



The Newsletter



Child and Adolescent Faculty and Executive
Spring 2002

Issue 11

Executive Committee

Elected Officers

Chair

Sue Bailey Manchester

Hon. Secretary

Steve Kingsbury Hertfordshire

Elected

Hon Treasurer

Kedar Dwivedi Northampton

Public Education Officers

Gillian Rose London

Ann York Surrey

Frank Bowman Bolton
David Coghill Dundee
Pauline Forster Birmingham
Jonathan Green Manchester
Brian Jacobs London
Tony Jaffa Cambridge
Stephen Littlewood Cheshire
Margaret Thompson Southampton
Morris Zwi Surrey

Co-opted

Sandra Davies Scottish Division
Selkirk
Sue Dinnick Chair Regional Reps.
Dorset
Brendan Doody Irish Division
Dublin
Mary Eminson CAPSAC
Bolton
Jon Goldin SpR
London
David Jones Academic Secretary
Oxford
Caroline Lindsey Past Chair
London
Adrian Marsden CTC
Northampton
Stephen Stanley Regional Reps. Hon Sec
Dorset
Richard Williams Welsh Division
Gwent

Observers

Bob Jezzard DH
Carol Joughin Focus
Mike Shooter Registrar
Jenny Tyrrell RCPCH

Gill Gibbins Assistant Secretary

Contents

Page	Item
1	York Executive Report
2	York Business Meeting
3	Academic Secretary's Report
4	Chair's report
6	Treatment in Secure Settings
6	Public Education
7	Adolescent Admissions
7	Next Newsletter
7	Consultant Norms Survey
8	News on the Adoption and Children Bill England and Wales
9	Call for Contacts

Child and Adolescent Psychiatry Faculty Executive -

York University 3rd October 2001

A number of the issues discussed at the executive will be covered in the business meeting section. This report will only cover those issues that need more detail or were only discussed at the executive. There was a big discussion re norms for consultant numbers of child and adolescent psychiatrists. It had arisen as there was a College view that the CAP consultant roles and responsibilities should have norms appendices. As usual there was a split into two groups. Those who held a strong principled stance who felt that there should be high irreducible minimum consultant numbers and others, cynics and pragmatists (myself included) who felt that lower norms might be more achievable in local negotiations. No consensus was reached except an action point to do a brief straw poll at the business meeting. These results are reported later.

Chair's report: Sue Bailey gave feedback on a number of issues:

- meetings with Jane Held had begun again. Jane is the Chair of the Children's Committee for the Association of Directors of Social Services. Sue felt an area of common interest might be to focus on out-of-area private foster placements.
- the Bristol inquiry seems to be influencing standard setting and the initial drive of the NSF.
- informal feedback from the DH that copies of letter to patients is not mandatory (yet?)

Welcome....

to another edition of the newsletter. It seems to get harder not easier to produce in any predictable timescale. Probably because it has been up to now a one-man -band. Which is why it is a good thing that we are going to review the newsletter in the next executive strategy day. As ever feedback and comment would be welcomed. E-mail details at back.

The Newsletter: Summer 2001

Page 1

There was rather disturbing news from Scotland. Mike Morton presented the struggle to maintain and recruit to clinical services. This position has been worsened since devolution as there is now no link from the Scottish CAP section to the Scottish parliament. No voice means no change in essence. It was also felt, on reflection, that the admin. support for the Scottish executive had not followed devolution. Sue and the rest of the executive felt this was a serious situation that she would continue to pursue in the College.

Frank Bowman presented the current progress in the joint interface group with Faculty of the Psychiatry of Learning Disability. In essence the group is trying to develop a set of core competencies for any psychiatrist working in this area.

The adolescent admission document of the standing joint working group of your faculty and the Faculty of General and Community (Adult) Psychiatry was discussed again. The tension between principles and pragmatics continues to be difficult, especially as this is a tightrope we have to walk with the Adult Faculty. In summary there was a general view that any document from the College cannot preclude the admission of adolescents to adult wards as it is at times the only viable care. Steve Kingsbury agreed to take these ideas to the next inter-faculty group in November [news of this later in the newsletter].

Business Meeting –

York University 5th October, 2001

The meeting was opened by Sue Bailey who welcomed all the attending members of the faculty to the meeting.

Chair's report

Sue thanked Caroline Lindsey for her work, as chair, as did Mike Morton who noted that Caroline had always been a champion of Scottish concerns.

She reported that the National Service Framework was going forward and that we had good representation. She noted that there were some problems in other countries (UK) around this. It was agreed that a list of the task force chairs across the regions would be circulated in the December mailing.

Sue Bailey discussed the modernisation monies and the general view that the lack of year 3 money was "probably water under the bridge". She commented that we of course respect and admired the voluntary and tier 2 projects but we need to continue to address tier 3 services. These issues have been discussed with Jacqui Smith, our new minister, as well as the additional problems of the inequity of project development process. In other words, those teams under pressure have less time to make bids for projects. The urgent pressure on tier 4 services and the need for some progress was also discussed.

- The interim survey analysis on expert assessment court reports is currently being done by Danya Glaser.
- The Section 12 training preparation is well in hand and the first course is occurring in November 2001.

- The survey analysis on recruitment and retention - Stephen Littlewood is continuing to write up and seek an appropriate publication for this.
- The mentoring work is going very well and that the Dean is impressed with our faculty's lead on this issue. The aim is that if successful it will be rolled out to the whole College.
- Regarding the structure of post-graduate training the Dean has said that we should be patient on this and that they wished to develop changes to the SHO training first.
- The next executive strategy meeting of the faculty is on 17th January 2002. Sue asked the membership whether there are any themes they would like to see discussed. Current themes on the agenda will include the roles and responsibilities document, the nature of medical responsibility in clinical teams, learning disability issues, the newsletter, on-call and of course to review our previous agreements on CPD recruitment etc.

Honorary Secretary's Report

Steve Kingsbury fed back that there are a number of joint inter-faculty groups planned in the College though no progress has occurred on the overarching working group to look at the range of inter-faculty working groups. There have been further meetings of the Child and Adolescent Psychiatry and General and Community Psychiatry Joint Standing Working Group and the issues around the acute admissions documents have been discussed elsewhere. The next meeting is November, to try and finalise it once and for all.

He also said that a review of the newsletter is planned for the next executive strategy day. Any feedback both positive and negative would be welcome.

Academic Secretary's Report

The Faculty residential meeting is a major success this year. There are over four hundred attendees and a preliminary glance at the feedback forms is generally positive. A substantial number of child and adolescent psychiatrists attended the College Annual Meeting in July 2001, reflecting the high-quality programme on offer at that meeting too. We now have agreement with the College's Programmes and Meetings Committee and conference office that we run the Faculty residential meeting in the 3rd week of September each year; have a themed day within the College Annual Meeting in June/July; and two freestanding Institutes, each year. One will be held in January and the other Institute will run on an adjacent day to our themed day within the College Annual Meeting.

These issues had been debated by the Executive and after a vote the decision had been made to stay within the College AGM.

Comments from the floor

- liking having a half-day social gap in the programme
- positive comments about York
- finding it accessible to travel from Ireland,
- some concern about the lunchtime catering not being quite up to standard.
- that the content of the conference has been excellent and finally that
- there had been some venue issues regarding housekeeping, food, that can be amended next year.
- that the joint training issues were furthered by being in the College AGM
- Gillian Rose noted that it was easy for the public education officers because of the presence of Deborah Hart
- Margaret Thompson noted the flavour of the next AGM day would include peri-natal psychiatry, adult mental health and the teaching of child psychiatry. This all looks interesting.
- there were other calls from the floor for future institutes to share with other faculties, teaching skills for consultants and about user participation. Sue Bailey thanked everyone for their feedback.

The business meeting continued with discussion of recruitment issues and questions about the College annual census this year - who does the return for your Trust, do you know, are they aware of your vacancies?

- from the floor, the importance of learning disability interface was emphasised as the Honorary Secretary had not discussed this clearly in his presentation.
- despite some view that the year 3 money disappearance was water under the bridge it was noted that some of the York MPs are continuing to chase this and will be writing to the Department of Health for further information. Bob Jezzard said he would welcome any feedback around these issues. He felt that general points would be helpful rather than specific complaints about services that were now not starting.
- a question was raised about the number of suspensions that might or might not be occurring in child psychiatry (note Dr Mick Venables who was suspended in 1998 rang and offered his phone number for any member who would like to contact him [01825 722729]). Mike McClure who is on the BMA CCSC said there were nation-wide concerns about the current rise in suspension rates and the fact that these were often poorly evidenced or grounded in specific concerns.
- there was a request that there should be a faculty working group around risk assessment and clinical governance and it was noted that Richard Williams now has a role in the College Clinical Governance Committee.

- Clare Lamb talked about the early onset of psychosis teams. She said that it seems there is a strong pressure on the adult mental health implementation groups to get on with these projects and that local CAMHS teams should be talking with colleagues locally as clearly the 14-35 age range will involve their services and some of the funding should go to meeting these needs.
- from the floor concerns were also raised about 24 hour service access.

The meeting was closed by Sue Bailey.

Meetings update for January 2002 Executive from David Jones

The York 2001 business meeting ratified our overall plans. This means that although we have foregone our annual spring meeting, we have gained overall. I think that taken together these meetings represent a good spread of professional development opportunities for members; institutes being more skills-learning based and the conferences being larger group presentations of material.

Future Plans:

We return to the University of York on 18 to 20 September 2002, for the Faculty Residential. However, due to venue problems we are exploring alternatives.

College Annual Meeting - Cardiff, 24-27 June 2002 (Child Psychiatry themed day Wednesday 26 June 2002). The Institute is on Tuesday 24 June 2002, and the subject is psychopharmacology (jointly organised by Gill Salmon and David Coghill).

Joint day meeting in London with the Faculty of Substance Misuse on 30 April 2002; on the subject of drug use problems among young people.

In 2003, the College Annual Meeting will be in Edinburgh

2003 Faculty autumn residential meeting currently will be in York. However, the proposal is to move this to January 2004, London, for this and every fourth year, in order to avoid clash with ESCAP.

In 2004, Faculty residential in Edinburgh. (College Annual Meeting will be in Dublin, July)

In 2005 and 2006, provisional bookings for Faculty residential have been made in York.

The Faculty residential, September 2002, will have a central session on mood disorders. We have an exciting line-up of speakers. Further sessions will be on psychiatric

problems among children and young people with learning disabilities, and among refugee children and those from war zones. The Rutter lecturer is Professor Elena Garralda.

The Margaret Davenport Prize for the best presentation by a trainee or newly appointed consultant at the Faculty's residential conference in September 2001 has been awarded to Dr Tamsin Ford. She will receive her award at this year's residential conference.

Chair's Report: Sue Bailey's Winter News

- It is positive to note that Caroline Lindsey and Mike Farrar will be chairing the Mental Health and Psychological Well-being of Children and Young People Expert Working Group of the Children's National Service Framework.
- I have regular meetings with David Hall, President of the Royal College of Paediatrics and Child Health, who will be chairing the Children Needing Acute/Hospital Services Working Group of the Children's National Service Framework. Brian Jacobs is our liaison link with the RCPCH and we are setting up a joint working group to look specifically at "difficult to manage adolescents" who may be admitted to paediatric wards or adult psychiatric wards while there remains the acute shortage of child and adolescent inpatient beds.
- Jane Held, ADSS, who has responsibility for child and adolescent mental health, will be working with us via your regional representatives to quantify and describe the extent and impact on both CAMHS and Social Services when private and independent foster care placements appear in a local area. So look out for a questionnaire in the near future! I understand the DH have little solid data on these developments.
- I will be having regular meetings with representatives from the ADDS, BPS and RCN, so we can respond to practitioners to government initiatives.
- The joint meeting with FOCUS (December 2001), 'Bridging the Gap Between Policy and Practice for Child Mental Health', highlighted the considerable challenges from which we need to seize opportunities. Challenges include NSF, Children's Taskforce, Learning Disability in the 21st Century, Early Onset Psychosis initiatives, development of outcome measures, to mention but a few! We must not be led into more interface challenges without appropriate resourcing. We all know of recruitment and retention difficulties but at the meeting all DH speakers and the chair of the NSF Framework stressed a ten-year plan. If we reach

out to medical students now we can start to recruit.

This leads me on to a series of requests of all of you..... Let me know if psychiatrists or child psychiatrists are on your medical school entrance interviewing panel, and any other initiatives locally to encourage medical students into child and adolescent psychiatry.

Thank you for all who send me copies of letters about 'lost monies'. If you are writing to your local MP, may I suggest you ask them:

- 1) How the 'lost monies' can be redressed in the National Service Framework;
- 2) As the first priority for the NSF is children needing acute/hospital services, will this include those children needing acute age-appropriate psychiatric inpatient care or intensive community support? If not, ask why not. The case has been clearly established by the findings from the NICAPS study (not yet formally published). If these acute hospital services are not to be provided as a priority, then are we to presume that children experiencing an episode of acute mental illness have fewer rights and are perceived as less deserving than children experiencing episodes of acute non-mental health illnesses?

Let me know who are your local child and adolescent mental health representatives on Regional Taskforces, and feed back any information to me, especially if the voice of CAMHS is not adequately represented.

The Joint Standing Working Group between your faculty and that of general and community (adult) psychiatry is making significant progress on issues that feature regularly in my postbag e.g. on-call, admissions of adolescents to adult psychiatric beds. We are trying very hard to come to an agreement that covers very diverse local situations. Thank you to those who have sent us copies of your protocols. At the end of the day, we are being asked to come up with elastoplast solutions to acute problems, a message already delivered by myself to the Minister Jacqui Smith at a College Meeting with her in October 2001

Mike Morton has fought tirelessly on behalf of child and adolescent psychiatry in Scotland and, working with the Scottish Division, I am raising current difficulties at Executive and Finance meetings at the College and will continue to support Mike's successor, Sandra Davies. In the meantime, our thanks to Mike for all his hard work.

I hope you agree the Residential Conference was a great success and our thanks go to David Jones and his Conference Committee and especially to the College staff.

Following your feedback from the business meeting in York, the Executive strategy day in January will focus in on core issues that are driven by the increasing demands made of us all - roles and responsibilities. implementation of learning disability services in the 21st century and delivering substance misuse services

Individual Executive members work hard on your behalf. We will be most effective if we know your views and where there are difficulties, especially resource issues, in your areas. So keep your views coming, with facts and vignettes, so that we can place them before policy-makers

College Working Group On Psychiatric Treatment Within Secure Settings

The Executive and Finance Committee of the College has set up the above working group under the chairmanship of Pamela Taylor, with relevant Faculty and regional representation. The terms of reference are as follows:

To review evidence on the appropriate relationship between custodial and therapeutic provision in physically secure (locked) settings for people who are judged to pose a risk of harm to others and have a mental disorder. For the purposes of the report our constituency encompasses all those people in need of psychiatric treatment in locked hospital units, secure hospitals and other locked settings, including social services units and prisons.

To provide a report, with recommendations, on maximising safety for those people, their intimates and associates, staff in the settings and the wider public.

In preparing the report, the Working Group will review published literature, any annual reports or figures on incidents or related issues as may be generated in such settings, and will consult with a range of interested parties.

The working group would be most grateful to hear from members with any evidence, experience or advice which would help our deliberations.

The consultation paper is accessible on the College website at:
<http://www.rcpsych.ac.uk/members/membership/commitments.htm>

Responses should be addressed to Professor Pamela Taylor, c/o Andrea Woolf, Royal College of Psychiatrists, 17 Belgrave Square, London, SW1X 8PG
awoolf@rcpsych.ac.uk by 15 February 2002.

Public Education Consultation group: York Residential Conference 2001

Myself and Mike McClure led the consultation session at the residential conference. We updated everyone on our public education projects and had considerable discussion on the Mental Health and Growing Up Fact-sheets and the information sheets for young people that we are developing. New topics for inclusion were proposed e.g. coping with rape. We discussed the importance on getting input from young people

themselves, not only for which topics to include, but also on the format and language.

There was a helpful suggestion that the Commission for Racial Equality and Welsh Office may offer financial support to translate the fact-sheets and we will certainly approach them.

Public Education Committee (a cross-Faculty group within the College) has proposed that the College holds a list of patients, including families and young people, who would be willing to talk to the media about their experience of mental health problems. We all felt that this would be very difficult to operate and that we could not support such a proposal at the present time. This will be discussed further within the Executive but I would welcome views from you all.

The media session at the conference was very well attended (about 30 people) and well received. Claire Gillman again provided us all with useful pointers for managing the press. Everyone felt ready for more advanced training and we hope to provide this at the next residential meeting!

Ann York
Consultant Child and Adolescent Psychiatrist and Public Education Officer
Richmond, Surrey
Tel: 020 8355 1984
Rowe.York@btinternet.com

Adolescent Admission Consultation Group: York Residential Conference 2001

About 20 members attended the group. The discussion was extensive and ranged through many clinical problems experienced in the country. However the one sound-bite message I took away was that any document from the College about adolescent admissions could not exclude or preclude the use of adult beds *in extremis*.

I felt that the clarity of this message and the similar position in the Executive will be very helpful at the next inter-faculty meeting.

Issue Update

Inter-faculty (CAP/G&C) group; November 29th at the College.

It is surprising but after 18 months of meeting together we can see eye to eye with the adult psychiatrists and appreciate our mutual viewpoints! We see that their wards are often war zones that would pose significant risks to adolescents as well as our adolescents perhaps being outside their core clinical expertise. They can see our significant resource issues, both buildings and people.

There was strong spirit to find a form of words to amend the current document so that we can finish

and agree. In an hour and a half this was achieved. The pragmatists felt it would work in practice and those with principles felt that a clear statement to commissioners was being made. We agreed to take the amended document to the two executives in January and then release it to the membership.

We agreed not to put it to wider consultation at this point as parallel consultation streams often confuse. The full text, when approved, will be published in the Newsletter.

Next Newsletter

We hope to have.....

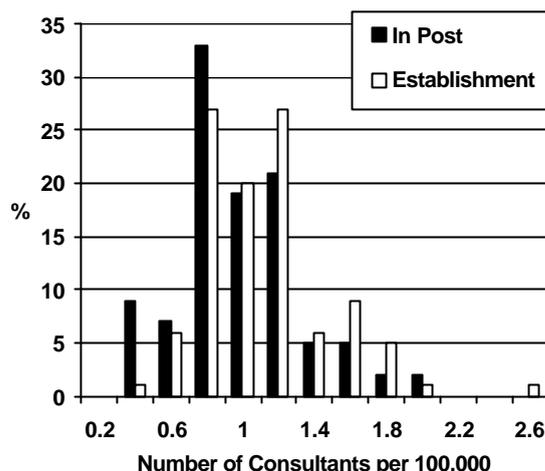
- **a regular Chair of the Faculty report**
- **updates on the NSF process from Caroline Lindsey**
- **an article from Jane Held, Chair of the Children's Committee for the Association of Directors of Social Services**
- **an update from Lord Justice Thorpe on the court shadowing process**
- **an article on the further development of the newsletter**
- **and a definite copy deadline!**

Child and Adolescent Consultant Norms Survey

Here are the summarised results from the survey carried out at the business meeting.

There were 125 replies and anticipating some replies from the same area I eliminated responses that were identical on the three variables of size, consultants in post and consultant vacancies. This may have excluded some replies that might not have been from the same area but included some that were from the same area but for the purposes of a rough poll I felt this was reasonable:

Percentage Rates of Number of Consultants per 100,000 population

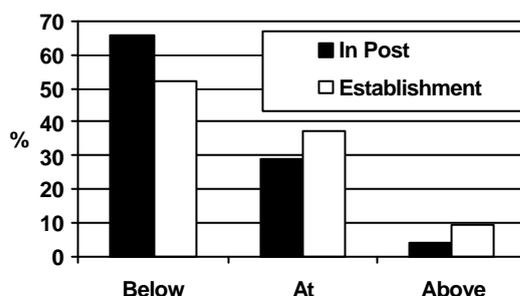


So for example in the graph above the commonest number of consultants (in post) per 100,000 is 0.8. Below the College irreducible minimum.

If the numbers per thousand are grouped into those....

- **below** one consultant per 100,000 (the previous irreducible minimum)
 - **at** or around this norm (between 1 and 1.5 per 100K) and
 - **above** 1.5 per thousand
- ...the graph below results.

Categories of Consultant Staffing compared with College Norms



I think this makes for fairly dramatic reading.

Sue Bailey

News on the Adoption and Children Bill England and Wales

On 19th October, 2001 Health Minister Jacqui Smith welcomed the first reading and publication of the Adoption and Children Bill.

This was previously introduced to Parliament in March 2001 but fell when Parliament was dissolved for the general election.

The Bill follows 'Adoption – a new approach' White Paper which was published on 21st December 2000 – access via www.doh.gov.uk/adoption.

On 7th August 2001 the first national standards for adoption were published, together with draft practice guidance to support the standards. The standards have been written to ensure that children, adopters, birth families and the general public understand what they can expect from the adoption service and so that everybody receives a fair and equal service wherever they live. The Adoption Register for England and Wales was launched on 7th August 2001. The register will link people approved to adopt with children needing new families, and so cut out unnecessary delay.

Approximately 58,000 children are looked after by councils in England at any one time. The average length of time spent in care prior to adoption in 2000/2001 was 2 years 9 months, down from 2 years 10 months the previous year.

During 2000/2001 3,067 children were adopted from care in England. This is 12% more than in the previous year, and over 40% more than in 1998/1999.

Intended improvements to arise out of the Bill

- Stronger measures to stop people wishing to adopt from overseas from avoiding the proper assessment and approval procedures, plus tougher penalties if they attempt to get round the safeguards.
- More improvements to adoption support services, with a new registration system to ensure the quality of these services.
- Changes to the placement order provisions to ensure the Bill is closely aligned with the Children Act.

Key provisions in the Bill include:

- Changing the law to ensure the needs of children are at the heart of the adoption process.
- Giving all adoptive families a new right to an assessment for adoption support.
- Placing a clear duty on local authorities in England and Wales to maintain an adoption support service.
- Establishing a new independent review mechanism for prospective adopters who feel they have been turned down unfairly.
- Improvements to the legal process of placing a child.
- Legally underpinning the new Adoption Register for England and Wales, to enable faster matches.
- Allowing courts to set timetables to cut delays in adoption court cases.

Other provisions include:

- Introducing a more straightforward process for step-parents to acquire parental responsibility either through courts or with consent.
- Introducing a new special guardianship order to provide security and permanence for children where adoption is not suitable.
- Providing adopted people with consistent access to information about the background to their adoption.

Additional changes in the Adoption and Children Bill include:

- Opening adoption support services up to a wider range of providers.
- A new, more consistent approach on access to information held in adoption agency records, to ensure that the release of this sensitive information about adopted people and birth families takes account of their views wherever possible.
- A clear duty for local councils to make adoption support services available for the new special guardianship orders.

And finally the Minister stated:

'The Government is committed to a 40% increase in adoption from care. The Adoption Register and the national standards introduced earlier this year are key to transforming process and achieving this target, but an overhaul of existing adoption law is vital to enable us to match many more children with a safe and loving family who will support them throughout their childhood and beyond.'

Call for Contacts

Sue Bailey has had a letter from Florence Merredew, Medical Group Development Officer for the British Agencies for Adoption and Fostering, asking child and adolescent psychiatrists who have an interest and expertise in adoption and fostering to contact her. She specifically asked for those with interest and experience in the assessment of adults, concerning their ability to successfully parent a troubled and possibly difficult child.

If interested, contact Florence Merredew (**not the College**) on tel: 020 7593 2000 or e-mail: mail@baaf.org.uk
website: www.baaf.org.uk

Contacts:

Dr Sue Bailey
17 Belgrave Square
London
SW1X 8PG
0161 772 35990
ntattersall@gardener.mhss-tr.nwest.nhs.uk

Dr Steve Kingsbury
Health Centre, High Street, Hoddesdon, Herts, EN11 8BE
01992 465042
stevekingsbury@btinternet.com

Gill Gibbins
Royal College of Psychiatrists
rgibbins@rcpsych.ac.uk

The End
