NEWS AND NOTES

Contributions to the 'News and notes' column should be sent to:
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Elections to the International Narcotics Control Board

Congratulations to Professor Hamid Ghodse, who, on 2 May 2011, was elected President of the Bureau of the International Narcotics Control Board (INCB).

The Board also elected Raymond Yans as First Vice-President, Rajat Ray as Second Vice-President of the Board and Chairperson of the Standing Committee on Estimates, and Sri Suryawati as Rapporteur.

Twenty-one years of old age psychiatry

It has been 21 years since old age psychiatry was recognised by the Department of Health as a specialty in its own right. Old age services were started in some parts of the UK as early as 1958. It received status as a Section of the Royal College of Psychiatrists in 1978 and as a Faculty in 1988.

In order to combat the growing public health problem of substance misuse in older people, the Faculty, along with the Faculty of Addictions, has produced a document entitled *Our Invisible Addicts*. The report examines the nature and extent of the problem, and makes key recommendations for service delivery, staff training and public policy. It is available at http://www.rcpsych.ac.uk/files/pdfversion/CR165.pdf

Volunteer project in Sudan

In May and June 2011 seven volunteers from the Royal College of Psychiatrists travelled to Sudan for one or two weeks at a time to offer mental health training to family practitioners as part of a programme being run by the World Health Organization (WHO), the Federal Ministry of Health in Sudan and the Royal College of Psychiatrists. Training was based on the WHO mhGAP materials and a report from the event will be published on the College's website in due course (http://www.rcpsych.ac.uk/members/internationalaffairsunit.aspx).

New Special Interest Group

In June 2011 the Volunteer and International Psychiatry Special Interest Group was formed. This new Special Interest Group hopes to promote volunteer work internationally and expand the population of people interested in this work. The Special Interest Group will also promote appropriate training materials for volunteers overseas and will have a fundraising role in order to support this goal. Members of the College can join this new Special Interest Group via the members area of the College website (http://www.rcpsych.ac.uk/member.aspx) or by contacting the College's Membership Office on 0207 235 2351 ext. 6280 or 6281. Non-College members wishing to join should email Dr Peter Hughes at dppmh@hotmail.com

UN General Assembly on NCDs

The UN is holding a summit on non-communicable diseases (NCDs – cancers, cardiovascular diseases, chronic respiratory diseases and diabetes) in New York in September 2011. The aim of the summit is to agree on a global strategy to address NCDs. The omission of mental health conditions from the NCDs being considered has prompted a great deal of lobbying by non-governmental organisations and health associations.

New Chair of the BMA

Congratulations to Baroness Professor Sheila Hollins, who has been elected as the new President of the British Medical Association. Baroness Hollins will succeed Sir Michael Marmot in 2012.

CORRESPONDENCE

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Training in child and adolescent psychiatry in Europe

Sir: We write as the current and past chairs of the Child and Adolescent Psychiatry (CAP) working group of the European Federation of Psychiatric Trainees (EFPT) to highlight the work of our organisation. The EFPT is an independent federation of psychiatric trainee associations and a European forum for psychiatric trainees in all branches of psychiatry in Europe. It aims to facilitate the exchange of ideas, improve training and develop national trainee organisations for psychiatrists, and it brings together trainees in more than 32 countries.

Delegates meet at an international forum annually, and work on projects relating to psychiatric training throughout the year. The EFPT acknowledges that CAP and adult psychiatry are two separate, though closely linked, specialties. We therefore recommend that a CAP trainee as well as a general psychiatry trainee attend each forum where

possible. A CAP working group meets at the EFPT annual forum to discuss issues of relevance to CAP trainees, to facilitate the exchange of ideas and experiences. The group also produces training recommendations. Existing recommendations are that a minimum of 5 years of postgraduate training is required, 4 of which should be pure CAP experience. The group recommends that CAP trainees should gain experience both within a broad range of age groups and across varying settings of care. It also recommends that for the remaining training period, trainees should have the opportunity to gain basic clinical experience in related specialties, including adult psychiatry and paediatrics.

The CAP working group at the EFPT forum 2009 recognised the variation in training, and that we were in a good position as a representative body to collate this information. In many member countries, trainees experience difficulty accessing training. To learn more about this, we surveyed trainees to gain insights into current training (2009–10), recording training information for countries across our membership. In 2010–11 this international survey was expanded significantly to cover all aspects of training in detail. To date, our surveys have demonstrated a number of disparities in a number of areas, including perceived training quality and structure, access to supervision, psychotherapy and research.

The aims of recording and sharing information on training are to improve international understanding of training in CAP, and to alert trainees and trainers to areas where further work is required to improve training. We are highlighting the results of these surveys by exchanging information with other psychiatry organisations such as the UEMS (European Union of Medical Specialties), ESCAP (European Society of Child and Adolescent Psychiatry) and EPA (European Psychiatric Association). The EFPT has long-standing links with these organisations, and we welcome increasing trainee involvement in their structures.

The EFPT CAP working group intends to expand these initiatives, by annually recording information on training throughout Europe. Development of our training database is crucial to this. Thus we hope to add depth to current understanding of training in subsequent years through the goodwill of participating CAP trainees in Europe.

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A new child and adolescent mental health service in low-income countries

Sir: Mental disorders of children and adolescents represent a key area of concern from demographic and epidemiological perspectives and in relation to the burden of disease (World Health Organization, 2003). About 35–45% of the population in low-income countries are under the age of 18 years; among them 20% are suffering from a diagnosable mental illness (World Health Organization, 2000). We need to find a way to bridge the gap between need and service provision in these communities.

In low-income countries, children and adolescents are subject to a large diversity of conditions – poverty, malnutrition, infectious diseases and illiteracy – which affect their physical and psychological well-being. Conversely, some factors tend to make people more resilient, such as a supportive traditional society, a high degree of cohesiveness within the family, a stable and supportive environment, affirmative learning and teaching experiences, and parental authority. Low-income countries have a small number of psychiatrists and few child and adolescent psychiatrists. To deal with this situation, we need to adopt a less resource-driven model, one that involves 'specialist workers' more (parents, teachers, child health staff, general practitioners, social workers, counsellors, volunteers). The allied professionals and the 'potential workforce' have to be trained. Active collaboration between health, social and educational agencies and the active involvement of the private sector are required.

A standard model for delivering a child and adolescent mental health service (CAMHS) will consist of primary (primary health centres and community teams), secondary (general hospitals and clinics) and tertiary levels (specialist hospitals and clinics). At the primary level it will be delivered to out-patients and the community through general physicians, primary health workers, health counsellors, teachers, trained child mental health workers and trained parents. At the secondary level the care will be delivered to in-patients, the clients of specialist clinics, out-patients and community members through non-specialist and specialist services, such as trained general practitioners, paediatricians, neurologists, general psychiatrists, psychologists/behavioural scientists, social workers and so on, via clinic and outreach platforms. At the tertiary level the service will be delivered to in-patient, out-patient and specialist clinics through child and adolescent psychiatrists and clinical psychologists, child and adolescent psychiatric social workers, and psychiatric nurses specialising in child and adolescent psychiatry.

For proper implementation we need short- and medium-term training courses for postgraduate doctors, trainers and the 'potential workforce'. Also, we need outreach facilities at primary health centres, as well as outreach clinics and specialist clinics at secondary and tertiary levels. Integration with the existing health service will be done by training the current workforce and by providing support from trained specialists. Outreach clinics will support local primary care physicians, but also the primary care physicians will refer patients to the secondary and tertiary centres. Multidisciplinary teams will be formed at secondary and tertiary levels that will perform specific duties and will coordinate with other members of the health service.

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