Please look out for this and consider if you want to stand. If you have any questions do contact me, Alexandra or anyone else on the AFPSIG executive. And, of course, look out for the ballot papers and have a say in our next chair. Tina Irani has joined the executive and we are looking for others. If you are interested – please contact Alexandra (alexandra.lewis@nhs.net).

We were unable to book our annual study day this autumn as we were too late to book a room in the college. We considered holding it outside College but this would have made the day £50 more expensive and so have opted to hold our 2019 Annual Study Day on 3 February 2020 instead. We will be thinking about emerging personality disorder in adolescent forensic settings Cost will be £95. Do join us.

We will then have our annual study day for 2020 in November. The topic for this will be Age of Criminal Responsibility. If you are interested and want to be part of the arranging committee please step forward and contact Alexandra.

And so, I sign off as chair. Heidi

**INTRODUCTION TO THE NEW CHAIR**

**DR ALEXANDRA LEWIS**  
**CONSULTANT FORENSIC AND CHILD & ADOLESCENT PSYCHIATRIST**

It is a pleasure to take over the role of Chair of the Adolescent Forensic Psychiatry Special Interest Group (AFPSIG). I would like to thank Heidi for the splendid job she has done during her tenure and acknowledge the huge amount of time, energy and goodwill she put into the role. She leaves big shoes to fill!

The AFPSIG is one of the longest established SIGs of the RCPsych and a change of chair seemed like a timely opportunity to pause and reflect on what has been achieved in our speciality, the role that the AFPSIG has played in this and its aims moving forward.

I and the other members of the AFPSIG Executive had thoughtful discussions throughout August 2019 on these points, which I have summarised below.

1) The power of speaking collectively

We feel proud of how much has been achieved for our cohort of young people over the last 15-20 years. Things have changed considerably since AFPSIG’s inception. We now have national networks of medium & low secure adolescent units, a network of regional community based FCAMH services, a Managed Clinical Network for health workers within the Youth Secure Estate (YSE) in England, an expansion of attachment and trauma informed approaches to case management within the YSE and expanding Youth Liaison & Diversion services in England. There is much more equality of provision and consistency in approach compared with the past. Although there is less extensive provision in terms of secure health beds in the devolved
nations, there have been important developments in there too including revision of the age of criminal responsibility in Scotland, the Enhanced Case Management Project in Wales and the development of community FCAMHS in Northern Ireland.

All this is in no small part due to the influence of AFPSIG members using their voices collectively as well as individually to increase awareness of gaps in provision and highlight examples of good practice.

Yet, the gains made are not set in stone and there are continual pressures for service ‘optimisation’ and reorganisation (i.e., cuts). Our services are expensive and our clients, though vulnerable and needy, tend not to evoke sympathy in the same way that other young people do.

We agreed that the SIG has an important role to play to ensure that the gains made are consolidated and continue to progress. If we don’t speak up as a SIG, who will speak in our place?

Our individual experiences demonstrate that it can be hard to get ‘air-time’ about our cohort of young people in meetings where everyone else in the room works with adult offenders or generic CAMHS. Speaking collectively as AFPSIG gives our voices much needed volume.

2) Sharing of expertise

The national commissioning of services has done much to improve equality of provision around England. However, it is still the case that practice is better in certain areas than others (e.g., autism) and that there is a need for timely sharing of expertise and skills. Adolescent forensic psychiatry services are not equally good at everything.

Coming together regularly as a SIG to share learning and discuss perspectives provides a framework for this to occur. The study days and training events run by the SIG have all been very well attended and received by adolescent forensic psychiatrists, and also by psychiatrists from other specialities. It therefore seems as though there is demand for these educational events to continue.

On that note, our next educational event will ‘The Taboo Diagnosis: Personality Disorder in Adolescence. Forensic Perspectives and will be held on 3rd February 2020 at Royal College of Psychiatrists. Places cost £95 (see AFPSIG website for more details).

3) Encouraging future generations of forensic adolescent psychiatrists

I was concerned for a while that younger psychiatrists were not interested in forensic adolescent psychiatry anymore and about what this might mean for the sustainability of our speciality.

However, when I spoke at a forensic psychiatry trainees’ conference, many young psychiatrists came up to me and were eager to learn more.

It seems that the enthusiasm for the speciality is still there, but pathways to obtain dual training remain disappointingly challenging to navigate.

Manpower planning is going to be critical to the sustainability and future success of our speciality. This is an area that the SIG is very well placed to address - and perhaps need to begin to do with some imperative.

4) Developing the evidence base

There is relatively little clinical research currently being undertaken by adolescent forensic psychiatrists in the UK. Whilst we all seek to base our day to day practice on evidence-based
assessments and interventions, the mismatch between demand and resource unfortunately means that we tend to have little spare capacity to undertake research and extend the existing evidence base.

The AFPSIG Executive agreed that this is a priority area and that the SIG can play a valuable role in encouraging research in this area. Many members of the SIG were interested in supporting and collaborating with such research. To this end, we have an exciting development in the pipeline which we look forward to announcing shortly.

Taking all the above points together, we concluded that there remains an ongoing role for AFPSIG and a willingness from Exec members, despite their many competing demands, to support it in the future.

We are an energetic and feisty SIG with a friendly, collegial ethos. We very much welcome new members and ideas. Please visit our webpage and sign up!

CONSULTATION - Reducing the Need for Restraint and Restrictive Intervention


AFPSIG members have been working with members of the Child & Adolescent Faculty to develop a collective response to this publication. Submission date 22nd September 2019

Provider announced for first Secure School

In July 2019, Oasis Charitable Trust, has been announced as the operator of the first Secure School in England. It is scheduled to open in late 2020 on the site of Medway Secure Training Centre in Kent. Secure schools are an exciting innovation for England and are intended to put education at the heart of youth custody. They will be jointly inspected by Ofsted and the Care Quality Commission, and will offer a fully integrated approach to education, care and health.

We’ve waited a long time for this. Kudos to those at the top of NHS England, Department for Education and Ministry of Justice for the huge efforts put in to bring this to fruition.


APPGA Report into 10 years of Autism Act

It is 10 years since the launch of the Autism Act (2009) and the All-Party Parliamentary Party Review for Autism (APPGA) has conducted a review into its impact. This included an inquiry (7 May 2019) into the impact on Access to Justice for people with autism at which Alexandra Lewis gave evidence. The final APPGA report was published on 9th September 2019 and is available at www.autism.org.uk

It found that there have been some improvements, but these are not consistent across all regions and significant areas of deficit remain.
It is expected that these findings will prompt a ‘refreshing’ of the Autism Strategy, which will include specific recommendations regarding supporting people with autism who are at risk of or who have contact with the criminal justice system.

It’s time for best practice to become standard practice!

**Joint Committee for Human Rights Report - The Right to Family Life: children whose mothers are in prison.**

The number of children whose mothers are sent to prison each year is unknown, However, as developmental psychiatrists, we are well positioned to appreciate the serious harm that will occur to every dependent child affected by such circumstances. The damage done can blight the rest of the child’s life. Yet, until now, sentencing guidelines have been weak on the requirement for and processes enabling judges to consider the impact of a custodial sentence on a woman’s children.

This welcome report makes a series of recommendations including requiring pre-sentence reports to include detailed assessment and consideration of the impact of a custodial sentence on any dependent children. It also suggests practical interventions and support which would help a child maintain its relationship with its mother, if she does end up receiving a custodial sentence.


**Consultation – Review of the progress made in implementing the Taylor Review recommendations & reforming the approach to youth justice**


AFPSIG exec members are currently collating a response to the above important consultations. It covers a very wide remit but there is a tight word limit for submissions. We have therefore decided to adopt the strategy of providing full answers to selected questions rather than cursory answers to every question.

Individuals are welcome to make separate submissions to this consultation in their own name, if they have points that they wish to ensure are considered. Closing date for submissions is 1st October.

*We would love to hear from you! Email feedback, suggestions, and articles to Alexandra (alexandra.lewis@nhs.net)*