Faculty of Child & Adolescent Psychiatry Executive Committee Newsletter

In this issue

Trainee reps: Joanne Wallace, Hetal Acharya, Sophia Williams

Welcome to the winter edition of the newsletter. As the guest editors of the CAP newsletter, we are delighted that Louise Theodosiou is well and will pick up her role as editor in 2023 We hope that we have continued her excellent work on the newsletter which has been invaluable to the Faculty and has helped spread awareness of the wonderful work our members are doing.

Our Winter issue includes updates from our chair about an exciting and much need expansion in CAMHS training numbers and also changes in the distribution of training numbers to reflect our local populations. We also have updates from our regional divisions and wide variety of interesting articles including submissions form our medical student colleagues on their observations on the use of remote consultations in a perinatal service in Wales. We also have essays submitted about social psychiatry and CAMHS in the past, present and future and reflections from one of our members of cultural influences on parenting and raising children. We also have some interesting book reviews from our members-helpful for those of us who are still doing our Christmas shopping!

It is also a pleasure to announce that two of our annual essay prizes are now open; the Harrington Writing prize is open and the title for 2023 is The role of CAMHS in gender identity services, the 2023 Medical student Essay prize is also open and invites essays on the title: Living through lockdown - an exploration of the COVID-19 pandemic and its impact on child and adolescent mental health, further details are below and on the website and we look forward to your entries.

Thanks so much to everyone who has contributed to the winter edition. It has been a pleasure to edit this edition of the newsletter. I'm sure you will agree that the variety and quality of work is wonderful. Please send in submissions to be included in future editions to Catherine.langley@rcpsych.ac.uk

Contents

The Chair's column

Elaine Lockhart

As we are heading for our festive break, I hope that the pressure on our services eases a little and that you all get some time off work, away from clinical work and admin tasks. November is always a busy time for conferences and I was delighted to be able to present at the annual RCPsych in Scotland Child and Adolescent Faculty meeting. We were able to have a full discussion reflecting on current challenges for infants, children and young people and their families/carers and for those of us working in specialist mental health services. The same week I enjoyed a warm welcome at the Eastern Division autumn meeting. It was a delight to meet up with colleagues and also to meet the next generation of psychiatrists who are currently students, foundation doctors and core trainees. While setting out the increase in prevalence of mental health disorders in children and young people, the historical under-funding of our services and an actual fall in consultant numbers over the past few years, it led to some thinking about how to make best use of our extensive training and expertise. The significant increase in referrals to our services has quite rightly focused our minds on how we can ensure the most unwell get the treatment and support they need. This is complicated by the cuts to local authorities over several years which has reduced early intervention within schools and help for vulnerable families within our communities. This increased pressure on our services has often reduced our time to meet and speak to our colleagues working in other health services, education, social services and the VCSE sector. If we are to really ensure that infants, children and young people get the right help, at the right time, from the right people, this requires them to have choice over where they are seen and that they are able to access help quickly. There have been welcome developments in the provision of online information and access to varied telephone, text and digital support, as well as online modules in mental health for those who care for and work with the under 18's. However, we are hearing from colleagues that this works best when supported by direct contact with specialist clinicians e.g. for paediatricians who are looking after unwell children in hospitals. Rather than trying to see more patients, it might be of value to spend time supporting the work of colleagues across the network of children's services. Later in the newsletter you will read about our colleague Meinou Simmon's book which has been published by the RCPsych and is aimed at parents and those who work with children and wish to find out more about their development, mental health difficulties and more serious conditions for which they will need extra support. As well as the work we are doing in the College to provide clear, accurate and engaging information, it could be very useful for us all to engage locally to increase the understanding of what good mental health looks like, how to promote this in the under 18's and what can be helpful if they are struggling. The

best answer is not always a clinical response, but we can add value to and expand what can be provided by others within our communities.

HEE are undertaking a programme to redistribute national training numbers (NTNs) across all specialties in England to match local population and socioeconomic demographics. This aims to address inequalities in health and service provision and our specialty is markedly unequal in NTN distribution, with 30% located in London where there is currently 100% recruitment. Over the next 5 – 7 years they plan to move NTNs, (not trainees) across England with around half of those in London moved to other parts of the country. This presents challenges to ensure that they continue to be recruited to which will require considerable work around training schemes and to support service provision in London with potential merging of schemes required. The College will work with HEE and those who support recruitment and training, but we will need to ensure that we are recruiting successfully to redistributed NTNs before this programme proceeds further.

There have been some welcome developments over the past few months. We are waiting to have it confirmed by there should be 15 additional NTNs in England and 5 in Wales next August, with 2 new run through training placements in Scotland. After a lot of work led by Prof Helen Bruce, the paper "Delivering better outcomes for children and young people – new service models and better transitions across mental health" has been published; ps03_22.pdf (rcpsych.ac.uk) This will be followed up by the Young Adults mental health group which is jointly chaired by members of the General Adult Faculty and our own. The 0 – 5's paper is in draft and will be out for consultation in the New Year. This important work focuses on the opportunities and evidence base for addressing mental health and neurodevelopmental conditions in our youngest citizens. If you were at our excellent conference in September, you will have heard about the ongoing work regarding young people with personality disorders and the improvement in services required. This paper will also be out for consultation early in 2023. Our work to update 2 previous College reports about what good looks like for our services and the role of psychiatrists within them is ongoing with many colleagues contributing excellent work to this.

The annual conference of the RCPCH will be held in Glasgow in May 2023. The middle day, Wednesday 24th, will focus on mental health and psychiatrists are invited to join our paediatric colleagues for what should be an excellent day of learning and networking. Our Winter Institute will be online on Friday 3rd February and Dr Camilla Kingdon, President of the RCPCH will deliver the keynote address and the theme is how we can deliver high quality services for infants, children and young people in challenging times.

We have submitted our feedback regarding the interim service specification for specialist gender dysphoria services for children and young people in England. You can read the Cass report and see the interim service specification here;

Interim report – Cass Review

Interim service specification for specialist gender dysphoria services for children and young people – public consultation - NHS England - Citizen Space

This paves the way forward for services which are fit for purpose, but there is a lot of work to be done about how to best serve those children and young people currently on long waiting lists with the associated uncertainty and lack of clear governance over non-NHS services. As well as needing to expand the workforce to support the development of the proposed regional services which will require support from local services, there is the need to develop further training for psychiatrists of all grades in this area. We have also been contributing to the consultation regarding the proposed

ban on conversion therapy. The RCPsych opposes conversion therapy, but our feedback has also been clear that children and young people who are gender questioning have the right to be able to engage in open, exploratory conversations about this complex area with clinicians who are safe from potential future prosecution under this legislation.

Thanks very much to those who completed the poll at our conference regarding career plans, the challenges and rewarding aspects of our work and what you would like us to focus on. This has helped inform our retention and recruitment strategy, which, along with our Comms strategy, will seek to support all of us who work as psychiatrists within specialist services. Despite the pressure on clinicians, I continue to be hugely impressed by colleagues' energy, expertise and generosity devoted to developing our speciality and improving services for infants, children and young people. Thanks to all of you for your hard work and support over the past year and I wish you a chance to relax and refresh over the next few weeks and all the best for 2023.

Achievements and Plaudits

Professor Ian Kelleher has been appointed Chair of Child & Adolescent Psychiatry at the University of Edinburgh. This is a new Chair position expanding the clinical academic opportunities in Scotland. https://www.researchgate.net/profile/Ian-Kelleher

RCPsych Child and Adolescent Mental Health Team of the Year 2022; Devon CAMHS Outreach team

RCPsych Communicator of the Year 2022; Dr Jon Goldin

British Association of Physicians of Indian Origin Doctor of the Year 2022; Dr Ananta Dave

British Association of Physicians of Indian Origin Professional Academic Excellence award 2022; Prof Alka Ahuja MBE

What are psychiatrists approaches to assessing and treating symptoms of anxiety and depression in autistic adolescents?

Autism is a neurodevelopmental disorder which affects an estimated 1 in 100 children worldwide. Autistic adolescents are more vulnerable to developing co-occurring conditions in comparison to the general population. These conditions include epilepsy, depression, anxiety, and attention deficit hyperactivity disorder. However, there is a significant degree of diagnostic overshadowing and co-occurring symptoms of anxiety and depression may be overlooked and/or attributed to autism. Autistic adolescents are more likely to suffer with anxiety symptoms and develop depressive illness in comparison to their neuro-typical peers. These symptoms can significantly affect the functioning and quality of life during adolescence.

The aim of this project is to explore psychiatrists current approaches to the assessment, diagnosis and management of anxiety and depression within the autistic adolescent population. The project will involve the circulation of an electronic survey to psychiatrists who work with adolescents across the UK and Sri Lanka. The survey, which has ethical approval from Newcastle University, will take approximately 15-20 minutes to complete and comprises two sections; the first section includes questions relating to the current clinical practice of participants, and the second presents clinical

scenarios in the form of four clinical vignettes with associated questions. No personal or patient identifiable information is collected, although there will be opportunity to provide data regarding the services and clinical experience of the participants, in an optional third section.

Please click on https://forms.office.com/r/nQu4wPWJK4 or via QR code below to access the survey.

Dr Elaine Lockhart
Chair, Faculty of Child & Adolescent Psychiatry
@DrElaineLockha1

Report from Northern Ireland

Holly Greer

Hello from a cold crisp Belfast! I hope everyone is looking forward to getting a bit of a break at Christmas time and some well-deserved fun with friends and family. The CAP faculty in NI has been busy!

Members of the faculty have contributed to the Workforce planning exercise commissioned by the Department of Health through Ernst and Young, and responded to the draft document. We eagerly await the finalised document, and are hopeful that positive change will follow, even if it cannot meet all expectations.

Dr Phil Anderson has been contributing to the consultation on raising the minimum age of criminal responsibility in Northern Ireland where it is currently 10 years of age with a proposal to bring it in line with the rest of the UK.

The deaf CAMHS pilot service in NI has received news coverage following the launch of a report at Queen's University on 9th November entitled "The emotional wellbeing of deaf children and young people" by Dr Byrne and Dr McNamee. Presentations covered the report and the development and progress of the pilot service and were well received by health staff from all 5 trusts, other professionals working with deaf children and young people, and commissioners. It is hoped that the project will continue to receive funding past March 2023.

We are planning a joint conference with Ulster Paediatric Society in June 2023 and will circulate further details in due course. This is always a well-attended and excellent educational event as well as a chance for networking.

Merry Christmas and Happy New Year to everyone

Report from Scotland

Helen Smith

The college continues to be very active in Scotland. There has been a detailed response to the Scott review of Scottish mental Health legislation. We are also considering the proposed National Care Service from the point of view of impact on children and young people. The on-line conference on 23rd November was attended by representatives from the Scottish Government and has received good feedback. The day focused on service developments and the delivering of the national CAMHS service and Neurodevelopmental Disorders Service specification documents. We hope to have an in-person conference next year. We are contributing to the update of numerous college documents to ensure Scottish CAP voices are heard.

Newsletter from Wales

Dr Amani Hassan

GREETINGS FROM WALES

The faculty hosted a learning day on Tourette's Syndrome, which was held on 31/10/22, it was a F2F event. Keynote speakers were Prof Andrea Cavanna, from Birmingham University, the National Centre for Mental Health, Mr Joe Kilgariff, a Trainee Advanced Clinical Practitioner in Neuro-Developmental psychiatry, and Dr Seonaid Anderson, Chartered Research Psychologist and Freelance neurodiversity Consultant. It was a pleasure to be joined

by the Welsh Deputy Minister for Social Services, Senedd Cymru, Julie Morgan MS and colleagues. The Minister spoke of the commitment to collaborate with the College in designing a specialist pathway for Tourette's Syndrome in Wales. These forums are a critical step in realising the Welsh Government's commitments to deliver a sustainable neurodevelopmental service for Wales. Central to this vision will be ensuring the co-design of these services with individuals and families with lived experience of these conditions, including Tourette's syndrome.

On World Mental Health Day 10th of October, we issued a video poem from the National Children's Laureate Connor Allen. 'The Keys to the Future' explores the relationship that young people have with technology and was inspired by our National Mental Health for Young People debates, as well as a series of creative workshops that we held with Literature Wales and Connor in May.

There has been additional investment in mental health services, with £50 million additional funding this year, rising to £75 million next year and £90 million in 2024-25. Over £21 million of this extra funding this year will go directly to the NHS to support priority areas, including **CAMHS**, eating disorders and crisis care. Though Wales like other UK countries has been affected by the decision to freeze the CAMHS national training numbers.

Waiting time performance has deteriorated significantly from pre-pandemic levels, but this is in the context of increased referrals and patients presenting with higher acuity and complexity to a dedicated but pressurised workforce. Given the variance in waiting times performance, the NHS delivery unit have been commissioned to undertake a review of both primary and specialist CAMHS.

Finally the next upcoming National Mental Health Debate for Young People, which will see primary and secondary arguing for and against the motion ***'can young people prevent climate change?'.***

This virtual event will be held for schools throughout Wales to enter on Friday 9th December 2022. The debates will be chaired by Delyth Jewell MS. Delyth is a member of the Senedd for the South Wales East region and is also Chair of the Senedd Cross Party Group on Climate, Nature & Wellbeing.

Child and Adolescent Faculty and Executive Newsletter – Trainees report

Sophia Williams, Hetal Acharya and Joanne Wallace



Hello Everyone! As winter approaches so does the end of our terms as your trainee representatives. We have been privileged to be able to represent trainee views on the CAP executive within the college and ensure that the voices of trainees are heard in a wide range of discussions from curriculum updates and training issues to the expansion of Liaison networks in CAMHS and infant mental health. We have also relished the opportunity to work alongside the newsletter team to communicate the varied work that is going on in CAMHS.

Recently our time has been consumed with our final task which is the Trainee conference. This will take place online on Friday 31st March 2023. The Spring 2023 trainee conference will remain online as we feel this really helps trainees from across the UK participate, this doesn't mean that we don't want the event to be interactive and want to keep the best bits of conference networking going; learning from each other and supporting our fellow trainees. We will have sessions discussing trainee wellbeing (including some interactive exercises!), the impact of war and trauma on CAMHS and how trainees can practice psychiatry in a sustainable way.

Please save the date: Friday 31st march 2023 and we will announce the final programme soon! At the Spring 2023 conference we will be handing over to 3 new trainee reps. These positions will be advertised in January and we would encourage you to consider applying for this great opportunity to represent and support your fellow trainees.

Thank you and see you all at the conference!

Dr Hetal Acharya (ST6 CAMHS Higher Trainee Rep)

Dr Joanne Wallace (ST2 CAMHS Run Through Trainee Rep)

Dr Sophia Williams (ST5 CAMHS Higher Trainee Rep)

RCPsych Star Update

Emelia Pasternak-Albert

Hello everyone! I'm Emelia Pasternak-Albert, a third-year medical student at King's College London and the first ever Royal College of Psychiatrists Child and Adolescent Psychiatry Faculty Psych Star. I'm so excited to be in the role this academic year and honoured to be given such a monumental opportunity.

The Psych Star is a selective scheme for medical students with a commitment to psychiatry. Successful applicants are expected to act as ambassadors for psychiatry and the faculty they are attached to, mine being child and adolescent psychiatry.

This year I was placed on a PICU in Southeast London, I also organized my own placement on-call with the Bethlem 'CAMHS CT' assisting in a Risk Assessment at A&E. Getting to speak with service users has reminded me why I am so drawn to psychiatry; it is the specialty where patients' stories and whole lives are most truly heard. I am so grateful that the Dean of my medical school recognised this, giving me a Commendation for Commitment to Holistic Care.

I also attend a Balint Group regularly as part of my psychiatry Firm Head Teaching days. I decided to attend a Balint Society Weekend at Corpus Christi College, Oxford at the beginning of term to familiarise myself with the principles of Balint, presenting my first case and participating in a fishbowl demonstration. I learnt a lot about group dynamics, the role of speculation, and projection. I hope to take this forward in my reflective practice, and it got me thinking about holding a parity of esteem between all approaches to utilise one's full toolkit in psychiatry.

The highlight of the term for me was getting to attend my medical school's prize-giving ceremony to accept the Shepley Parkin Empathy Award. This award is given to a medical student who has shown an outstanding ability to empathise with patients, and it was awarded to me following my What London Can Teach Us About Psychiatry Student-Selected Component in second year of medical school. During that module, I co-produced a podcast with a young writer who accessed inpatient services, whereby we explored her experiences by analysing a British contemporary play about addictions psychiatry called People, Places, and Things by Duncan Macmillan. Using the creative sphere as a medium for exploration, we levelled the playing field from start to finish by discussing this from her area of expertise. Involving young people in the process can seem daunting, but hearing things such as "recovery is ugly and not linear, but it is worth it" made all my apprehensions melt away.

I was humbled to go on to present at the college's Annual Medical Education Conference in May this year, and then at the KCL Teaching Conference on social learning and my experiences attending Coroner's Court, the Freud Museum, the Bethlem Museum of the Mind and Art Gallery, and an Open Alcoholics Anonymous meeting as part of my psychiatry education. This led to my funded delegacy of International Congress this June, where I was inspired by the previous cohort of Psych Stars, and I cannot wait to attend the International Congress 2023.

This term I have also been working on a review of the use of human induced pluripotent stem cell models to study the neurobiology of treatment-resistant schizophrenia at the IoPPN, a systematic review on adverse schooling experiences with the Cambridge Department of Psychiatry, and a national audit on the adherence to NICE guidelines on assessing, managing, and preventing reoccurrence of self-harm in children & adolescents aged 8-17 by paediatric liaison teams.

In my role as Secretary of the KCL Psychiatry Society, I have started up a monthly newsletter of events and opportunities for medical students and will lead a series of events on CAMHS in the new year. I'm really enjoying my time as the CAP Psych Star and all the opportunities it's affording me to explore a subspecialty of psychiatry that I feel so passionate about!

Children & Young People's Mental Health Coalition

Good afternoon,

We hope you are having a good working week.

This week, we were delighted to have been invited to give evidence to the **Joint Committee on the Draft Mental Health Bill** setting out how we think the draft bill will impact children and young people. Our evidence was based on our written evidence to the Committee where we highlighted that the draft Bill misses a vital opportunity to strengthen safeguards for under 18 year olds, both those that are detained and those who are admitted informally. You can watch the evidence session on Parliament TV.

A Parliament POST Note has also been published exploring the impact of the Mental Health Act reform on children and young people, which we were pleased to contribute to.

We are pleased that children and young people are being considered within the reforms to the Mental Health Act, but we know that more work is needed to make sure children's rights are protected and promoted. If you have any question or would like to know more please get in touch.

Take care and have a wonderful weekend

Shizana

Coalition Coordinator

Children and Young People's Mental Health Coalition

If this newsletter has been forwarded on to you, make sure you never miss an edition by signing up here to receive all our member updates, latest children and young people's mental health news, events, and resources straight into your inbox every week.

How has Perinatal Mental Healthcare in Wales changed, as a result of COVID-19? A medical student's perspective

Eleanor Openshaw
Final Year Medical Student at Cardiff University

As many as 1 in 5 women will experience mental health problems during their pregnancy or during the postpartum period. The Saving Lives, Improving Mothers' Care Report by MMBRACE-UK, run in 2021, reported that maternal suicide was the leading cause of direct death within the year after pregnancy.

COVID-19 significantly disrupted the services offered by the Perinatal Mental Health Team (PNMHT) in Cardiff and Vale University Health Board (CAVUHB), when they were needed more than ever. As a result, the team had to quickly rethink their methods of delivering care. Emerging telemedicine and tele-mental healthcare have played a huge role in supporting patients suffering from mental illness during pregnancy, across the pandemic, but how successful has this been?

While some aspects of obstetric care could not be performed remotely, many of the services offered by the PNMHT were able to transition to remote working. Since lockdown restrictions have eased, the support and care offered by the PNMHT is now offered both in person and via telemedicine. This is known as a 'hybrid' model of working.

Throughout my time in the perinatal mental health department, I reviewed 18 casenotes, as well as partaking in and shadowing many remote consultations, to see first-hand how this new hybrid method of working had impacted care. Out of 18 casenotes, 14 of the patients received a video consultation or telephone appointment initially from the PNMHT consultant obstetrician. These patients had presented post-pandemic; indicating that telemedicine is still widely being used within the team. Importantly, a patient is still able to specify if they would prefer a face-to-face appointment with team, protecting their autonomy.

The key benefits of the system, both from my time in the PNMHT in Cardiff and also anecdotally, from patients include:

- Accessibility – can easily be done from home
- Avoiding the spread of disease in vulnerable patients
- Some patients (for example, agoraphobic or anxious) reported preferring anonymity of telephone/remote consultations

- Still allows for rapport to be built and has not impacted quality of care

Some of the drawbacks noted were:

- Digital divide – not everyone has access to a phone or computer
- Connection problems, hence communication problems (though rare in the CAVUHB catchment)
- Increasing social isolation
- Difficult to create a confidential space in patient's home e.g if partner is abusive

With the COVID-19 pandemic obstructing access to care, telemedicine has played a huge role in providing high-quality perinatal mental healthcare. Its emergence has brought a lot of optimism and has left a lasting impact on the PNMHT in Cardiff and Vale. With lockdown restrictions eased, keeping this 'hybrid' model of working, with both remote and in-person assessments, has multiple benefits. Moving forward, perinatal mental health care should continue utilising technology to its advantage and modernising the way the healthcare is delivered to patients in Cardiff and Vale.

Supported by the Royal College of Psychiatrists, Wales. With special thanks to Dr Marion Beard, Professor Alka Ahuja MBE and Oliver John.

CAPSS Winter Newsletter

CAPSS Executive committee

Study Updates

We are currently collecting follow up data for two studies, *Far Away From Home* and *ARFID.* Both began Spring 2021.

CAPSS ARFID Surveillance Study Update

The initial surveillance on ARFID is now closed and the study is in the follow up stage. During the 13-months surveillance period, child and adolescent psychiatrists have reported a total of **348** cases, **102** of which have been confirmed cases. We are still collecting follow up questionnaires.

Please can we request those of you who have reported cases to return the completed questionnaires, or alternatively a member of the study team can complete these with you via video conference/telephone at a convenient time.

By completing the questionnaire, you will be directly contributing to the evidence base that will:

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

This study is being led by Dasha Nicholls, Javier Sanchez-Cerezo, Josephine Neale, Lee Hudson, and Richard Lynn. More information at https://www.rcpsych.ac.uk/improving-care/ccqi/research-and-evaluation/current-research/capss/capss-studies

The preliminary results have been presented in the Spanish Society of Child and Adolescent Psychiatrists (Madrid, June 2022). Abstract submitted and accepted at IACAPAP international conference in Dubai.

Far Away from Home Study Update

The "*Far Away from Home*" study has received notifications on **256** cases that were directly reported via CAPSS e-cards, during the surveillance period (Feb 21 – Feb 22),**140** of which met case definition. We are now in the followup stage of the study and have received **120** questionnaires. Our follow-up questionnaire is much shorter; it should only take five minutes to complete using our secure online questionnaire. We are also very happy to support you with its completion if you would prefer to complete the follow-up questionnaire over the telephone with a study researcher or via a fillable pdf. Please email us at faraway@nottingham.ac.uk if you would like to receive future study newsletters which provide regular study updates.

Professor Kapil Sayal, Dr Josephine Holland & Dr James Roe

Webinars and Masterclasses

CAPSS are continuing with their programme of training events and webinars this year. Booking is now open for the next in this series of focused training days. The next masterclass will be with Dr Adiyta Sharma, Dr Eleanor Smith and Clare Oxberry on difficult to treat depression in children and young people focussing on approaches to assessment and management beyond the clinical guidelines. Further information on all these sessions with links for booking are provided on the **CAPSS events page.**

On-demand webinars:

- Recordings of past webinars are now available to purchase from the CAPSS website. On receipt of payment for your chosen webinar, the CAPSS team will provide a link to an online recording of the session.
- CAPSS webinars are available to all.

Publications

Key socio-demographic characteristics of children and adolescents with gender dysphoria: A British Isles surveillance study - Sophie Khadr, Una Masic, Venetia Clarke, Richard M Lynn, Victoria Holt, Polly Carmichael, 2022 (sagepub.com)

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

Remember:
These are active surveillance studies, so responding "**Nothing to report**" is just as important as responding with a positive case
Participants will be eligible for **CPD certificates** for appraisal purposes
Not receiving your e-Cards? Please add us to your Safe Sender list. Don't forget to check your junk email and keep your contact details up-to-date with the CAPSS team: capss@rcpsych.ac.uk

Follow-up questionnaires will be sent by the study teams. When reporting a case, it may help to keep a note of the relevant patient to help with identification later
The study teams are more than willing to assist in the completion of follow-up questionnaires

The role of social psychiatry within present-day child and adolescent mental health

Dr Francis Bennett, MBBS, MRes

Introduction

Present-day child and adolescent mental health services are struggling under the weight of chronic underfunding, staffing shortages and the COVID-19 pandemic. UK figures show the number of young people in contact with mental health services stood at 424,963 in 2021 - an increase of nearly 60,000 from the year before (Royal College of Psychiatry, 2022b). Yet these figures are likely to be just the tip of the iceberg, with many young people seeking support through family, primary care, school and third sector organisations, or not at all. Within this context potential roles for social psychiatry, and related preventative public health measures, appear increasingly important (Ashton, 2017) (Jed Boardman, Alan Currie, Helen Killaspy, Gillian Mezey, 2010) (Kousoulis, 2019) (Ventriglio, Gupta, & Bhugra, 2016). However a recent infodemiological study looking at trends in Google searches for "social psychiatry" suggests that public interest in this field has decreased significantly over the past eighteen years (Alibudbud, 2022). This essay will therefore examine the role of social psychiatry in child and adolescent mental health, through understanding both its historical context and future potential.

Historical Perspective

Social psychiatry as a movement is often said to have be founded in the early twentieth century, with examples such as the American 'Mental Hygiene' of Clifford Beers (Beers, 1937). In the UK it could be argued that the roots stretch back nearly a century earlier with Tuke's 'York Retreat', where residents were encouraged to see themselves as part of the "Quaker family" and participate in the community at large (Tuke, 1813).

The role of social psychiatry was key in the development of UK child and adolescent mental health services (Barrett, 2019). During the 1800's disobedient, usually working class, children quickly became "Juvenile Delinquents" - whose fate was decided by the Justice System. The 'Child Guidance Clinics' of the early twentieth century developed a more holistic family-centred approach. Funded through education rather than health budgets, they brought together expertise from psychiatry, psychology and social care to better understand the social explanations for a young person's behaviour (Black, 1983). These clinics were gradually replaced by NHS provision, but the influence of social psychiatry remained and arguably had an even bigger impact on a key pillar of future service models - family therapy. The various schools of family therapy certainly had different approaches, but underpinning them all was a social theory that "challenged the notion of the *autonomous self* with the systems-based concepts of the *relational self*" (Rasheed, Rasheed, & Marley, 2010).

The history of social psychiatry can only be understood through studying the cultures in which it developed. Indeed there continue to be wide variations in the paradigms through which mental health and mental disorders can be viewed depending on the culture. However it would be difficult to argue that many of the central tenants of social psychiatry, ranging from the role of inequality and poverty to social isolation and discrimination, are not almost universal in their nature. The global

response to the 2008 financial crash was one example of this, with many governments enacting different versions of fiscal austerity.

Case Study: Austerity and Social Psychiatry in the UK

Spending on children (excluding health) rose by 60% in real terms from 2000 to 2010 (Kelly, Lee, Sibieta, & Waters, 2018). However the 2008 financial crash led to the advent of fiscal austerity. Funding in real terms decreased by 10% from 2010 to 2020, with budgets for Sure Start and youth centres slashed by 60% (Kelly et al., 2018). During this decade relative child poverty gradually increased, peaking at 31% by 2020/21 (Department for Work and Pensions, 2022). A report by 'Psychologists Against Austerity' proposed five key areas in which austerity policies impact on mental health (McGrath, Griffin, & Mundy, 2016). To this I have added potential effects on young people and roles for social psychiatry:

1. *Humiliation and shame* – A 2019 video made by children in Peckham vividly depicts the shame of having to go to a foodbank, and subsequent humiliation if this is found out by peers (The Childhood Trust, 2019). Social psychiatry encourages clinicians to be clear about the systemic reasons behind foodbank use, and in doing so attempt to reduce associated stigma. Clinicians can use their voices to condemn the appalling rise in foodbank use across society, and highlight its effects on psychological and physical development (McIntyre, Williams, Lavorato, & Patten, 2013).

2. *Fear and distrust* – Apprehension about the future and the world of adulthood is a normal part of adolescent development. However the effects of austerity have made the prospects of adulthood even more precarious. Young people are aware that they are entering a world where it is increasingly difficult to make ends meet, with little to catch them should they fall. Psychiatrists are often asked to work on promoting resilience in young people. Perhaps a more nuanced perspective would be to think with young people about degrees of resilience, and in what context these adaptations may be more or less helpful (Mahdiani & Ungar, 2021). It may also be helpful to discuss resilience in the context of relational attributes, community life and social cohesion (Sherblom, Umphrey, & Swiatkowski, 2022). The 'Resilience Revolution' movement led by young people in Blackpool encourages resilience activism as a way of "beating the odds whilst also changing the odds" (HeadStart Blackpool, 2021).

3. *Instability and insecurity* – A 2008 study found that moving house three or more times was a risk factor for increased emotional and behavioural problems in children (Buckner, 2008). Living in temporary B&B accommodation can impede a child's ability to attend school and complete homework (Public Health Wales, 2021). Here psychiatrists can often feel quite impotent, however at the very least clinicians can screen for potential red flags such as recent moves, evictions and outstanding rent payments. Clinical education could also be enriched through moving focus towards "structural competencies" (Metzl & Hansen, 2014).

4. *Isolation and loneliness* – The effects of isolation, turbocharged by the recent COVID-19 pandemic, have been devastating for young people. The decimation of youth centres has a particularly severe impact on those from poorer backgrounds (Unison, 2016). Many third sector organisations have attempted to fill the void. Social psychiatry encourages communication, engagement and learning across services. In Bristol, the NHS Intensive

Outreach Team has an agreement where staff are seconded from third sector organisation 'Off the Record', supporting the interdisciplinary work required to understand and address the needs of our local population.

5. *Being trapped and powerless* – A recent study interviewed young people, mainly from ethnic minority backgrounds, growing up in three south London boroughs. It concluded that, even though police budgets had reduced through austerity, the role of policing has continued to include extensive stop and search measures as well as expanding to cover roles of schools and mental health services (Laub, 2021). Here it is essential not to shy away from difficult conversations on the interactions between policing, mental healthcare and racial discrimination. A recent Royal College of Psychiatrists webinar "International BPD Awareness Month: Criminalising Distress" (Royal College of Psychiatry, 2022a) was a good beginning to this. Now it is important to amplify the voices of young people, especially those from ethnic minority backgrounds, in conversations that have generally been dominated by adults.

As mentioned previously, austerity is not just a UK phenomenon. A recent report by Oxfam found that 87% of International Monetary Fund loans to developing countries during the second year of the COVID-19 pandemic required governments to enact new fiscal austerity measures (Oxfam, 2022). The effects on young people in these countries are likely to be devastating. Social psychiatry can play a role in developing international solidarity with our colleagues in other countries. The Royal College of Psychiatrists Volunteering and International Special Interest Group is one example of this.

Social psychiatry: the present-day and the future

To any young person braving the news cycle over the past ten years, the headlines have appeared like a never ending series of crises- austerity, climate breakdown, COVID-19 and cost of living to name a few. Child and adolescent mental health services are struggling to meet demand, with small tweaks to service provision and occasional injections of extra cash belying a lack of clear vision for how we can best support those in need. So how might social psychiatry help young people and mental health services move towards a better place?

Firstly it is important to recognise that all psychiatrists are 'social psychiatrists'. This is not a niche sub-specialty, rather it is the bedrock on which clinicians understand young people experiencing mental distress. In research, social psychiatry is a common thread running through such diverse strands as epigenetic, evolutionary and neuro-endocrine psychiatry (Ventriglio et al., 2016). The translation of this research in to real-world benefits can be aided by maintaining a focus on prevention (Ashton, 2017). In child and adolescent mental health this can start with something as simple as a 'baby box' - the Finnish innovation that has now been introduced in Scotland (Bardsley, Eunson, Ormston, Pollok, & Warren, 2021). These boxes were designed to be part of a broader package aimed at reducing inequality from the very earliest stages of development, something that should interest all who practice social psychiatry.

The horizons of psychiatry are certainly exciting, however social psychiatry reminds clinicians to balance the question "what can I do?" with the question "where are my limits?". Criticisms of psychiatry as a tool of social control are as old as the profession itself, and are not without some merit (Mac Suibhne, 2011). Here there is a responsibility to educate trainees at all levels about the history of psychiatry and its critiques, something that is included in the core psychiatry curriculum (Royal College of Psychiatrists, 2022). Discussions can be encouraged in a manner that truly puts

onus on clinicians to engage, reflect and assimilate what they learn. As Beale et al recently highlighted, clinicians should acknowledge where current professional language and practice potentially colludes with the very cuts to services that are decried (Beale, 2022).

One challenge that clinicians face on a daily basis is the interface between various services for children and adolescents. As previously mentioned, social psychiatry stresses the importance of interdisciplinary working. Austerity has weakened social care, justice and education just as it has mental health services. Good work in one area can easily be undone through lack of provision somewhere else. The Marmot Reviews demonstrated with absolute clarity the importance of taking a "whole system" approach to child and adolescent mental health (Marmot, 2010) (Marmot, 2020). Such solid evidence can give clinicians the confidence to reach out to professionals in other services, support one another and demand better from those in power.

It is also essential to consider relationships with other medical specialties. Social psychiatry is closely related to the fields of preventative medicine and public health. The salience of 'public mental health' was acknowledged by Royal College of Psychiatrists in its founding of The Public Mental Health Implementation Centre in 2021. A briefing paper was produced which emphasised the importance of child and adolescent mental health and early intervention (Public Mental Health Implementation Centre, 2022). The report highlighted that just "2% of total expenditure on public health by local authorities in England was allocated to public mental health in 2020/21", although figures in devolved nations were slightly higher. Initiatives to improve this on a national level are overdue and necessary, but with the disbanding of Public Health England it is now more important than ever for clinicians to take local leadership roles and ensure that public mental health is a priority for commissioners.

Conclusion

The historical roles of social psychiatry in the development of child and adolescent mental healthcare have been pivotal (Barrett, 2019). Yet the boundaries of what constitutes present-day social psychiatry can appear almost limitless - arguably both its greatest strength and weakness. One challenge therefore is to carve out a clear and effective role for social psychiatry, which is understood and led by young people themselves. Many clinicians have highlighted that we are in the midst of a *public* mental health crisis, which therefore necessitates a focus on *prevention* (Ashton, 2017) (Public Mental Health Implementation Centre, 2022). From this position it is reasonable to advocate forcefully for public health measures such as social prescribing (Royal College of Psychiatrists, 2021), adequate housing (Public Health Wales, 2021) and reduction in child poverty (British Medical Association, 2016). Yet most of these measures are ultimately political decisions. Here clinicians have the opportunity to influence policy through unions and professional bodies, as well as newer grassroots campaigning organisations such as 'EveryDoctor', 'Doctor's Association', 'Medact' and 'DoctorsinXR'. Many of these grassroots organisations themselves have been inspired by the power young people have demonstrated in modern history; from Ruby Bridges to 'Standing Rock', Malala Yousafzai to 'Fridays for Future'. Social psychiatry can both amplify the voices of young people as agents in their own futures, as well being a force to generate positive changes in their present.

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Reflective review of Totto-Chan: The Little Girl at the Window By Tetsuko Kuroyanagi

Dr Deeksha Elwadhi

As a full-time trainee and a new mum life is sure busy. The only time I try to have some space for my thoughts is when I am travelling to and from work. This space between the demands of personal and professional life I try to find the solitude of my own thoughts. I prefer reading smaller books now. Those that do not taunt my sleepless inattention with their sheer volume. A colleague handed me one of such gems on a boring day and quite literally on the cover was a little girl at the window. So, I, a not so little girl anymore sat by the window of the train and began my journey to the days when the landscape of imagination was not restricted by to-do lists or pager bleeps. A world that the inner child in me had completely forgotten, yet totally remembered.

The book is an autobiographical account of a famous Japanese television personality. The backdrop is the raging World War 2 and the instability; however, it seems quite relevant to the chaos of today's world. I attempt here a personal reflective review of the book the feelings it evoked in me and how it became one of the dearest possessions on my bookshelf.

As I began reading the words I was transported to this beautiful world with contrasting existence. I realised that how we humans are a sum of all the experiences we have, things we see, voices we hear, sounds we perceive and emotions we feel. We are an existence, which is more longitudinal than cross sectional. How within each of us lies the totality of human world. Also, a stark reminder of how I am not a creator of myself but the world around me moulds me with love or hatred or both into what I become.

This book reiterated the fact that the human race's biggest responsibility and duty is to be kind. Sarcasm and cynicism can scar the mind for generations, and kindness alone can heal the lost soul.

As the little girl at the window embarks on a journey to redeem for the unkindness of her fellow humans, she meets the healer, the headmaster who not only nurtured broken hearts and spirits but championed for the cause of human existence and building of generations.

Education has always been a vehicle for normalisation at times a harbinger of propaganda and mostly an amalgamation of competition, intelligence, and affluence. This book we see education as it should be perhaps. A journey to know yourself, others, and the world around you. An elixir to quench the thirst of curiosity that each of us is born with. A strife to be the best of what we are rather than an average of an entire race.

It is generally rated as a sad read, but what I felt reading this was a sense of calmness that yes there are fighting nations (as were at the time the book is based in) raiding airplanes, bullying humans, rotten system, health disasters but even in the midst of this chaos you can find an island of peace only with kindness that can give a semblance of sense to existence.

This book took me down the memory lane spotted with walks which were more of hops, smiles that bordered laughter and sanity which was friends with madness. It made me reconnect with the wonder of a child's perception and the curiosity of existence. It reminded me of how easy it is to bury a human spirit. But, with the nurturance of kindness how beautifully even the most broken hearts can flourish.

A Note about CHAASM

Dr Deborah Judge

CHAASM – Child and Adolescent Addiction and Substance Misuse group was a small and interestingly diverse group of psychiatrists which formed and morphed over the last 20 years – sharing a passion for the development and improvement of treatment services for young people with substance misuse problems. The group was formed from a mixture of child and adolescent psychiatrists and addiction psychiatrists. The group never achieved the status of a SIG within the college and struggled to exist at all for much of the time. However, as a group we made some significant achievements in developing services and raising awareness about the treatment needs, mental health problems and risks for these most vulnerable children and young people. We pioneered systemic treatment approaches and multi-modal interventions. We often worked in interesting places: secure units, youth offending teams, youth homelessness projects, adult addiction services, women's prisons, youth services and youth clubs.

So, it is with some sadness, mixed inevitably with frustration, that this news item is of the demise and closure of the group. However, there is also a hope to inspire those on the fringes, the creatives, the change-makers to explore this territory and seek opportunities to work with these most challenging, complex and high-risk adolescents.

These opening statements of 'Practice Standards' (2012) set the scene:
Most young people do not use illicit drugs or binge drink, and among those who do only a minority will develop serious problems. For some, however, substance misuse may be damaging to the developing brain, interfere in the normal challenges of development, exacerbate other life and developmental problems, and further impoverish the life chances of already vulnerable groups of young people. This is a major problem for the UK, which 'has amongst the highest rates of young people's cannabis use and binge drinking in Europe' with 'some 13,000 hospital admissions linked to young people's drinking each year' (Home Office, Drug Strategy, 2010). The association of substance misuse (particularly alcohol) with crime and anti-social behaviour is often highlighted. The indirect impact on violence, accidents and suicides is responsible for considerable injury and occasionally

death among an otherwise conventionally health group. The impact on mental health and well-being and social functioning and integration is also significant. In attempting to understand and attend to the needs of these young people, the Drug Strategy (2010) stresses the '… range of vulnerabilities which must be addressed, by collaborative work across local health, social care, family services, housing, youth justice, education and employment services', including 'transitional arrangements to adult services' (Home Office, Drug Strategy, 2010). In a report on UK child health services, Kennedy (2010) endorses such a 'whole systems' perspective. He observes that, Trends 'providing high-quality services for children and young people requires the NHS to work collaboratively with many other public sector agencies…' Kennedy (2010) aims for 'personalised care that reflects individuals' health and care needs, supports carers and encourages strong joint arrangements and local partnerships'. Clearly, all of this requires a properly formulated and shared understanding of each young person's needs (Mirza & Mirza, 2008), as well as a properly coordinated and sustained intervention thereafter. These issues are addressed by these practice standards.

Dr Paul McArdle from the Royal College of Psychiatrists and Dr Marcus Roberts from DrugScope.

Note all the dates – 10 years or more have passed, but the core issues remain the same. Such was the understanding of the importance and need for this work back in 2010-12. However, the austerity measures introduced after the 2008-9 crash in the economy meant that what followed was a decade of cuts to youth services. Before the pandemic, the 15 or so comprehensive substance misuse treatment services for young people which existed in 2005 – had dwindled to just 2 or 3 specialist services across England and Wales. The pandemic has sealed the fate of these specialist youth services – and in England, Bristol is perhaps the only remaining service from the original (2005) list of services.

The founders of this work feature within several key publications and papers which are listed below. The invitation is to "go explore" this territory and the youth services which will emerge in new forms and become the next pioneers of young people's substance misuse treatment.

Dr Deborah Judge, December 2022
Some key papers and literature:

Alka S.Ahuja, Crome I, and Williams R (2013) Engaging young people who misuse substances in treatment. Current Opinion in Psychiatry. 26: 4, 335 -342

Ilana Crome (Editor), Richard Williams (Editor) - ***Substance Misuse and Young People: Critical Issues*** 1st Edition, Published by Routledge (2019)

Gilvarry, E., Britton, J., 2009. *Guidance for the pharmacological management of substance misuse among young people*, National Treatment Agency: London.

Longfield, Anne. 2017. On measuring the number of vulnerable children in England. Children's Commissioner for England.

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Royal College of Psychiatrists, 2004. *Young People and Substance Misuse.* Ilana Crome, Hamid Ghodse, Eilish Gilvarry, Paul McArdle Eds.

Royal College of Psychiatrists. *Practice Standards for young people with substance misuse problems.* 2012 RCPsych College Centre for Quality Improvement CCQI

Erikson and the Sioux

Dr Giancarlo Novani

I've been a reading book called "My People the Sioux" which is a tribal chief's account of his own upbringing as well as some observations about how things changed with the introduction of white settlers. I bought this many years ago before I applied to train in psychiatry, I can't actually remember why. Incidentally, Erikson wrote extensively on the Sioux in his seminal work "Childhood and Society", both of which I have tasked myself with reading and learning something from. Reading both in tandem is an odd experience, to simultaneously hear the commentary of an indigenous man who uniquely was schooled in his own culture's and Western ways while Erikson is sent as a psychological emissary to understand the Sioux – probably for the colonists' purposes more than anything.

You see, I have children. Two to be precise, and soon there will be another. I love them. I want to raise them well and for them to be content, at peace, well rounded, exposed to things which expand their ability to think without traumatising them and physically challenge them so their bodies are fit and healthy. I want to help them self-actualise, and be at peace with themselves. If one of them becomes a doctor that'd be smashing too, a wee nod to daddy. I jest, but I would be very proud if one or more were to find the medical profession as rewarding as I do.

Anyway, the curiosity which has led me both to these books started well before my parenthood, because it has been clear to me for some time that different cultures and ways of life successfully raise offspring. Even within a culture however, what is considered good parenting and what is considered a good outcome are not uniform, and it raises the question: what is the right way to raise a child? Personally, I would work backwards. For example, you want the child to be able to gain resources, be it money, food, wood etc. In one culture, the most efficient way to gain resources is to earn enough money, get into a good profession and buy the things you need. In another, competent hunting and foraging, in another it may be agriculture or even theft. So even within these few examples, the methods employed to teach a child to efficiently amass resources are vastly different. One attends educational establishments for years until they find employment in a busy city, the other stalks woods at dawn wielding a bow, the other prepares ground for seed planting etc. In addition, there will generally be a moral and cultural code (among many other factors) behind the values which drive the parent to prepare a child to achieve a certain outcome.

However, the question of how to amass resources perhaps does not help one get to the truly curious parts of the answer because that will be determined by geographical and economic factors. What is curious is the difference emotional expectations of children, how are they supposed to feel? How are they supposed to relate to others? And how does a parent achieve this? It was commented that the Sioux would not display strong emotions, even when re-united with a child after a separation of months there would be no shouts of glee or tears of relief. Some of the people Erikson talks about describes this as utterly callous and unemotional, yet others mentioned are alleged to have said nobody cares as deeply for this children as the Sioux. Assuming both were talking about the same culture and behaviour, where is this chasm of contrast stemming from? I suppose shouts of joy and relief don't necessarily mean you love your children, but I'm not sure how a child knows they are wanted otherwise. Clearly however, this one culture had a set of values and behaviours which by and large seemed to shape children in a way that was desirable to them.

Standing Bear talks in his commentary about how everybody played together, shared everything – there was close to no idea of individual possession – and the expectation would always be that the older children would look after the younger ones. In our culture, this is hard to conceive on the level described here as possessions are very much individual, though it is largely believed that sharing is

good, and it may be described ultimately as an unfair burden on older children when they are tasked with caring for the younger ones.

I particularly liked a little bit where Standing Bear tells us that when we was 10, his father asks him to look after something for him. It is a prized item belonging to some soldiers who lent it to his father. A pistol. A deadly metal little pistol that fires real bullets. Looking after it is one thing, but he was warmly welcomed to shoot it at will! Great glee is taken in the book, as he described his escapades with his buddies in the woods, shooting game and making a racket basically. It all ends with the soldiers asking for it back, and a great sense of grief as he wields the weapon for the last time before laying it the palm which thrust it toward him months before. His father had been asking him to go to various parts of the land in this time, and it turns out he'd been hired as a scout by the government but his father didn't tell him. Put to work with a gun at the age of 10!

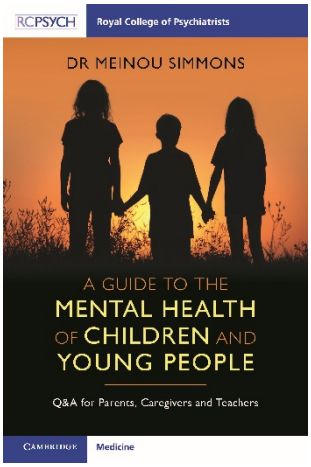
But in this place, in this context it is normal. In a more warlike context, a child who was highly organised and regimented may have been a favourable. Or one who rarely slept and seemed to have boundless physical energy and little regard for his personal safety in the face of catastrophic weather, vast distance from home and wild beasts. One that sat in place all day scribbling things in the mud would probably be thought of as lazy, maybe even useless. Funny isn't it, how the latter is what we expect from children now and the former are symptoms of things we might put together as a diagnosis.

Expectations and goals seem to be the guiding principles for how one might raise children in a given culture, but the emotional questions remains. Or is it as simply as that regarding emotional nurture? Do kids now expect great displays of joy and grief at their coming and going? Would a dearth of this herald a poorly attached child nowadays simply the child's expectations are not met? Even though this may be just fine for the Sioux. But surely it must be more than that, for a new born desires signs of care and comfort, on a much more simple level yes but nonetheless there is a need for attachment. It's just very strange to consider that how a good attachment might be achieved could be different even as early as the first months. I certainly think of a child that new as basically an automaton, but perhaps it is not as simple as this. Perhaps this is complexity here yet to be unpacked.

Despite an extensive bit of reading, and a fair bit of thought, I have no better ideas of what the difference could really be beyond expectations, societal aims and maybe a touch of genetics. What universal things do all children need to be emotionally and functionally secure in any given society. Maybe Maslow has another pyramid somewhere…

A Guide to the Mental Health of Children and Young People: Q and A for Parents, Caregivers and Teachers

Dr Meinou Simmons
Consultant Psychiatrist in Oxfordshire CAMHS and TPD in Thames Valley



The covers a breadth of different mental health issues affecting children and young people. It is split into three main parts:

- Part 1 looks at the wide range of potential factors that can influence mental health in children and young people, from lifestyle factors such as sleep and technology to biological factors including the developing brain and genetics. There is also a chapter on various stressors and another on the impact of different types of relationships on mental health.

- Part 2 is concerned with strengthening relationships with children and young people and giving them support. It includes tips on parenting, supporting yourself and co-parents, managing school, effective communication as well as how to create networks of support.

- Part 3 explains each of the main types of mental health difficulties and disorders that children and young people commonly struggle with including mood, anxiety, eating, attachment, drug and alcohol use, obsessions, psychosis, behaviour difficulties and neurodevelopmental disorders and covers the full range of severity of symptoms. There is information about how to support youngsters and how to get help. Each chapter has a case example at the end which draws on the author's clinical experiences.

Overall this is a book for both families, caregivers and teachers to either dip into or read cover to cover to pick up useful tips and advice on children and young people's mental health. Please share this resource with your teams and families. A preview of the book is available on the Cambridge University Press website at https://www.cambridge.org/9781911623915 where there is also a 20% discount using the code SIMMONS22.

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The collection is built on member recommendations, so if you can't find something you need, just let us know and we can look into adding it to the collections.
Databases – the College provides access for members to Medline, PsychINFO and Embase.
Journals – some examples include: Lancet Psychiatry, the American Journal of Psychiatry and European Psychiatry.
Books - We have a physical library and members are welcome to borrow books, which we will send out in the post for free. We also provide access to the online versions of the Maudsley Prescribing Guidelines.

For any articles not available through our own subscriptions, we offer inter-library loans, finding what you need in another library and sending it out to you by email.

We also offer a free and unlimited literature searching service for those who do not have the time or confidence to search through the medical databases. This can also be combined with training for anyone who wants to refresh their skills.
You can find all these resources on the College website:
www.rcpsych.ac.uk/library
Or get in touch with us directly:
infoservices@rcpsych.ac.uk
020 8618 4099

Best wishes,

Fiona Watson
College Librarian

New elearning for Healthcare Support Workers now available

Health Education England elearning for healthcare (HEE elfh) has worked with NHS England's National Quality Improvement Taskforce to develop a new elearning programme - Healthcare Support Worker Certificate - Children and Young People's Mental Health Inpatient Settings. This is the first bespoke training package co-designed for this invaluable staff group and is a much-requested learning opportunity.

Children and young people receiving care in mental health inpatient settings often spend a lot of their time with healthcare support workers, so it is fundamental that we equip them with the skills and knowledge to provide high quality therapeutic care and interventions.

The certificate is made up of 6 modules, that in total take approximately 4 hours to complete at the individual's own pace. The 6 modules include:

- The world of children and young people
- The role of a healthcare support worker
- Engagement within the children and young people's setting
- Professional standards and behaviours
- Practical application in the role
- Technical knowledge and expertise

This learning aligns with the Children and Young People Mental Health Inpatient Competence Framework and was co-designed to improve the quality of care delivered to children and young people in mental health inpatient units across the country.

For more information and to access the resource, please visit the Healthcare Support Worker Certificate – Children and Young People's Mental Health Inpatient Settings webpage.

Dr Ahmed Hankir and Dr Jon Goldin FRCPsych

The Registrar's Profile Series:

Interview with Dr Jon Goldin FRCPsych, Consultant Child and Adolescent Psychiatrist at Great Ormond Street Hospital and Royal College of Psychiatrists Lead for Parliamentary Engagement

Dr Ahmed Hankir, Academic Clinical Fellow in Psychiatry, South London and Maudsley NHS Foundation Trust.

@Runcimanross

Email: Ross.runciman@ghc.nhs.uk

Not too long ago I decided to embrace my vulnerability and share on social media that I was going through a tough time. I was humbled and touched by the outpouring of support I received. There was one person in particular, however, who made such a huge difference. That person reached out to me and suggested that we meet up for a meal and so we did at a Persian Restaurant in Central London. I feel that was the moment that transformed my approach to my situation. Since then, life has been beautiful and a factor contributing to that was the person who reached out to me. That inspirational person is Dr Jon Goldin. So, I met up with Dr Goldin in a café in Belsize Park in North London to learn more about the person behind the professional and how he became the caring and compassionate person he did.

AH: Thank you Dr Goldin for accepting my request to be interviewed for the Congress Issue of The Registrar at such short notice. Can you start off by telling us about your professional roles?

JG: Thanks for inviting me, Ahmed. I am a Consultant Child and Adolescent Psychiatrist. I work at Great Ormond Street Hospital. I have worked there for nearly 20 years as a Consultant. I work on the Mildred Creak Unit and that is an inpatient unit for children with severe and complex mental health difficulties. We take age 17- to 14-year-olds - we have a great team and I think we do really valuable and important work, helping to turn around the lives of the young people we work with.

AH: Wonderful. So that is your clinical role. One of the many reasons I wanted to interview you was about your role in supporting trainees. I understand you were also a Training Programme Director?

JG: I have just stepped down from being a Training Programme Director which I did for 10 years. So, I was the Joint TPD of the Great Ormond Street and Royal London Higher Training Scheme in Child and Adolescent Psychiatry. After 10 years it was time to pass on the baton! I really enjoyed that role and I really enjoy supporting trainees. They are the future of our profession. We have had some fantastic trainees over the years. I was also Joint Head of the Department of Child and Adolescent Mental Health and then we changed the name to Psychological and Mental Health Services.So, I did that for a few years, but I've recently stood down from that role so that I can focus more on clinical work. I also had a role at the Royal College of Psychiatrists. I was the Vice-Chair of the Child and Adolescent Psychiatry Faculty for four years. I am currently the College Lead for Parliamentary Engagement, which I have been doing for several years.

AH: This might seem unexpected but that might be a good thing! You've been a CAMHS Consultant for almost 20 years. Are there any moments in your clinical career that stand out from the rest?

JG: There are some unforgettable traumatic moments if I am honest. There are also plenty of happy memories. Let us talk about happy and not so happy memories. There is one memory related to what made me want to go into Child Psychiatry. I was doing Paediatrics. I was an SHO in Manchester, which is where we both went to medical school! I remember one of the first child psychiatrists I ever met was when I was an SHO in paediatrics. I loved the way she worked! She was engaging this boy who had this problem of leaving faeces around the house, behind the sofa, in the living room, in different places. On the face of it you may feel that is a rather disgusting symptom and I think the boy felt quite repulsive to other people in some ways. I really remember as a junior doctor the empathic way that she interviewed this boy and his family. The sensitive way she gained his trust and listened to him and how she tried her best to understand why he was doing this. I feel he was probably trying to draw attention to the stress and trauma he experienced in a way. This boy responded to her in a way as if he believed this is someone who wants to listen to me and understand me and I was really moved by that. I just remember feeling the way she managed this assessment was something that I wanted to emulate. I was so fascinated by the way she was working it made me feel like this is the kind of work that I wanted to do in the future. By the end of the interview, there was a feeling of hope and possibility of change in the boy and that life could improve for him and that was very moving to see that. In fact, I remember having tears in my eyes, that is how moving it was. It was one of the experiences that confirmed that I wanted to work in child mental health. I enjoyed paediatrics but I was more interested in speaking with the children for longer periods of time and getting to know them. I was really more interested in engaging with the young person. Getting their history, their background, their worries, things that were concerning them. So, Child and Adolescent Mental Health seemed like the right thing for me. If you can intervene early, you can make a big difference in a person's future lifespan by preventing adult mental health difficulties.

MRCPsych Revision Resources

TrOn Trainees Online

Did you know there are a number of resources, which are included with your membership, to help you revise for your MRCPsych?

TrOn is a fantastic resource focussed on Paper A, complete with notes and practice questions. TrOn has recently been updated onto a new platform which is easy to use. Please take a look.

As part of your membership you have access to the RCPsych library. Did you know you can borrow books for CASC such as the 'Maudsley Trainees' Guide to CASC',

Have you visited the exams page on the website? There is a lot of information about how to prepare for your exam. If you are preparing for CASC, don't forget to watch the sample videos.

AH: What role does trauma play? Adverse child experiences, neglect, things like that?

JG: They play a very big role. You work in adult psychiatry, and I am sure you are aware that most adult psychiatric patients or a very large percentage have a history of trauma in one form or another. I think it is important to try to understand that trauma and help the patient to try to understand that trauma and work through it rather than give them an immutable label that may well disturb them. I am quite optimistic, and I think Child Psychiatry is an area one can be optimistic. One of the things that I love about Child and Adolescent Psychiatry is that they have development on their side. Even if there is trauma or difficult challenges that they face, with the right help and support they can get better. They can improve and you can hopefully break the intergenerational cycle of trauma and abuse and things being transmitted down for generations, which can happen in families. If you can intervene you can really turn that around. So that is one of the reasons why I am passionate about child mental health.

AH: That is fascinating, and I am sure we can talk for a lot longer about this. But you also mentioned there was a not so positive experience. Can you tell us more about that?

JG: Yes. I did have a patient as a trainee who tragically died by suicide. This was when I was an SpR in CAMHS. We had a very robust care plan in place however despite this, the suicide occurred. It was extremely upsetting for everyone, especially the family members. It was a very intense experience for all involved, including mental healthcare providers. It was absolutely tragic. It was devastating for the family. It was very traumatic for the family but also very traumatic for me. I did everything I could to comfort and support the family. I remember saying to one of the teenage children that this is a nightmare, I am so sorry this happened. It resulted in a Coroner's Inquest. The coroner said we did everything we should have done and there was no blame attached to us but obviously it was a very anxiety provoking and difficult and challenging time for several weeks and months after that for me professionally. One always wonders, could I have done something differently? I think that is a very common feeling amongst psychiatrists. Fortunately, I had support from friends and colleagues and my supervisor at the time.

AH: That does sound extremely challenging and difficult. I am so sorry you experienced it. How did you cope?

JG: One of the things I think that is important to share about the experience is that it takes a long time for the process to unfold so that is a challenge. The Coroner's Hearing was a few months later. The uncertainty is difficult to deal with. I suppose I was worried that I might be criticised that I did something wrong. But I went over it many, many times in my head and I spoke about it with colleagues and the general feeling was that we did what we should have done. There is a saying that the 'retrospectoscope' is the most powerful diagnostic instrument in medicine. Looking back on things with the benefit of hindsight. I was in therapy at the time and my therapist helped me a lot. I had very good supervision and my supervisor helped me. I was working at the Tavistock Clinic. There was a senior clinician who specialised in suicide and psychiatrists who had patients who tragically killed themselves. I went and spoke to him, and he was very helpful and supportive and I also had a Balint Group with my peers and we talked about it together. I was not the only one who had this kind of experience and once you start talking about it, other people start talking about it a bit more. Traumas they faced in their clinical work at times. In a way it opened up the possibility for support, understanding, learning. These support networks are absolutely crucial in psychiatry. Things could have turned out a lot worse for me without one. We are not robots. We are not automatons. We are human beings. We get stressed. We get depressed. We get worried. We get anxious as psychiatrists. The defences can kick in and you can get very detached. Some people can seemingly be unaffected on the surface at least, they can get like that. They can get burnt out. They can be too detached. As a psychiatrist you don't want to get overly anxious or panic every time someone tells you they are suicidal. On the other hand, you don't want to be so detached that you are not affected by it. So, there is a kind of balance to be struck there. The best psychiatrists are able to find that balance between empathising and being affected by their patients' experiences but not being overly affected so that they can't do their job sufficiently or effectively. You have to have ways of coping. One of them is to have a support network that we have already talked about. For me other ways of coping are exercise and looking after yourself. Sleeping well and taking care of yourself. Having friends and family around you that can support you. People you can confide in. People you can trust. You don't need to talk about your most challenging moments with everyone but one or two key people in your life who you can talk to can make a huge difference and personal therapy can be very valuable in my experience for doctors across all grades from young trainees to experienced consultants. When you are training and working in psychiatry you yourself are the therapeutic instrument in a way. We prescribe medication, judiciously I would hope as psychiatrists, but we are also giving of ourselves and our therapeutic approach, our therapeutic attitude, how we interact with our patients and how we listen to them is so key to how we do our jobs. We need to understand ourselves well which can help us to understand our patients. When we understand our own weaknesses, our own challenges, things we find difficult, it helps us understand our patients better because we can see things in our patients that we see in ourselves. A lot of people think therapy is just for healing psychological wounds. That is not necessarily the case. We can develop a deeper and better understanding of ourselves through therapy.

AH: You really inspire me in your capacity as a mentor. I always feel dignified in your presence. I always feel valued and empowered. How do you do it?

JG: I am glad you feel that way Ahmed. I am interested in people. I enjoy getting to know people. I have enjoyed meeting you and getting to know you since we first met. I love listening to people and hearing their stories. I think you have a fascinating story. I first heard about it via social media and Twitter and then to meet you in person at the 2016 Royal College of Psychiatrists' Congress in London was even better. I remember hearing you give a talk, and I entered the room and listened and you nodded and waved at me. We had never really spoken but we had communicated via Twitter and that was really pleasant. It was quite a large audience, but you still noticed me and I think that reveals your capacity to connect with people Ahmed which hopefully all of us as psychiatrists should have.

AH: I must interject and thank you Dr Goldin for your kind words! You also said something very insightful I feel. You said you enjoy talking to people and hearing their stories. You didn't say trainees. You said people. With the term trainee there is almost the connotation of hierarchy. I don't feel or sense that with you in the slightest.

JG: I vividly remember being a trainee myself. The hierarchies can be a bit disconnecting. Of course, one should respect experience and knowledge and so on, which is what I do and hopefully what others do too, but I am always interested in people as people. I certainly try not to place myself on a pedestal and put myself above anyone else or indeed below anyone else. We are all human beings. Hopefully we can respect each other and get the best from each other. We've all got our challenges in our lives. I think a basic characteristic as a psychiatrist is to respect people. To listen and to try to understand people and empathise and making yourself emotionally available when providing pastoral support.

AH: That is one of the reasons I feel so inspired by you Dr Goldin! When I was experiencing some challenges, you reached out to me. You recognised that I needed someone to reach out to me and you made yourself available. I wanted to mention that.

JG: Thank you Ahmed. I have had challenges and traumas in my own life, so I know what it is like to go through. I know what it is like to go through difficult times, and I draw on that. When people have been supportive and helpful to me, I have appreciated it. It is kind of why we were put on this planet in a way. To make this place better, to do your little bit in this crazy world we live in!

AH: No pun intended! Is it fair to say that your lived experience of trauma has made you more empathetic?

JG: Yes, I would say so. I have been on a journey like everyone has and we remain on that journey. Another thing that happened to me is I made a big mistake when I was a junior doctor at one point with a patient. Up until that point, I didn't think I would be the type of person to make that kind of mistake. Making the mistake, fortunately not leading to any disastrous consequences, but knowing that I was very human and very fallible. I was very tired, and it was late on a Sunday night having been on-call for 48 hours. That stark example of my own fallibility reminded me to err is human. We all make mistakes. None of us is perfect. We may be under the

illusion that we are infallible and even invincible and that is a problem. I might have had some of that myself and maybe I still do. Hubris is something to be cautious and careful about as doctors. It can creep in. That can get in the way of relationships.

We need to be meeting people on an equal level. If you come from a top-down position, people you work with, colleagues, they can feel disempowered. You can't do your job properly. Get rid of the pedestal. Talk to people as equals. That is one of the reasons why I love talking to children. They are so used to people talking down to them. I think they like it when someone is interested in what they have to say and doesn't do that to them. When you are talking to a child literally and physically get on to their level as well as emotionally and in the way you talk – this will help them to feel understood. For many children that is a feeling that they are not used to, having their voice listened to, respected and heard. So that might be a new experience for them to an extent and that is hugely rewarding for me. The work is challenging but it is also incredibly rewarding. If at the end of the day you feel that you have done something good in someone's life and helped them in some way that is a great way of spending your day.

AH: Absolutely. So going back to training, it is like treating trainees like people.

JG: 100 per cent. By the way, I had very good supervision myself. That makes a huge difference. You in a sense internalise your supervisor. I can think of supervisors I've had when I was a trainee who remain internal figures in my mind and models of exemplary leaders and clinicians. I had an excellent TPD and in a way you want to be like the people who you respect and admire. So good practice can be transmitted down the generations. Equally, bad practice can also be passed down. I was reading something this morning about sexism and abuse of power in surgery and that must change. Someone was talking about bad supervision they experienced. So good supervision can have profoundly positive effects on the person receiving it. That is why personal therapy can be so important. You might not necessarily be fully aware of how you are treating someone. The value of therapy is that you can step back from your situation and have a space to really reflect and to think about what is going on and so much goes on in our day-to-day careers never mind our personal lives. So, to have that space is a real gift to yourself in a way and helps you personally and professionally.

AH: I agree with you entirely Dr Goldin. Now to our final item. Public engagement! This is where we really connect, I feel. What drives you about public engagement? Clearly this is something that you are very passionate about. Twice you have been a Finalist for the RCPsych Communicator of the Year Award.

JG: I do feel passionate about it. Things that I feel are important I want to share with other people. We live in a society where mental health difficulties are not given the respect and resources and value that they should. We still don't have parity of esteem with physical health. I and colleagues have been told as medical students you are too clever to want to be a psychiatrist. 'All psychiatrists are crazy'. People coming out with these flippant remarks that are not helpful. Similarly, I remember many years ago the headlines in the tabloids 'bonkers Bruno'. Frank Bruno, a very famous boxer and lovely man as far as I can tell from his media presence, was detained under the Mental Health Act and that was the headline in a major newspaper. It was dreadful. It perpetuates negative stereotypes and caricatures. So, I want to do my little bit to promote mental health and mental health difficulties in a more positive way so that people suffering with schizophrenia or bipolar disorder or struggling with drug and alcohol difficulties, whatever difficulties they may be facing, receive the respect, treatment, care and compassion they deserve. They don't deserve to be stigmatized or looked down on or vilified. So, I want to do my bit to contribute to that process happening. For example, with parity of esteem, I also talk about the importance of integration between physical health services and mental health services rather than separation between the two. Without integration, mental healthcare can seem like a secondary service or a less important one. I want to do my bit to promote the importance of supporting mental healthcare services. So obviously my focus is on CAMHS, but I talk about other services as well in my work with the College. I feel very passionately about investing more in the future of society by supporting young people with mental health difficulties and I have spoken to a lot of politicians about that over the years and I have debated with them about that.

AH: Can you give examples of some of the public engagement work that you did with the media?

JG: Certainly. The first thing I did was back in 2016. I was asked to go on the Today Programme and John Humphries interviewed me. A report had come out from the NSPCC that children who were survivors of abuse of one form or another were not getting the help they needed to deal with this abuse. I was asked to talk about whether the College agreed with that and what should be done about it. I was kind of thrown in at the deep end! I had done very little media work and I found myself on the Today Programme live in front of 7 million people being interviewed about this. I heard about it only the day before and the following morning I was there. It was almost like an out of body experience! Whilst I was doing this, part of me was thinking I can't believe I am doing this right now…I knew about how to manage trauma in children, but I refreshed my memory about certain things to prepare myself for the interview. I spoke with a colleague who is a specialist in the area. You need to prepare as best as you can. I spoke about trauma-focused CBT and the importance of the young child having space to work through their trauma. John Humphries asked me whether there is a case that the memories should be buried and shouldn't be talked about. I wasn't expecting that question. I had to think on my feet. I took a deep breath inwardly and I answered the question explaining why trying to bury these memories is not usually the best approach and that they will continue to influence you in your life and having a space to talk about them and work through them is preferable to trying to pretend that they didn't happen, and I talked a bit about the evidence for that. So, I was able to get through it. I was told afterwards by a senior colleague that the interview was a bit like a Grand Slam Tennis Match! It felt like that kind of pressure. An interview can be a bit like a tennis match, you pass things backwards and forwards in a way and the fact there were 7 million people listening made you feel you are at risk of making a mistake. It was a bit like a Tennis Match in the sense that if you make a mistake, everyone can see it. You feel a bit exposed and vulnerable. But I got through it unscathed, and I felt I did a reasonable job and I received some positive feedback. I feel I managed to explain why children who have a history of abuse should receive the support they need. I was able to do that to quite a large number of people in a way that felt very worthwhile and rewarding. It was an interesting experience. I like challenging myself and that was a challenge. Since then, I have gained a lot more experience in working with the media and it feels a lot easier now.

AH: Thank you so much Dr Goldin for answering that question and for accepting our invitation to be interviewed for The Registrar.

JG: Thank you Ahmed, it has been my pleasure.

MRCPsych Revision **Answers**

TrOn Trainees Online

Answer to Question 1 – C

Osteoporosis secondary to risperidone-induced hyperprolactinaemia results from the known pharmacology of the drug and thus can be classed as a type A ADR. It occurs with chronic administration, leading to chronic prolonged hyperprolactinaemia (type C) and usually presents later in life when physiological reductions in bone density are seen (type D).

You can find out more about adverse drug reactions on the TrOn:
https://mylearning.rcpsych.ac.uk/d2l/home/7535

Answers to Question 2:

Camphor-induced seizures – Ladislas Meduna
ECT – Ugo Cerletti and Lucio Bini
Lithium – John Cade
Iproniazid & reserpine – Nathan Kline
Psychosurgery – Egas Moniz
Chlorpromazine (synthesis) – Paul Charpentier
Imipramine – Roland Kuhn
Haloperidol – Paul Janssen
Clozapine – John Kane
Insulin coma surgery – Manfred Sakel
Malaria treatment for neurosyphilis – Julius Waner-Jauregg
Chlorpromazine (treatment for psychosis) – Jean Delay and Pierre Deniker

You can find out more about the history of psychiatry
https://mylearning.rcpsych.ac.uk/d2l/home/7627

Harrington Writing Prize 2023

The 2023 iteration of the prize has now opened. The topic will be ***The role of CAMHS in gender identity services.***

This competition is open to core trainees, specialty trainees and specialty doctors in the United Kingdom. For further information please see the Faculty website.

Prize: The winner will receive £100 and a certificate. The winning essay will be published on the Faculty webpage. The Faculty executive committee will work with the winner to explore additional publication options.

Deadline: 24 March 2023

Medical Student Essay Prize 2023

The 2023 iteration of the prize is now open. The topic is ***Living through lockdown - an exploration of the COVID-19 pandemic and its impact on child and adolescent mental health.***

Prize - £500 and a free place at the annual trainee conference. For further information please see the website

Who can enter – You will be a current clinical medical student in the UK.

Deadline – 11 April 2023

Faculty Elections

There will be vacancies on the Faculty of Child and Adolescent Psychiatry Executive Committee in 2023 for nine Executive Members,

All the information you need to stand for election is on the Faculty elections webpage

including access to an online nomination form. The deadline for nominations is noon on 27

January 2023. If you have any questions about the process please email

elections@rcpsych.ac.uk

Contacts and leads within the executive

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

Contact the Faculty Exec and any of the contributors c/o
Catherine Langley, Faculty & Committee Manager: catherine.langley@rcpsych.ac.uk

Dr Omolade Abuah	Elected Member
Dr Hetal Acharya	Trainee Representative
Prof Alka Ahuja	Vice-Chair
Dr Nisha Balan	Trent, Patient Safety Group
Dr Nicholas Barnes	Specialty Doctor representative and Sustainability Champion
Dr Anupam Bhardwaj	Regional Representative for the Eastern Region
Dr Phillipa Buckley	Elected member
Dr Vic Chapman	Eating Disorder Link
Dr Prathiba Chitsabesan	NHS England link
Dr Rory Conn	Elected member, RCP link
Dr Andrea Danese	Academic Secretary
Dr Ananta Dave	Safeguarding lead, Policy Lead
Dr Suyog Dhakras	Specialty Advisory Committee chair
Dr Bernadka Dubicka	Co-opted Member
Dr Nicole Fung	Co-opted Member
Dr Ruth Garcia	PLN Chair
Dr Holly Greer	Chair of Faculty in Northern Ireland
Dr Amani Hassan	Chair in Wales
Ms Rhiannon Hawkins	Participation consultant
Dr Thomas Hillen	Medical Psychotherapy link
Dr Siona Hurley	Regional Representative in Wales
Dr Tina Irani	Elected member, Policy & Public Affairs Committee
Dr David Kingsley	Adolescent Forensic SIG
Dr Abdullah Kraam	Elected member, Policy & Public Affairs Committee
Dr Clare Lamb	Student Mental Health, Infant Mental Health
Dr Holan Liang	Elected member, NSPCC & Workforce

Dr Ashley Liew	Elected Member
Dr Elaine Lockhart	Faculty Chair
Dr Mark Lovell	CAIDPN representative, Intellectual Disability
Dr Jose Mediavilla	Elected member, QNCC representative
Dr Catriona Mellor	Sustainability Champion
Dr Tessa Myatt	Regional Representative in Mersey, CYP Coalition
Dr Monica Nangia	Regional Representative in the North West
Dr Guy Northover	Finance Officer, National GIRFT lead, QI representative
Dr Isabel Paz	PLN Chair
Dr Gabrielle Pendlebury	Regional Representative London Central and North East
Dr Fifi Phang	PTC Rep
Mr Nathan Randles	Participation consultant
Prof Paramala Santosh	Regional Representative in London South East, BACD, NCEPOD
Dr Kapil Sayal	Academic Faculty Link
Dr Raj Sekaran	Regional Representative in London Central and North East
Dr Jujinder Singh	Regional Representative in West Midlands
Dr Karen Street	RCPCH link
Dr Suparna Sukumaram	Equality Champion
Dr Laura Sutherland	CAFPEB Editor
Dr Louise Theodosiou	Elected member, Comms, social media
Dr Catherine Thomas	Perinatal Faculty link
Dr Sami Timimi	Elected member
Mrs Toni Wakefield	Carer representative
Dr Joanne Wallace	Run through representative
Dr Susan Walker	Elected member, medico legal
Dr Sophia Williams	Trainee Representative