

Faculty of Child & Adolescent Psychiatry Executive Committee Newsletter

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Richard Wilson, Faculty in Northern
Ireland

*Professor Ahuja also represents the Faculty in Wales

In this issue**Virginia Davies**

So, it's autumn again, and it's hard not to feel that the NHS is in the same state of die back as the natural world around us. Yesterday's budget felt like more of the same unresponsive stuff from those in power. If Mrs May genuinely wants to tackle the 'burning injustice' of young people's mental welfare, this budget doesn't offer any of the ring-fencing or increased funds that might begin to tackle that.

Bernadka, Jon, our president and the communications team have been doing their best to ensure the messages are clear, unequivocal and communicated across as many different settings as possible*. However, with an administration in which Brexit and internecine warring eclipse all else, our college's attempts to get government to take seriously the hugely detrimental effects (not just on lives, but on this country's coffers) of ignoring early signs of mental illness and family dysfunction have yet again been sabotaged by adult agendas. It's enough to make me feel like howling with rage, much as the impotent child!

Anyway, enough of my spleen, and let me tell you what this newsletter holds within its pages.

Bernadka is bringing you up to date with life at the top. No easy task alongside holding down a full-time day job. Despite this, she has been here, there and everywhere, continuing to forge links across domains, be this academic and clinical, or child health and child mental health, and has manpower issues high on her agenda going forward, not least after [this announcement](#) .

Great news from Alka in Wales, where we hear that local authorities are now obliged to provide counselling services in their area for children and young people aged between 11 and 18. We'll need to see how much this mandate becomes subject to gaming by local authorities, but it would be fantastic to think that such access would be underpinned by innovative new ways to meet the manpower demands for this kind of universal offer.

Bridget Taylor then tells us what it feels like to attend the Faculty residential conference as someone with lived experience rather than as someone with a professional identity. It sounds like the professional facades were well and truly falling away by the time Bridget got to study our breed 'out of hours'!

Elaine describes ongoing close work with the Scottish Government and great news about the previous Scottish chair, Anne McFadyen (read her section to find out what this is). However, on a more sombre note, she observes that manpower issues remain as they were, i.e. dire, despite this close collaboration.

Richard brings us vivid detail about the several conferences that have been taking place over in Northern Ireland. He provides some really appetite-whetting descriptions of the fascinating attachment-related research that he and his colleagues have been devouring (as well as details about their drinking habits!)

I could have spat as I read the CAMHS blog. It's all about the headache of trying to ensure, especially if you've spent large periods of your working life as a part-timer, that your Pensions Agency statement is accurate. No easy task, as I can testify after two years of back and forth. And as I read the blog, what did I see looking at me from the side of my desk, the very same form that Dr Bloster recommends using. And had I used it yet? What do you think?

We then have the updated GMC descriptor of a child and adolescent psychiatrist, followed by our update from CAPSS.

Finally, we have a blog from Jon Goldin and an update from our faculty valued-based practice lead, Leo Kroll. Jon wrote his blog earlier this year for the Huffington Post. It's very relevant to the considerations about provision of mental health within schools that is part of the Government's Green Paper.

Just before the section with all the faculty leads, you'll find a link to the flyer for the Medically Unexplained Symptoms practical skills day being run by UCL in January

Anyway, I hope you all get some kind of break over Christmas and or the New Year. Having time away from work and looking after ourselves is even more important in these straitened times. When there are such small numbers of us, we have to keep ourselves well, so that we can retain our compassion with the 25% of children and young people who do manage to access our services.

Dr Virginia Davies
Editor

virginia.davies@slam.nhs.uk

*You can read here Jon's piece in the Independent about [ringfencing child mental health funding](#) and Bernadka's opinion piece in the BMJ [Mental health services for children fail to meet soaring demand](#).

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The chair's column**Bernadka Dubicka**

It's been a busy few months since I have taken over as chair. Child and adolescent mental health remains very much in the headlines and our policy and communications team have been working us hard.

With the impending Green Paper announcement in England, it has been important to communicate a clear message about the state of CAMHS underfunding. I was therefore delighted that the BMJ commissioned an editorial about the current state of CAMHS (BMJ 29.9.17) from me and our young person's representative, Tori Bullock. I need to thank the College communications team for their tireless work in garnering opportunities to speak out on this issue, and to Drs Louise Theodosiou and Jon Goldin for taking up media assignments at very short notice. Thanks as well to all of you, including academic colleagues, who have sent in your suggestions regarding the Green Paper. We cannot incorporate every piece of feedback in our response, however, it has been really helpful for us to know what you regard as the priorities. Consistent themes were the need for an adequate workforce with the right levels of training and supervision, integrated systems, and evidence based practice. We will ensure that all these are contained in our response, particularly given the expected government plan to roll out mental health initiatives in schools.

The recent Care Quality Commission (CQC) announcement confirmed what we already know: the good news story was the recognition that some English services perform well, but there still exists a lot of variability. The next part of the review will be an assessment of care pathways, and I will be attending the next meeting, emphasising the need for better joined up systems. We have also submitted a response to the impending Health Select Committee into CAMHS funding, highlighting the need for increased, ring-fenced funding, as well as increased accountability and transparency. The other important ongoing consultation is the review of the Mental Health Act, under Simon Wessely. Cornelius Ani has led an initial response calling for better data for detained young people, increased clarity regarding overlapping legislation and our concerns regarding lack of 'least restrictive options'.

The conference season has been busy this autumn. It was great to see so many of you at our annual conference in Nottingham. I hope you enjoyed it as much as I did.

Thanks to Catherine Ayres in particular for organising a very entertaining tour by Robin Hood, and also for the conference dinner: it must have been good as even I ventured onto the dance floor (thanks to our highly persuasive finance officer Alka Ahuja!). We have had some useful suggestions from you for the meeting next year in Glasgow, and our academic team, Helen Minnis and Dennis Ougrin, are already securing some high-profile speakers. I'm sure they will be worthy successors to our previous excellent academic organiser, Ann Le-Couteur.

I was recently invited to chair a session at a child mental health conference jointly organised by the Royal College of Paediatrics and Child Health and the Children and Young People's Mental Health Coalition. We are hoping this will be ongoing fruitful collaboration between us and increase the profile of paediatric liaison services.

I was also pleased to be invited to the annual trainee's conference in Liverpool last week, which was very well attended and very well organised thanks to Shichao Sun and Sarah Whitaker. They have done a fantastic job of representing the trainees and I look forward to working with the new trainee representatives.

Lastly, a couple of dates for your diary: we are delighted to be hosting a joint meeting with the National Association of Head Teachers on the 30 January 2018. The meeting will focus on the highly topical subject of mental health in schools. I am also pleased to be chairing an Open Forum conference in my home town of Manchester, on 12 December; we have an excellent line-up of speakers, including Sue Bailey.

And to finish, some more good news and an update about workforce. Firstly, many congratulations to Rory Conn for winning the higher psychiatric trainee of the year award at the annual RCPsych awards, and to Elaine Lockhart and her liaison team for winning the CAMHS award. Highly inspirational colleagues who will hopefully inspire more people to #choosepsychiatry – officially the most successful campaign the College has launched to date.

Alongside recruitment, we have not forgotten the importance of retention, and the Faculty will soon be launching a survey to hear your views about this crucial area. I am due to start attending meetings with Health Education England to discuss workforce issues and will be sharing the results of the survey with them, so please respond.

These are some of the edited highlights of the activity of the Faculty, and I promise you that there is a lot more work going on behind the scenes. More of that in the spring newsletter. In the meantime, I guess it's that time of year when I can start wishing everyone season's greetings and a more hopeful and prosperous 2018.

Please do send me any burning thoughts via Stella.Galea@rcpsych.ac.uk or #bernadkad (occasional tweeter).

Dr Bernadka Dubicka
Chair, Child and Adolescent Faculty

Report from Wales



Alka S Ahuja and Manel Tippet

CAMHS continues to remain a priority in Wales. Over the years, Welsh Government has invested heavily in improving services for children and young people. We welcome the recent announcement of an additional investment of £1.4m from Welsh Government to strengthen the support from specialist CAMHS to schools. A pilot project will run for two years, providing dedicated CAMHS practitioners recruited to work with cluster schools in three areas across Wales. The practitioners will provide teachers with on-site help and advice, ensuring pupils experiencing difficulties such as anxiety, low mood, and compulsive self-harm or conduct disorders receive early help in schools from suitably trained staff, preventing more serious problems occurring later in life. Wales is the first UK nation to develop such a programme country-wide, which was picked up by the BBC. Wales has also led the way in the UK by being the only country that requires local authorities to provide counselling services in their area for children and young people aged between 11 and 18, as well as pupils in Year 6 of primary school. The pilot project complements that work by providing an additional layer of more specialist support in schools.

Manel, our policy lead, continues to have a busy time in office. We provided evidence for the National Assembly's Children, Young People and Education Committee inquiry into CAMHS. The terms of reference focussed on the 'Together for Children and Young People Programme', in particular on specialist CAMHS, funding, transition to adult services and links with education. We also responded to the Assembly's Health Committee Inquiry into physical activity of children and young people and to the Public Accounts Committee inquiry reviewing children in care. Manel has been instrumental in setting up the Children's mental health policy sub-group, which is part of the wider Welsh NHS Confederation Policy Forum. The Forum comprises a number of policy leads in health and social care organisations across Wales. The sub-group brings together those organisations with a specific interest in children and young people's mental health and wellbeing with the aim of collaborating on specific areas where necessary. Members include the Samaritans, NSPCC, Children in Wales, RCPCH, RCSLT, Citizen's Advice, and Chartered Institute of Physiotherapy.

Paul Davies, AM, has launched a consultation on a proposed Autism Bill. The purpose of the Bill is to make provision for meeting the needs of children and adults with autism spectrum conditions in Wales, with the aim of protecting and promoting the rights of autistic children and adults in Wales. We will be consulting Dr Ian Davidson,

the RCPsych autism champion, but we are also keen to hear from our colleagues in England for their views on the Autism Act in England.

We have a busy few months ahead now as we prepare for our upcoming events, just before I step down from my role as Chair of the C&A Faculty in Wales.

- We hosted not one, but two primary school debates in October. There was a huge response from the local primary schools, so building on our success from last year, we decided to host two events where the Year 5 and Year 6 children presented their views on “This house believes that children and young people should talk about their feelings”. Professor Sally Holland, the Children’s Commissioner for Wales inaugurated the event.
- We also had our Child and Adolescent Faculty RCPsych in Wales meeting this month in Cardiff. The programme included a round table discussion on the Mental Health (Wales) Measure, the T4CYP update, and Mair Elliot speaking about her experiences of the T4CYP programme and how she is making positive changes to service delivery.
- We hosted a CAMHS awareness event and debate in a high school in Newport. The event included a debate, an art competition, an essay competition and a movie challenge to enable young people from neighbouring schools including the Welsh school and special needs resource bases to participate.
- In December we will host our Christmas debate for sixth form students. Kirsty Williams, the Cabinet Secretary for Education and Professor Sally Holland will be attending the event.
- Finally, we are holding a joint event organised by the C&A Faculty and colleagues in Welsh Government’s Pupil and Wellbeing Team. The afternoon seminar will be for colleagues in health, education, social services and third sector and will provide attendees with an overview of some of the work being undertaken in Wales on raising awareness of mental health in young people in schools. The workshops organised will provide a unique and valuable opportunity for attendees to share examples of best practice and discuss possible solutions to issues and concerns in a confidential space.

We would like to say a huge thank you and congratulate Ruth Chohan and Mair Elliot for their great performance at the Faculty residential meeting debate in Nottingham. You were both fantastic! We hope that the College will continue to involve young people in similar events in the future. Also, a special thanks to Bridget Taylor who presented a workshop session on involving service users and carers in developing smart technology. Bridget’s article on her experience as a sufferer representative attending our Faculty conference is included as the next item in this newsletter.

Dr Alka S Ahuja
Chair, Child & Adolescent Faculty, Royal College of Psychiatrists in Wales

Manel Tippet
Policy Administrator, Royal College of Psychiatrists in Wales

Contact Alka and Manel c/o mtippet@rcpsych.ac.uk

Dancing with Psychiatrists: a sufferer representative's account of presenting at and attending the Faculty residential conference

Bridget Taylor

As the 13th September approached, I was filled with fear and trepidation. The thought of talking to a roomful of psychiatrists became increasingly terrifying as the date drew nearer.

I was flattered to be asked to take part in the development of the 'Diet or Disorder' app. I was able to use my anorexic experience for something positive rather than going to great lengths to hide my psychiatric past.

I had thoroughly enjoyed my involvement in the app production. The team was very friendly, valuing my ideas and opinions, with a real interest in the views of a service user. I felt almost confident in my app role, but taking part in a workshop at a conference run by the Royal College of Psychiatrists, this might be a step too far.

I faced the roomful of psychiatrists, well supported by the workshop team, and gradually the memories of my 'patient past' seemed to fade. These people were human, when I spoke they listened without looking bored or superior; they seemed really interested. What a huge relief.

Having got through the workshop without resorting to anything illegal, I now had a second challenge: I was going to the conference dinner. This struck me as akin to aversion therapy, it had to be my worst nightmare. I was going to have a meal with psychiatrists and not just a few; it seemed like hundreds.

I had a wonderful time, the food was anorexic-compatible, the company friendly and welcoming. The 'patient past' memory was now just a shadow. There was a very good band and, much to my amazement, everybody got up and danced – quite wildly in some cases! Not one body was left sitting, the dance floor heaved with psychiatrists. I am sure that this would not have been the case with almost any other profession; I can't imagine bankers, politicians or even microbiologists throwing themselves into the spirit of things with such abandon. I was deeply impressed and, as I danced with them, the shadow of my patient memories dissolved completely.

I am now cured of my 'psychiatrist phobia'. This therapy and the title of the book that I shall never write will be called 'Dancing with Psychiatrists'.

Bridget Taylor, Sufferer Representative, Wales

(Bridget presented the workshop "From Prevention to Intervention: The experience of patient and carer engagement in the co-design of SMART Technologies" at the CAP conference, 2017, Nottingham)

mtippett@rcpsych.ac.uk

Report from Scotland**Elaine Lockhart**

There was a strategic meeting of the RCPsych in Scotland Faculty Executive recently with the newly elected chair, John Crichton, asking us to focus on four main issues over the next two years: recruitment and retention; what data we should be usefully collecting; the proposal for changing the UK College's constitution to better reflect the four nations, and the Mental Health strategy. We have been continuing to work with colleagues in the Scottish Government regarding the latter and are contributing to processes around the development of an anticipatory care plan for young people transitioning from CAMHS and the proposed audit of 'rejected referrals' by CAMHS. Although the focus in the strategy on prevention and early intervention is welcome, specialist CAMHS continues to be under pressure due to the number and complexity of referrals. Scottish Government officers have been reminded that despite some increase in workforce over the past 10 years, there has been no concomitant increase in the consultant workforce.

We are delighted that Dr Anne McFadyen, our former chair, has been appointed as infant mental health lead in the Managed Clinical Network for Perinatal mental health.

At a meeting of the RCPsych Scottish Recruitment and Training group, there was a presentation by Dr Fiona Mitchell. She spoke about the Safe Spot app, which is widely used in CAMHS, and about research into the training of teachers and use of buddying systems, both of which aim to promote good mental health and provide onsite support for young people within schools.

At the end of September, colleagues in Glasgow organised an excellent conference to honour the memory of our late colleague Dr Anne-Marie Discombe, who was a consultant in the West of Scotland adolescent in-patient unit.

Dr Elaine Lockhart

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

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

Report from Northern Ireland



Richard Wilson

Today (16th October) Northern Ireland has been riding out the remnants of Hurricane Ophelia. The storm caused considerable disruption and devastation throughout Ireland and all schools remain closed until tomorrow. Our hearts go out to the families of the three people who lost their lives yesterday. The country has been at a near standstill for 24 hours and it will be some time before all systems get up and running again.

Some systems however we fear are going to remain offline, most particularly and sadly, our local Northern Ireland Assembly. This situation, coupled with the announcement of £70 million savings to be made through cuts in our local Health & Social Care services, has been very challenging. All of the local Medical Royal Colleges in Northern Ireland issued a consensus statement at the beginning of September highlighting the current impasse in strategic planning and the effect this is having on service delivery and staff morale. CAMHS Northern Ireland will need an additional £4.8 million recurrent investment to secure our transformation programme. So far, the progress with acute services reform has been welcome but will be insufficient to effect systemic shift in the absence of aligned investment in preventative services. This is particularly the case if funding is not available to support and develop those specialist aspects of the network needed to empower and support schools and primary care initiatives.

Despite all this challenge and pain, the RCPsych Northern Ireland continues to provide a safe haven in the midst of the storm.

The 7th Annual Joint UPS/ CAP Faculty RCPsych Northern Ireland Conference took place at Riddell Hall on the 6th of June. The title was *Beneath the Surface ...Exploring Childhood Anxiety, Attachment and the Power of Relationships*.

Around 100 professionals attended, including many consultants and a sizeable cohort of non-medical colleagues. It was interesting that the day of the conference coincided with *What matters to me day* (thanks to Dr Kate Latimer for the reminder). What matters about these conferences is their potential to bring associated specialties together in a spirit of joint learning. It's also good to reconnect with professional acquaintances, old and new.

In my experience this was the most collaborative conference so far and it was a pleasure to work with Dr Shilpa Shah on the programme. Shilpa is a most efficient

and effective organiser, and I am secretly impressed by the fact that we organised the entire day in one meeting over coffee in the MAC! Following this, we refined and sorted via email and phone, and our next meeting occurred by serendipitous chance in the Crown Bar where I was treating our keynote speaker, Helen Minnis, to a Baileys Cream! Helen is professor of child and adolescent psychiatry at Glasgow University and has extensive research interests in the area of attachment and neurobiological development, and the importance of sound nurture in the environment and relationships surrounding the developing child. She has also completed pioneering research in assessing the efficacy of attachment-based intervention models. Helen has also been involved from the start with *Scottish Attachment in Action* and was a key contributor to the formation of *Irish Attachment in Action*. All are interdisciplinary, joined-up ventures aimed at improving our understanding of the challenges affecting the development of the mind in young children, and designed to co-plan and advocate for integrated interventions based on evidence. OK Northern Ireland....time to get busy!

The theme of anxiety proved to be a connecting thread throughout the day. As MC, I hope I was the very model of performance-anxiety contained (feedback forms anxiously awaited). All of the presentations seemed to complement one another brilliantly, starting with Dr Lisheen Cassidy's excellent synthesis of the work of Dr Suzanne Sullivan. Dr Sullivan proposes an explanatory model of attachment theory, which seeks to understand the presentation of anxiety-based symptoms and illness behaviour with respect to the attachment style of not only the patient but also the treating physician and clinical team. This was followed by an excellent presentation by Dr Anna McGovern on the various aspects of anxiety presenting in patients suffering from autism and its variants, again with reference to developmental neurobiology and a range of management and treatment responses.

This was followed by a full 90-minute slot, fully exploited by Prof Minnis, on recent advances in the concepts, aetiology and pathogenesis in attachment disorder, and possible approaches to remediation of the symptoms and relational difficulties which can pose such difficult challenges to identity formation and living. Helen's presentational style is superbly engaging and stimulated much positive interaction and discussion. Helen made the point that "Children who have been exposed to maltreatment are at a higher risk of having problems with emotional regulation and are also at much higher risk of having complex neurodevelopmental disorders which also affect their emotional regulatory capacity. This means that such children may be at 'double jeopardy' of problems associated with the regulation of emotion. This means that we need to assess and deal with neurodevelopmental problems in maltreated children to prevent and manage the emergence of problems like anxiety."

Helen's dedicated approach towards moving the whole field of attachment out of the laboratory and into clinical practice, with the development of clinical confidence and more practical assessment and outcome tools is impressive and bodes well for the future.

Following lunch, and recognising that if attachment-based anxiety has its roots in faulty relationships then it is likely that the solutions to such problems may lie in promoting learning and support embedded in the context of nurturing relationships, we went on to hear of two possible approaches. The first was presented by Janet McCusker (nurse education consultant), who outlined the Wellness Recovery Action Plan Approach (WRAP). This method, developed by Mary Ellen Copeland, emphasises the central importance of individual autonomy in the co-development of an evolving self-led management plan which has wide applicability across many areas in mental health practice. This was followed by an excellent talk by Annie Gordon (nurse therapist) on her use of the cognitive therapy approach for patients with complex needs who present with anxiety.

All in all, this was one of the most successful joint conferences to date and we are grateful to all our speakers and colleagues across CAMHS and the world of paediatrics for a stimulating and enjoyable day of learning.



Again, involving paediatrics, I was invited to attend the launch event for the Northern Ireland Royal College of Paediatrics and Child Health Managed Network. This enterprise draws on the actions and priorities from the 2017 State of Child Health document and is extremely timely. Our local Faculty will be working to refine our input in a truly integrated manner.

Following a successful meeting at the College with the Northern Ireland Commissioner for Children, Ms Koulla Yamisuma (see below), Dr James Nelson and I were in turn invited by the Commissioner to attend a roundtable discussion on Child

Mental Health Data and Evidence held at Queens University Belfast. Representatives from the Health & Social Care Board, senior academics, the chair of Royal College of Paediatrics and Child Health, Dr Karl McKeever and Ms Geraldine Strathdee (NHS England) discussed progress towards a fully integrated model of working and the data needs of such a novel system.



At the level of policy and leadership, and facing the prospect of the Northern Ireland Health & Social Care Board being stood down in 2019, it is expected that the strategic management of Northern Ireland CAMHS will be delivered by a newly configured Partnership Board (consisting of local lead clinicians and clinical managers from each of the five Northern Ireland Trusts). This will be led by a Clinical Director who will be a consultant child and adolescent psychiatrist supported by an operational lead. This presents an enormous opportunity for clinicians to bring their wisdom and talents right to the heart of decision making in service design and delivery.

The CAP September conference in Nottingham, thanks to Peter Hindley's inclusive vision, presented an opportunity for all the devolved regions to introduce their local child and adolescent psychiatry challenges and developments to the whole Faculty. Though the presentation window was short, it was possible for me to highlight the challenges of practice in a deeply divided society and to reflect on how more integrated practice in partnership with patients, their families and partner agencies can begin to construct a more positive and practical narrative of service development ... 'Something there is that does not love a wall' (Robert Frost). Bernadka, our incoming Faculty chair proposed that a regional symposium be held at all future conferences and I think this would be such a positive way to share learning and experience for the benefit of all our patients!

Dr Richard Wilson

Chair, Child & Adolescent Faculty, Royal College of Psychiatrists in Northern Ireland

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

CAMHS blog #5: SM27C**Dr Bloster**

This season, as I come into the autumn of my career, I would like to concentrate on giving you all some really useful information, rather than blathering on about my feelings during a recent SMT Away Day.

This is a spoiler alert for anyone who has worked part-time. I don't know about you, but years ago, as a new parent, working part-time, resident on call **and** sleep deprived, I didn't have the time or headspace to check up on my pension or even scrutinise my payslips. Part of the generation that worked very long hours as junior doctors, I didn't really worry about not having mental health officer status (I missed it by five months) or falling into the group caught between the 1995 section and the 2015 section for whom a sliding scale applies for pension protection. I shoved my payslips into a file and thought I'd look at them later 'when I'm old'.

That time has now come. I sent off for my pension statement, which I found unnecessarily hard to interpret. One of the problems, if there's anyone listening out there, is that the number of part-time sessions is not recorded on the statement. It can appear as the total number of days or hours worked, and in order to check accuracy you have to match this back against the number of sessions you believe that you worked over this period. The calculations can be tricky, especially if you worked 7 sessions rather than 5, and did this over 9 months rather than 12.

Another issue is that many of our previous employer's payroll offices have closed, merged, been taken over or outsourced over the years. Where this has happened, it is often difficult obtaining old records ie payslips. Whilst the Pensions Agency advises speaking with the Trusts in question in order to correct anomalies on a Pensions Statement, in practice this is impossible if records are lost locally.

For me, it varied between being unable to get through to anyone who could help or spending interminable periods being kept on hold. Some of the payroll departments had closed down, taking with them all my records. Why is it not possible to have new systems put in place, preferably on-line, so that every payroll department becomes subsumed into a larger organisation, with a specific and accessible person managing pension queries, who can be easily contacted by email or phone (and responds!)? However, since Trusts are seemingly not responsible for what has happened to their old payroll records, one is left with no right of redress.

But, all is not lost. If your query relates to service more than seven years ago, you can ask the Pensions Agency to look into it for you with the above form. This can be found on the Pensions Agency website under membership enquiries. Hence the title of my blog. SM27C, my beloved colleagues, is not a new form of emergency birth control, it is pensions gold dust, the magic key to unlock pensions anomalies. If you contact the Pensions Agency by phone, do not be sent off on a wild goose chase

round the Trusts of your youth, use SM27C! This piece of information could save consultants collectively, thousands of hours.

Updated GMC description for child and adolescent psychiatry

Helen Rayner

The GMC has recently been updating the information it holds about the different sub-specialties within each specialty. This is what we submitted for child and adolescent psychiatry.

‘A child and adolescent psychiatrist is a medically trained specialist with skills in the assessment, management and treatment of mental health disorders in children and young people under the age of 18 years.

75% of adults with mental health problems became ill before the age of 18. Child and adolescent psychiatrists are therefore in a good position to positively influence the outcomes for children and young people, and mitigate against poor outcomes in the future.

1 in 10 children suffer with mental health problems and the biggest cause of death in young men is due to suicide.

Child and adolescent psychiatrists are trained to integrate biological, psychological and social factors whilst also considering changes that take place around young people due to their:

- development
- family or carer environment
- cultural issues
- physical health problems
- wider experiences in school, (eg friendships, bullying, education local communities, healthcare system)

Child and adolescent psychiatrists also work in all the psychiatric specialties and subspecialties eg Intellectual Disability, Forensic, Liaison, Psychotherapy, Academic Child and Adolescent psychiatry.

Child and adolescent psychiatrists have a broad training in pharmacology and psychotherapies and provide clinical leadership to a multi-disciplinary team. This team may consist of psychologists, nurses, family therapists, psychotherapists, occupational therapists and social workers.

They have an important role as a doctor, assessing and treating children and young people holistically and considering how their physical condition can affect their mental state and vice versa. Child and Adolescent psychiatrists will make diagnoses and use evidence based therapies, including the use of medication when indicated.

There is good evidence for a variety of treatments for child and adolescent mental health e.g.:

- stimulant medication for ADHD
- anti-psychotic medication for psychosis
- cognitive behavioural therapy for anxiety
- parent training for behavioural disorders

Child and adolescent psychiatrists are integral to assessing risk and considering the legal aspects of the management of children and young people e.g. using the Mental Health Act and the Children's Act

Child and adolescent psychiatrists also have important duties such as training, research and innovation, consulting and liaising with other services.

There are advisory roles such as working with the National Institute of Clinical Excellence. The Royal College of Psychiatrists' communications team actively support psychiatrists who are involved in public education and other kinds of media work.'

Dr Helen Rayner
Faculty executive workforce lead
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

Online reporting

We have now completed the roll out of online reporting with the final phase going live in July this year. We have increased the accuracy of our database considerably, so we are pleased to report that our response rates have been improving.

Please send any changes or updates to your email to CAPSS@rcpsych.ac.uk.

Study Updates

Cost-effectiveness of models of care for young people with eating disorders (CostED)

The CostED study is a UK- and Republic of Ireland-wide study which commenced in February 2015 and will be used to evaluate whether increased investment in

community-based specialist eating disorder services would benefit young people and provide good value for money to the NHS.

This study is due to submit its final report to the National Institute of Health Research, which funded it, in the next month and a series of papers will follow over the next year. The results of this study are widely anticipated, due to the implications for future service development.

Faculty Conferences 2017

CAPSS again hosted the drinks reception at this year's Faculty conference September 13th-14th in Nottingham. We enjoyed meeting you!

Professor Tamsin Ford will be speaking at the Faculty of Child and Adolescent Psychiatry Winter Institute Day and will discuss further updates on the work of CAPSS.

CAPSS studies are only as good as your reports and support

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

Current responders, please send any changes or updates to your email to CAPSS@rcpsych.ac.uk

Adi Sharma, Alan Quirk, Tamsin Ford and Priya Hodgins
On behalf of CAPSS Executive Committee
capss@rcpsych.ac.uk

Teachers Must Be Supported To Put The Mental Health of Young People First

Jon Goldin

There is a mental health crisis developing among our children and young people.

Last month, the Prime Minister announced new measures to support children's mental health, noting that "mental illness too often starts in childhood and ... when left untreated, it can blight lives, and become entrenched".

As a child and adolescent psychiatrist on an inpatient psychiatric unit for children and young people, I work with pupils and teachers to prevent just that. Schools are key to children's mental health but currently health and education are too disconnected - often leaving young people without support.

In our health services and classrooms, poor mental health is on the increase. Instances of children going to A&E with mental health problems have almost doubled since 2012. 79% of schools have seen an increase in self-harm. The NHS and schools are struggling to support the rising numbers of children with mental health difficulties. Despite one in ten children having a mental health condition, only [0.7% of the NHS budget is spent on child and adolescent mental health services](#) (CAMHS). These services turn away more than a quarter of children referred, often because of a lack of capacity.

Meanwhile, cuts to schools' budgets have led to reduced mental health support in some schools. [64% of schools don't have a counsellor](#), in three quarters of cases due to financial constraints. Schools are the most commonly contacted service about mental health, yet teachers I meet often feel concerned and ill-equipped to support children with mental health difficulties. Awareness weeks such as the current Children's Mental Health Week (6th - 12th February) go some way towards encouraging discussions in classrooms across the country, but so much more has to be done to make those conversations more prevalent.

The Prime Minister has promised trials to better link schools and CAMHS to support pupil wellbeing and provide help before a child reaches crisis point. The most important goal is supporting children and young people with mental health problems, but improved relationships will mutually benefit teachers and mental health professionals who sometimes struggle to direct children through poorly connected services. Schools can better support pupils when they know what CAMHS can provide - especially when a pupil doesn't meet CAMHS referral criteria and needs to be signposted to other sources of support.

The RCPsych works with young advisors who have experienced mental health difficulties. Their experiences highlight confusion and frustration at the lack of information shared between CAMHS and their school. On my ward, as inpatients prepare to return to the classroom, we encourage teachers to attend review meetings prior to discharge wherever possible so there is a good understanding between our service and the home school. We understand teachers are very busy, so if this is not possible we ensure communications in other ways such as telephone or email. Returning to school after a long period of mental health absence is daunting for young people. We need a more holistic approach where teachers see supporting pupil mental health as being equally important as teaching literacy or numeracy. Coming from the Government, this message would empower Headteachers to make this an important part of their remit in schools.

Teachers have a wealth of experience of working with and supporting children. Their ability to provide a trusted, thoughtful listening ear should never be underestimated. There are multiple pressures on teachers' time, but their skills are invaluable in supporting children - especially children with mental health problems. Mental health first aid shows the Prime Minister's recognition that schools need more help addressing mental health issues - but this is far from 'case solved'.

These announcements represent progress but given the scale of the problem it's essential that her pledge to "transform the way we deal with mental health problems... in our classrooms" is fully realised. When the Prime Minister says, "parity means just that: parity", we need a clear outline of how this will be achieved for our children and young people, with well-qualified independent counsellors in every school and better links between CAMHS and schools.

This article first appeared as a Huffington Post blog in January 2017

Dr Jon Goldin FRCPsych
Consultant Child and Adolescent Psychiatrist and Joint Training Programme
Director
Great Ormond Street Hospital for Children NHS Foundation Trust
London WC1N 3JH
c/o stella.galea@rcpsych.ac.uk
twitter : [@DrJonGoldin](https://twitter.com/DrJonGoldin)

Realising the Value of Values-based Practice

Leo Kroll

A year ago, the Values-based Practice (VBP) commission published its report with recommendations. I was asked to help and have taken the lead in the [VBP system network hosted by the VBP Centre in Oxford](#).

I am retired and thus have time to do some enquiry about VBP. In line with the commission's findings, I have learnt about and taken a co-produced and person centred approach. I have talked to a range of stakeholders such as commissioners, researchers, education staff, NGOs and CAMHS.

What did I find? People are busy and VBP does not immediately grasp the attention. As a newcomer to VBP, I had a similar experience. However, my discussions show that values matter and to some extent drive person-centred work particularly in the NGOs.

Finding space to talk (prioritising a value set) is hard, though when done, it results in talk about what and how we do things within our teams, with other teams and with people who come to see us.

VBP can be valued as a framework that 'oils' the system, helping people to notice and unstick problems. For instance, VBP may help clarify implicit values that may block therapeutic process, team functions or improvement programmes.

VBP can also 'glue' a team or system together to clarify common purpose or projects. This entails understanding our framework of shared values and a respect for differences in value sets and priorities.

VBP signposts some tools required: good communication skills, a person-centred approach, the need for the science of evidence, and awareness of our diverse values and how these are prioritised.

VBP also benefits from quality improvement, particularly 'lean'. This method uses values language and is person-centred and inclusive to drive improvement.

We hope to develop the VBP network (see the link if interested) and also some e-learning (MindEd) and standards about VBP over the next year.

Leo Kroll
Faculty values-based practice lead
c/o stella.galea@rcpsych.ac.uk

Assessment & Treatment of Medically Unexplained Symptoms in Children: Practical Skills for Clinicians

Event taking place at the Kennedy Lecture Theatre, UCL Great Ormond Street Institute of Child Health on 12 January 2018

[Further information and registration](#)

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 Nicky Adrian	Regional Representative for London South West
Prof Alka Ahuja	Financial Officer & Chair of College in Wales
Dr Cornelius Ani	Deprivation of liberty, Mental Health Act Review

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

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