



# The Newsletter



Child and Adolescent Faculty and Executive

Issue 15

Summer 2003

## C & A Faculty Executive Committee

### **Elected Officers**

Chair

Sue Bailey Manchester

Hon. Secretary

Ann York Surrey

### **Elected**

Marjorie Baillie Hexham

Margaret Bamforth Cheshire

Pauline Forster Birmingham

Tony Kaplan Enfield

Claire Lamb Wirral

Paul McArdle Newcastle upon Tyne

Margaret Murphy Cambridge

Paul Ramchandani Oxford

Sian Roberts Cheltenham

Margaret Thompson Southampton

Michael van Beinum Hamilton

Kate Wurr Pudsey

### **Co-opted**

Tom Berney LD link

Gillian Davies Welsh Division

Sandra Davies Scottish Division

Sue Dinnick Chair, Regional Reps

Brendan Doody Irish College of

Psychiatrists

Louise Ementon-Shaw SpR/CTC alternate

Mary Eminson CAPSAC

David Jones Academic secretary

Steve Kingsbury Past hon. secretary

Anne Murray Northern Irish Division

John Talbot Hon. sec., Regional Reps

Paul Tiffin SpR/CTC alternate

### **Observers**

Bob Jezzard DoH

Daphne Keen RCPCH

Catherine McLaughlin FOCUS

Gill Gibbins

Assistant Secretary

## *In this issue...*

**Sue Bailey** brings us up to date with her many activities as Chair of our faculty,

**Ann York**, our new honorary secretary, summarises the last executive meeting in CAFÉ news,

**Steve Kingsbury** presents the recent adolescent admission audit results,

**Ann York**, as public education officer, brings the news of public education and the website,

**Catherine McLaughlin** brings FOCUS into focus,

**Steve Kingsbury** recaps the debate on our new consultant norms,

**Sue Goodwin** brings us the latest SpR news,

And much more.....

## The Chair's Column



Just returned from the College meeting, we had an excellent session on child maltreatment and an excellent first Kolvin Lecture in Developmental Psychiatry: the latter, I hope, a very appropriate tribute to a great child psychiatrist. There were many positive comments from adult psychiatrists - from general, forensic and other faculties - about how much they had learnt from our themed day.

Please continue to let me know if monies are coming through to CAMHS but let me know whether this is local partnerships choosing not to give money to CAMHS or is around money being shifted within Trusts. Information is only powerful if detailed and accurate.

'Roles and Responsibilities' did come out as a College Occasional Paper – OP55. Model Consultant Job Descriptions & Recommended Norms. Our workforce norms are there to ensure we have a valued workforce able to deliver a comprehensive service at all the ever-increasing interfaces. Innovative approaches are emerging in recruitment, tapping into colleagues in Europe who may wish to work in the UK. We are awaiting advice from other faculties and sections to draw up norms for services to 16-18-year-olds.

I am very interested in models of service to other people's Tier 4 services e.g. residential care and education - how young people in such settings can receive equitable seamless Tier 1-4 mental health and indeed good health care. Let me know and also please keep letting me know if there are obvious difficulties around the "out-of-area"-placed child, as we continue to ask the DoH in England not just for what little guidance there is, but how best to ensure the guidance is followed without

prejudicing the balance of services to "in-area" children.

I have taken on a College NICE guidelines role responding to the 'Scopes and Horizon Scanning' requests from NICE. I am adopting a very much lifespan perspective in my responses.

Please let me have names for consideration for the College Fellowship and also any name from within the field of CAMHS and/or work with children in general which we can put forward for consideration for one of the five Honorary Fellowships given by the College each year.

The Association of Child Psychiatrists and Psychologies in Armenia are requesting resources, books and journals. You can contact them on [Arman.Danievyan@cchmc.org](mailto:Arman.Danievyan@cchmc.org) or [a.danielyan@att.net](mailto:a.danielyan@att.net).

In England all but two of the Regional Development Officers are now in post. Please look out for the information coming out from Bob Foster about their important, work, role and function.

Look forward to meeting as many of you as possible in York in September.

Dr Sue Bailey

**Chair, Faculty of Child and Adolescent Psychiatry**

## Café News

*Child and Adolescent Faculty Executive news*



The most recent faculty executive meeting was held on 20<sup>th</sup> May, at the College. This was the last meeting of the current executive members, as the exec formally comes into post at the College AGM. Steve was away, so here is my summary of some items of interest. Many of the other items we discussed are detailed elsewhere in this newsletter.

- A working group has been set up to look at capacity issues in CAMHS, chaired by Sue Dinnick, chair of the regional reps group. There has already been some helpful work done in this area, including that by the Northern Ireland Division, who have produced population norms for CAMHS up to the age of 16 years that were incorporated into the Health Strategy. The norms will not be directly applicable to other areas of the UK due to demographic differences but will provide a useful framework.
- Many people are grappling with issues of care planning and CPA in CAMHS - a group from the new executive will meet to clarify and give guidance on this issue.
- A College-wide working group will look at autistic spectrum disorders and the impact on and responsibilities of psychiatric services across the lifespan. Similar issues apply to ADHD but the focus initially will be on ASD.
- We are in the process of revising two Council reports: CR64, Managing Deliberate Self-Harm in Young People; and CR70, Psychiatric Services for Children and Adolescents with Learning Disability.

- The document on roles and responsibilities for young people aged 16 to 18 years is progressing though the College mechanisms and is now out to the other faculties for consultation.
- The NICAPS survey results on inpatient provision for young people are now available on the NIMHE website, under NICAPS, [www.nimhe.org.uk/Whatshapp/publications.asp](http://www.nimhe.org.uk/Whatshapp/publications.asp)

If any of you would like to see the full agenda for executive meetings (which can run to 7 pages!) please let me know.

Ann York

## *Public Education update*

As mentioned last time, the **Mental Health and Growing Up factsheets** are in the process of being updated and illustrated. We had hoped they would be ready to launch at the College AGM in July but the job is bigger than anticipated! We are now planning a more realistic launch date of September, at the faculty annual residential conference in York.

We hope that many of you will book yourselves onto the **media training at the York conference**: 'It IS all in the Mind!' Two experienced journalists, Merryn Myatt and Claire Gillman, will lead an interactive workshop on TV and radio work. This was following specific requests from those of you who attended previous basic workshops. For those who do not want to brave the camera in a safe environment, there will also be opportunity for guided discussion around real-life media scenarios.

**World Mental Health Day** on 10<sup>th</sup> October will focus on the mental health of young people. We plan to provide you with ideas and support to promote this locally. If any of you are willing to share your experiences of promoting child and adolescent mental health issues in your local areas, **please let me know**.

Ann York  
Consultant and Public Education Officer  
Richmond, Surrey  
[Rowe.York@btinternet.com](mailto:Rowe.York@btinternet.com)

## Website, Website, Website

The faculty website continues to improve. Access is via [www.capfac.rcpsych.ac.uk](http://www.capfac.rcpsych.ac.uk) or via the main College site. We hope that you are finding the **list of resources** to use with families helpful. The website **links** for young people and parents are growing, following suggestions from visitors to the site. By September we also plan to have a password-protected internet **discussion forum**.

If you would like to give feedback on the site, make suggestions of things that you would like to see, tell us of other sites that we should link to, then use the **virtual submission form** on the site.

Ann York  
Consultant and Public Education Officer  
Richmond, Surrey  
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## Focus Update



Just a few lines to introduce myself as the new programme lead for the FOCUS project. I joined FOCUS at the end of May from the Health

Quality Service (formerly King's Fund Organisational Audit). My background is in health services management (including CAMHS) and peer review systems (mainly in mental health settings in this country and Portugal). I am currently studying for an MA in Healthcare Ethics and Law from Manchester University.

Sadly, Jo Richardson has moved on from FOCUS and is now working for NICE, as a Health Technology Analyst. I am extremely grateful for the help and support given by Claudie Fox and Catherine Ayres in my first couple of weeks and also to Professor Philip Graham for holding the fort over the last couple of months.

FOCUS is entering an exciting period in its development. Highlights include:

- Commissioning an independent website
- Negotiating with a new publisher  
Forthcoming publications include:
  - Mental Health Needs of Children from Minority Ethnic Groups
  - Deliberate Self Harm in Adolescents
- Expanding our profile with Tier 1 / Primary Care professionals
- Recruiting a Research Fellow and another Research Worker
- Current Projects / On-going Work:
  - Attachment Project (Vivien Prior at GOSH/ICH)
  - Conduct Disorders and Young Offenders
  - Talking Points (3<sup>rd</sup> Edn)
  - Finding The Evidence (3<sup>rd</sup> Edn)
  - The Use of Stimulants in ADHD (2<sup>nd</sup> Edn)

There was a FOCUS stand at the College annual meeting in Edinburgh on the Tuesday and Wednesday, and will be at the faculty residential meeting in York. Please feel free to get in touch - I look forward to meeting many of you over the next couple of months.

Catherine McLaughlin  
020 72270823  
catherine.mclaughlin1@virgin.net

## *Wanted.....*

### *your experiences of working with advocates*

The Council Report on advocacy is due for review in 2004 and the faculty has been asked to contribute. The review group is looking for case examples from child and adolescent psychiatrists who have worked with advocates. If you have a story or experience that you would be able to share (anonymously) then please let me know.

Ann York  
Rowe.York@btinternet.com

## *Adolescent Admission Audit March 03*

After much to-ing and fro-ing in the executive we decided that some rough data re adolescent admissions that we could get quickly would be more helpful than a later, more comprehensive study. So I sent out with the last newsletter a survey form and asked

everyone to fill one out. The replies continue to trickle in but when I analysed the data last week there were 74 returns. This is a summary of that data and some personal conclusions made.

### **Results**

Of the 74 replies, 41 consultants made no admissions in March, 18 one admission, 7 two admissions and 4 three admission. This gives an average of 0.6 admissions per consultant, suggesting about 7 admissions a year each and over 3000 a year in the UK.

Each reply specified the service age range and this made for interesting reading. Still a large variation!

Service boundary	Percentage
Up to 19 <sup>th</sup> birthday	7
Up to 18 <sup>th</sup> birthday	33
Up to 16 <sup>th</sup> plus 18 <sup>th</sup> if in full-time education	25
Up to 16 <sup>th</sup> birthday	26
Under 16	9

There were 44 admissions: 25 males and 19 females; 21% of the boys were on section and 8% of the girls. Giving 14% in total.

The average admission age inevitably varied by service boundary. These were 13.8 years for up 16<sup>th</sup> birthday services; 14.7 years if using the education criteria; and 15.3 years if going up to 18/19<sup>th</sup> birthday. In fact, for services that went to the 18/19 boundary, 42% of their admissions were 16 years or older.

The first admission sites were as follows

Site	Percent
Paediatric ward	41

Adolescent in-patient unit	25
Adult ward	14
Independent adolescent unit	5

89% of paediatric admissions were the same day and the timescales for the adolescent units were:

Delay	Percent
Same day	36
Within the week	29
Longer than one week	35

50% of all these first admission sites were judged to be appropriate. Then 39% of the sample were moved to a more appropriate site. These timescales were:

Delay	Percent
Within the week	18
Within 2 weeks	35
Within one month	24
Longer than one month	22

The average delay was 18 days.

Finally the commonest distance for the first admission site was within 20 miles (76%) but this rose to less than 50 miles for 53% and now only 27 are within 20 miles.

### Submitted comments

There were two common comments: one, several consultants noted with anguish that a previous month had had several admissions but this particular month they had none; and two, that they had admitted no one due to NO bed being available.

### My reflections

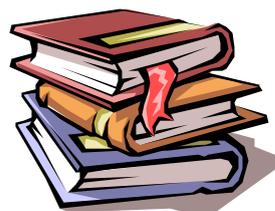
I think this shows a clear picture of the number of admissions there are and the

delays that are involved for both the first site and especially the wait for the more appropriate second.

I also think it demonstrates the in-patient burden on services that go above 15 years of age, in that 42% of all their admissions were for adolescents 16 years and older. As we know, there are few specific units commissioned for this age group and more generic units will not always accept adolescents of this age. I think we need to 'privilege' this commissioning gap when thinking about adolescent transition services.

Steve Kingsbury

## Academic Secretary: *notes for newsletter*



An exciting programme is promised for the faculty annual residential conference at the University of York, 9 - 11 September 2003. The conference should hold something of interest for everyone, and more specifically should assist child psychiatrists obtain their necessary CPD updates, particularly with respect to levels 3 and 4 (those aspects of CPD specific to child and adolescent psychiatry).

The next CPD Institute is a one-day meeting in London on 23 January 2004 on the subject of Motivational Interviewing: its use and adaptations within a CAMHS setting. Gill Salmon has organised this session which will probably be very popular, so do book early as there are a limited number of places.

Dorothea Holman has now retired and has stepped down from the programme committee - many thanks to her for all her hard work and helpful contributions to the group over these past three years. Several of you put forward

applications for the vacancies on the programme committee and the executive is currently reviewing these. I will be writing to those who applied soon. Meanwhile, Professor Emily Simonoff has joined the programme committee, specifically to enhance the link with academic child psychiatry.

Ideas and suggestions for programming are always welcomed. We are currently well advanced in planning the child psychiatry contributions to the 2004 College annual meeting to be held in Harrogate and with our faculty conference in 2004 in Edinburgh.

David Jones  
Academic Secretary

## Consultant norms: the debate

Recently the executive decided we had to be clearer about the need for consultant expansion in child and adolescent psychiatry. To further this it was decided to increase the workforce norm and ask the regional reps to not apply for consultant posts with descriptions that did not meet the target. There has been a fair amount of correspondence about this and to enrich the dialogue the newsletter team felt a debate in print would be helpful and interesting. So.....

'This house believes that the development of child and adolescent psychiatry will be furthered by a rigid norm of 1.5 child psychiatrists per 100,000 population.'

### For:

- Without the pressure of the regional reps refusing vacant posts to be advertised, trusts and commissioners will not begin any consultant expansion.
- It is our view that such a process helped old age psychiatry over a period of about five years to improve their workforce considerably.

- We should state clearly all the increasing demands on child psychiatrists and generate a real understanding in commissioners that static consultant norms do not meet the needs of children and adolescents now, let alone in the future
- Any aspirational norm without teeth will be ignored.
- It recognises the increasing specific, psychiatric, mental health needs of adolescents.
- It may act as a support to the widening of the age range responsibility up to 18 years that will probably be unfunded.

### Against:

- We didn't need to go to 1.5 child psychiatrists per 100k population as very few services have reached the old standard of 1.0 per 100k. Enforcing this rigidly would have done.
- We look completely daft to trusts and commissioners when we have vacant posts below this norm that we can't fill. So demanding expansion in this setting just lessens our case.
- It may worsen services, as vacant posts, that we could fill, that are below the norm, will not be advertised.
- We all know there are not enough SpRs out there to fill all the current posts.
- Trusts are just not going to find the funding in this financial culture.
- We really don't need that many consultants in a well staffed multi-disciplinary team.

Well, there it is – or rather some of the arguments. I'm not speaking here on behalf of Sue or the faculty, but I think the way some of these opposing views might be integrated into our policy could be in how these standards are interpreted in local implementation. We are clearly committed to the numbers, however.

Steve Kingsbury

## *World Mental Health Day 10th October 2003*

This year World Mental Health Day is aimed at raising awareness of the importance of young people's mental health. The message is that the mental health of children and young people is everybody's business, not just those who work in CAMHS.

Schools will be encouraged to celebrate World Mental Health Day by organising activities, undertaking projects, involving parents and others. A website is available to support schools on <http://www.dfes.gov.uk/mentalhealth> and [www.teachernet.gov.uk/PHSE](http://www.teachernet.gov.uk/PHSE)

Please let me know if you have ideas about how to support the day. You can also submit ideas to [MentalHealth.IDEAS@dfes.gsi.gov.uk](mailto:MentalHealth.IDEAS@dfes.gsi.gov.uk)

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## *SpR news*

First of all, a date for your diaries: the next SpR conference will be on Monday, 22 March 2004 in Aberdeen. Our colleagues in Scotland are busy organising this at the moment and further details will be available towards the end of this year. Mercedes Acedevo can be contacted regarding the conference on: [simplymercedes@hotmail.com](mailto:simplymercedes@hotmail.com).

If you're not yet a member of the CAP SpR email list please consider joining us soon: it's by far the easiest way to disseminate information to SpRs regarding training events, training issues,

locum opportunities and so forth. All you need to do in order to join is email [CHILD-PSYCHIATRY-SPR-request@jiscmail.ac.uk](mailto:CHILD-PSYCHIATRY-SPR-request@jiscmail.ac.uk) with your name, scheme and email address.

At present CAP SpRs are represented on the faculty executive committee by Louise Ementon-Shaw and Paul Tiffin [as alternates, and by myself](#). Louise and Paul are both members of the Collegiate Trainees Committee (CTC). Paul is our representative on the Child and Adolescent Psychiatry Specialist Advisory Sub-Committee (CAPSAC) and is responsible for finding trainees interested in taking part in CAPSAC visits to training schemes. I also represent trainees on the faculty programme committee which is responsible for organising conferences. Don't hesitate to contact any of us.

There will an SpR business meeting during the faculty annual conference in York on Wednesday, 10 September at 3.30pm. Hope to see you there and please email me with any items for the agenda.

Sue Goodwin  
[Suegoodwin@doctors.org.uk](mailto:Suegoodwin@doctors.org.uk)

## **Conferences**

The 31<sup>st</sup> annual conference of the British Association of the Behavioural and Cognitive Psychotherapies took place in York between 16<sup>th</sup> and 19<sup>th</sup>. It focused on children and families and the programme looked very interesting. More info on [www.babcp.com](http://www.babcp.com)

## **Information**

### **Setting the agenda for the future - May 2003**

The Prince of Wales's Foundation for Integrated Health.

ISBN : 0953945332  
www.filhealth.org.uk  
email : info@fihealth.org.uk

**Complementary and Alternative  
Medicine: the consumer perspective**

The Prince of Wales's Foundation for  
Integrated Health  
ISBN 0953945324  
www.fimed.org  
email: fimed.org

**What to do if you're worried a child  
is being abused**

Department  
of Health - Reference 31553 (May  
2003)

**National Family and Parenting  
Institute - Making Families Matter**

Annual Review 2001-2002  
Website : www.nfpi.org  
Registered Charity No : 1077444

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**The End**

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