



CAPSS

CHILD AND ADOLESCENT
PSYCHIATRY SURVEILLANCE
SYSTEM

Past Present Future

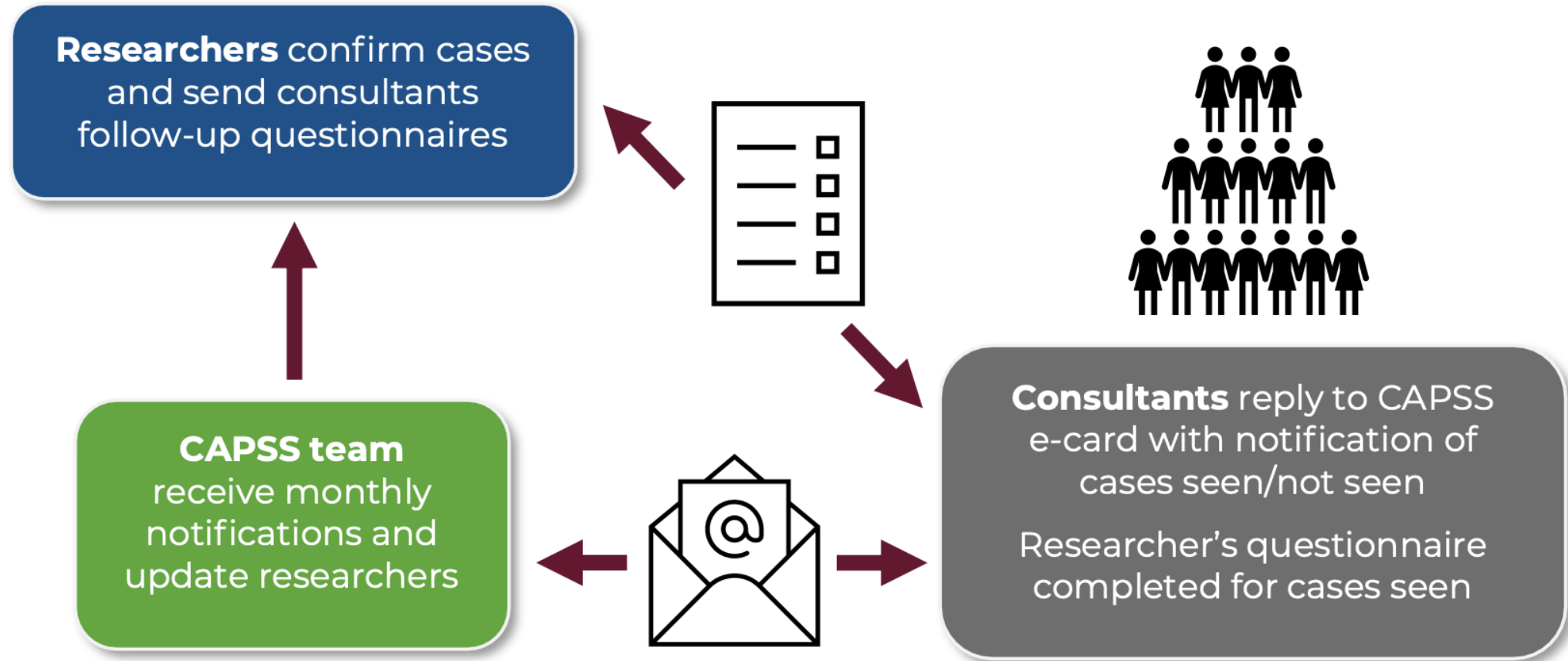
Aditya Narain Sharma MRCPsych MD PhD
Chair of CAPSS Executive

Surveillance aims of



- Facilitate epidemiological surveillance and research into rare child and adolescent mental health disorders and events
- Increase professional and public awareness of rare mental health disorders and events
- Make it easy for frontline child and adolescent psychiatrists to participate in epidemiological surveillance
- Inform service development and national policy, responding in a timely manner to clinical and public health concerns.

Methodology



Milestones

2005	Surveillance of Early onset eating disorders using BPSU methodology
2009	Funding from CAP Faculty and MHRN launch CAPSS Conversion disorder is first study using CAPSS/BPSU surveillance methodology Bipolar disorder was first study to use CAPSS methodology
2011	CAPSS host 1st workshop at Child and Adolescent Psychiatry Faculty Conference
2012	CAPSS contribute to the consultation on NHS rare disease plan
2013	CMO mentions CAPSS in his report Public Mental Health; Investing in the evidence.
2016	CAPSS moves to e-card reporting
2021	CAPSS launch 1st online webinar with update of CATCH-US study
2022	Webinar on the effect of COVID on children's mental health

Completed studies

Early onset eating disorder

Avoidant restrictive food intake disorder

Bipolar disorder

Early onset depression

Non affective psychosis

Gender dysphoria

Sydenham's chorea

Conversion disorder

Childhood disintegrative disorder

Cost effectiveness of models of care for eating disorder

ADHD Transitions to adult services

Far away from home

12 completed studies

Cover 5 countries & 3 crown dependencies

> 50 CAPSS executive committee meetings

> 8000 reporting cards sent out



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2009 - 2024

**4 CAPSS Chairs
29 committee members
7 trainee representatives**

> 1800 reported cases by consultant psychiatrists

60% average response rate

> 40 peer reviewed publications

**8 webinars
10 masterclasses**

Future challenges

- Financial targets
- Staffing
- Clinician buy in
- Identifying and encouraging new projects
- Raising CAPSS profile
- Managing changing ethics and governance
- Increased collaboration
- PPIE

Acknowledgments

All CAPSS executive members present and past

All at the CCQI

Colleagues from the BPSU past and present

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Huge thanks to all the children and young people who sent in amazing submissions to our 'My mental health and me' artwork competition, which are included in this report

And of course, all Consultants Psychiatrists working in child and adolescent mental health services who have completed CAPSS reporting cards without whom we would not be able to undertake surveillance.

