The Newsletter

Child and Adolescent Faculty and Executive *Autumn 02*

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The Beginning

Welcome to the autumn edition of the newsletter. It is by far the largest newsletter ever and is feeling like a bumper Christmas edition. I'm beginning to think we might have to decide on the maximum copy size in future. It has been delayed a little by leave (mine), half-term and late breaking news re the NSF and funding that we wanted to get in. I think is again really full of good content and I hope the new-style contents page makes it more accessible and exciting (!).

Steve Kingsbury

News from the Chairman

First, can I thank everyone for information, news and constructive suggestions about CAMHS' strengths and challenges which you shared with me during the course of the residential meeting in Harrogate. I found the open forum particularly helpful and informative and would welcome your views on whether (Academic secretary allowing) you would like this to become a regular Chair's slot at the residential meetings.

What follows is:

- My first report from UEMS – CAPP Section
- Tony Zigmond's progress reports on the Draft Mental Health Bill – England and Wales, plus my own progress on Child and Adolescent specific issues.
- FOCUS update
- PSA targets announced on 3rd October (England and Wales), together with my understanding of funding coming to CAMHS (statement by Alan Milburn, 16th October 2002).

REPORT ABOUT THE UNION EUROPIENNE DES MEDECINS SPECIALISTES (UEMS)

10th Meeting of the European Board of Child and Adolescent Psychiatry/Psychotherapy (EBCAPP), Bilbao, Spain, 12th October 2002 (voting delegates present 22, plus observers).

Background

The UEMS Specialist Section 'Child and Adolescent Psychiatry/Psychotherapy' (CAPP) established the 'European Board' of Child and Adolescent Psychiatry/ Psychotherapy (EBCAPP) as a part and working group of the UEMS Section. In general, the board members are the elected delegates from the national scientific and professional organisations of the CAPP Section, and as Chair of the Faculty I sit on this Section of the Board on your behalf.

Objectives of the EBCAPP are to guarantee a specialty of high quality and to support the free movement of specialists.

The Permanent Working Group of Trainees (PWG) and the European Forum for all Psychiatric Trainees (EFPT) have the right to delegate an elected member to the EBCAPP. Both are a consultative voice and trainees from France and Belgium represented the EF PT as this meeting.

Key issues from the meeting:

(1) Expenditure is on three main areas (subscription for 2003 remains the same as 2002) to:

- Support the organisation
- Support the President to attend key meetings e.g. adult psychiatry, paediatrics, meeting of Presidents and Secretaries of UEMS sections.
- Specific initiative e.g. current project development and production of TRAINING LOGBOOK, UEMS, Child and Adolescent Psychiatry/ Psychotherapy (CAPP).

Contents of Logbook

i. Foreword
ii. European Board of Child and Adolescent Psychiatry/Psychotherapy (EBCAPP)
iii. Goals CAPP
iv. EU Training Charter for CAPP
v. Training Logbook of CAPP

(1) A major focus of this meeting is to further develop and implement a strategy to demonstrate to all governments the importance of and need for specialist training in Child and Adolescent Psychiatry, the special skills we have, and the benefit to children and families of us being able to use these skills. **Action** - a position statement and leaflet about Child and Adolescent Psychiatry.

(2) Dissemination of Logbooks.

(3) Collation of information about C&A Psychiatry training bodies in all European countries via professional bodies, trainers and trainees.

(4) Trainees from European countries seeking to undertake placement in another country. **Action** - to facilitate this process.

(5)
A. UEMS Section Paediatrics report back from the President (Professor Peter Hill) key issues.

i. Services for ADHD
ii. Exit examinations at end of training
iii. Working group established on paediatric pharmacology.

UEMS C&A expressed a view that we are not keen on 5(ii).

B. Within the groupings of medical specialties, there are three groups, surgery, medicine and everything else, as a result of a 'lottery' Child Psychiatry is representing the vi ews of the other specialties within their group (including adult psychiatry) for the next two years. Peter Hill has asked the other specialties to put forward one key issue for him to take forward into the main management board, and on behalf of Child and Adolescent Psychiatry will be taking forward our expressed wish and determination that Child and Adolescent Psychiatry has the status of a Specialty in each of the European countries belonging to UEMS, including those with aspirations to become part of UEMS.

In practice the visit to Bilbao enabled me to see the challenges to and strengths of Child and Adolescent Psychiatry in this part of Spain, and to see the benefit of the UEMS Child Section in action i.e. to help our colleagues in Spain to achieve recognition of Child Psychiatry as a specialty. We were privileged to visit a community mental health project for children and adolescents in a high area of clinical need in the centre of Bilbao and to see both a community CAMHS team operating out of a community service health centre and a residential CAMHS unit, whose existence came about through original funding from a benefactor.

The UEMS CAPP Section provides a very valuable network, and is currently very productively chaired by Peter Hill.

Could I have feedback about whether as either trainer or trainee you have accessed the Training Log Book and any comments on it.

Draft Mental Health Bill – Letter from Campaign Headquarters

Colleagues will be aware of the considerable unity of opposition to the Bill. I must emphasise that this briefing deals only with the situation in England and Wales. The Scottish position is entirely different. You should all have received a letter from the President and me [TZ] setting out a number of concerns in relation to the Bill. We also wrote a somewhat fuller letter to the Chief Executives and Medical Directors of all Mental Health Trusts and PCTs to assist them in responding to the consultation document. The College's response to the Department of Health was prepared by the Law Sub-Committee chaired by Professor Nigel Eastman. I hope that a copy of this is now available on the College website.

We have received over 70 responses from you, all but one being extremely supportive of the College's stance. Many of you also copied your responses to the DoH. It is essential we continue to hear your views both to ensure we represent your hopes and aspirations and as a continuing source of new ideas and issues. We have also received written support from a number of other organisations.

The College has joined the Mental Health Act Alliance, an organisation which now represents 55 professional bodies, voluntary organisations and user and carer groups. Our President has expressed our concerns, both in writing and personally, to the Minister, Jacqui Smith. In addition to the many occasion the press has printed our comments, we have had articles published in the *Independent on Sunday* (a newspaper which is being particularly supportive) and the *Daily Telegraph*. Articles have been published in *pH7* (the Parliamentary Health magazine) and *Parliamentary Monitor*, which was included in the delegate pack given to all attendees at all the Party conferences. Articles are due to appear in *Hospital Doctor*. We have given interviews on radio and television.

On 7th August the College was host to a meeting organised by the President for all

interested parties in relation to opposition to the Bill. There were representatives from the Mental Health Alliance, the Law Society, professional bodes representing Nurses, CPNs and Social Workers, the Chairman of the Mental Health Act Commission, representatives from MIND, MACA, the Sainsbury Foundation and the Confederation of Health Service Managers in addition to other voluntary groups and user and carer organisations. There was unanimity of purpose.

The College has had representatives at the Conferences of the three major political parties. Roger Freeman and I attended the Labour and Conservative Conferences, and he also attended the Liberal Democrats' (while I spoke to the MHAC conference). For those of you who are Party conference virgins (as I was) it has been extremely interesting. I must be careful, as I don't wish to display my personal politics. I will, however, make the following observations. First, the scale of the conferences. The number of stands, fringe meetings and lobbying organisation is considerable, greater in Labour (presumably because it is more important to lobby the Government than the Opposition). It would be possible to attend meeting from 8.00am to 10.00pm (and there may be up to 10 fringe meetings at any one time), and eat and drink (alcohol) at every one. Secondly, I was struck by the security. Thirdly, I was impressed by the quality of the hotel in Blackpool at £25.00 per night including breakfast, and by the illuminations. The sea and palm trees are more attractive at Bournemouth, although the weather was very much warmer at Blackpool. Finally, I have to report that ex-President Clinton is awesome. He made me go weak at the knees.

It is worth mentioning that I took part in a debate with the Minister, Jacqui Smith, at a fringe meeting at the Labour Conference. She stated clearly that the Government believes the criteria for compulsion need amendment (she also said I was offensive with my quoted comments in the *Independent on Sunday* about the Bill being morally offensive). She acknowledged, privately, 'something has gone wrong with the process'. Oliver Heald, the Opposition junior minister and his boss, the shadow Secretary of State for Health, Dr Liam Fox, both stated their opposition to the Bill (and their support for greater expenditure on mental health services). The Liberal Democrats also support us in relation to the Bill. We are promised considerable support in the House of Lords (whether it will be enough to delay the Bill, if it is introduced, I cannot say).

We are attending meetings with Members of the Parliamentary All Party Mental Health Group. A mass lobby of Parliament has been organised by the Mental Health Alliance for 23rd October.

As I write, we have been assured that there will be genuine negotiations at least in relation to the criteria for compulsion set out in the draft Bill. Whilst this is an important step in the right direction we must acknowledge that in some ways this represents the start of our difficulties. Put bluntly, it is much easier to agree on what we don't want than to agree on what we would like in its place. Should new legislation be based on incapacity or at least on impaired decision making (as in Scotland)? (It is interesting to speculate as to whether or not Gretna Green will once more become a place to escape to if the Act on the two sides of the Border is so different that people who meet the criteria for compulsion on the English side do not do so on the Scottish side). Is a 'treatability test' useful/necessary? Do we want Community Treatment Orders? I have chosen these three examples because I think they are fundamental to the Bill and it is likely that the views of colleagues differ. Should you wish to express your views on these questions, or any others aspects of the Bill or how you would like it amended, please do so via **mha@rcpsych.ac.uk** or in writing to me at the College.

We do not know yet whether or not the Bill will be in this year's Queen's speech. [It is not. - Ed.] If the Government is genuinely going to take part in negotiating significant changes to the Bill then inclusion in the Queen's speech this year would seem premature. By the time you read this, we will know. I will keep you informed.

Tony Zigmond
College Lead on the Mental Health Bill.

Child and Adolescent specific

Following the meeting with Jacqui Smith on 18th September, I hope we have achieved the following:

a. A rethink on the 'nearest relative'.

b. A considered review of ethical, human rights and practicability of the implementation of such a Bill, with respect to children and adolescents.

c. The opportunity to further meetings with the CAP DoH Senior Policy Adviser, Mental Health Bill Adviser to tease out issues raised by myself and Child Care/Mental Health Solicitor, Anthony Harbour at the meeting on 18th September. The major concern remains that of the whole College with a wide definition of mental disorder that could subsume all childhood diagnoses (Harbour A, Bailey S and Bates P (2002). 'Acting Dangerously – children and the new Mental Health Bill'. *Young Minds* Magazine 60, 34-37).

FOCUS

Despite positive expectations I have to report that at the second set of interviews, no appointment has been made to the post previously held by Carol Joughin. This is clearly a matter of concern to the Faculty who have worked in such close collaboration with FOCUS. I have had discussions with and written to Mike Shooter and Paul Lelliot, with contingency offers of support from the Faculty to ensure the maintenance and further development of the invaluable work carried out by FOCUS, and am reassured that interim arrangements will be put in place. I know Paul is offering a great deal of support to the FOCUS team.

Children's NSF – England and Wales – PSA Targets, funding, how it might all work

Extract from Secretary of State for Health's speech to the National Social Services Conference in Cardiff on 16 October 2002.

'Some children, of course, need further help still. Around one in ten aged between 5-15 years old have a mental health disorder. Tackling poor educational achievement, youth offending and other behavioural problems calls for a major expansion in child and adolescent mental health services. So I can announce today increased investment of £140 million over the next three years, to build capacity, improve access and, together with the new NHS investment, to help deliver for the first time a comprehensive CAMHS service in each and every area.'

We will need a very clear operational understanding of what 'comprehensive' means, given the current pressures many services are under. To help us to understand how to get maximum benefit out of forthcoming funding, we have to link together the PSA targets, the amount of money, the role of the commissioners and, if it is to work, the strength of the EWG Mental Health and Psychological Well Being Module of the Children's NSF, in influencing how commissioners will ensure that the money reaches CAMHS Services in order to better the mental health of all children and adolescents.

Public Service Agreement Targets

1. The new mental health PSA target clearly sets an agenda to dramatically improve services for children and young people with mental health problems; it states:

   Improve life outcomes of adults and children with mental health problems through year-on-year improvements in access to crisis and CAMHS services, and reduce the mortality rate from suicide and undetermined injury by at least 20% by 2010.

2. The Priorities and Planning Framework sets out the expectations and the capacity assumptions underpinning this target, these are:

   Vision -
   The Children's NSF and its emerging findings will set out the standards and milestones for improvement in CAMHS Services, including year-on-year improvements in access.

   National capacity assumptions -

All CAMHS to provide a comprehensive service including mental health promotion and early intervention by 2006.

Increase child and adolescent mental health services (CAMHS) by at least 10% each year across the service according to agreed local priorities (demonstrated by increased staffing, patient contact and/or investment).

Funding

My understanding is that £140 million will be available over the next three years and that this money will be recurrent. However, it is not expected to be the only source of resources for the implementation of the NSF. Commissioners will need to allocate money from baseline budgets to meet the targets for CAMHS.

To do this, commissioners will need to be informed at every level. I know that the EWG Group led by Caroline Lindsey is working very hard to ensure that our Emerging Findings Document will set a very clear framework to guide commissioners to use the funding available to ensure that CAMHS are properly equipped to deliver this challenging target of comprehensive services by 2006. As well as setting out the constituent elements of a comprehensive service that needs to be in place by 2006.

We will need to have clarity about pathways to care for children and young people with mental disorders; this should include an achievable mechanism to meet the needs of those children and young people for whom a service is not readily available in the immediate locality, utilising partnerships with local agencies and/or neighbouring services.

Caroline has organised a major meeting with commissioners in January, so we hope the various strands of this enormous exercise will come together at the right time. Caroline and I will do everything possible to keep all Members and Fellows of the Faculty updated. It will, as always, mean keeping your ear to the ground, but we see this as real money coming into the CAMHS system. Our job will be to make sure that commissioners do make this money available year on year to meet the 10% target according to agreed local priorities. We know this leaves us with a huge recruitment/retention challenge but now we can really say to those who want to join CAMHS services that there is some future. I am the first to say that this process will not be easy, but we are being given a real opportunity which we need to seize.

Finally, please let me know of priorities you wish the Faculty Executive to discuss at our Strategy Day on 10th February, 2003.

Sue Bailey
Chair, Faculty of Child and Adolescent Psychiatry

CAMHS Information Systems

Clinicians in CAMHS have long struggled to identify suitable information systems to help them track the nature of their work, often having to contend with cumbersome systems not designed around the complex requirements of children's mental health. Alternatively, a few brave pioneers have spent many a long evening designing their own systems, often very successfully, but have experienced difficulty getting these accepted by employers through lack of ability to establish long-term support of the product. In addition, these lone developments run the risk of not being compliant with emerging benchmarks for data standardisation, thus reducing their long-term utility.

The recent document 'Delivering 21st century IT support for the NHS: National Strategic Programme' (July 2002), launched amid a blaze of publicity in the national news, lays out the new direction for procurement of IT in the NHS. Essentially, work is being undertaken to ensure that future systems conform to rigorous national data and data-interchange standards so as to ensure information has the potential of being shared between services within the NHS to create the so-called 'cradle to grave' electronic record. In order to achieve this, the Government aims to take much greater central control over the procurement of IT systems so that, in the future, NHS organisations will chose their systems from a limited list of accredited suppliers. While this

strategy has much strength in terms of data integration, there are some potential disadvantages for specialised areas such as CAMHS, notably the risk that the needs of CAMHS will be neglected in favour of a 'one size fits all' system for mental health services, with an adult psychiatry focus. In addition, there is evidence that Trusts are already refusing to support promising or already established bespoke CAMH systems on the assumption that a new system will appear from 'on high'. This, I believe, is a misreading of the strategy as there is the opportunity within it to build upon established expertise by establishing development partnerships with the IT industry to ensure that service specific systems, like those for CAMHS, move towards national accreditation.

Given the risks outlined above, that CAMHS information requirements will be sidelined, the recently established Maternity and Children's Services NSF Information Strategy Group now has a representative from CAMHS (myself). At the first meeting, at the end of September, the emphasis was upon acute care. The need for effective multi-agency, family-orientated, and consultation friendly (as opposed to exclusively individually orientated) information systems came as quite a shock to those in the NHS Information Authority! Fortunately there were other representatives at the meeting who also corroborated this need, so I believe CAMHS is on the agenda.

In order to effectively feed into this NSF strategy group, it was decided at a fringe meeting at Harrogate to form a working group of those with experience, expertise and/or interest in CAMHS information requirements. The role of this working group would be to identify the key requirements of any proposed CAMHS information system; to consider modifying the Mental Health Minimum Dataset to include essential CAMH specific datasets that will be compliant with emerging standards from the NHSIA; to agree a set of outcome measures building on the work of the Consortium for Outcomes; and to provide support for services with promising systems to work towards national accreditation through encouraging the linking of these developments with Primary Service Providers (the new jargon for preferred suppliers for new IT systems in the NHS).

If anyone has good ideas they want to contribute to the working group, then please contact julian.morrell@psych.ox.ac.uk

Children's Trusts: what are they?

I had heard of Children's Trusts, but I didn't feel well informed, so I was interested to be invited (as Sue Bailey) to a stakeholder's event organised by the DoH and the DfES. There were some 40 attending, with representatives from the Association of Directors of Social Services, Royal Colleges of Nursing and Paediatrics, Connexions, Local Authority Chief Executives plus others, as well as staff from the DoH, the DfES and the Children's and Young Peoples Unit.

The first hour was a series of brief lectures setting the scene on the children at risk cross-cutting review and the context around Children's Trusts. Andrew McCully of the CYPU presented the review, which had found a number of 'barriers to achieving outcomes'; these included lack of vision, separated services, lack of local ownership of these children and workforce issues. The principles where services work well were felt to be multi-disciplinary working, an agreed set of core learning and skills development for children, co-location of services and 'cross-cutting' objectives. This implies both structural change as well as building on local developments.

Bruce Clark of the DoH then talked about Children's Trusts. He defined them as based within local government, involving a combination of health, social services and education. These trusts would focus on commissioning but it was not yet clear whether these trusts would be universal i.e. for all children or selective i.e. based on certain children at risk or around a type of service provision such as residential. Ann Cross of the DfES then added the concept of the 'one-stop shop' perhaps relating to 'extended schools'.

We then had a group plenary session in which two themes emerged. One was strong agreement that the 'brand name' of Children's Trust implies thoughts and plans about

structure rather than the functions of a trust. The second was that there should not be one prescribed structure, rather that local arrangements are important.

After lunch we worked in six small groups answering the questions around trusts, implementation issues and pilot schemes. For the group feedback, the Health Minister, Jacqui Smith attended. This feedback comprised:

- Concern over the branding of ChTs i.e. function should be before form and structure
- Simple and single accountability was important to deal with the multi-agency and departmental 'target proliferation'
- That all services have an edge and reorganisations do not remove edges. Thus it is important to plan for transition issues not reorganise to remove them. (This was my point to emphasise that camhs has several key relationships.)
- There should be clarity over pilot scheme objectives with robust evaluation of the desired outcomes.

Her impromptu response/speech had these broad themes. She began by giving a couple of examples of failures of joined-up working. Then she said there are good examples, 'Bbut I am not convinced if we don't do something different and more to crack the problem we wont progress.' Then, 'I am a strong believer that a joint budget and the nitty gritty of negotiations will develop the approach I want to see.' She recognised that structures on their own are not enough but believed that they can help crack the administrative boundaries. She saw this as an opportunity for Children's Trusts.

She agreed there had been progress but 'Notwithstanding this there is a place for looking at structural change around how we plan, commission and provide services.' She responded to the issues of funding by agreeing there will be a stronger focus on children's services in government - 'But let's be clear, it will be a focus that will want to see a difference.' She finished by saying 'We will need to be brave' to achieve that step-change.

My impression of the day was that there is a strong belief by the Minister that Children's Trusts are the structure that will make a difference and that the stakeholders welcomed a strong government focus on the lives of children. There were clearly some details that needed clarification; however, the departments present seemed to hear the feedback from the stakeholders and I hope this will be reflected on the web site currently in development. In an optimistic moment I could feel that the local development of Children's Trusts could support and improve local services. I will let you know personally, as I believe my local social services have offered themselves as a pilot site.

Steve Kingsbury

SpR News

Just over twenty colleagues, mainly from England and Scotland, attended the SpR business meeting at Harrogate Faculty Meeting on 19th September 2002.

There was a perceived lack of knowledge about the NSF in general among the higher specialist trainees and there was a question whether trainees could be represented on the various subcommittees, or the need to cascade information down to SpR level.

The progress on CCST discussion was examined and up to now six CCSTs will remain. It remains to be seen how the consultation paper 'Unfinished business' by Sir Liam Donaldson will affect the higher specialist training in Child and Adolescent Psychiatry. Worries were expressed that the core training in Child Psychiatry would be further reduced as result of the imminent changes within the modernisation of the SHO grade.

The issue of how to integrate Substance Misuse into Child and Adolescent training was mentioned; the Royal College has started a joint working group with the colleagues from the Substance Misuse faculty. SpR colleagues felt that DATs would be a potential source for experience and also expressed various levels of interest in providing a service. The type of service required, and how to set this up, was debated but no conclusion was reached.

Recruitment was another issue which was

discussed. Colleagues reported that more often than not there were no applicants for potential posts. Some colleagues thought that an extension in training might result in further difficulties in recruitment, and that the high dropout of SHOs needs to be remedied.

Taking different colleagues' experiences into account, the RITA process showed a wide variation and there was no national standard set at the present.

On a lighter note, the Manchester Conference Planning Committee (thank you for your hard work up to now) was able to arrange the programme for the third one-day National SpR Conference in Child and Adolescent Psychiatry, with the title 'Your future - your training'. It will be held on 27th January 2003 (please put in your diary) at the Weston Building, Manchester Conference Centre (*see* later advert).

Finally, I would like to make colleagues aware about the importance of communication among the national SpR peer group. Only a third of us use the SpR list at the jisc mail website as an option to stay in touch and to communicate issues of interest (www.jiscmail.ac.uk).

I believe it is important to use this medium for our purpose. One suggestion discussed during the SpR business meeting was to have one topic per month debated on the SpR list provided by jisc mail with feedback provided to peers (if necessary) by local SpR reps. If there is a need to contact me as national SpR representative the easiest way is via e-mail: Davies@slowik.freeserve.co.uk

I'm looking forward to see a plethora of SpR colleagues in Manchester in January 2003.

With regards
Michael Slowik, National SpR Representative

Specialist Registrar medico-legal training: an audit

As part of core training experience, Specialist Registrars (SpR's) should have:

- Attendance at seminars or workshops on presenting evidence in court.
- Experience reviewing and writing court reports, and advising professionals on the best action with regard to child mental health.
- Opportunities to attend a court hearing, observe an experienced child and adolescent psychiatrist giving evidence, and where possible give evidence in court with a trainer present.

(Child and Adolescent Psychiatry Specialist Advisory Committee-CAPSAC- Advisory Papers, November 1999)

I decided to explore the medico-legal training of SpRs in child and adolescent psychiatry in the northern region.

Standards

These are primarily determined by the CAPSAC advisory papers (Nov 1999). They are that 100% of SpRs have

- Attended a seminar or workshop on presenting evidence in court during their higher specialist training.
- Written at least one court report during their higher specialist training.
- Attended court and observed an experienced child and adolescent psychiatrist giving evidence during their higher specialist training.
- Given evidence themselves in court during their higher specialist training.

Results

- 82% SpRs have attended a seminar or workshop on presenting evidence in court during their higher specialist training.
- 73% SpRs have written at least one court report during their higher specialist training.
- 36% had written two or more.
- 45% SpRs have attended court and observed an experienced child and adolescent psychiatrist giving evidence during their higher specialist training.
- 36% had shadowed a member of the legal profession. The most commonly shadowed was a barrister, but a solicitor and a judge were also included

in the figures. One or two days were spent in such pursuits.
- 18% SpRs have given evidence themselves in court during their higher specialist training.

Improving Specialist Registrar training
The most frequent suggestions were to practise writing court reports, shadow a barrister or member of the legal profession, and undertake a forensic placement. Also popular was attending formal lectures, talks, courses or seminars and obtaining the expert witness group's expert witness pack.

Stephen Westgarth
SpR: westgarth@blueyonder.co.uk

Clinical Governance - what does it mean for CAMHS?

Clinical governance is the framework through which NHS organisations and their staff ensure and are accountable for the quality of patient care. There are seven key elements:
- Clinical risk management
- Clinical audit
- Clinical effectiveness and evidence-based practice
- User and carer involvement
- Staffing and staff management
- Education and training
- Information technology to support clinical governance and healthcare delivery

The Clinical Governance Unit at the College has produced clinical governance standards for mental health services. Although these are aimed at adult psychiatric services, they provide the beginnings of a useful framework that could be adapted for CAMHS.

The Commission for Health Improvement (CHI) is in the process of reviewing clinical governance systems in all NHS services in England and Wales, including the ambulance service and NHS Direct. The aim is to examine the effectiveness of systems by looking at each area from Trust board level, staff level and the resultant effect on patient care. Reviews of CAMHS will happen soon - pilot reviews are currently under way and a pilot project to develop user feedback from children and parents using questionnaires has been completed.

Do you know what systems are in place for the seven clinical governance areas in your Trust? How do these translate into real life for your service and team? Is there a CAMHS representative on your Trust clinical governance groups?

Clinical governance can seem overwhelming. It can be useful to pick small target areas to focus on - you may find the standards from the College Clinical Governance Unit helpful to get you started. You will then find clinical governance is no longer a vague concept but comes alive for you and your service.

CHI is recruiting clinicians and managers to be part of clinical review teams. Mental health professionals, particularly those from CAMHS, are urgently needed. Excellent training and support are given and your Trust is reimbursed for the time you spend in training and on reviews.

Further information on how to become a reviewer can be found on

www.chi.gov.uk/eng/cgr/reviewers/index.shtml

Clinical Governance Standards for Mental Health are available from the Clinical Governance Unit at the College.

Ann York
Child and Adolescent Psychiatrist and Clinical Reviewer for CHI
Rowe.York@btinternet.com

Early Onset Update II

NHS Plan for Early Intervention in Psychosis: update

A launch conference, 'Fast Forwarding Early Intervention', took place in September 2002.This was organised by the DoH Early Intervention Working Group and was held by NIMHE for the DoH. The aim of the conference was to provide practical support to colleagues developing an Early Intervention Service (EIS). The two-day programme was based around

seminar working. One section was devoted to 'CAMHS - Adult Partnership: making it happen'.

Each of the proposed 50 EISs in England had been asked to send six delegates including project lead, CAMHS lead clinician, adult mental health lead, PCT lead, SS lead and user/carer.

Over 300 delegates representing approximately 50 services from across England attended the conference. Some of the services were at an advanced stage of development, others were embryonic. A number of the EISs represented did not have CAMHS involvement. The general view is that the conference was successful in achieving its aim of identifying developing EISs, setting up links and sharing knowledge. Conference proceedings will be published on the NIMHE website.

A National Network for EISs is being developed based around the EISs who attended the conference and others who made contact. The aim is to make this available on the NIMHE website in the near future.

The NSF Policy Implementation Guide for the development of Early Intervention Services for 14-35-year-olds outlines the need for joint commissioning by CAMHS and adult mental health. The guidelines also outline the need for age-appropriate in-patient facilities for young people, and address some of the transition/interface issues for older adolescents. Access to information on a National Network will enable CAMHS clinicians to identify who is involved in EIS developments in their locality. It is vital that CAMHS is involved in the local and national planning and implementation of these services if we are to meet the needs of children and adolescents experiencing psychosis.

Clare Lamb

Unfinished Business: new proposals for the Senior House Officer grade

Half of all doctors in training are Senior House Officers (SHOs). At present, it is not required that SHOs be integrated into training schemes, and great variation therefore exists in the training they receive. Many posts are short-term, stand-alone jobs with inadequate supervision, increasing workload and little opportunity for flexible training. Of the UK graduates in the grade, almost 50% are women and the proportion is increasing. A third of SHOs are non-UK graduates.

Significant reforms of pre-registration and higher specialist training have taken place in recent years. But the long-standing problems in SHO job structure, working conditions and training opportunities have so far not been addressed.

Unfinished Business, a discussion document from Sir Liam Donaldson, Chief Medical Officer for England, proposes radical changes to the SHO grade.

It proposes establishing a two-year *Foundation Programme* followed by a *Basic Specialist Training* covering a time-capped period of four to five years before *Higher Specialist Training.*

Core proposals for the SHO grade are that they be '*programme-based*', '*broadly-based to begin with*', that they '*provide individually tailored programmes to meet specific needs*', that they be '*time-capped*' and that they '*support the movement of doctors into and out of training and between training programmes*'

The current pre-registration House Officer year and first year of SHO will be joined to form the two-year '*Foundation Programme'.* The aim of this will be to enhance core clinical skills. It will provide a thorough grounding in general professional training with opportunities to gain experience in a range of different disciplines. There will also be a focus on areas including social and emotional development, communication, principles of team working, time management, critical appraisal and the use of evidence and clinical governance. It is hoped that graduates will be exposed to a broad experience of medicine and thereby to a wider perspective of career options. This could

aid recruitment into smaller specialties such as Child and Adolescent Psychiatry.

Competitive entry into a time-limited *'Basic Specialist Programme',* lasting two to three years and divided into broad specialty groupings will follow. Objectives are to build experience and develop clinical skills in a broad specialty e.g. Psychiatry, and prepare for competitive entry to '*Higher Specialist Training'* or to enter general practice through further post-certification education.

More flexibility regarding changes of career and breaks in training will also be supported. Individual programmes may be set up to meet specific training needs of people wishing to change career, or of those returning from career breaks. These programmes could also support overseas-trained doctors through recognition of relevant training and experience obtained elsewhere.

It is envisaged that there will be greater emphasis on competence-based assessment throughout. Progress through programmes will be determined by assessment and move towards a competence-based system over time. The purpose of the Royal College examinations will be reviewed and a system of external accreditation introduced. This may reduce the bizarre discrepancies at present between Royal College's pass rates (27.5% - 79% for Part II) and examination fees (£530 – £1,460).

Programme directors appointed by and accountable to postgraduate medical deans will manage the *Basic Specialist Programmes* in much the same way as exists for *Higher Specialist Training*. Key information on programmes including the arrangements for appointment and induction, the curriculum to be followed and the procedures for assessment will have to be made available to all trainees. In other words, the SHO grade will be drawn into a formal educational structure.

There is considerable uncertainty as to how these proposals may evolve and concern has been expressed about a 'two-tiered' specialist grade developing; those who complete only the *Basic Specialist Training Programme* and those who continue on into a *Higher Specialist Training Programme*.

This may be less of an issue to our specialty as it is likely that to become a Child and Adolescent specialist it will remain necessary to obtain a *Higher Specialist Training* in Child and Adolescent Psychiatry following *Basic Specialist Training* in General Psychiatry. This it is not clear at this stage, however, how this may pan out.

The full document is available on the Department of Health's website on: http://www.doh.gov.uk/shoconsult/index.htm

Morris Zwi

Public Education: what's going on?

- The **CD Rom** for young people, produced by Dawson Films, is now complete and will be available soon from the College publications department. It is aimed at adolescents and includes video clips, information and self-help ideas on a range of mental health problems, including anxiety, depression, deliberate self-harm, eating disorders and stress.

- The **workshop** on working with TV and radio in the Harrogate residential conference was very well attended and feedback was very positive. We aim to run media training annually, so if you were not able to go look out for the next session, probably in the residential conference in 2003.

- We have had some offers of help to update the Mental Health and Growing Up **fact sheets**. Thank you. We are currently trying to get some funding to make the presentation more attractive.

- The annual Christmas debate for young people is to be held on 13th December, entitled 'This House believes that bullies should be pitied and not feared'. Professor Helen Cowie, Steve Kingsbury and Jonathon Bisson are contributing to what no doubt will be a lively afternoon!

Finally, thank you to those of you who contacted me to let me know what you doing in public education in your local areas. It is helpful to be able to collate activities and to be able to put people in touch with each other.

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Website news…

These are exciting times for the website. We plan to develop a flexible dynamic site, which in time will have news, articles, links, discussions etc. Some of these developments will take time, but we are beginning now.

So have YOU looked at our faculty site yet? By the time you read this there should be links to interesting government information and to sites for children. We are still sorting out a Faculty URL so that you can access all this directly, without going through the College site first.

We are also planning to develop a site for children and young people. This will involve financial investment, which is being explored.

We still need **editors** to manage small areas of the site. Don't forget, if you have an area of interest or expertise **let me know**. As I said last time, this could all be done 'virtually' and not involve coming to meetings.

Ann York
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Café News

Child and Adolescent Faculty Executive

18th September
Harrogate International Centre

My notes for this meeting are much thinner than usual as I was chairing rather than supporting. Sue Bailey was absent, as the only time available to see the health minister, Jacqui Smith, was for that very morning. So this time I have used the action point list kept by Gill Gibbins as my aide memoir to the important issues.

Before I get to these, however, I wanted to comment that the executive committee always feels an extremely busy and pressured meeting. It is rare to finish in the three and a half hours allotted and even that means skipping a number of agenda items. The agenda in fact usually runs to four pages. It is thus always a puzzle to me how difficult it is to capture the flavour of all of this afterwards and how short my café news is! This is partly due to my choice to leave out lots of the items that are 'work in progress' as well as items that are presented elsewhere in the newsletter.

We decided to try a different structure to this executive, as a long agenda can feel that some important items do not get enough discussion. So this time we broke up into two groups half-way through for a brief group discussion. After 20 minutes we re-formed and fed back the conclusions. This certainly kept our energy level up and no doubt we'll try this again. So, to the extracted issues:

Web site presentation: the exec started with a presentation from Carlos Hyos, an SpR who is very active in the website committee. He has come up with a very coherent, exciting and do-able plan for developing the child psychiatry bit of the college web site. It was well received and some of the details are presented elsewhere in the newsletter.

FOCUS: as we are all aware, FOCUS has been active in providing information and research in support of mental health. This has been much appreciated. Given the news of Carol Joughin's departure, it was felt this was an opportunity for Sue to discuss with the Dean and the head of the College Research Unit the future role of FOCUS and how perhaps to work more closely with the Faculty.

User involvement: in one of the discussion groups we deliberated as to how best to include young people and parents in our College work. This is a complex issue and one that is under discussion in all the Faculties and Sections. We concluded that it would be most realistic to develop partnerships with independent organisations with more experience in this area, rather than to include users of carers of CAMHS in Faculty Executive committee meetings. Sue Bailey will discuss possible ways forward with the President. Your views on this are very welcome.

Critical incidents: As the College has approved the document 'Acute Psychiatric Care For Young People With Severe Mental Illness' (which be published by the publications department before Christmas) we discussed how to evaluate its impact. One key recommendation is that an inappropriate admission should be considered a critical or untoward incident, and reported as such. The working group felt this was a serious marker of both inadequate resources and the importance of services for acutely ill young people.

The final conclusion was that a one-month sample across the whole country might be the easiest to complete, as well as not unduly tax our enthusiasm. So to this end we have decided to develop a form with the adult faculty and agree a month to be audited. This will be updated in the next newsletter.

Scottish inpatient beds: There was again substantial concern over the condition of CAMHS in Scotland, particularly over the further closure of adolescent beds. There are now only 33 for the whole country (population of 5 million) plus 10 children's beds. It was discussed whether the President should write directly to the Scottish Minister.

Working groups:
Child and Adolescent/General and Community: apart from the College report described above, a brief paper on the future form and structure of the working group was discussed. This was presented as the working group recently realised that all the members were coming off their respective executives simultaneously. The key issue was how to provide continuity as well as have a strong and clear enough mandate from both executives for each issue considered. Our exec felt that continuity was very important and a suggestion was made that perhaps the two co-chairs (one of whom is me) would continue in post, remaining on the executive for some period of time (maybe another year).

Child and Adolescent/Learning Disability: Frank Bowman presented the tabled paper 'The competences required for the psychiatric management of children and adolescents with learning disabilities'. This is a thoughtful and detailed 23-page document that is in the consultant ion phase with both executives.

SHO reform: there was an extensive discussion on the consultation paper 'Unfinished Business' by Sir Liam Donaldson. It is fairly radical and considers SHO training. There are also a large number of knock-on effects for SpR training. A summary of the issues and concerns is given earlier in the newsletter.

Other issues that were on the agenda included:

- A faculty protocol for developing guidance
- The draft Mental Health Bill
- Care homes
- Student mental health
- Regional matters
- Academic secretary business (also elsewhere in newsletter)

Steve Kingsbury

Attending the Faculty

annual residential meeting: an outsider's view

I was awarded a bursary by the Faculty of Child and Adolescent Psychiatry to attend its Annual Meeting at Harrogate this year. I got very excited to hear about the news. For, till that time, I had only attended a couple of Annual Conferences of Indian Association of Child and Adolescent Mental Health (IACAMH) being held biannually, and attended by general psychiatrists working or having special interest in this area.

At the Harrogate meeting, for the first time, I met a large number of child and adolescent psychiatrists (total number was 350). The meeting was well planned and organised. All the sessions were attended and participated by one and all with great interest. The quality of papers was high, and the presentation aids at the venue were excellent. The major emphasis of the meeting was on service delivery in CAMHS. The approach in the NHS is community-based, not hospital-based, as in many countries. Among all presentations, the Rutter Lecture titled 'The interface between child and adolescent physical and mental health problems' by Professor Elena Garralda was outstanding. The lecture highlighted the importance and usefulness of mental health assessment of children attending paediatric practice.

The posters were both informative and interesting. One of the posters showed that the nursing staff were having better ability to understand children's mental illness than Specialist Registers and SHOs. I think the former have very important role to play in any treating team.

I also attended a parallel workshop on 'Clinical governance review: a reviewer's perspective'. I got to know how Commission for Health Improvement (CHI) strives to improve quality of services in CAMHS with principles like patient-centred, independent and fair, developmental, evidence-based and open and accessible.

After attending this meeting, I came to know what professionals in this part of the world do to improve mental health of the children and adolescents in the society. I am confident that I can apply some of these innovative approaches in my practice back home in India. I am very much thankful to the Faculty for giving me an opportunity to attend such a stimulating meeting. I am sure the bursary system of the Faculty will help some professionals from overseas to fulfill their dream of having similar experience like me.

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Update on the 'Child in Mind' project

Many ideas were shared at a multi-disciplinary workshop in London on 27th May about ways of teaching child mental health to paediatricians at all stages of training. In particular, we discussed how best to develop the teaching of paediatric SHOs to include more on the sort of child mental health encountered in everyday paediatrics.

The project is now entering a pilot phase for the training period ending in January 2003. Six pilot sites have volunteered, all with an enthusiastic paediatrician and either a child psychiatrist or a child psychologist. Avril Washington will support three sites: the University Hospital of North Tees, Stockton on Tees; Northampton General Hospital, Northampton; and Queen Elizabeth Hospital, Woolwich. Karina Lambrenos will support two sites: the North Staffordshire Hospital NHS Trust, Stoke on Trent; and the University Hospital of Wales, Cardiff. Quentin Spender will support one site: St. Mary's Hospital, Portsmouth.

We aim to add three elements to existing teaching programmes for those trainees who are doing only six months of paediatrics (usually intending to be GPs): communication skills; management of overdose; and somatisation. We have made two illustrative videotapes to support the teaching, in Alder Hey Children's Hospital, with actors used to working with the medical school. Both cover

interview skills, while one shows an eleven-year-old with recurrent headaches and one shows a fifteen-year-old after taking an overdose. These will act as a stimulus for discussion and role-play.

The fourth member of the project team, Sharon Taylor, is exploring the best assessment tools to measure consultation skills of trainees. These can then be used as feedback to trainees, as a way of testing how much training changes practice, and as part of postgraduate examinations.

A follow-up multi-disciplinary workshop is planned for Monday, 7th April 2003, just before the Seventh Spring meeting of the Royal College of Paediatrics and Child Health at York University. It will be from 10.30 to 16.30, and we may have to restrict the entry as before. Please put the date in your diary of you are interested. Applications to Rosalind Topping at the college: rosalind.topping@rcpch.ac.uk.

Quentin Spender

Look out for… on-line CPD

There should be appearing soon on the College site a new trial version on-line CPD about ADHD and its psychopharmacology.

Stop press …

The new Section 12 (2) training dates are 16th - 17th January, 2003. If you wish to attend, please contact Kirsty Burgoyne on kknott@rcpsych.ac.uk

and:

Update on the Children's NSF - Child and Adolescent Mental Health and Psychological Well-being Module

At a recent NSF Strategy Group meeting, which is attended by all the Chairs of the External Working Groups (EWGs) and others, and is chaired by Al Aynsley-Green, we were informed that it is intended to publish the work of the Children in Hospital Module by the end of the year, in line with the commitment given by Alan Milburn following the Bristol Enquiry.

The Department of Health will publish preliminary recommendations of all the other modules alongside this as an 'Emerging Findings' document. All EWG Chairs felt that it would be unhelpful to the NSF process if there was no indication of the thinking in the other EWGs before the end of 2003, when the complete NSF is to be published. This is particularly important for CAMHS, since we have been given the target of providing a comprehensive CAMHS by 2006.

We hope the 'Emerging Findings' document will guide commissioners in their spending plans. We have been given additional space in the document to describe what we consider to be the essential components of a comprehensive child mental health service. It has been important to find a way to describe this so that it is achievable. We have chosen to suggest that comprehensive services must be made available for every child and family who needs them, by ensuring that there are clearly described pathways for all elements of care, within every locality. Obviously, not every locality will be able to provide all the components of a comprehensive CAMHS by 2006, but commissioners will have to ensure that collaborative arrangements are in place to meet the needs.

This is a very challenging agenda for CAMHS and should be seen as a long-term process of development over the next ten years. It offers an unique opportunity, together with a commitment to increased funding. A selection of key recommendations that the EWG is making for DoH consideration is summarised here.

- Services should be available to all children and young people regardless of their circumstances. There should be a gradual move towards an age range up to 18 years and the development of young people's services, with appropriate resourcing.

- There should be informed multi-agency CAMHS commissioning, utilising pooled budgets where appropriate, with a regularly

updated multi-agency needs assessment and audit of current service provision and of current service usage, involving all stakeholders, children, young people and families. Arrangements must be made for the commissioning of specialist Tier 4 services. Commissioners should use an effective quality and outcome tool to provide a framework around which action plans can be formulated and progress monitored.

- We intend to make recommendations about the numbers of staff required to run the services, with the caveat that these will need to increase to meet the new priorities.

- We think that services for children with learning disability need to be developed across all the tiers.

- Arrangements should be in place for cover to meet urgent needs.

- Service provision needs to be developed at all the tiers, including Tier 4.

- The professional mix within specialist services and teams should be balanced to ensure an appropriate range of skills and to avoid professional isolation.

- All services should be able to work across agency boundaries and within a variety of settings and engage children, young people and their families who have difficulty accessing services.

- Services require informed and dedicated management expertise.

- Arrangements should be in place to manage waiting lists and times according to need.

- The workforce must be trained (on-going CPD), supervised and supported (by administration, secretaries, fit-for-purpose work environments etc) to be capable of delivering a full range of interventions, based upon the best available evidence and subject to evaluation.

- Commissioners, in conjunction with specialist providers. should support the development of CAMH expertise within all children's agencies. This will entail funded multi-professional training and consultative work, undertaken both within and across agencies.

- Where interfaces exist between services, as between adult and children's mental health services, arrangements should be negotiated to ensure clarity and effectiveness of separate and joint service responsibilities and smooth transitions of care.

- Where service delivery demands effective partnerships between agencies (e.g. children and young people with complex, persistent and severe behavioural disorders) joint protocols should be agreed at senior officer level between the NHS, social services and education.

- National and local strategies should be developed to support the training, recruitment and retention, R and D information and building requirements of the CAMHS workforce.

The process of consultation on the work of the EWGs is ongoing. There are two more NSF workshops being held in Bolton on 28th November and in London on 10th December. The CAMHS EWG is holding a workshop for commissioners on 7th January in Doncaster and is planning a workshop for CAMHS providers later on in the New Year. Please let us know your views by contacting me on mmcketty@ tavi-port.org. and Bob Jezzard on Bob.Jezzard@doh.gsi.gov.uk.
You can also log on to the NSF website - www.doh.gov.uk/nsf/children.htm

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The End