Faculty of Child & Adolescent Psychiatry Executive Committee Newsletter

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	Philippa Buckley	Jose Mediavilla
Vice Chair	Rory Conn	Paramala Santosh
Alka Ahuja	Tina Irani	Louise Theodosiou
	Abdullah Kraam	Sami Timimi
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Andrea Danese
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Toni Wakefield
Joanne Wallace
Sophia Williams

In this issue

Louise Theodosiou

Welcome to this spring edition of the newsletter. I am proud to be part of a college that has worked so hard to raise awareness of the unequal impact of COVID-19 and the rising cost of living on the most vulnerable in society. I do hope that you are all managing to maintain your wellbeing at this time of increased pressure on our services. Our thoughts are of course with the people affected by the conflict in Ukraine, and our Chair has valuable guidance on this tragedy.

Thank so much to the hardworking doctors who have provided their time to share their work with us in this latest edition. You will also find invitations to submit your work, opportunities to work as an expert witness and opportunities to nominate people and teams for the RCPsych Awards.

Dr Louise Theodosiou
Editor
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Contents

The Chair's column

Elaine Lockhart

I am writing this while we are hearing more and more about the impact of the invasion of Ukraine with reporting of deaths, injuries and mass migration into neighbouring countries. For colleagues from this region who may have family there, I hope that you are being looked after and that your friends and family are safe. Please remember that as well as the Doctors in Distress service (www.doctors-in-distress.org.uk), there is also the RCPsych Psychiatrists Support Service which can be accessed via www.rcpsych.ac.uk/members/supporting-you/psychiatrists-support-service

Many of you may be hearing from children and young people who are very worried about the situation and there are helpful factsheets on our website about anxiety, poor sleep, PTSD etc, as well as on the Young Minds and MindEd websites. We know that there are many adverse consequences to the health and wellbeing of children exposed to war and displacement and the ESCSP position paper "War hits children first" sets this out in stark terms; www.escap.eu/division/policy-division/war-hits-children-first

For those of you who wish to donate to support humanitarian aid, the following has been recommended; https://gofundme.com/f/helpukraine

Over the past few months we've had meetings with the College Chief Executive and colleagues to talk about how we can increase access to the voice of CYP and parents/carers for the work of our Faculty and that of the College. As requested, we have submitted a business case for what we need and it was agreed that we would join meetings with RCPCH and Young Minds about how we might take this forward, in addition to the excellent support from our Participation group.

I've joined meeting with the Chairs of the Addiction, Neuropsychiatry and ID Faculties about areas of common interest and attended the Faculty Chairs' meeting. There are opportunities for collaboration with colleagues around the 0 – 25's work and our Faculty is supporting a Workshop on Eating Disorders at the RCPsych International Congress in June.

There have been several meetings about the critical issue of our workforce including with Subodh Dave, Kate Lovett, Wendy Burn and HEE colleagues and other members of the Executive. There is no argument that we need more child and adolescent psychiatrists, but we are facing challenges with recruitment to higher training and retention across all medical grades. This will be an area of focus at our strategy day in June, with work needed to pull together a range of suggestions to develop a clear strategy to take this forward.

The Office bearers and others met with Peter Markham from the College to develop a Comms strategy – this aims to cover how we communicate with CYP, parents/carers, colleagues across services, the general public and College members. It aims to bring together the use of different media to provide high quality information which helps move the narrative on from the dire straits specialist CAMHS is into what we can offer, highlight the positive aspects of becoming a Child and Adolescent psychiatrists and broadcast positive developments in our field. A further meeting is planned and we should be able to present a draft Comms strategy in June.

The work with NHSE and other Royal Colleges about addressing the mental health needs of CYP in acute health settings is ongoing and the joint position statement "These patients are all our patients" was circulated in December. As well as addressing the urgent and emergency work, we have been trying to maintain a focus on CYP with long-term conditions and functional presentations which requires on-site Paediatric Liaison services. I am continuing to work with the RCPCH and have been invited to join a debate at their annual meeting in June which I will be speaking at the debate "Paediatricians should not manage mental health disorders".

The 0 – 25's paper has been refreshed and agreed and should be published in early June. Several of us attended a 0 – 25's steering group and the plan will be to focus on a 0 – 5's paper, updating our report about Sustainable CAMHS and mental health services for young adults and transition between CAMHS and AMHS. The Dean is keen to take forward training for adult psychiatry colleagues who are being increasingly asked to cover all ages on call rotas, in addition to developing a proposal for credentialling for working with under 18's and under 5 year olds which will take time to establish. I would be interested to hear if colleagues have been working locally to deliver training with adult psychiatry colleagues to support their out of hours work.

I'm continuing to meet with other organisations who are working with CYP and it is becoming increasingly recognised that the mental health needs of CYP cannot be provided by specialist CAMHS alone and we hope to build on our work within health and across agencies. Some colleagues drafted a letter to Sajid Javid regarding the importance of social services provision for CYP across all levels of need. This has been revised and agreed within the College and we are requesting that the BPS, the RCPCH and the RCEM co-sign this to strengthen its impact. The plan is to share this with the devolved nations so that this can be used locally within their own governmental frameworks.

Integrated Care Services are being set up across England and it would be helpful to hear from those of you work there if the mental health needs of children and young people are being considered in these arrangements and if there is any way we could support this? There is ongoing support for the roll out of Youth Hubs and It would be helpful to hear if colleagues have these in their area, how they work and how connected services are.

The work on developing a position statement on Personality Disorder in young people is ongoing and we are planning to suggest this topic at one of the Dean's Grand Rounds. This is an important area for us to lead on and input from members to the consultation and what might follow on in terms of training and multi-professional and multi-agency work will be needed. As always, I am hugely grateful to the Executive members for their hard work and enthusiasm which is more important than ever. Please get in touch about any of the topics I've covered or regarding other areas of our work.

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Report from Northern Ireland

Mark Rodgers

The College and Faculty in Northern Ireland (NI) have been active since the last Newsletter update with some highlights presented below:

10th Joint Meeting of Ulster Paediatric Society (UPS) and RCPsych CAP Faculty

At the end of 2021, the RCPsych CAP Faculty in NI hosted the 10th Joint meeting with the UPS. This annual academic day represents close collaboration between child and adolescent psychiatrists and paediatricians in NI. The Faculty expresses thanks to the Keynote addresses from NI's Mental Health Champion Siobhan O'Neill and former RCPsych UK President Mike Shooter and to all presenters and delegates who contributed to the success of the event.

Regional Care and Justice Campus for NI

Faculty representatives have met colleagues from the Youth Justice Agency and Family and Children's Policy Unit vis-à-vis the Faculty's response to the Department of Health's consultation on the establishment of a Regional Care and Justice Campus, which set out proposals to introduce the NI Framework for Integrated Therapeutic Care (FITC). This would complement the wider implementation of the Framework for all looked after and adopted children and young people in NI. It is envisaged that the FITC will be supported by a multidisciplinary therapeutic service. The Faculty have been involved in consultation regarding identity of the proposed multidisciplinary therapeutic service, its anticipated staffing composition, leadership framework and clinical governance arrangements.

Autism (Amendment) Bill

The NI Assembly Committee for Health previously requested views on the Autism (Amendment) Bill. The bill amends the 2011 Autism Act and will require the establishment of an independent autism reviewer, to scrutinise services in place. The bill was passed by MLAs in March 2022. It puts a legal duty on the Department of Health in NI to ensure regionally consistent autism provision in terms of assessment and intervention services. The bill will also facilitate the development of a cross-departmental training strategy and the creation of an autism information service.

Medical Workforce plan for Psychiatry Specialties in NI

The College and Faculty in NI have contributed to the *Medical Workforce plan for Psychiatry Specialties in NI – 2022 – 2031*. This planning exercise is the most recent in a series commissioned through the Public Health Agency to examine the medical workforce in specific service or specialty areas. The consultant vacancy rate in child and adolescent psychiatry in NI appears lower than in psychiatry specialties in NI generally. However, given the current workforce and expectations that may arise from the implementation of the *NI Mental Health Strategy 2021-2031* the projected

current training programme outputs may not address the present or projected need in NI moving forward.

Faculty working with Resilience & Wellbeing Charities in NI

Faculty representatives have contributed to plans to establish a *Youth Wellbeing Panel* in NI aiming to raise awareness and understanding of the importance of positive mental health and supporting young people in developing coping skills, resilience and the knowledge and ability to seek help.

Dr Mark Rodgers
Chair of Faculty in Northern Ireland
c/o Catherine.Langley@rcpsych.ac.uk

Newsletter from Wales

Dr Amani Hassan

Greetings from Wales. Since our last correspondence, Wales has made history with the start of the spring season as from Monday the 21st of March 2022, physical punishment of children became illegal by abolishing the defence of "reasonable punishment". Sweden was the first country in the world to ban physical punishment in 1979 and Scotland was the first country in the UK to ban it in November 2020. This is a fruitful outcome following policy engagements with the Faculty and the Welsh Assembly Government for a number of years.

Another development has been the national roll out of the 'The whole school approach' following a successful pilot phase in Betsi Cadwaladr University Health Board's, North Wales, which started in 2018. This approach is aimed at the needs of school-age learners and the workforce supporting their learning and well-being needs. A whole-school approach means making child, staff and parent/carer mental health and wellbeing 'everybody's business'. It involves all parts of the school working together and being committed. The Faculty has been in support throughout consultations in the development of previous reports through provision of evidence to the process.

The Faculty has also fed into a joint report submitted by RCPsych to inform consultations undertaken by the Welsh Assembly Government (WAG) regarding inequalities in mental health across all age groups. Our response focused on Mental Health inequalities among children and young people and identifying the barriers to accessing mental health services. We also touched on what would be needed to improve mental health and outcomes for the groups identified to reduce mental health inequalities in Wales

Last but not least, the Child and Adolescent Faculty in Wales will be holding a joint conference with the Adult Faculty on the 24th of June 2022 on transition from CAMHS to AMHS.

- c/o Catherine.Langley@rcpsych.ac.uk

Child and Adolescent Faculty and Executive Newsletter – Trainees report

Sophia Williams, Hetal Acharya and Joanne Wallace



We'd like to give a really big welcome to all you who have just begun as trainees on the CAMHS run-through training scheme and to all the new CAMHS SpRs at the beginning of your Higher training. Welcome to our wonderful CAP speciality! We hope you're starting to settle into your posts and are enjoying this vital and life-changing work with young people within your new teams.

All three of us are currently on CAMHS training schemes across the UK (two of us Higher CAMHS and one of us 'run-through' CAMHS) and we would love in our role as trainee representatives to be able to help you with any training issues you may have, or at least point you in the right direction of a relevant contact if you need any particular support related to your training. Do get in touch with us via RCPsych CAP Faculty if you have a particular issue.

We're excited to say that we are at the beginning of our planning for the next Child and Adolescent Psychiatry Annual Trainee Conference, which now in its twentieth year is a wonderful milestone in itself! We're looking at putting together a highly relevant and thought-provoking programme of speakers based on a mixture of the overall feedback from last year's very successful (and hugely enjoyable) conference along with your future ideas. To mark this anniversary year at the end of the second decade, we would like to make this conference as *trainee-centred* as possible, so we're asking for you to tell us YOUR ideas of areas or topics within CAMHS that you feel passionate about, and then we will make our selection from these. So, if you're interested in sharing your thoughts with us and having an direct input into this process, please complete our conference ideas surveymonkey link below which will be open until 1 May 2022.

https://www.surveymonkey.co.uk/r/FH6HPBK

At this point in time we have not finalised whether the conference will be in person or virtual, and again we will be asking your opinion upon this too as a hybrid version may indeed suit most. We welcome your input!

In connection with this, shortly we'll be making a *Call for posters* - so when the time comes please don't hesitate to email us your abstracts (as per advised outline and format) by the given deadline. We are really looking forward to reading about all your amazing work!

At the time of writing this, we'd hoped to be very much more 'back to normal' after a very difficult and challenging past two years of pandemic. Although undoubtedly things have returned to a 'new normal', our professional lives reflect ongoing challenges and tensions which may exacerbate our anxiety. Currently high rates of Covid infections within our work teams continue to impact staffing levels, plus very high workloads reflect the complex challenges to young people brought about by the pandemic; with more pressure possibly placed on us to expand caseloads, continuing risk of burnout, and an even more need for us to protect our professional/personal lifetime boundaries to maximise our wellbeing in our already demanding roles. Also, to add to the changes going forward this year, some of us will need to adapt to the new RCPsych CAMHS training curricula framework for 2022 which may for some seem quite daunting. Just to remind you all that there is a really helpful hub with a wealth of information on this topic to be found on the RCPsych website which will hopefully answer your questions on trainee transition to the new curricula: https://www.rcpsych.ac.uk/training/curricula-and-guidance/curricula-implementation

The hub will be updated with new information as they progress toward implementation. Currently it includes details of transition to the new framework and timescales, draft of the new curricula for all specialities including Run-through CAMHS and Higher speciality CAMHS, PDPs, ARCP decision aids, training videos, events for trainees and trainers, The Psychiatry Silver Guide (Guidance for psychiatric training in the UK), FAQs and details of weekly curricula drop-in sessions and more 'as it becomes available'. Helpfully, they also offer a contact email curricula@rcpsych.ac.uk for any curricula queries or concerns. The College states that new trainees (CT1 or ST4) in August 2022 - whether full or LTFT over 50% - will start their training on the new curricula. Trainees in CT3 or ST6 in August 2022 or February 2023 will remain on the existing curricula, *but for everyone else, transition will occur on progression to the next training year (and not in the middle of the year).* The GMC have mandated that all trainees transition to the new curricula by August 2024. The college welcome queries and concerns about this process and have offered both trainees and trainers the opportunity to contact the College for individualised support around this matter.

Overall, it looks like another very busy and challenging year ahead, but exciting, nonetheless. As your reps in post, we really want to make sure that you feel that your voice is heard in a time of change and possible uncertainty. We hope you'll take a couple of minutes to let us know of any ideas you have for conference talks/areas of interest. We really look forward to hearing from you and thank you in advance for your participation.

Wishing you all the very best in the weeks and months to come and looking forward also to meeting you at the conference.

- c/o Catherine.Langley@rcpsych.ac.uk

Nominate outstanding individuals and teams for our prestigious RCPsych awards

Find out more at www.rcpsych.ac.uk/awards
Entries close 29 April

European Journal of Psychiatric Trainees – invitation to submit

Dr Asilay Seker

Thank you very much for your interest in the European Journal of Psychiatric Trainees. Please spread the word to your network, we are looking forward to receiving **500-word abstracts to ejpt-admin@efpt.eu** prior to invitation for manuscript submission. All information can be found on **ejpt.scholasticahq.com/pages/347-abstract-submission**

This is a journal which will publish work on psychiatry, psychiatric training and mental health. We are looking for articles, reviews, narrative reviews, viewpoints, case reports and many other types of work to publish in our first issue which will be published in July.

We accept submissions from any author, work by psychiatric trainees or on psychiatric training will be prioritized.

Dr Asilay SEKER
EFPT President
European Journal of Psychiatric Trainees - Founding Editor-in-Chief
c/o Catherine.Langley@rcpsych.ac.uk

Calling expert psychiatric witnesses

Dr Keith Rix

Psychiatrists who provide expert evidence in the family courts may have been aware in November 2020 of 'The President of the Family Division Working Group on Medical Experts in the Family Courts Final Report' (**https://www.judiciary.uk/wp-content/uploads/2020/11/Working-Group-on-Medical-Experts-Final-Report-v.7.pdf**). This report by Mr Justice Williams is the report of a working group set up to address a problem of a "paucity of medical expert witnesses in family cases involving children". Given that the focus of the family court system is the protection of the vulnerable child, this problem is obviously a serious one.

The working group engaged in a consultation process and surveyed clinicians and lawyers. It identified a number of problems relating to the provision of medical expert evidence to the family courts and it has made a number of recommendations that are intended to address these problems.

The main barriers or disincentives identified to the provision of expert assistance to the family courts were, in order of importance: financial, court processes, lack of training and support, and perceived criticism by lawyers, judiciary and the press. Sixty-two per cent of respondents did not feel supported by their medical royal college or professional association to complete expert witness work.

The lawyers surveyed had noted a decline in the quality of expert reports which may be the result of more experienced and conscientious experts giving up expert witness work and leaving the work for those less able to provide reports of a sufficient quality.

The working group's recommendations include encouragement to the royal colleges to engage with commissioners and / or trusts to promote a more supportive environment to medical professionals who wish to undertake expert witness work and for the royal colleges and the Family Justice Council (FJC) to engage with NHS England and clinical commissioning groups to seek changes to contracting arrangements to enable healthcare professionals to undertake expert witness work within the parameters of their employment contracts. It has recommended the creation of greater training opportunities for medical professionals, including mini pupillages with judges, cross-disciplinary training courses with medical and legal professionals, and mentoring, peer review and feedback opportunities.

One recommendation was that each of the medical royal colleges and faculties should appoint an expert witness lead to support the work of members undertaking expert witness work. The Forensic Faculty of the College has been asked to consider this recommendation. I have been appointed the Expert Witness Lead for the Faculty of Forensic and Legal Medicine (FFLM) and I will fulfil the same role for the Royal College of Physicians of which the FFLM is a Faculty.

Another recommendation was that the FJC should create regional subcommittees to support and maintain the implementation of the recommendations, including setting up and delivering training to experts and lawyers; setting up and delivering a medical mini-pupillage scheme (providing the opportunity for medical experts to sit with judges); and promoting inter-disciplinary respect and cooperation through promoting feedback from judges and lawyers to experts and vice versa through mentoring and peer discussion of cases in an anonymous environment

The regional committees correspond to the NHS regions and for each there are legal and expert co-chairs. All of the regional committees are anxious to make contact with psychiatrists, and other medical specialists, who already provide, or would consider providing, expert evidence to the family courts.

It would be helpful to find out to what extent the problems identified nationally are also local problems. But it may be that there are areas where things work well and psychiatrists in these areas may assist in helping to improve the provision of expert evidence throughout England and Wales. The working group identified not only disincentives for consultants taking on expert work but also for 'senior registrars' [*sic*] so we would like to hear from specialty registrars who have been able to obtain expert witness training and from those who would like to obtain it. We may be able to facilitate secondments or attachments so that specialty registrars can gain experience working with consultants who undertake expert witness work and provide opportunities for them to sit with a judge on a case.

Although this initiative comes from the family court system, my hope is that some of its recommendations will spill over into the other legal jurisdictions and improve the provision of expert psychiatric evidence to the whole of the justice system.

I would like to hear from child and adolescent psychiatrists who are already providing expert evidence for the family courts, so that we can create a database, and from those who would be willing to undertake this work and may need their contact details passing on or advice as to training.

drrix@drkeithrix.co.uk

Far Away From Home

Kapil Sayal

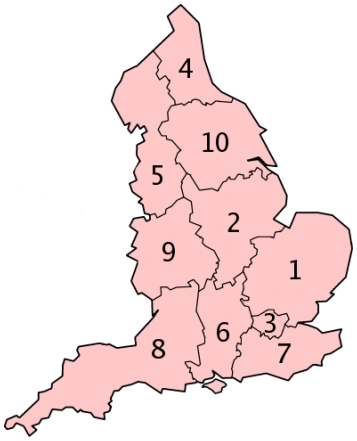
"Far Away from Home" is a mixed-methods study investigating the scale and impacts of far away, out of region or adult psychiatric ward admissions for 13-17-year-olds. Funded by the NIHR and led by Professor Kapil Sayal (Nottingham), it reflects a collaboration with regional teams across England including: East of England, East Midlands, West Midlands, Oxford & Thames Valley and the North West.

The study consists of 3 main components:

1) **Quantitative**
   - CAPSS Surveillance Study of far away, out of region or adult ward admissions
   - Investigation of NHS England data
2) **Quantitative**
   - National Interviews with Child & Adolescent and General Adult Consultants across England
   - Regional Interviews with young people, parents and professionals

Progress so far:

- Over 180 cases reported to CAPSS
- 25 interviews completed with Consultants from across England
- 20 regional interviews completed with young



1.East of England
2.East Midlands
3.London
4.North East
5.North West
6.South Central (Oxford/Bucks/Berks/Hants/IoW)
7.South East (Kent/Surrey/Sussex)
8.South West
9.West Midlands
10.Yorkshire & Humber

How can I get involved?

Reporting cases:

- Please let us know if you or a member of your team, including when on-call, have seen any eligible cases (e.g., either for an assessment or for ongoing clinical care) **Eligibility criteria:** The young person (aged 13-17 years) has been admitted since February 1st, 2021, to either**:**
  - **a CAMHS General Adolescent Unit (GAU) over 50 miles from their home address**
  - **or a CAMHS GAU outside their NHS region (as shown on map)**
  - or an adult psychiatric ward
- You can report this either through your monthly CAPSS e-card or, if the case is from a previous month, by directly emailing us at faraway@nottingham.ac.uk

Qualitative Interviews:

- We are very keen to interview General Adult psychiatrists (or ward nursing leads) who have looked after an under-18 on their ward.
- Please let us know if you know a colleague whom we could approach.

Support and Follow the study:

- Data from NHS England suggests the possibility of under-reporting of cases through CAPSS. This risks under-estimating the true scale and extent of this issue.
- To raise awareness of the study, please follow/tweet **@FarAwaystudy** or email faraway@nottingham.ac.uk to sign up to our newsletter.

c/o - Catherine.Langley@rcpsych.ac.uk

CAPSS Spring Newsletter

CAPSS Newsletter

Study Updates

We currently have two studies that we are collecting data on, *Far Away From Home* and *ARFID.* Both began Spring 2021.

ARFID update

The study is coming up to its final month of initial surveillance and we have already obtained valuable data on 262 reported cases, 68 of which have been confirmed cases. Baseline data collection will continue until the end of April 2022 – it isn't too late to report a case!

By reporting cases of ARFID, you will be directly contributing to the evidence base that will:

- **Help inform and influence care and treatment in the future**
- **Better match patient needs with commissioning priorities and funding allocations**
- **Generate new priority research questions**

Please can we request those of you who have reported cases to return questionnaires, or alternatively a member of the study team can complete these with you via video conference/telephone at a convenient time. This study is being led by Dasha Nicholls, Javier Sanchez-Cerezo, Josephine Neale, Lee Hudson and Richard Lynn. More information at https://www.rcpsych.ac.uk/improving-care/ccqi/research-and-evaluation/current-research/capss/capss-studies

Far Away from Home update

This study has received 229 reported cases so far, 103 of which have been confirmed cases. Follow up questionnaire data is now being collected. Please return questionnaires if you have reported a case.

Early Onset depression update

Two year follow up completed 29 cases reported. Currently in process of writing up paper for publication.

New Board Members

We are delighted to introduce some of our new board members.

Dr Tamsin Newlove-Delgado is a Senior Clinical Lecturer and Honorary Consultant in Public Health with the Children and Young People's Mental Health Research Collaboration (ChYMe) at the University of Exeter. Tamsin's research concentrates on the mental health of children and young people, with a particular interest in the transition from child to adult services, and in the application of epidemiological methods for service planning.

Jo Doherty is a Wales Clinical Academic Track Fellow at Cardiff University and ST6 in CAMHS. She completed her PhD in 2019 exploring brain structure and function in children at high genetic risk of neurodevelopmental disorders. She has ongoing research projects focussed on neuroimaging of children with genetic syndromes and international collaborations in the field of genetic imaging e.g. The ENIGMA consortium.

Alka Ahuja MBE is a Consultant Child and Adolescent Psychiatrist at Aneurin Bevan University Health Board and the National Clinical lead for the Welsh Government TEC Programme. She is the vice chair of Child and Adolescent Faculty, RCPsych and the Public Education lead, RCPsych Wales, as well as a Visiting Professor at University of South Wales and an Honorary Professor at Cardiff University.

Professor Ian Wong is currently the Head of Department of Pharmacology and Pharmacy, University of Hong Kong. He is also a co-director of Centre for Medicines Optimisation Research and Education at UCL Hospital. As an academic pharmacist with research expertise in big data and paediatrics, Professor Wong has over 300 publications.

Congratulations

Congratulations to Dr Marinos Kyriakopoulos who has been recently appointed as Assistant Professor in Child and Adolescent Psychiatry at the National and Kapodistrian University of Athens, Greece. In addition, Marinos works as a consultant Child and Adolescent Psychiatrist and Visiting Senior Lecturer South London and Maudsley NHS Foundation Trust/King's College London.

Impact

After two very successful webinars on ARFID and the CATCh-uS study, we had our third well received webinar with Professor Alka Ahuja on Connecting, Connectivity and CAMHS in February. The next webinar is due to take place on 29th June 2022 and with Dr Tamsin Newlove-Delgado discussing the public health aspects of mental health and the impact of Covid-19 in children and young people. Invitations to book your place will be sent via email from CAPSS shortly. You can also find links to College booking pages via the CAPSS website.

Publications

Ayyash HF, Ogundele MO, Lynn RM*, et al*
Involvement of community paediatricians in the care of children and young people with mental health difficulties in the UK: implications for case ascertainment by child and adolescent psychiatric, and paediatric surveillance systems
BMJ Paediatrics Open 2021;**5:**e000713. doi: 10.1136/bmjpo-2020-000713
https://bmjpaedsopen.bmj.com/content/5/1/e000713.info

Looking Ahead – Webinars and 'Masterclasses'

CAPSS will be presenting further webinars in 2022 alongside a new series of masterclasses from leading experts in child psychiatry. Details of the topics for these new training sessions will be released soon. Look out for more information on the College Events webpage to book your place. You can also see more information on the CAPSS webpages, for all our **upcoming events.**

CAPSS Reporting
Not yet a member of CAPSS or a new consultant? **Join CAPSS here**
See our website for more information on **CAPSS studies**

Remember:
These are active surveillance studies, so responding "**Nothing to report**" is just as important as responding with a positive case
Participants will be eligible for **CPD certificates** for appraisal purposes
Not receiving your e-Cards? Please add us to your Safe Sender list. Don't forget to check your junk email and keep your contact details up-to-date with the CAPSS team: capss@rcpsych.ac.uk
Follow-up questionnaires will be sent by the study teams. When reporting a case, it may help to keep a note of the relevant patient to help with identification later
The study teams are more than willing to assist in the completion of follow-up questionnaires

c/o Catherine.Langley@rcpsych.ac.uk

ecoCAMHS workstream and Sustainability Champions

Faculty activity – ecoCAMHS workstream and Sustainability Champions
Respondents – Catriona Mellor and Nick Barnes Supported by Green (CAMHS) Scholars – Kathryn Speedy and Ching Li, as well as Professor Bernadka Dubicka
ecoCAMHS 2021-2022 strategy - Youth advocates involved at all stages - Involve in communication strategies - Embrace Champion role and maintain close links with sus com work - Developing educational resources including Nature Based training - Publications: YP round table, survey results and nature-based interventions - Short video and resources to engage membership including CAP top 10 nature friendly tips - Collaborate with ACAMH: special issue, podcast, webinars etc - International Statement re CYPMH and CEE To help develop the ecoCAMHS strategy we have developed 4 active workstreams; 1. **Nature Matters - Training in Nature Based Practice for (CAMHS) Psychiatrists. Held both in person and online, in Bristol, on 28th Jan 2022** We had great talks from 4 leading practitioners in the area, a lovely time at Windmill Hill City Farm, and a helpful Zoom meeting catch up with other EcoCAMHS members. Speakers talked of their experience working with people in the outdoors - some in the CAMHS setting - and establishing teaching, training and learning modules.

All would be interested in helping us produce material focused on nature-based practice in CAMHS, to develop something new and potentially really impactful - in the ideal world this would be interventions or training that would be focused on improving patient experience and outcomes, but that would also have positive impact on staff wellbeing and people's engagement in looking after our planet. It would be our role to produce initial material that would then go through the RCPsych editorial and quality processes.

We think the easiest place to start is by working on a DRAFT training document and also developing a CPD module for the RCPsych website. More ambitious projects could then grow from there.

FYI: recent launch of suite of maps by natural England including green recovery networks, indices of deprivation, MH
prevelance: https://designatedsites.naturalengland.org.uk/GreenInfrastructure/Map.aspx

We aim for this workstream to have 3 monthly check in meetings, and to have a 6 monthly get together in person (venues to be decided)

2. Climate anxiety and supporting young people emotionally at a time of CEE

Next meeting Thursday 3rd March 2:30 - 4pm

Workshop with presentations from Researchers in field - focused as a consultation on "what next" within the field of eco-Distress.

Looking to involve the wider College in this discussion, with representatives from the Sustainability and Planetary Health Committee and representation from the Race Equality leads. We are keen to ensure we are not framing 'eco distress' as a CYP problem – but rather how do we direct the narrative towards the systemic issues that inform this experience of distress. We are therefore hoping to develop conversations around:

- What do we call this thing? Eco anxiety, pain for the world or what? Or should we instead be drawing attention to the problem of 'Eco indifference' and adult inaction?
- How do the different faculties, and College departments, link up around this big question of understanding and responding to the climate and ecological crisis (in this case more specifically around the 'eco distress' element?)
- How this work interconnects with issues of inequality and injustice - in understanding the problem and in trying to avoid exacerbating systemic injustice as we develop a response?

The overall aims of this workstream are;

- Build on eco distress resource on RCPsych website
- Collate information and evidence for different resources available (for example, The resilience project, Force of Nature workshops, Climate Cares)
- Regular meetings to digest emerging evidence, working with other researchers in the field
- Design an intervention for CYP, peer support model based on 'More than Mentors', as well as utilising online platforms, weaving in ecopsychology/nature lens. We are currently looking at 3 pilot sites – London, Bristol and the Highlands in Scotland, where this could be tested and evaluated.

3. **Membership engagement**:

Next Meeting Thursday 10th March 3 - 4pm

Aims of the subgroup are to raise awareness amongst colleagues of the mental health impacts of climate and ecological crisis and the role (CaA) psychiatrists could and should be playing in developing a response. In the meeting we plan to discuss:

- Develop and disseminate Top 10 climate and nature tips for CAP
- How to involve and/or signpost people when they reach out to EcoCAMHS
- Updating EcoCAMHS Website, including links to further reading, links to Sus Com website and resources
    - Including sharing resources – e.g. presentations that can be given in academic meetings etc
- Sharing networks such as PsychDeclares and Doctors for XR, MedAct
- ACAMH/EcoCAMHS joint webinar in Spring 2022
- Our film 'call to action' (we have a small budget to produce this)
- Can we introduce 'sustainability' into appraisal and mandatory training
- MindEd module on RCPsych website
- Tool kit for trainees to use to push for change through Deaneries and Trusts
- Eco-psycho-education (ensure not duplicating e.g. CSH modules) including
    - a guide to nature's role in CAMHS. Why and how NB interventions should be woven into CAMHS services
    - emotional engagement with climate issues
    - resources to support climate elements of new curriculum

4. **Research and contributing to literature/evidence base**:

No meeting has been set up for this workstream yet, but there have been many focused areas of activity including;

- CAMH Editorial: Volume 27, Issue 1, February 2022 – Special Issue: Child and Youth Mental Health & The Global Ecological Crisis - ACAMH
- Run, evaluate, pilot Ecotherapy interventions, and sustainability QIPs
- Opinion pieces and editorials – such as

Article in CAMH – Debate article – "If not us, then who?"

https://acamh.onlinelibrary.wiley.com/doi/10.1111/camh.12539

and a series of articles to be produced for Climate Change edition of the Int. Rev. of Psychiatry

- Input into other conferences – e.g. – RCPsych Scotland Sustainability Conference – 22nd April
- Possibility to develop a Green Research Fellow Role?

Other areas that have developed, often in response to very specific developments have included;

(i) Psychiatrist wellbeing at a time of CEE - Exploring own emotional response to CEE, peer support, Nature Matters input, promote on website

(ii) Political/parliamentary lobbying and engagement;

Police and Crime Bill – Able support colleagues seeking to encourage the college to put out a response / contribute to opposition to this Bill, noting the impact it will have on young people's capacity to protest, and seek some sense of agency when addressing the Climate and Ecological emergency Support colleagues from Psych Declares who have been asked to do a CPD module on climate activism for the Royal College Promoting conversation with and engagement from the College on issues that are clearly linked to mental health and social injustice and health inequalities Improving access to nature for all - Proposal for access standards in the Planning Bill, by the Wildlife and Countryside Link – seeking CAP Faculty support for this proposal - https://www.wcl.org.uk/ - College has provided a response to this Bill.
Actions to be taken - Support for joint CAP Faculty and ACAMH Conference of Climate Crisis, CYPMH and Connecting with Nature

c/o Catherine.Langley@rcpsych.ac.uk

ecoCAMHS invitation

Nick Barnes and Catriona Mellor

We'd love to hear from anyone else who is concerned about the climate and nature crisis and the impact on our children's mental health. There's so much going on in this field and far from being a depressing area to work in, it's full of energy and carries huge potential for positive change if enough people get involved. Novel nature-based interventions are showing great promise, young people are letting us know what support they need to navigate the strong emotions that the eco-crisis brings up, services need to prepare for a climate changed future.

Please email us to find out more about our current projects:

- producing training guidance for nature-based practice in CAMHS
- developing Top 10 Tips for climate and nature conscious CaA psychiatrists
- piloting and evaluation of a peer led school-based intervention for eco distress

Nicholas.barnes@nhs.scot and catriona.mellor@oxfordhealth.nhs.uk

Read about our work to date in our article "If not us, then who?" (https://acamh.onlinelibrary.wiley.com/doi/epdf/10.1111/camh.12539).

This article was one of many in the recent CAMH special edition on Mental Health and the Global Ecological Crisis (https://www.acamh.org/blog/camh-eco-crisis-mental-health/).
More information on RCPsych website:

Improving Care>Sustainability and working sustainably>sustainability resources>the eco-crisis and CAMHS

c/o Catherine.Langley@rcpsych.ac.uk

Paediatric Liaison Network

Ginny Davies

Dear Readers,

Firstly, if you're at all confused about who's doing what on behalf of our specialty, please refer to the December 2021 newsletter for details of which members of the CAF/PLN sit on which working groups within NHSE, HEE, RCPCH (including PMHA) and within other faculties and workstreams e.g. PLAN (Psychiatry Liaison Accreditation Network) within RCPsych.

Now to the updates:
We had a very enjoyable winter meeting in January with excellent talks from Gordon Bates on pervasive refusal syndrome and from Matthew Hodes and Bea Vickers on delivering a highly effective brief CBT intervention for maternal anxiety in childhood food allergy. Clinical nurse specialists in the paediatric allergy team delivered the intervention after training, and under the ongoing group supervision, from Bea. Our summer meeting is in June and will be held in Oxford.

Elaine has already updated you about her work with the RCPCH in her chair's report.

Birgit and Prathiba have continued to work with the NHSE Task and Finish group and NHSE are now at the point of disbursing funds to integrated care systems (ICSs) who have come forward to pilot new models of delivering mental healthcare to CYP in hospital settings, some of which will include embedded liaison staff.

Birgit has continued to work with the PLAN accreditation group, who have recently sent out their standards for revision and review. Birgit will be stepping down from this role and asks for anyone interested in taking over the important work with this group to approach her direct on birgit.westphal1@nhs.net

For more information on PLAN, visit https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/psychiatric-liaison-accreditation-network-plan#:~:text=PLAN%20is%20a%20quality%20improvement,of%20best%20practice%20between%20services.

Rory has continued to work with the RCPCH emergency standards committee and has been on the faculty of the RCPCH eating disorder courses, helping to design, and run what has

proved to be a very popular course with excellent feedback. Let's hope this begins to address in some small way the gaping need for greater know-how amongst paediatricians poorly supported by any kind of local mental health offer.

Rory has also kindly passed on this helpful summary of the RCPCH's work in this area, available on their website

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Joint college work with RCPsych and RCEM

- Published joint statement **'Meeting the mental health needs of children and young people in acute hospitals: these patients are all our patients'** in December 2021
- Children and young people are too vulnerable to be told to try different doors for separate needs or to be left to wait without any support. These patients are all our patients and we must work together to ensure they receive the right treatment, in the right place, at the right time.
- Proactively engaging with NHS leaders working to improve systems
- Emphasising the importance of expanding paediatric liaison and CAMHS across the UK, to achieve 24/7 access to support for children and young people and professionals, and improving access to appropriate inpatient provision
- Calling for mental health leadership across departments to be strengthened, the recruitment of staff able to bridge the gap between services and accelerating the roll-out of integrated models of care
- Continuing to make the case for targeted investments to be made where required
- Working jointly to ensure appropriate training is available across specialties

NHSE programme - CYP with mental health needs in acute settings

In response to increasing numbers and acuity of children and young people (CYP) with mental health needs requiring care or medical stabilisation within a paediatric or acute setting, NHSE has established a project to facilitate better integration across mental and physical health. Part of this work has involved identifying service developments that could be more widely adopted and so provide additional support to

- Place of sanctuary – to provide a safe space alternative to a health-based Place of Safety for CYP while health and social care assessments are undertaken
- Liaison team
- CYPMH Decision Unit – triaging CYP with mental health needs away from the A&E environment to support de-escalation and assessment.

With funding anticipated in 2022/23, NHSE will be encouraging system to pilot or expand these approaches, to help increase the evidence base.
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This project is also providing support for development of mental health lead roles (as described in the RCPCH position statement on the role of the paediatrician in supporting children and young people's mental health) intended to provide designated time within each paediatric unit to champion the change needed to support the paediatric workforce in caring for these CYP, as well as linking in across the system.

Meeting the mental health needs of children and young people in acute hospitals: these patients are all our patients

December 2021

Background

The Royal Colleges of Emergency Medicine, Paediatrics and Child Health, and Psychiatrists recognise the enormous toll that the pandemic has taken on the mental health of children and young people across the country. Our members are seeing more patients in distress and with mental ill health, accessing services at more advanced stages of illness.

We know that as Child and Adolescent Mental Health Services (CAHMHS) struggle to keep up with unprecedented demand, more children and young people are presenting to Emergency Departments with complex psychosocial crises. More are being admitted to paediatric wards with both physical and mental health needs or simply because it is the safest place for them at that moment in time. Long before the pandemic, mental health and crisis support for children and young people in acute care was often inadequate, and pressure on the system has grown considerably.

Regardless of where children and young people present to care or what their specific health needs are, we must work together to ensure they receive the highest quality care, from qualified clinicians, as quickly as possible.

Children and young people are too vulnerable to be told to try different doors for separate needs or to be left to wait without any support. These patients are all our patients and we must work together to ensure they receive the right treatment, in the right place, at the right time.

What are RCEM, RCPCH and RCPsych doing?

- Proactively engaging with NHS leaders working to improve systems
- *Emphasising the importance of expanding paediatric liaison and CAMHS across the UK, to achieve 24/7 access to support for children and young people and professionals, and improving access to appropriate inpatient provision*
- *Calling for mental health leadership across departments to be strengthened, the recruitment of staff able to bridge the gap between services and accelerating the roll-out of integrated models of care*
- *Continuing to make the case for targeted investments to be made where required*
- Working jointly to ensure appropriate training is available across specialties

What can individual clinicians do?

- Keep children and young people at the centre of all our decision making
- Organise and access training on children and young people's mental health
- *Collaborate and improve understanding between colleagues working in acute trusts and CAMHS*

We need to proactively collaborate to ensure referral and commissioning pathways are as smooth and timely as possible. We also need to recognise that while our colleagues are facing the same pressures, we must do everything within our gift to meet the needs of the children and young people in front of us until specialist support is available.
We know that this is often far more difficult to do in practice than it should be and are campaigning to ensure systems are in place to better support you as clinicians and your wider teams. As we weather this storm together, we must maintain our focus on securing the best outcomes for all children and young people.
Source: https://www.rcpch.ac.uk/resources/meeting-mental-health-needs-children-young-people-acute-hospitals-these-patients-are-al

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As well as joining work to support the NHSE Task and Finish groups outputs, I have continued to work with PLAN in updating their standards and delivering training to hospital colleagues. My work on designing child mental health modules for the ASLG acute mental health (APEx https://www.alsg.org/home/course/view.php?id=320&section=6) course, which is currently adult focussed, continues. Karen Street will be observing a course in the autumn to consider how this training might link with RCPCH's drive to skill up the paediatric workforce.

Having had some rather hastily-organised financial advice on the back of a BMA email about pension taxation last month, I am now technically 'retired', so am looking to step down as chair of the network at our summer meeting in June. If you are a member of the network and interested in taking on this role, please contact me on v.davies3@nhs.net

Keep well everyone and keep flying the flag for better whole-child care in hospital settings!

Dr Ginny Davies
Paediatric Liaison Network Chair
c/o Catherine.Langley@rcpsych.ac.uk
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Infant Mental Health

Dr Fionnuala Stuart
Dr Clare Lamb

Following on from our interview with Prof Campbell Paul, Consultant Infant Psychiatrist in Melbourne in the last newsletter, we have an interview with Dr Zoe Davidson, the first Consultant in Infant Mental Health Psychiatry in the UK. Since Zoe's appointment, there have been more infant mental health services with child psychiatry firmly embedded in them set up in Scotland which is great news. We are keen to see this sort of service development in other parts of the UK. To further this aim, as mentioned in the last newsletter, we are setting up a 'Infant Psychiatry' email discussion group for child psychiatrists (consultants, speciality doctors and all training grades welcome) with an interest in infant mental health and CAMHS provision for 0-5 yr olds and their parents/carers.

If you would like to join this email group, please email: Catherine.Langley@rcpsych.ac.uk with the heading 'Infant Psychiatry Group', briefly describing your current job and training level and where you are based, and using your preferred email for the group, and she will forward to Fionnuala.

Infant Mental Health Awareness Week this year has the theme 'Understanding Early Trauma' and will run from 13th-19th June 2022 and is co-ordinated by the Parent-infant Foundation IMHAW - Parent-Infant Foundation (parentinfantfoundation.org.uk) so keep an eye out on social media that week under #IMHAW2022.

Here follows the interview with Dr Zoe Davidson:

You were appointed to the first 'Consultant in Infant Mental Health Psychiatry' post in the UK in the NHS Lanarkshire Infant Mental Health Team and you are also a Consultant Child Psychiatrist in the Glasgow Infant and Family Team (GIFT). Can you describe a typical working week in these two part time posts?

I work in two fantastic teams with kind, committed, reflective and skilled people who in attachment terms are the secure base and safe haven that enables this kind of work.

GIFT was set up a many years ago as part of a RCT to test out the impact of having an infant mental health team for children in care who have experienced maltreatment. The assessment of the child and both their carers and their birth parent(s) involves observations in different settings, within different relationships as well as using standardised measures. Formulation then guides how we support the child and their caregivers, and if indicated we offer relationship-based intervention such as Circle of Security Parenting, Video Interaction Guidance (VIG) and Child Parent Psychotherapy. GIFT then make a recommendation as to whether or not the child is safe to return to the care of their birth parent(s). Throughout this work we support the development of a coherent narrative for children that is honest and speaks to their experiences and trauma.

The NHS Lanarkshire IMH Team is a brand-new multidisciplinary and multiagency team, bringing together different perspectives and benefiting from team members maintaining their professional links. We offer consultation and direct assessment, where we see infants in their own homes and carry out nursery observations. We have weekly team space to think together about the infants we're getting to know, and we have regular meetings with their parents/caregivers and the wider

professional network to share observations and to think about how best to help. There's a richness in the experience of the collective team mind thinking together. We offer relationship-based interventions such as Infant-Parent psychotherapy, VIG and Watch Me Play and we also have a role in IMH awareness raising, training and teaching.

As a psychiatrist I am directly involved in all aspects of this work and so my days are full and varied.

Which parts of your training were most helpful in preparing you for working in infant mental health?

I decided to leave medicine after finishing FY1 and got a job as a family worker for Aberlour Child Care Trust, working in a residential rehabilitation service for mums with young children affected by parental substance use. Here I learned about babies' unique communication styles, and I began to understand the impact of trauma and its intergenerational transmission. My manager at the time was an inspiration. She introduced me to true reflective practice, to brain science and attachment and most importantly to relationships being the cornerstone of the work we do. She modelled what it means to be compassionate, to hold therapeutic boundaries, to be kind and to think empathically about *what had happened* to the children and families we were working with. I learned a great deal from the infants, children, families and colleagues I worked with in Aberlour and they definitely shaped the kind of psychiatrist I am.

I then heard about a brilliant academic child psychiatrist from Glasgow who was interested in finding the best ways to help children who had experienced maltreatment (no prizes for guessing who this was). She opened my eyes to the breadth of child psychiatry and told me it sounded like I should be an infant psychiatrist. I don't remember her telling me that actually there weren't any infant psychiatry jobs, but she must have had faith that there would be soon! With Prof. Minnis' continued support and encouragement I completed FY2, core psychiatry and then C&A psychiatry training. I took as many opportunities as I could along the way to gain experience working with young children such as a special interest session in GIFT and another in NICU, doing my research session on young children in foster care, beginning training in VIG and completing online IMH courses.

A standout experience was attending the World Association for Infant Mental Health Congress in Rome, where I heard so many psychiatrists speak about their IMH work in a way that felt both exciting and affirming. The IMH world felt like somewhere I belonged.

Which are the most rewarding parts of your job?

I really enjoy the infant observation work. It might sound obvious, but the task of observation is to really see things first, before developing your thinking about it. In a lot of ways medicine trains our brains to try and be efficient and get to the answer or the solution as quickly as possible, but this means that sometimes the cues, transitions, transactions and interactions, which weave the fabric of relationships can be missed. Witnessing the development of positive intersubjective experiences between a baby and caregiver: sparkling relational moments that are impossible to capture with words, is a powerful experience.

What do you find most challenging?

Infant mental health problems are often described as *hidden in plain sight*. It's painful to see infant distress and relationship difficulties and it can be hard to bring this to others' awareness for lots of different reasons.

Sometimes the interface with the care system can be tricky too, with organisations not functioning in a joined-up way that matches wee ones timescales and need for security and stability.

What do you think child psychiatrists can bring to multidisciplinary infant mental health teams?

Mental health problems in infancy exist at a rate similar to that of older children, yet there is huge inequity of service. We all know infant mental health provides the foundation for our future health and wellbeing and so good IMH has implications for each and every speciality in medicine and society as a whole. Despite knowing this, we still don't meet the mental health needs of infants and young children. Instead, the presentation and experience of infants is often minimised and not seen as serious and they are denied a mental health service and access to the skills a psychiatrist brings in observation, assessment, bio-psycho-social formulation, intervention, child development, neurodevelopment, parental mental health, medicine etc. The complexity of the work necessitates more than any one individual discipline could ever offer and psychiatry has an important role to play.

There's no doubt we need psychiatrists in IMH teams and we all have a role in championing this within our local areas. Trainees also need the support of their trainers and supervisors to gain experience in IMH and benefit from the value this brings to all aspects of being a psychiatrist.

In Scotland, there has been an encouraging shift in recognising the urgency for IMH services and we are indebted to Dr Anne McFadyen amongst others for her vision and continued commitment to being a voice for infants and leading the way in the development of services.

Infants' minds matter.

c/o Catherine.Langley@rcpsych.ac.uk

Research Project- Electronic survey on tics and tourette's in under 18s.

Katey Gribben

TIC TAC: Tics In Clinic, Treatment and Assessment Comparison

Tics and Tourette Syndrome are common childhood conditions and are seen by doctors working across medicine in Paediatrics, Paediatric Neurology and CAMHS.

I am Katey Gribben, ST5 CAMHS trainee. I am interested in finding out if there is any difference in the assessment or treatment of young people under 18 years old when they are seen by different specialities. To answer this question, I am conducting a semi-qualitative electronic survey in multiple choice format which takes less than 10 minutes to complete. If you are a speciality training doctor, speciality career doctor, trust grade OR a consultant working in Paediatrics OR Paediatric Neurology OR CAMHS you are eligible to take part and your participation would be greatly appreciated. Responses are anonymous and no patient identifiable information is requested.

Click here or scan the QR code below to take part in the survey!

c/o Catherine.Langley@rcpsych.ac.uk

Twentieth Annual CAP Conference

Dr Sundar Gnanavel, Dr Aneesa Karim and Dr Marianne Hilton

In this newsletter you will discover more about the twentieth Child and Adolescent Psychiatry (CAP) Trainee Annual Conference, and we share a few details about conferences, from years gone by.

Introduction

The CAP Faculty annual trainee conference has attracted great speakers over the years, covering a broad range of interesting and informative topics. The first ever conference was held over two decades ago, in January 2000, and chaired by then, Specialist Registrar: Dr Jon Goldin and CAP Consultant: Dr Caroline Lindsey, at Tavistock Clinic, London. The twentieth annual conference was held in November 2021, and in light of the ongoing challenges with the Coronavirus pandemic, was made available to broadcast online, to over 100 plus delegates, both from the UK and abroad.

Background

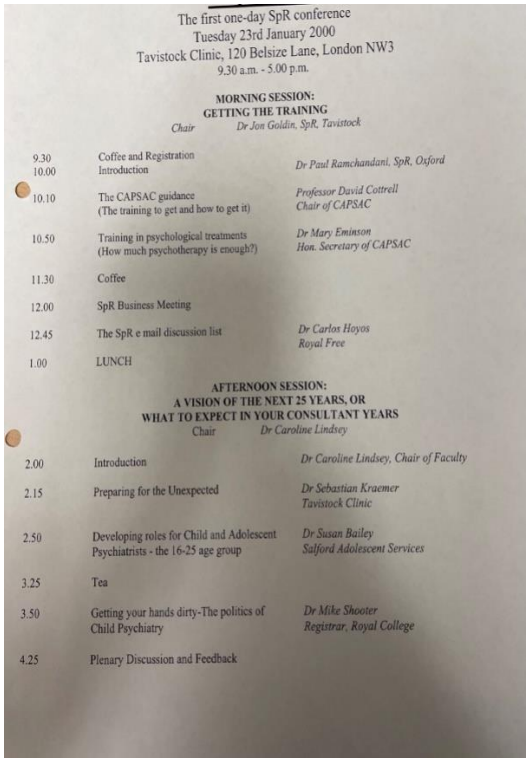
The annual trainee conference is seen as a valuable adjunct to the local CAMHS teaching programme for CAMHS trainees throughout the country.

The conference programme has tended to include immediately relevant topics: like training curriculum updates; preparing for consultant interviews and transition between trainee to consultant life. In addition, themes relevant to highly specialised CAMHS services, such as drug abuse; deaf CAMHS; infant psychiatry and adolescent specific psychotherapy, have also been included over the years.

The broad and varied themes over the years have also reflected upcoming areas of interest for CAMHS trainees, such as paediatric liaison psychiatry; digital technology in CAMHS; expanded 0-25 services; leadership development and the role of RCPsych CAP Faculty in wider policy making.

The speakers have been from varied backgrounds, including academia; highly specialised clinical services; college Faculty members and international speakers (facilitated by the transition to an online forum). The international speakers have been a great addition, enriching our programme and providing a global perspective: the last two international speakers presenting live from the USA and India.

The format has included didactic lectures, interactive workshops and expert panel discussions, with ample opportunities for Q & A. Careful selection of topics and the inclusion of knowledgeable and experienced speakers, has been fundamental to the ongoing success of these conferences over the last two decades.



The first one-day SpR conference
Tuesday 23rd January 2000
Tavistock Clinic, 120 Belsize Lane, London NW3
9.30 a.m. - 5.00 p.m.

MORNING SESSION:
GETTING THE TRAINING
Chair *Dr Jon Goldin, SpR, Tavistock*

9.30 10.00	Coffee and Registration Introduction	*Dr Paul Ramchandani, SpR, Oxford*
10.10	The CAPSAC guidance (The training to get and how to get it)	*Professor David Cottrell* *Chair of CAPSAC*
10.50	Training in psychological treatments (How much psychotherapy is enough?)	*Dr Mary Eminson* *Hon. Secretary of CAPSAC*
11.30	Coffee	
12.00	SpR Business Meeting	
12.45	The SpR e mail discussion list	*Dr Carlos Hoyos* *Royal Free*
1.00	LUNCH	

AFTERNOON SESSION:
A VISION OF THE NEXT 25 YEARS, OR
WHAT TO EXPECT IN YOUR CONSULTANT YEARS
Chair *Dr Caroline Lindsey*

2.00	Introduction	*Dr Caroline Lindsey, Chair of Faculty*
2.15	Preparing for the Unexpected	*Dr Sebastian Kraemer* *Tavistock Clinic*
2.50	Developing roles for Child and Adolescent Psychiatrists - the 16-25 age group	*Dr Susan Bailey* *Salford Adolescent Services*
3.25	Tea	
3.50	Getting your hands dirty-The politics of Child Psychiatry	*Dr Mike Shooter* *Registrar, Royal College*
4.25	Plenary Discussion and Feedback	

Programme

Session #1:	
9:30-09:45	**Welcome and introductions** Dr Sundar Gnanavel, Dr Marianne Hilton and Dr Aneesa Karim
9:45-10:15	**College Update** Dr Elaine Lockhart, Chair, RCPsych Child and Adolescent Faculty
10:15-10:45	**Curriculum Update** Dr Suyog Dhakras, Chair, Child and Adolescent Psychiatry Speciality Advisory Committee
10:45-11:00	Question & Answer Session
11:00-11:30	**Morning break/poster viewing**
Session #2 – Chaired by Dr Sundar Gnanavel	
11:30-12:00	**Cultural Connotations of Child and Adolescent Psychotherapy** Dr Shekar Seshadri, Professor, Department of Child Psychiatry, National Institute of Mental Health and Allied Sciences, Bangalore
12:00-12:30	Question & Answer Session
12:30-1:30	**Lunch break/poster viewing**
Session #3 – Chaired by Dr Aneesa Karim	
1:30-2:00	**Infant Mental Health** (Clinical) Julia Donaldson Clinical Director/Consultant Clinical Psychologist, Glasgow Infant and Family Team, NSPCC Scotland
2:00-2:30	**Infant Mental Health (Research)** Professor Helen Minnis, Professor of Child and Adolescent Psychiatry, University of Glasgow
2:30-3:00	Question & Answer Session
3:00-3:30	**Afternoon break/poster viewing**
Session #4 – Chaired by Marianne Hilton	
3:30-4:00	**Why might I want to consider becoming an under 18s liaison psychiatrist?** Dr Virginia Davies, Chair, RCPsych Paediatric Liaison Network
4:00-4:15	Question & Answer Session
4:15-4:30	**Life as a new CAMHS Consultant: a personal perspective** Dr Meenaka Williams, Consultant Child and Adolescent Psychiatrist, Trafford CAMHS
4:30-4:45	**Announcement of poster prizes/new trainee representatives**
4:45-5:00	Closing comments

Figure 1: CAP Trainee Conference Programme: 2000 & 2021

Preparations

As the elected trainee representatives afforded the responsibility for planning and chairing the twentieth CAP Trainee Conference, we wanted to make sure it was a really special event, regardless of the challenges of delivering this one online, because of the ongoing coronavirus pandemic.

The planning and preparations took place over the preceding 10 months, and we were well supported by the RCPsych Events Management team. We spent time carefully considering the programme for the day and were very grateful that each and every professional we approached, eagerly agreed to speak on the day, showing such enthusiasm and commitment. We were privileged to have Dr Elaine Lockhart open the conference and to have distinguished speakers from throughout

the UK and abroad, share their knowledge and experience with us all. The planning included developing the conference resource pages and brochure, assessing poster abstracts submissions, technical online checks with speakers, and of course a couple of rehearsals (ensuring we all had a quiet spot away from our children and pets) who frequently made an appearance during our preparatory sessions!

We also had to put our heads together to think of ways to make everyone feel involved, and to increase the level of online interaction. The development of icebreaker questions, to be delivered before the start of each session, aimed to do just that. It gave us the opportunity to learn more about the delegates, and provided us all with a few smiles about their breakfast choices and plans for after the close of the conference!

Conference Day

This year's conference was the first officially supported by the college, which allowed us expert input from the events planning team to ensure that the day ran smoothly. During the conference breaks, behind the scenes, the college team and trainee representatives were meeting and briefing speakers prior to the live conference sessions.

There were some challenges on the day, including internet connection difficulties and a storm warning leading to an emergency nursery pick-up; however, we tried to remain calm on camera!

Despite the conference being online, delegate participation was excellent, including plenty of questions for our speakers.

As in previous years, we also received a number of high-quality poster submissions, which were displayed online to allow attendees to learn about research being carried out by trainees throughout the country.

"I am delighted that the SpR conference that was first held at the Tavistock Clinic in 2001 is still going strong over 20 years later. It is such a valuable opportunity for SpRs from across the UK to get together and discuss issues of mutual interest. It is also great that the conference has, over the years, attracted such an excellent range of speakers on a diverse range of topics. The Annual Conference helps to create a shared identity for CAP SpRs and long may this continue into the future!"

Dr Jon Goldin FRCPsych

Consultant Child and Adolescent Psychiatrist

Joint Training Programme Director

Figure 2: CAP trainee representative broadcasting in action, 2020-2021

Feedback and the Future

In terms of conference day feedback, we were very pleased all the respondents to our feedback questionnaire thought that attending the conference would improve their professional practice; the majority also relaying that the overall conference experience was "excellent".

In addition, we received some interesting ideas from the delegates for topics for next year's conference, which we are sure the new trainee representatives will take forward, as they plan the 21st annual trainee conference.

We are very grateful to have been given such a fantastic opportunity to plan and jointly chair this important event, and are confident that the CAP trainee annual conference will continue to be a great success over the next decade, and beyond.

c/o Catherine.Langley@rcpsych.ac.uk

An assessment of uptake and outcomes of a CAMHS offer to Schools in Liverpool

Dr Sunny Shichao and Dr Anandhi Inbasagaran

Authors: Dr Sunny Shichao Sun, ST6 trainee doctor in CAMHS

Affiliations: Marsden House, Chester CAMHS, Cheshire and Wirral Partnership NHS Foundation Trust

Authors: Dr Anandhi Inbasagaran, CAMHS consultant psychiatrist

Affiliations: Liverpool CAMHS, Alder Hey Children's NHS Foundation Trust

Conflict of interest: The authors have no conflict of interest to report.

Funding: This study has received no funding.

This paper has not been previously published and is not currently under consideration for publication elsewhere.

This study did not require ethical approval as it did not involve any contact or work with any children or young people or patients.

Abstract

Objective

The aim of the study was to assess the uptake and outcomes and feedback of a newly developed CAMHS School Intervention Service offered to all local secondary schools in Liverpool.

Study Design

This service evaluation was conducted in two phases.

Methods

All 31 mainstream secondary schools in Liverpool took up this service. A total of 170 pupils were seen for individual sessions, in addition to group sessions and consultations from September to December 2016.

Results

Out of these 170 pupils, 88 did not require any further signposting or referral. 82 pupils were signposted and referred to CAMHS and other agencies. This shows that these individual sessions as a low-level intervention are feasible and acceptable. The majority of school staff recommended more frequent CAMHS input, more sessions for pupils and or training for staff in schools.

Conclusions

Liverpool CAMHS is integrated as part of trailblazer project for mental health support in schools under a new government initiative in 2018.

Introduction

Young people with emotional and behavioural difficulties are at an increased risk for school problems and negative consequences into adulthood, increasing the need for collaboration between families, school personnel and mental health providers.[1] We present evaluation of a novel service by specialist CAMHS (tertiary service) in Liverpool that offer early intervention in schools as an integrated model. The Liverpool CAMHS School Link Service is a model based on integrated working with local schools and the Young Persons Advisory Service (YPAS), which is a third sector organisation. The Service model comprises of a team of link clinicians, key workers and Information advice & guidance (IAG) workers who offer consultation to school staff, training, group sessions for pupils on specific identified topics.

The Service model comprises of a team of *link clinicians* who provide consultation and training for school staff, *key workers* who provide individual sessions and they co-facilitate group work and training for school staff. *Key workers* and *IAG workers* also provide one to one individual sessions to pupils in schools which are aimed to address concerns or difficulties before they reach a point of needing a referral to CAMHS. These are usually four individual sessions with pupils and may include resilience work or psychoeducation intervention or specific interventions such as anxiety management.

Methods

This evaluation was conducted in two phases. The first phase was the preliminary service evaluation which examined the first 6 months of the service from September 2015 to March 2016 to determine the uptake and type of sessions offered to local secondary schools.

The second phase of this service evaluation examined a 4-month period from September 2016 to December 2016 to determine the changes in referral patterns, and uptake and type of sessions offered to local secondary schools. We examined the numbers of children and young people signposted and referred to other services following individual sessions and evaluation of the feedback of school staff and pupils on the CAMHS offer to schools.

Data were collected on the number and type of individual sessions delivered by key workers and IAG workers, and on the outcomes and recommendations. Feedback from questionnaires sent to school representatives and Special Educational Needs Coordinators (SENCOs) via Survey Monkey were collected and analysed using SPSS.

Results

This CAMHS school intervention service was offered to all 31 mainstream secondary schools in Liverpool Clinical Commissioning Group (CCG) area. The first phase of the service evaluation showed that a total of 114 group sessions were delivered during this 6-month period from September 2015 to March 2016 to 31 secondary schools in Liverpool who had taken up the offer. The most common interventions taken up by the schools in group sessions and consultations training to the teachers were anxiety management (42%), followed by stress management (12%), resilience building (11%), healthy relationships (10%) and mood problems (7%).

In the second phase, all 31 mainstream secondary schools participated in the service evaluation. 170 children and young people were referred for individual sessions by 31 secondary schools in Liverpool from September to December 2016. The ages of these pupils range from 11 to 18. The majority of pupils who received individual sessions were White British (86%). 10% were from other ethnic groups including Black and minority ethnic groups and Asians. 62% of these pupils were female, 36% were male, 2% identified themselves as trans- or other gender identities.

The common presentations of these children and young people were anxiety or panic (39%), followed by mood or emotional problems (21%), anger issues (16%), behavioural problems (10%) and self –harm or suicidal ideas (9%) as shown in Table 1. Some of these pupils had two or more emotional or mental health issues. Around 80% of these pupils had no or low levels of risks or safeguarding concerns. However, around 12% (n = 20) had significant or moderate risks which required safeguarding and involvement of children's social services.

Table 1: Presentation of children and young people given individual sessions

Presentation	Percentage (%)
Anxiety/panic	39
Mood/emotional problems	21
Anger issues	16
Behavioural problems	10
Self harm/suicidal ideas	9
Family difficulties (including parental mental health)	8
Peer/relationship difficulties	7
Low self-esteem	6
Bereavement/loss	5
Autism spectrum disorder	4
Bullying	4
Post traumatic stress disorder / abuse	3
Others	9

We also examined outcomes in 170 children and young people who completed around four individual sessions at school. 88 out of 170 (52%) of pupils did not require any further CAMHS input and they felt their issues had been resolved or improved following these individual sessions. 82 out of 170 pupils were signposted or referred to other services following these sessions from September to December 2016. 32 pupils (19%) were signposted to the Third Sector agency (YPAS) which offers a variety of interventions including counselling, CBT, family therapy, transgender group work etc. 23 pupils (14%) were referred to Liverpool Specialist CAMHS.10 pupils (6%) required school intervention and support e.g., signposting to school mentors, teachers and to address any bullying issues at school.

23 schoolteachers and SENCOs from 20 secondary schools in Liverpool responded to the survey. Feedback forms from school staff revealed that most respondents found group-based training sessions to be helpful, increased their knowledge and confidence in managing emotional and behavioural difficulties.

Around 70% of schools mentioned that they would like more targeted group work. More than ½ of these schools would like further specific consultation and training, general advice or information for school staff and pupils.

Results of the survey revealed that anxiety and stress management, mood or emotional problems, resilience training and general mental health issues were the most frequent forms of group work requested by school, followed by anger management, healthy relationships, eating and bullying issues.

In the survey data, school staff report positive outcomes from these group sessions. The majority of teachers (72%) commented that children and young people were able to use some strategies learnt from the sessions. Around ¼ (28%) of teachers commented that pupils were more aware of mental health problems. Other teachers described children and young people were able to talk more about their concerns (39%) and they were able to use potential services more appropriately (17%).

From results of our survey, more than 70% of teachers agree that the group sessions for children and young people fitted their needs. The majority of school staff (70%) reported that they had a better understanding of referral pathways to CAMHS by having CAMHS workers and interventions at school. Around half of teachers agreed that the training or intervention provided by CAMHS improved their knowledge or understanding of mental health issues in children and young people.

Around 30% of school staff reported that they were more likely to refer children and young people to CAMHS following the intervention or training provided in their school. More than half of school staff reported that they have noticed pupils were more willing to discuss their mental health with school staff following CAMHS interventions in school. Around 60% of school staff reported that pupils were more likely to seek help following CAMHS intervention.

The majority of school staff (72%) recommended more frequent CAMHS input, more sessions for pupils and or training for staff in schools. A few teachers mentioned some challenges including waiting time to be seen by CAMHS and limited resources. They recommended shorter waiting lists and time from CAMHS, and more CAMHS workers available to reduce referral time. Feedback from questionnaires sent to school staff was generally positive and found the CAMHS input to be helpful. A few teachers commented that CAMHS school link service has been a very positive experience and they would like to see CAMHS school link services to be developed nationally.

Discussion

We found that all 31 mainstream secondary schools in Liverpool took up the offer, integrated it into their practice, and found it useful.

Liverpool CAMHS school link service has also served as an early identification of mental health concerns for children and young people. It has enabled appropriate signposting for them for continued intervention if mental health concerns are identified by referral to the appropriate CAMHS Services. Our survey also shows that schools commonly take up targeted interventions in contrast to other Western European countries.[2] Our study outcomes are also in consonance with Australian integrated service delivery model allowed improved access to mental health services for young people attending special education schools who would otherwise not have sought help through traditional referral pathways.[3]

This service evaluation and survey highlighted a need for improved communication and liaison between CAMHS workers and school staff. Some teachers were not clear about what CAMHS can deliver and offer at schools and what other partnership agencies and organisations can offer. A recent study has found that the exchange of information between CAMHS and schools needs improving to sufficiently support the educational needs of children and young people with complex emotional mental health difficulties.[4] Following our service evaluation, we recommended to update information leaflets and training packs for schools.

Conclusions

This new government scheme ensures children and young people, and families are accessing support at the earliest of opportunities and more specialist provision when needed. More robust evaluations are needed to examine the effectiveness of this service.

Acknowledgements

Fionnuala Potts and Jo Potier (clinical lead for Liverpool CAMHS) developed this school link service. Fionnuala Potts was Assistant Clinical Lead to Liverpool CAMHS Primary Mental Health and Lead for link clinicians into schools at the time of our research. We would like to acknowledge contributions from all the primary mental health clinicians, key workers (from Liverpool CAMHS), Information and Guidance workers (from Young Person's Advisory Service), staff from secondary schools in Liverpool, Khedija Aziz, Jenna Kirtley, Carl Dutton, Fariba Bannerman, Dr Pretesh Shah, Dr Ahmed Waqas and Professor Atif Rahman.

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Documenting prescribing discussions with patients

Dr Lynn Brown and Dr Connor McIntyre

Do you have plenty of time to properly document your prescribing discussions with patients? Back in 2018, I and my colleagues discussed our documentation of prescribing medicines in Fife CAMHS. We were reasonably confident that our discussions with patients were consistent with GMC guidance, but far less confident that our documentation of our prescribing practice would show this. The pressure of working in over-stretched CAMHS teams was affecting our capacity to properly record our work. I had recently read Atul Gawande's "The Checklist Manifesto" and I wondered if checklists might be a solution to the problem.

Using GMC guidance, a checklist for prescribing fluoxetine to under 18's was produced as well as a set of audit standards. Initial retrospective audit before use of the checklist confirmed our suspicions (table 1):

Standard	% compliance
Basis for consent e.g. competent/ has capacity/ parental consent/ use of Incapacity legislation?	70%
Alternative treatment & treatments alongside medicine e.g. psychosocial interventions	67%
Check for Contraindications	40%
Target symptoms	45%
Onset of action	70%
Dosing	71%
Duration of treatment	50%
Common and serious side effects	74%
Interactions and drug & alcohol consumption	0%
Follow up arrangements & monitoring	100%
Prescriptions – who will provide	20%
Provide sources of further information e.g. websites, leaflet from medication packaging	40%

The first checklists were paper based, and needed to be scanned to electronic notes after completion in sessions. However, psychiatrists quickly realised how useful they were – as an aide memoire during discussions, for documentation, and for providing patients with a useful record of the prescribing conversation. Enthusiasm blossomed into a joint project with our pharmacist to develop checklists for all medicines used in CAMHS.

Repeating the audit identified a significant improvement with use of the checklists (table 2):

	Re-audit	Previous audit
Basis for consent e.g. competent/ has capacity/ parental consent/ use of Incapacity legislation?	64%	70%
Alternative treatment & treatments alongside medicine e.g. psychosocial interventions	86%	67%
Check for Contraindications	64%	40%
Target symptoms	100%	45%
Onset of action	86%	70%
Dosing	86%	71%
Duration of treatment	59%	50%
Common and serious side effects	91%	74%
Interactions and drug & alcohol consumption	68%	0%
Follow up arrangements & monitoring	100%	100%
Prescriptions – who will provide	73%	20%
Provide sources of further information e.g. websites, leaflet from medication packaging	73%	40%

Additionally, new GMC guidance around prescribing had been published, therefore new standards were introduced (table 3):

	% compliance
Allergies / Adverse drug reactions documented?	50%
Finding out what matters to a patient	77%
Licensed use of this medicine and what this means	64%
Unlicensed use of this medicine and what this means	59%
Driving status and DVLA obligations	64%
Pregnancy & breast feeding	65%

Progress was being made, but there were still areas for improvement. Despite the popularity of the checklists with prescribers, we identified that documentation failures appeared to relate partly to the checklists not being scanned and uploaded to patient files. This probably reflected the lack of capacity for clinical administration that prompted the audit in the first place. A further barrier was that checklists needed to be updated to prompt clinicians to follow and document best practice in light of new GMC guidance.

Since then, checklists have been updated, and the checklists are now integrated into the Morse electronic notes system. This means that during appointments (remote or face to face), clinicians can pull up the relevant checklist with their patient, document everything in real time, and print a copy for the patient. The completed checklist is immediately saved to the notes.

We plan to re-audit shortly to see the impact of these changes. However, as a group we are confident that this quality improvement intervention is supporting us to prescribe well, document accurately and quickly, and provide better patient care.

If anyone would like to see an example of the checklists please contact me at

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Adolescent Forensic Special Interest Group Conference: The Taboo Diagnosis – 19/11/21

Dr Gabrielle Pendlebury and Dr Heidi Hales

The day sparked debate around the diagnosis of personality disorder in adolescence. One side believing that adolescence is a period of diagnostic uncertainty as the personality is still developing and therefore to state that a young person's personality is disordered at this stage is premature and unhelpful. However, this was counteracted with the belief that when a diagnosis is accurate and made in a timely manner, a patient has the best opportunity for a positive health outcome because clinical decision making will be tailored to the correct diagnosis. Also, diagnosis can influence resource allocation and research.

The case presentations vividly demonstrated that disorder of personality in adolescence is a complex concept. It can be difficult to differentiate personality pathology from normal developmental

impermanence and instability. Most clinicians leaned towards a developmental perspective that afforded flexibility when thinking about pathology trajectories, while balancing resilience against vulnerability factors.

In recent times, clinicians appear to prefer to use diagnoses that emphasise trauma rather than challenging behaviours, such as the use of the term 'complex post-traumatic stress disorder' instead of emerging borderline personality disorder. It shows the reluctance of clinicians to diagnose personality disorder in young people whose personalities are still developing. This can mask clinical need and delay understanding. It may also allow professionals to avoid considering their own negative reactions to difficult young people.

However, it cannot be denied that a subgroup of young people do seem to present with emerging psychopathology that resembles adult personality disorder, where early diagnosis is likely to lead to early interventions and thus improve prognosis. An accurate formulation is essential. An inaccurate diagnosis of personality disorder in a young person may focus attention away from interventions that improve the caregiving environment at home, or stigmatise a young person, leading to avoidance and an increase in their problems.

The diagnosis of personality disorder is a double-edged sword. No-one denies the value of early identification with treatment likely to reduce the chances of unnecessary suffering for the individual and society. However, a personality disorder diagnosis can be stigmatising and follow a young person into adulthood, paradoxically blocking their access to treatment and services.

It was agreed that services should be designed to intervene early and with the adolescent's environment – the home, school and neighbourhood. The use of the diagnosis 'mixed disorder of conduct and emotions' could be unhelpful at times, as these young people may be counted within conduct disorder rather than understanding it within emotional disorders.

Learning points:

Young people's brains are changing, any psycho-pathology is also likely to be changing. Therapeutic formulations and diagnoses need to be flexible and responsive to change. A diagnosis is not necessarily a label for life.

Personality disorders are extreme dimensions of normal traits that can vary in severity.

Emotionally unstable is not valued terminology, emotional dysregulation or borderline is better accepted by young people and carers.

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Understanding missed appointments in CAMHS

Dr Mudasir Nazir and Dr Afifa Qazi

Aims and Hypothesis

To define the nature and aetiology of missed child and adolescent mental health (CAMHS) appointments; which is presently hypothesised to contrast with traditional myths and stereotypes in psychiatry.

Background

In the UK to greater than 150,000 appointments are defined as non-attendance in CAMHS, that is 20% of all encounters. This has significant impact on both quality of care and cost to the population. Of

more concern is that this results in vulnerable children experiencing delays in assessment and treatment, with inherent consequences to their psychological and physical wellbeing. Current belief systems attribute this to factors such as stigmatisation, inadequate parental responsibility and proactivity for their child's mental health or administration related deficiencies. There is still little understanding into the reasons for missed appointments that are directly perceived by children and adolescents with mental illness.

Methods
A systematic review of peer reviewed literature was conducted in May 2019 to help better understand this knowledge gap, and in particular to define topics that may be attributed to missed appointments. Databases of MEDLINE, EMBASE and CINAHL were searched in accordance with strict inclusion and exclusion criteria, and eligible studies informed a thematic review.

Results
A total of 7 articles met the inclusion criteria, following an initial literature yield of 449 references. Eligible studies were found to have utilised a primary quantitative cross-sectional design to explore the factors predicting mental health appointment attendance. The causes of missed appointments may be considered along four main themes. These include factors related to patients; appointment and practitioner characteristics; paediatric specific factors and factors promoting appointment attendance.

Conclusion
Overall, it was clear that these four inter-related themes were markedly influential upon paediatric attendance and thus, initiatives should be targeted towards these areas in order to improve attendance rates and ultimately patient outcomes.

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Bio Psychosocial Impact of War on Children – A Public Health and Psychiatric Perspective

Dr Reka Ajay Sundhar

Introduction:
Being a Public Health Professional and a Psychiatry Trainee, I had always been keen in the promotion, prevention, and treatment of mental illness. During my recent posting in Child and Adolescent Mental Health Services (CAMHS), when I was interviewing with various mum's during routine assessments, I found the most recent topic of discussion among kids is Ukraine Russia war. This shone a red flag in my mind about the bio psychosocial impact of Ukraine Russia War not only on the kids in Ukraine but also worldwide. This review is based on the analysis of various literature on the biological psychological and social implications of war (during and post war) on the children.

Direct and indirect exposure:
Children are complex beings with their brain growing at a rapid rate. Exposure to gruesome trauma and uncertainty about the future increases the risk of development of various physical and mental health conditions.

Exposure to war can be either Direct or Indirect. Direct exposure occurs because of the child having personal experience with war, for example, living in a war zone or seeing the beloved ones getting

killed or injured or getting persecuted in one's homeland, being a victim of rape or violence, etc. [4] Indirect exposure could take place through social media or television or hearing a discussion about the war [1]. With growing technologies children can access information easily and are able to develop their own perspectives about it. Although both can cause significant impact and distress on the children, direct exposure has more impact comparatively.

Adverse childhood experiences:

Adverse Childhood Experiences (ACE's) includes various kinds of abuse, neglect, or family dysfunction. There is lot of evidence to say that ACE's have been associated with increased risk of various physical and mental health conditions. Being in a war zone increases the susceptibility to various ACE's and increases the risks further in the children. Evidence suggests childhood adversity has been shown to increase the impulsive behaviors, reward orientation and unhealthy lifestyle choices. Also, the cognitive and behavioral response to childhood trauma has been mediated through epigenetic changes, post translational modifications and unregulated inflammatory response [1].

Bio-Psycho-Social Impact of War:

Health and wellbeing of the children seems to be affected greatly in the war zone environments due to exposure to Toxic stress. It occurs when children experience strong, frequent, and prolonged adversity without adequate adult support and leads to impairments in their cognition and emotions [2]. Health outcomes in those children have been mediated by a complex interplay of genetic, environmental, societal, and familial risk factors [2].

Evidence has shown that children in war affected regions suffer commonly with depression, PTSD-acute or chronic, anxiety, phobia, emotional dysregulation, internalizing and externalizing reactions. Internalising reactions include depression, anxiety suicidal thoughts, dependent behaviors like clinging to parents, fear of being left alone, etc. [1]. They might also show externalizing behaviors like bullying, delinquency, drug and alcohol use [1]. They exhibit increased risk of suicidal ideation, enuresis, nightmares, hypervigilance, grief, separation anxiety disorder, phobia, stuttering, stereotypic movements, refusal to attend school, learning disabilities, conduct disorders, aggression, feeding disorders in infancy or early childhood [2].

Evidence on familial risks like parental trauma, worry and poverty can also affect them. Parental trauma has led to increased avoidance behaviors, attachment insecurities, mental health conditions in their kids [2]. They further increase the risk of intergenerational trauma. Parental worry about survival leads to an environment which is less nurturing and more aggressive towards their children [2]

War increases the psychosocial impact in children due to the breakdown of infrastructure like schools, health care services, community support and other frameworks. Also, there is a strong dose response relationship between the stressors and the children's physical and mental health, academic achievement and social relationships [3]. War also affects the developmental outcomes like the ability to function and focus on daily life, academic performance, ability to form relationships, perception of general life satisfaction etc. [2,3].

Meanwhile, the disruption to healthcare services tend to increase risk of low birth weight and premature babies which in turn increases mental and behavioral problems, eating disorders, lower IQ, and poor educational outcomes [2]. Children also experience bombing, lack of access to water, loss of home and could experience injury or death of loved ones, school closure, changes to parenting styles, loss of household routines, etc. [1]. Further due to breakdown in the law structures, there is increased risk for sexual exploitation and abduction [2]. Adding further layer to the adverse outcomes, retention

and recruitment of staff are affected and causing shortages of qualified and specialist staffs, further financial constraints, political conflict, etc. [2].

Not just the above, also the educational and occupational outcomes seem to have been adversely affected due to war trauma [2]. Besides, boys who have had prolonged exposure have further likelihood of poor educational outcomes, poor sleep quality, high BMI, and low self-reported quality of life [1].

Protective factors that have been quoted includes close relationships with care givers, emotional regulation, self- control, problem solving skills, religion, etc. [1].

Interventions to tackle:

Evidence suggests the need for multi-disciplinary and multilayered approaches are essential in supporting communities, families, and children. Some of the interventions suggested in the literature include reuniting families and restoring infrastructure [1]. First responders to undergo training on effects of trauma in children and effective communication [1]. Also, suggestions for community wide screening or screening in schools/clinics to identify high risk families has been suggested. Additional usage of Trauma focused CBT with resilience or symptom-based techniques has been suggested [1].

Another literature has shown families can foster resilience in children through care and warmth. Parenting practices play an important role in the wellbeing of the child. Hence focusing on individual and family-based approaches could stop and break the vicious circle of war trauma, psychopathology, and dysfunctional family dynamics on the violence against women and children [2].

A paper which discussed about the impact of war trauma on children in Middle East [3] has suggested a tiered approach to manage it. It has suggested that firstly training to primary care professionals on detection of mental illness and referral to specialist services with long term emphasis on Undergraduate medical curriculum on mental health. Also, it has suggested that mental health professionals to train paraprofessionals, teachers, social workers on coping strategies and recognition if anyone requires specialist interventions. Then, it emphasizes on the need for training mental health professionals to increase capacity building and to tailor interventions in the socio-cultural context. Finally, it has suggested the need for wider integration of Mental health services across the health sectors. It also highlights the utilization of digital interventions and staff training to increase screening and assessing children in the war zones [3].

Conclusion:

Hence war by itself has huge implications on the health and wellbeing of the children. It not only causes impact on their health, but it also has wider implications on their psychological and social determinants. Although, I wish the world becomes a war free zone with more peace. In the event of adversities, being mindful and using the relevant approaches to identify needs and using multi-disciplinary and tiered approaches with children, families, and communities at the center of the policy making helps to mitigate the situation. As children are our hope for the future, investing in their wellbeing through prevention and treatment approaches, wherever necessary by implementing the public health and mental health interventions, helps in building a better future.

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Early Years Exposure to Child and Adolescent Psychiatry

Dr Abigail Swerdlow

Designing and delivering a Child and Adolescent Psychiatry Student Selected Component (SSC) to first year medical students.

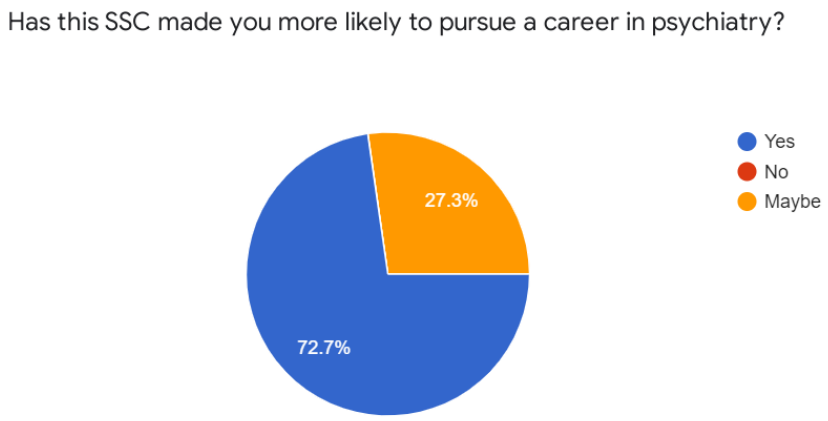
As Fellow in Medical Education at East London NHS Foundation Trust I was given the opportunity to design and deliver a Student Selected Component (SSC) to the early years medical students at Queen Mary University of London. I excitedly took the chance to introduce child psychiatry to them early on in their curriculum and in their medical school journey. This was a fantastic chance to broaden the medical student's views of child and adolescent psychiatry and hopefully increase their awareness and enthusiasm for the specialty, ultimately increasing recruitment to the specialty in the longer term. However, whether they choose to pursue psychiatry or not, I hoped that this SSC would bring mental health to the forefront of the minds of future doctors.

The SSC I designed introduced students to the field of child and adolescent mental health. They learnt about what challenges face young people and their families and how stigma and discrimination affects them. They spent time exploring past and current campaigns in challenging stigma and increasing mental health awareness. The module consisted of a mixture of online lectures, tutorials, preparatory work, group work, discussion and readings. The virtual platform created opportunities for the students to hear from a range of speakers, including those with lived experience and the small group nature of the SSC allowed for a safe space for the topics to be discussed.

As part of the SSC, the students were supported in individually developing new ideas for campaign or resources to raise mental health awareness. I was astounded by the quality of these, and they ranged from videos and infographics to podcasts, school-based activities and the creation of personal journals. Many of the students are planning on continuing with their projects and implementing these campaigns and so the SSC has brought together a group of like-minded and passionate individuals who can drive change.

The SSC feedback was overwhelmingly positive, with students in particular valuing the workshop from People Participation and having the opportunity to speak to people with lived experience of mental health. The students enjoyed the patient centred feel and the contrast in the material to what they were learning in their other taught modules. Almost three quarters of students said that the SSC made them more likely to pursue a career in psychiatry and in their reflections many wrote that the SSC had changed their view of psychiatry and would impact their future practise as a doctor.

I am hoping to build on this success and encourage other psychiatrists to add psychiatry SSCs to the undergraduate curriculum in order to better develop the skills, attitudes, and knowledge of all clinicians.



Some examples of written feedback from the students

SSC has broadened my knowledge and made me realise that Psychiatry is definitely a speciality that I'm interested in pursuing

You have really increased my interest in Psychiatry as a career purely by seeing your enthusiasm for this profession

I appreciated the fact that we were able to meet some real patients who had used CAMHS so we were able to learn about the service and some of the limitations that we will hopefully be able to combat in the future if we were to specialise in this field

I truly enjoyed the entire SSC and am now considering psychiatry as a potential future avenue, a very insightful two weeks for me

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Book review of 'A sense of Belonging – How to find your place in a fractured world – by Dr Holan Liang

Alexa Zhang

A Sense of Belonging - How to find your place in a fractured world - Dr Holan Liang

Dr Liang's story began on a scorching day in Taichung in the early 1980s, where she saw a boy – the shopkeeper's son with special needs, locked up in a cage. Dr Liang, who was on her way to collect her passport to join her engineer father in the UK, was horrified. The fear was not what she recalled most vividly from this experience however. It was, in fact, the kindness her mother showed to the boy by buying him a popsicle which brought a smile to his face.

Fast forward three decades, Dr Liang was working as a child and adolescent psychiatry consultant in London, diagnosing and supporting young people with mental health and neurodevelopmental difficulties. Beyond the bio-psychological basis of disease, this book explores the fascinating role of a need to belong to something bigger than oneself, which Maslow thought of as the next most crucial human need after fulfilling the physiological and safety needs. Through humorous and relatable narratives and wise insights derived from astute clinical observations, the book discusses this topic from the evolving perspectives of a foundation doctor, trainee psychiatrist and eventually consultant psychiatrist. Psychiatry trainees may be drawn to the specialty for a variety of reasons, but one could be an ability to identify with the marginalised and the "outsiders". Despite attempts to destigmatise mental illness in recent years, patients whom psychiatrists see day-to-day are likely to recount experiences of being excluded in one way or another. Although not always the underlying *cause* of mental illnesses, feeling like one does not belong has a profound impact on one's mental health. This book may help the psychiatry trainees take on a fresh perspective in *formulating* their patients' experiences.

Psychiatrists often have no problems brainstorming for ideas to help patients reintegrate, but the same awareness and compassion afforded to their patients may not come as easily when it comes to addressing their own mental health difficulties. In between fascinating clinical cases, this book takes us on an unfiltered journey of the daughter of an immigrant family who found herself in Cambridge, an accomplished consultant and academic, a wife, and a mother-of-two, navigating professional, personal, and mental health challenges. This book takes an honest look at issues around sexism and racism in medicine, many of which remain prevalent today. The reader may be thinking of how far we have come as a society and profession and how much further we need to go in addressing these issues. This book is deeply moving and above all, very human.

Can we truly feel like we "belong" anywhere in the modern world, given all the changes we have witnessed in the last few years? This book argues that, yes, and to help one another to "belong" is to consciously build connections while looking beyond the superficial cracks that divide us. On a smaller scale, the child and adolescent psychiatry community can do more to help one another foster a greater sense of belonging within the profession. After all, who can be better placed to take on this task than the compassionate psychiatrists who help young people stay out of invisible "cages"?

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Book review published in the Journal of Mental Health

Sewanu Awhangansi

Global Perspectives on Microaggressions in Schools: Understanding and Combating Covert Violence Julie K. Corkett, Christine L. Cho & Astrid Steele, eds. London: Routledge, 2021

As the COVID-19 virus continues to ravage the world, with visible and long-lasting impacts on individuals and peoples across society, there has been another invisible, quietly spreading, threat to our shared humanity, especially within the education system, that has been around for much longer. The authors of "Global Perspectives on Microaggressions in Schools: Understanding and Combating Covert Violence", portray this public menace as a "silent epidemic". However, given the pervasive nature of its attendant problems and the extent of its proliferation all over the world, which the authors have so aptly described throughout the course of the book, a "silent pandemic" might be a more fitting description because of the call for concerted action that it demands!
This book, which was compiled by educators and researchers from around the globe, aims to provide a platform where readers and stakeholders in education can be made aware of, and further reflect on the significant and steady rise in the incidence of incivility, horizontal violence and microaggressions, which are for the most part under-reported and sometimes unreported, across schools worldwide. The authors do not just give a vivid illustration of how these subtle and covert forms of violence are very distinct from the more sensationalized, headline-grabbing acts like school shootings, stabbings and physical assaults, they also narrate how even more damaging the impacts of seemingly innocuous acts like social undermining, omission, exclusion, invalidation and "othering" can be on the victims in the long term.

The authors reference Sue's (2018) description of microaggression as "the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership". It might not be common knowledge that many acts of covert mistreatments in schools and other workplace settings are ambiguous and sometimes unintentional, but nonetheless make the victims feel humiliated, intimidated, threatened, losing their sense of self-worth and eventually questioning their own humanity.

As such, this book is a useful educational resource, not just for scholars and researchers with an interest in the sociology of education, educational leadership and school culture, but very importantly, also for lay people to have a reliable reference when contributing their perspectives and daily experiences to the local and international dialogue on the theme. It should also be a go-to material for all professionals interested in school mental health. Whilst in an educational setting, students, teachers and administrators can be both victims and/or perpetrators of incivilities, the book covers a very wide range of lived experiences of victims including "those who are negatively racialized, Black, Indigenous and People of Colour (BIPOC), members of the LGBTQ2þ community, women, immigrants, and refugees, people who are negatively gendered, gifted students and students who are experiencing behaviour challenges."

The book is easy to read and easy to follow, with a sequential progression from the introduction to the conclusion. In between these chapters, there are three sections, each with three chapters. The first section explores the lived experiences of students, teachers and principals with various forms of overt violence in school settings and the myriads of emotional, psychological and academic impact it had on them. The second section looks at how societal inequity and marginalization are contributory

to the burden of microaggression in our schools. The book did not just do an expose on the nature and extent of the problems of incivility, horizontal violence and microaggression in schools, it goes further in the final section to proffer creative, practical and cost effective solutions; solutions that would nonetheless require strong will and commitment to implement across board.
The book does not just give mere anecdotal accounts of covert experiences of people in education; it is premised on a rich mix of empirical research methodologies including qualitative case studies and discursive literature reviews. It is instructive however, to note that whilst the authors try to give the book a "global" appeal, the limited use of experiences and studies from just a handful of countries (South Africa, Australia, Canada and the US) might mean that universal generalization of the ideas presented might be rather hasty. It would make for a more balanced, more inclusive narrative if experiences of microaggression in school settings in places like Nigeria, India or Taiwan, for instance, were represented. It would also have been interesting to have a European perspective of microaggression in schools, for readers to have a reference point for the vivid details of the Eurocentric discrimination experienced by Indigenous students in Canada and Australia described in the book. Whilst these should not preclude worldwide usage of the book and its significant contribution to the existing body of knowledge, future editions may benefit from such a comprehensive update.

Similar to the hope of a return to normalcy that the COVID-19 vaccines promise, the evidence-based strategies suggested in the book against latent and subtle forms of discrimination and racial innuendos are a valid lifeline that can make school environment safer, more inclusive and more equitable for all. More than ever, according to the authors, all hands are needed on deck if we are to stand a chance of beating the scourge of discrimination.

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Dr Bloster

They tell us it's over. Spring is in the air. People are beginning to come back to work and we must tackle those waiting lists. Daffodils are shivering in the grubby city garden behind the clinic and I have given the rose bush a firm talking to about producing flowers this year.

I'm on call making a list of patients to see, when I catch sight of an email flashing tantalisingly on my screen before subsiding again into the depths of Outlook. A 'patient's mother would like a call about some medication prescribed by CAMHS'. 'OK' I think- 'could be anything'. I dial the number and amazingly, it's the right one and I find myself speaking to a very anxious and rather angry sounding mother. Her daughter has symptoms of severe anxiety and functional tics and the doctors at her local CAMHS have been unable to prescribe. On further investigation, there used to be a substantive consultant at CAMHS, who was 'excellent', but left the service. Then there was a locum briefly, and now there is no-one. 'What, no one?' I asked incredulous. The last person to prescribe had been the nurse prescriber at CAMHS. The GP was 'refusing' to prescribe. I had been aware that one of the local CAMHS services in our area is struggling to find psychiatrists, but it had never been my problem before. Those child psychiatrists that remain are courageously covering for others but getting exhausted in the process.

I stare at the wall, where one of our psychologists has waggishly stuck a picture of a window. I talk to the girl's mother and we make a plan for treatment and review. 'I'll see this one, but I can't see them all' I think. I wonder whether I can lure some trainees about to get their CCT's to this windy city. Another email winks on the screen - a training course for managing trainees in difficulty…

In the afternoon, I have a family emergency. Without any delay or questions my lovely colleague tells me to go - we have been covering for each other like this all year as one by one our parents have succumbed to illness (partly a fact of our age) and we, our children and our partners have had a succession of covid-related illnesses. We keep on helping each other and at the same time try to maintain standards of care in some very trying situations. Later we share cups of tea and jam croissants. With colleagues like these, who needs a social life or wants a yacht? Not me.

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