Faculty of Child & Adolescent Psychiatry Executive Committee Newsletter Spring 2023

Chair	***Elected members***	
Elaine Lockhart	Omolade Abuah	Ashley Liew
	Philippa Buckley	Jose Mediavilla
Vice Chair	Rory Conn	Paramala Santosh
Alka Ahuja	Tina Irani	Louise Theodosiou
	Sami Timimi	Susan Walker
Finance Officer	Holan Liang	
Guy Northover		

Co-opted members and observers

Nicholas Barnes
Anna Conway Morris
Andrea Danese
Suyog Dhakras
Amani Hassan
Thomas Hillen
Rhiannon Hawkins
David Kingsley
Clare Lamb
Mark Lovell
Catriona Mellor
Fifi Phang
Kapil Sayal
Helen Smith
Suparna Sukumaran
Toni Wakefield

Welcome

Welcome to the Spring edition of our newsletter. We hope you enjoy reading the various articles which reflect the breadth of our work. You can see the joint statement about PANS/PANDAS which reflects a co-production between clinicians, academics and families and an update about the work of CAPSS which is only possible by receiving input from all consultants working across the UK. To deliver excellent services, we need a well-trained and supported workforce. Many of us have been inspired by colleagues and we plan to publish a regular slot, titled "Spotlight Interview" which gives you an insight into how leaders in our field have developed their career over the years. In this newsletter we focus on our wonderful Chair of the Child and Adolescent Specialty Advisory Committee (CAPSAC), Dr Suyog Dhakras, who has led on the recruitment and training of colleagues, as well as the development of the new curriculum in this role. There are many opportunities to support our work and we hope you will consider if you can volunteer to key roles, e.g. as a Regional Rep or that of Certificate of Eligibility for Specialist Registration (CESR) assessor about which you can find more information below. Finally please consider nominating local individuals or teams for the RCPsych Awards before the 26th May. We know that colleagues have been working exceptionally hard and this is a chance to celebrate the difference our services can make to children and young people's lives.

Best wishes

Elaine

Dr Elaine Lockhart

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The Chair's column

Elaine Lockhart

As I write this, the sun is streaming through the window and it seems that Spring has finally arrived in the North of the UK. Since our last newsletter, we held the Winter Institute online, which was a very successful event in terms of the number of attendees and content. I'm aware that the fees for our conferences are substantial and that not all colleagues can access a study leave budget. We work hard to keep the cost as low as possible, but delivering online and hybrid events require more input form College staff than our previous face to face events did. We are prioritising free places for students and reduced fees for trainees and SAS colleagues, but will continue to focus on delivering high quality content and the best value we can offer. It was wonderful to have our experts with experience co-chairing different sessions and the voice of our patients and their parents/carers threaded through the sessions which covered different mental health challenges facing infants, children and young people and some innovative services which have been developed to meet their needs.

Our retention and recruitment strategy has been drafted and will be published in the near future, with an overall view of the opportunities and challenges we are facing with the medical workforce within specialist mental health services for children and young people. It sets our actions for us all to take forward along with the College officers, medical managers and those responsible for training.

We have been continuing to work with colleagues in NHS England and Health Education England to scope out the psychiatry workforce needed and how we can best attract and retain doctors working in our services. Later in this newsletter you will see some information about the role of evaluators for Certificate of Eligibility for Specialist Registration (CESR). Many colleagues work as SAS doctors and some become consultants through the CESR route which is also applicable to others who train outside the UK. We need more CESR assessors to support this important work and I would encourage you to consider taking this important role on. The new curriculum has streamlined the requirements which will make this work less onerous than it has been previously.

There is ongoing planning around the redistribution of higher training numbers in child and adolescent psychiatry in England and we are working hard to ensure that moving some of these numbers out of London will not destabilise the current training schemes and that we will not lose the progress we have been making in filling these posts.

For those of you who are interested in working more closely with our paediatric and child heath colleagues, there will be a day focusing on mental health at the forthcoming annual RCPCH conference. This will be held in Glasgow on the 24th May and will include examples of joint working and a keynote presentation by Prof Helen Minnis.

There is ongoing work around the Early Year position paper, the updating of our reports to reflect what good services look like and the role of child adolescents in them which makes best use of our extensive training and expertise and the paper which focuses on young people with Personality disorder. All this work involves many members of our Faculty who work the extra mile on our behalf to improve services for our patients. Over this year I look forward to sharing these papers with you which aim to support the development of our speciality and services, as well as supporting all of our members who are continuing to face unprecedented clinical demand. Finally I am happy to share the dates for our hybrid annual conference which will be held at the College building in Prescott Street, London on the 21st and 22nd September.

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Report from Northern Ireland

Holly Greer

Hello from Northern Ireland! Our weather has taken a turn for the better this week, and with the positivity that comes with that we remain hopeful that elections this week might possibly lead to a functioning government to action much needed changes within the health service.

We continue to represent Child and Adolescent Psychiatry on various All Party Groups within Stormont including mental health in schools, and our members have given evidence to the assembly as well as contributing to consultations for the Department of Health. We are so grateful to have an interested and involved faculty.

An excellent event Generation Hope about youth suicide was held by the Mental Health Champion and involved the young persons' perspective in a youth led mental health support café called the Crisis Café – inspiring and innovative work that I wish could be replicated across the country.

We have our first face to face joint conference since COVID with the Ulster Paediatric Society coming up in June with a varied and interesting programme around neurodevelopmental conditions.

A few members represented Northern Ireland at the Four Nations Secure Care Symposium. It was interesting to hear feedback from the other nations, and some statistics from our own service. Our secure care and juvenile justice mental health provision is currently changing, again with helpful members involved in discussions around this.

I would also like to highlight an article recently published by some of our members "Legal Capacity, developmental capacity and impaired mental capacity in children under 16: Neurodevelopment and the law in Northern Ireland" which may be of interest – link attached.
https://authors.elsevier.com/sd/article/S0160-2527(23)00015-8

Dr Holly Greer
Chair of Faculty in Northern Ireland

Report from Wales

Dr Amani Hassan

We welcome the spring, by celebrating St David's Day on the 1st of March in Wales. Happy Saint David's Day in Welsh is "**Dydd Gŵyl Dewi Hapus**"!

To start with the good news, we have confirmation that the Run Through Training in CAMHS for Wales, will hopefully start in August 2024, previously it was supposed to start in August 2023. The planned expansion of CAMHS training jobs is going ahead.

The CAMHS network that was chaired by Cwm Taf Health Board (HB), including Cwm Taf and Swansea Bay HBs, with some jobs shared with Cardiff and Vale HB, will end by April 2023. Some services would be affected including the Drug and Alcohol and the CAMHS LD service. Going forward, the limited resources allocated for each HB separately will limit access to services relative to the integrated approach previously in place. CAMHS services in Wales are managed by different directorates, some are under mental health and others are manged by paediatric services. These models of management have their unique merits and challenges, which may benefit from further exploration to identify best practices and efficiency in resource allocation.

On the 8th February, The RCPsych in Wales held the first in personal National Mental Health Debate for Young People since Covid-19 in Cardiff. The event, held in partnership with TEC Cymru, saw students from primary and secondary schools debate the motion: Can young people prevent climate change? In addition to the debate, the event also played host to a panel discussion on the topic 'Climate change is the most predictable & preventable global crisis and the most predictable and exploitable innovation opportunity'. The panel consisted of Dr Rob Orford, Chief Scientific Advisor for Wales, Alfred Williamson, Youth Climate Ambassador, and Delyth Jewell, Chair of the Senedd Cross Party Group on Climate, Nature, and Wellbeing. The day was chaired by Delyth Jewell MS and Prof Alka Ahuja and was rounded off with a tour of the Senedd.

Gender Identity Development Service (GIDS) will now move to the Children and Young People's Gender Dysphoria Service, the waiting list is now being managed through a centralized Referral Management Service (managed by NHS Arden and Greater East Midlands – also known as AGEM) instead of the Tavistock and Portman NHS Foundation Trust.

Dr Amani Hassan
Chair of Faculty in Wales

Spotlight Interview Series

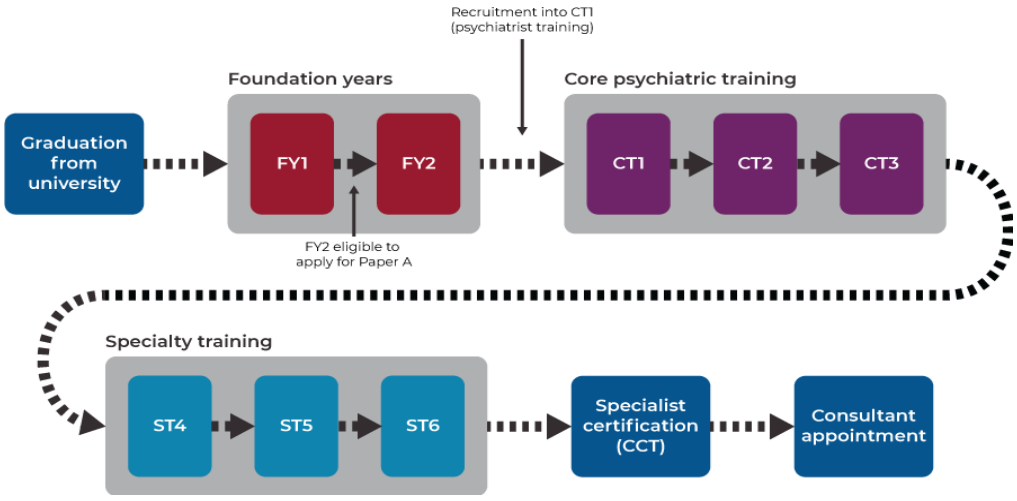
An Interview with Dr Suyog Dhakras

Consultant Child & Adolescent Psychiatrist, DME (Director of Medical Education) – Solent NHS Trust, Chair – CAPSAC (Child & Adolescent Psychiatry Specialty Advisory Committee) – CAP Faculty, Royal College of Psychiatrists

Why did you become a psychiatrist?

I became a psychiatrist partly because I found it very interesting and enjoyable (especially as a medical student in Mumbai at the GS Medical College); and partly through serendipity – having tried a few other specialties. I then tried a Psychiatry placement in a substance misuse and addictions service (jointly run by WHO & the teaching hospital – KEM Hospital Mumbai) and really enjoyed it – and was reminded of my very interesting undergraduate experience in Psychiatry. So, then I applied for the post-grad (MD Psychological Medicine) training programme at my alma mater – and it felt like 'coming home' professionally speaking. I had become interested in Child & Adolescent Psychiatry having attended the Child Guidance Clinic at KEM Hospital (being encouraged by my PG tutor). I undertook my dissertation in reviewing a case series of children referred from the local catchment municipal schools for academic and behavioural difficulties in junior school. At that time, there were no specialist CAP training programmes in India, so I applied to RCPsych under the then ODTS (Overseas Doctors Training Scheme) to undertake training in the UK to apply for specialist CAP training.

What training did you undertake to become a psychiatrist?



After my training in Mumbai, I came to the UK and undertook a few placements in core training to pass the MRCPsych exams. Then I applied to train in CAP and was successful in getting a place on the Wessex CAP rotation. I developed an interest in Forensic-CAP. Although I did not undertake dual CAP-Forensic Psychiatry training, I trained in Forensic Psychiatry for 16 months – which included training in an Adult Medium-Secure Psychiatric Unit and also training at

a Special Hospital. I undertook 3 ½ years training in CAP – including community CAMHS, Tier 4 inpatient CAP, Paediatric-Liaison training and finally a placement in a specialist community CAMHS-Forensic team. My training was assessed under the then RITA process and I was awarded a CCST in Child & Adolescent Psychiatry – and got entry onto the GMC Specialist Register as a CAP Psychiatrist.

I have also completed a Management Course (WHO Cares) run by the NHS & Severn Deanery to gain a PG Cert and then did an LLM (Legal Aspects of Medical Practice) at Cardiff University. I undertook a qualitative research project (about the experiences of children and young people undergoing inpatient treatment at the regional inpatient CAMHS unit and the issues of consent, competence, capacity, and decision making) in the context of the changes occurring to the Mental Health Act in Parliament, as part of the dissertation for the LLM.

I was fortunate in getting clinical experience of a range of psychotherapy modalities – CBT, psychodynamic psychotherapy etc.

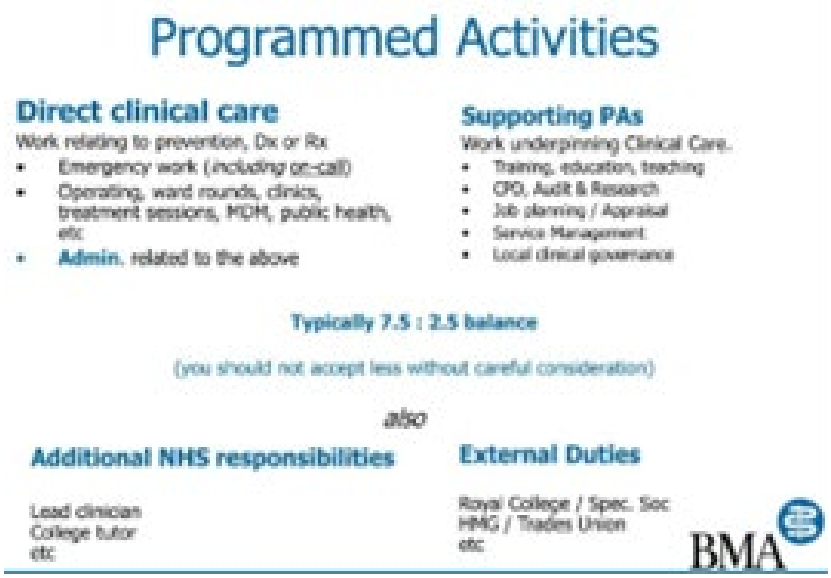
I look back on my CAP training with a lot of fondness. I was privileged to have a wonderful cohort of fellow CAP trainees in Wessex (many are consultant colleagues now), and many inspiring consultants as trainers. Though it was hard work balancing clinical work, training and academic work, I really enjoyed myself. I remember thinking throughout that I had made the right decision in choosing CAP as a specialty to build my career.

Can you tell us about the exams you have to do to become a member of the RCPsych?
Trainees interested in Psychiatry in general and CAP in particular can undertake Psychiatry and CAP placements as part of their FY training. Application to core Psychiatry training is via the Health Education England North-West Office (including for Scotland, Wales and now N.Ireland). All the relevant information can be accessed via: https://www.nwpgmd.nhs.uk/ct1_psy_recruit_overview
As part of improving recruitment into CAP, we started the CAP run-through training programme in 2018 and it has been a success. All the relevant information is available at: https://www.nwpgmd.nhs.uk/st1-child-and-adolescent-psychiatry-training-recruitment-overview; and https://www.rcpsych.ac.uk/training/your-training/run-through-training Other trainees will usually rotate through 3 years WTE placements in Psychiatry – including placements in CAP, and pass the exams (Papers A & B, and the CASC) to gain their MRCPsych. They can apply for CAP training via the national recruitment process https://www.nwpgmd.nhs.uk/st4_psy_train_rec_oview.

What types of subspecialities are there in psychiatry?
The GMC recognises different specialties such as General Adult Psychiatry, Child and Adolescent Psychiatry (CAP), Learning Disabilities Psychiatry, Forensic Psychiatry, Old Age Psychiatry, and Medical Psychotherapy. The GMC recognises the following endorsements alongside General Adult Psychiatry – Addictions Psychiatry, Liaison Psychiatry, and Rehabilitation Psychiatry. The above specialty training programmes are usually 36 months WTE.
The GMC recognises the following dual training programmes with CAP – CAP-Forensic Psychiatry, CAP-LD Psychiatry, and CAP-Medical Psychotherapy. These programmes are 5 years WTE in duration. They consist of 2 years WTE each in

each of the specialties and a 5th 'joint' year. The entry to these dual programmes is via National Recruitment. Further information: https://www.nwpgmd.nhs.uk/st4_psy_train_rec_oview

What else can you do as a psychiatrist other than outpatient clinical work and hospital work?



A psychiatrist's job can involve the following components -

1. Clinical work working in an outpatients/ community team or in inpatient specialist psychiatric hospitals. Psychiatrists may also work with paediatric services or medical services in acute general hospitals. Child Psychiatrists may also work alongside GPs in GP surgeries or in special schools – providing input to children with specialist needs (because of conditions such as Autism, ADHD and learning disability).
2. Medicolegal Work - with Courts – both criminal courts and also family courts in providing specialist reports. And with the Department of Justice as specialist psychiatrists on MHRT (Mental Health Review Tribunal) panels.
3. All psychiatrists get training and clinical experience of psychological therapies as part of their training. Some psychiatrists may also have formal therapist roles as part of their clinical work.
4. Many psychiatrists are involved in research, and work as clinical academics.
5. In addition to clinical work, psychiatrists can be involved in education and training, for example supervising trainees or taking on more formal educational leadership roles such as the Training Programme Director for training programmes within Deaneries; or being involved in undergraduate medical education.
6. Psychiatrists can also be involved in leadership and strategic roles such as being Clinical Directors, Chief Medical Officers or even CEOs of NHS trusts. Psychiatrists also take up strategic, leadership, and advisory roles for national bodies for the benefit of the wider NHS e.g. the Royal College of Psychiatrists.

The above roles and examples are not exhaustive. I hope they give a flavour of the wonderful variety in the breadth and depth of a career in Psychiatry.

What does you day look like?

I'd like to discuss here what my working week looks like as that might give a better idea. I work full time (5 days a week). I do 3 clinical days: 1 day in community CAMHS, 1 day with the BRS – a specialist service jointly resourced by CAMHS and the local authority, and 1 day in the community Forensic-CAMHS team. For the remainder 2 days, I am the DME (Director of Medical Education) for the Trust.

Clinical Work	On my day in the community specialist CAMHS (Child & Adolescent Mental Health Service) clinic , I also am the duty consultant. This means in addition to a usual clinic with new assessments and follow-up cases, I also respond to any urgent clinical issues that need my input as a consultant. This would include issues such as joining colleagues for urgent reviews when the case involves high risks to self/ others (e.g. a young person with high risk of suicide), undertaking Mental Health Act Assessments.
BRS Work	I provide mainly consultation to local authority colleagues and colleagues from education and other agencies regarding children and young people with complex needs. I also hold a small case load and I see these children and young people with multi-agency colleagues.
FCAMHS Work	This involves regular meetings with the local YJS – Youth Justice Service and the Police regarding children and young people who pose a significant risk to the safety of others. I also have direct involvement with a small number of complex cases which involves undertaking structured risk assessments and devising intervention plans and also some direct therapeutic work with children, young people and their families/ carers.
On call Work	I do out-of-hours on-call for CAMHS (1 in 10 rota) as consultant or 2nd on-call.
Education Role	In my role as DME, I oversee all the undergraduate medical education and also post-grad medical trainees in the Trust. It is challenging and interesting and stimulating and rewarding to work. One of the key responsibilities is to ensure that students and trainees placed within services in the Trust have a good, safe and enjoyable learning experience and to ensure that training and education contribute to the safety and high quality of services patients get from the Trust – and have to provide that financial accountability to the Trust and also to Health Education England (responsible for training and education nationally).
CAPSAC Chair	The committee for training and education for Child & Adolescent Psychiatry). Over the past several years I've had the

	privilege of leading the CAP run-through training pilot and programme, lead the curriculum review and work closely with RCPCH (Royal College of Paediatrics and Child Health).

How do you work with other people/teams?
All health care provision involves working with other people and teams as an integral and crucial element of clinical work. This is especially so in Psychiatry and even more so in CAMHS. I think collaborative work with patients, their families, and with other professionals is a core element of the work I do and I find it enjoyable. As CAMHS clinicians, we work closely firstly with our patients – children and young people, their parents/ families and carers. As a CAP consultant, I work closely with clinical colleagues in the multi-disciplinary teams – other CAP consultants, trainee medics, colleagues from different disciplines such as nurses, psychologists, therapists. It is important to keep in mind that working in CAMHS (and indeed all health care) is 'systems based' – i.e. the patients we see, and all clinicians (including ourselves) are a part of interacting systems. It is important to have clear, open communication and ensuring we understand each other's views. It is important to learn about and respect the expertise and experience brought by other people (patients, their families, and other professionals).

What is the pay like?
I think that consultants are amongst the highest paid amongst the clinical professionals in the NHS. The pay is according to the national consultant contract. My experience is that consultants (like all the other professionals) will often work beyond contracted hours – and this is very commonplace across the NHS. Many consultants (and other clinicians) work less than full time. Some may work partially with the NHS and also in the independent (private sector) – and so there will be two different pay scales. Please see below for further information.
https://www.bmj.com/careers/article/how-much-do-doctors-really-earn-#:~:text=Specialty%20doctors%2Fregistrars%20earn%20%C2%A3,the%20length%20of%20their%20service

https://www.bma.org.uk/pay-and-contracts/pay/how-doctors-pay-is-decided/doctors-annual-pay-review-from-ddrb#:~:text=To%20put%20the%20pay%20award,Consultants

What are the best parts of your job? What are the worst parts of your job?

Best Parts	Worst Parts
I enjoy and thrive on having different aspects of my work– working across 3 clinical teams and my education and Tribunal work. The element of work I enjoy most is working with people – patients (children and young people), their parents/ carers and other professionals.	Some of the frustrations and difficulties at work are also about working with other people – differences of opinions and priorities between different agencies and specialties can lead to complex discussions and at times disagreements. These are eminently

Firstly, seeing patients is the most interesting part of my work I think. There is rarely a day when I don't share a guffaw or chuckles with a child or young person in clinical work. It is extraordinary how children and young people maintain their sense of humour, ask quirky and thought-provoking questions or make really funny comments even in the most difficult of circumstances. Children and young people also have the lovely habit of growing up and maturing – and seeing that happen in 'real time' and the impact of those natural developmental processes on how they work with us in CAMHS is wonderful.

I've also had the privilege of patients past coming back as young adults to tell me how well they're doing – that has been emotionally moving.

Working with colleagues is equally interesting, inspiring, and enjoyable. There is a lot to learn mutually from multi-disciplinary colleagues within CAMHS.

Colleagues can also form the vital support network for me, especially when working in the case involves having to hear and assimilate distressing and painful information and dealing with disclosures and other sensitive information. Colleagues can help me reflect on not just the processes of what I (and the team) did well, what could be done better, but also on the emotional toll this work may take.

It is one of the delightful aspects of my job that I work not only with med students, but also trainees from FY1 – ST6 placed in the clinic, and also trainees from Paediatrics and GP

'resolvable', and being candid, empathic, respectful and having genuine curiosity about the views and opinions of others usually helps.

The chronic nature of under-funding for CAMHS, especially over the last decade, along with shortfalls in trained clinicians (medical and non-medical) means that the service I work in (like pretty much all CAMHS across the UK) is stretched and with some aspects of assessments and interventions having long waiting lists. This is currently made more complicated with a sustained rise in the mental health presentations and mental disorders in the 0-18 age group. My colleagues and I regularly reflect on the dissatisfaction we all feel in not having the resources to respond quickly and in a timely manner to all referrals rather than having to focus predominantly on risks. These long-standing resource shortfalls can result in hurdles to ensure that children and young people, in crises and otherwise, get the help they need comprehensively in a timely manner. The shortfalls in clinicians can also have an impact of crucial preventative work and working out into the community.

training, also trainees from other disciplines. My DME role gives me interesting and helpful insights and information into the world of medicine outside of Psychiatry and CAP. My role as Chair of CAPSAC has given me the opportunity to lead on projects such as the CAP run-through training programme and the CAP curriculum review.	

Having said all the above, I can honestly say that I very much enjoy my job. I find in stimulating, fulfilling, interesting and fun. I could not have chosen a better specialty to work in. I strongly urge med students and trainees at earlier levels of training – FYs, Core training – to try CAMHS placements.

Dr Hetal Acharya
RCPsych CAP Faculty Higher Trainee Representative

PANS PANDAS Working Group Statement February 2023

This statement is relevant to primary and secondary care physical and mental health NHS services that may come into contact with children and young people presenting with acute onset neuropsychiatric symptoms. It addresses the current variation across the UK in the management of patients presenting with Paediatric Acute-Onset Neuropsychiatric Syndrome (PANS) and Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS). It recommends the development of appropriate service models and pathways, and highlights that all children presenting with

In November and December 2022, the initial meetings of the PANS PANDAS working group (PPWG) were held. Present were representatives from the British Paediatric Neurology Association, PANS PANDAS UK, the Royal College of Psychiatrists, the Royal College of Paediatrics and Child Health, the Royal College of Nursing, the Royal College of Occupational Therapy, the British Paediatric Allergy, Infection and Immunology Group, independent social workers and parents of PANS or PANDAS patients. This meeting was supported by NHS England, as will be all subsequent meetings of the PPWG and specific working groups.

The PPWG are embarking on collaborative work to develop standards of care and to define pathways and service models to assist all primary and secondary

clinicians to manage patients with symptomatic presentations of both PANS or PANDAS in the UK.

The PPWG have become aware that, after April 2021 when the British Paediatric Neurological Association released a consensus statement on childhood neuropsychiatric presentations with a focus on PANS/PANDAS, there exists a UK-wide variation in how this consensus statement is interpreted and how children with acute onset neuropsychiatric symptoms are managed.

The PPWG recommend that all NHS Trusts develop comprehensive cross-specialty multidisciplinary team (MDT) provision to review and treat children with acute onset neuropsychiatric symptoms. Children should receive a full medical evaluation. Other known medical conditions, including other neuroinflammatory, autoimmune, and metabolic disorders, can also present with an acute onset neuropsychiatric presentation and should be considered as part of the differential diagnosis process.

The PPWG also recommends that referrals from primary care should not be rejected on the basis that a MDT service may not currently be in place, nor on the basis that there are, as yet, limited “gold standard” RCTs applicable to PANS or PANDAS. Any current local absence of a MDT should not prevent clinicians from exercising their proficiency and judgment, acquired through clinical experience and clinical practice, in treating children presenting with the PANS or PANDAS symptom complex.

Many children face difficulties in accessing local NHS care for PANS or PANDAS. In the current absence of PANS or PANDAS NICE treatment guidelines, the PPWG signposts clinicians/teams to existing international peer-reviewed and published treatment guidelines and advise that respective regional and tertiary services may be contacted for discussion.

Children with acute onset neuropsychiatric symptoms can have severely compromised access to education and a normal quality of life. They require access to care and educational supports as identified as appropriate to each individual child. We emphasize that the PANS and PANDAS conditions are ones where medical knowledge is still developing. We encourage all professionals involved with each patient to understand the difficulties that this presents to the patients, their families, educational settings, and clinicians.

Becoming a CESR Evaluator in Child and Adolescent Psychiatry

Every year about 25 applications to enter the 'specialist register' via the CESR route are received by the GMC and assessed by the College Equivalence Committee. About 5 of these are in CAP. Within the 'Equivalence Committee' two 'CESR evaluators' work independently on each application and then meet (virtually) to discuss their results. The committee chair then sends recommendations to the GMC supporting entry on to the Specialist Register, or with a series of recommendations to be completed in a re-submission. The GMC make the final decision.

CESR evaluators need a broad experience in training and education, and a good knowledge of the curriculum and the CESR process. CESR evaluation is fascinating, time-consuming, and highly rewarding. Committee members meet regularly for quality improvement and networking events. As a thank you for each completed evaluation, evaluators receive retail vouchers, and College vouchers redeemable against conferences and College goods.

As a CESR evaluator you will work with dedicated colleagues. The curriculum will become as familiar as the back of your hand. You will directly influence who will be the future consultants, and support young people who will eventually benefit from more well qualified and experienced consultants in child and adolescent psychiatry.

Chris Bools & Shimrit Ziv
CESR Evaluators

CAPSS Update

Study Updates
We are currently collecting follow up data for two studies, *Far Away From Home* and *ARFID.* Both
began Spring 2021. We are also reviewing a new application looking at neuroleptic malignant syndrome.

CAPSS ARFID Surveillance Study Update
The initial surveillance on ARFID is now closed and the study is in the follow up stage collecting follow up questionnaires. Please can we request those of you who have reported cases to return the completed 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 Study Update

The "*Far Away from Home*" study is now in the follow up stage collecting follow up questionnaires.

We are very happy to support you with its completion if you would prefer to complete the follow-up questionnaire over the telephone with a study researcher or via a fillable pdf. Please email us at faraway@nottingham.ac.uk if you would like to receive future study newsletters which provide regular study updates.

Professor Kapil Sayal, Dr Josephine Holland & Dr James Roe.

New Study Application

Surveillance of Neuroleptic Malignant Syndrome (NMS) following treatment with antipsychotic medications in children presenting to secondary care in the UK and Republic of Ireland.

Neuroleptic Malignant Syndrome (NMS) is a rare but serious medical complication of neuroleptic medications.

The study would benefit those for whom neuroleptics may be recommended as part of their treatment. To gather more accurate information about how many CYP experience NMS following treatment with neuroleptics. This will help families make better informed decision about treatment for their children with neuroleptic medications.

This study application is in phase two of the application process.

Committee News

The committee is pleased to welcome Jo Doherty as a full CAPSS Executive Committee member.

The Committee would welcome applications for the now vacant position of trainee member for Wales and also the Republic of Ireland. If you would like to be considered for these posts, please contact **CAPSS@rcpsych.ac.uk**

Webinars and Masterclasses

CAPSS are continuing with their programme of training events and webinars this year. Further information on all these sessions with links for booking are provided on the **CAPSS events page.**

Confirmed 2023 masterclass sessions:

- 6th March - *Assessment and treatment of young people with Obsessive-compulsive disorder: Exploring pharmacological and psychological best practice* - with Dr Bruce Clark and Dr Lauren Peile
- 7th July - *Evidenced-based management of individuals with ADHD* - with Prof Samuele Cortese
- 4th September - *Body Dysmorphic Disorder* - with Dr Amita Jassi

Webinars:

- Our webinars are available to anyone interested in the work of CAPSS and related studies.

Details of upcoming webinars will be listed once confirmed

On-demand webinars:

- Recordings of past webinars are now available to purchase from the CAPSS website. On receipt of payment for your chosen webinar, the CAPSS team will provide a link to an online recording of the session.
- CAPSS webinars are available to all.
- Further details and links for booking will be provided on the CAPSS website: CAPSS Events and webinars (rcpsych.ac.uk)

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

CAPSS Executive Committee

Opportunities for Patient Representative or Carer Representative

There are opportunities for up to 3 patient and carer representatives to join the Child and Family Public Engagement Editorial Board (CAFPEB) as workers.

Closing date: 22/05/2023

Interview date: 06/06/2023

For further information please visit this link- Patient Representative or Carer Representative x3 – Child and Family Public Engagement Editorial Board (CAFPEB) (rcpsych.ac.uk)

Please contact - HRrecruitment@rcpsych.ac.uk for any questions.

Call for Session Ideas- Faculty Conference, September 2023

The Faculty of Child and Adolescent Psychiatry would like to receive your session ideas and now invites submissions for our Annual Conference on 21-22 September 2023. Successful applications will then be invited to deliver a session during the conference, and you would need to attend in-person.

Suggest a topic and describe your session idea.

- The abstract should not exceed 250 words
- Sessions will be between 45 minutes - 1 hour in length
- Consider using interactive features such as polling, video clips, audience engagement, as well as slide presentations
- A maximum of 2 presenters per session will be given a complimentary conference place on the day of your session. Additional presenters can register and pay to attend
- We encourage people with lived experience to be included in your session plan
- Submit a session idea
- The submission closing date: **5pm, Monday 22 May 2023**

A Call for Posters is also now open, closing date is **Monday 17 July 2023.**

Contacts and leads within the executive

Please get in contact with area leads if you would like to become more involved with College work

Contact the Faculty Exec and any of the contributors c/o
Hayley Shaw, Faculty & Committee Manager: Hayley.Shaw@rcpsych.ac.uk

Dr Omolade Abuah	Elected Member
Dr Nicky Adrian	Regional Representative for London South West
Prof Alka Ahuja	Vice-Chair
Dr Nisha Balan	Trent, Patient Safety Group
Dr Nicholas Barnes	Specialty Doctor representative and Sustainability Champion
Dr Phillipa Buckley	Elected member
Dr Rory Conn	Elected member, RCP link
Dr Anna Conway Morris	Co-opted member
Dr Andrea Danese	Academic Secretary
Dr Suyog Dhakras	Specialty Advisory Committee chair
Dr Holly Greer	Chair in Northern Ireland
Dr Amani Hassan	Chair in Wales
Ms Rhiannon Hawkins	Patient Representative
Dr Thomas Hillen	Medical Psychotherapy link

Dr Siona Hurley	Regional Representative in Northern Ireland
Dr Shermin Imran	Regional Representative in North West, Psychiatrists Wellbeing
Dr Tina Irani	Elected member, Policy & Public Affairs Committee
Dr David Kingsley	Adolescent Forensic SIG
Dr Clare Lamb	Student Mental Health, Infant Mental Health
Dr Holan Liang	Elected member, NSPCC & Workforce
Dr Ashley Liew	Elected Member
Dr Elaine Lockhart	Faculty Chair
Dr Jose Mediavilla	Elected member, QNCC representative
Dr Catriona Mellor	Sustainability Champion
Dr Tessa Myatt	Regional Representative in Mersey, CYP Coalition
Dr Monica Nangia	Regional Representative in the North West
Dr Guy Northover	Finance Officer, National GIRFT lead, QI representative
Dr Jose Mediavilla	Elected Member
Dr Fifi Phang	PTC Rep
Dr Kapil Sayal	Academic Faculty Link
Dr Jujinder Singh	Regional Representative in West Midlands
Dr Suparna Sukumaran	Equality Champion
Dr Louise Theodosiou	Elected member, Comms, social media
Dr Sami Timimi	Elected member
Mrs Toni Wakefield	Carer representative
Dr Joanne Wallace	Run through representative
Dr Susan Walker	Elected member, medico legal