

the Bridge

THE NEWSLETTER OF THE ASSOCIATION FOR CHILD AND ADOLESCENT MENTAL HEALTH

Fifty Years Ago ...



Professor Patricia Howlin, Chair, ACAMH 2005–2007

... this Association was established. With Emanuel Miller as its inaugural chair, 12 fellow founding members and £97, 1s and 4d to its name, the Association for Child Psychology and Psychiatry became the first multi-disciplinary network of its kind in Britain "... prompted by the desire of many to study the various ways in which the life of the child was influenced, indeed to make clear the many dimensions or co-ordinates by which the growing human organism was caught or could be defined" (Emanuel Miller).

Half a century later, with 2500 members, a network of 14 branches and a new name, the same governing principles and commitment to advancing the study of child and adolescent mental health continue. Over the last 50 years, the Association has successfully consolidated and strengthened its reputation for drawing together individuals from a wide range of professional backgrounds and for achieving a balance between academic scientific research and evidence-based clinical practice. These aspirations are reflected in national and local conference topics, the Association's journals, its selection of Occasional Papers and its developing initiatives.

We thank those – too many to mention! – who have contributed to making the Association such a success, who have dedicated their time to child and adolescent

mental health, and who continue to make the Association relevant to those working within the disciplines that it embraces. Chairs, treasurers and secretaries, council members, honorary officers working at branch level and our members of staff have all given valuable hours, expertise and commitment. Now is the occasion to give members the opportunity to join together in celebrating our achievements and successes. The official launch of our half century celebrations will take place on 30 June, at the Jack Tizard Day Conference. We are delighted that Emeritus Professor Barbara Tizard, widow of the late Jack Tizard in whose memory the day conference was established, has agreed to say a few words, supported by Professor Sheila Hollins, President of the Royal College of Psychiatrists. The day conference will be followed by a champagne reception and evening dinner at Savoy Place – please do not delay to book as places are limited. Additional celebrations at local level will take place to thank those who have been actively involved with ACAMH, and details are available either directly from the branch secretary or from the Head Office.

1964 and All That!



Professor Ron Davie, Chairman, ACPD 1972–3

In 1964, having just moved to head up the National Child Development Study, my boss at the National Children's Bureau, where the Study was centred, was Mia Kellmer Pringle. She was then Vice Chairman (sic) of ACPD and was to succeed the current Chairman,

Jack Tizard. Mia was not at all happy with the Association's secretarial arrangements and, accordingly, I was drafted in (couldn't really refuse!) to be Assistant Honorary Secretary and, in the following year, I became Honorary Secretary.

The Association's 'administration' at that time, it should be understood, comprised largely the Honorary Secretary and Honorary Treasurer! However, I had an efficient, albeit very part-time secretary.

There followed for me seven absorbing years of central involvement with ACPD, first as Honorary Secretary, then later as Vice Chairman and Chairman – absorbing, because of the people I met and worked with, both in the Association and also the visiting speakers. The Association then had a programme of monthly London-based, evening scientific meetings which were largely the responsibility of the Vice Chairman to organise for the following year, reporting progress to the Association's committee as things went along. One of the Honorary Secretary's responsibilities was to work closely with each Vice Chairman, assisting him or her in the construction of the programme, approaching prospective speakers, agreeing titles, dates, etc. Thus, I had the great privilege of working successively with Mia Pringle, Donald Winnicott, Colin Hindley, Edna Oakeshott and Lionel Hersov.

Of these, perhaps Winnicott was the most fascinating, partly because standing close to greatness is always a privilege but also because he used to share any doubts and concerns with me. Even before his final Chairman's Address, when we had dinner together, he still had in effect two addresses to give, and I listened whilst he agonised about which one it should be.

Winnicott was chairman at the time of the International Conference which ACPD

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hosted in Edinburgh in 1966. Another major figure involved in the Conference, mostly through his international connections, was John Bowlby. I remember a BEA flight with him on one occasion from Edinburgh to London, when we discussed and then agreed to differ on the relative merits of large-scale research projects like NCDS and the small-scale, more qualitative studies that he pursued. As I recall, I conceded the value of his kind of work but he failed to reciprocate!

The fascination of the job for me, however, lay not only in the ACPP officers and committees, and especially the chairmen I served, but in the speakers who graced the monthly scientific programme. In addition to my early contacts and correspondence, I usually joined the Chairman and speaker for dinner before the meeting. Amongst speakers that stood out, for very different reasons, were firstly, Jonathan Miller, whose dinner table anecdotes before his Emanuel Miller Lecture were as hilarious as his lecture was absorbing. Secondly, I got to know Sir Alec Clegg, then West Riding Chief Education Officer, through his 1972 ACPP lecture. His talks were not only lively but illuminating, because of his practice of making weekly visits to his schools – and he always brought examples of children’s work with him. I asked him once how he managed to fit this in as CEO of a huge education authority. ‘That’s what deputies are for’, he replied. Thirdly, through ACPP I also met Jerome Bruner, an eminent American psychologist who had recently taken up a Chair at Oxford. A keen yachtsman, it emerged in conversation that he and his wife had happily sailed across the Atlantic alone, for him to take up his post!

I rather wish I had kept a diary.

Branch Conference Report

ACAMH Leicester

For our first Twilight meeting this year, we invited Dr Hilary Gray to give us a talk on the research into Minority Ethnic Pupils in Mainly White Schools.

Dr Hilary Gray, formerly employed by Derbyshire County Council as educational psychologist in Derby city, is now secretary of the British and East European Psychology Group and has coordinated and taken part in various projects in the Czech Republic concerning inclusive education for children from the heavily marginalised Roma community there.

She was also on Professor Tony Cline’s team in the Centre for Educational Management at the University of Luton when he was commissioned by the Department for Education and Skills (now Department for

Education) to research the circumstances of Minority Ethnic pupils in the Mainly White School of England, and she spoke about this at the twilight meeting of the Leicester branch of ACAMH on 2nd February in the Education Department Library, University of Leicester.

Since 1997, all secondary schools and 75% of Primary schools have at least one ME pupil. Operationally defining a “mainly white” school as one with between 4% and 6% minority ethnic pupils, the research triangulated three sorts of data: (1) pupil achievement data from all such schools in 21 English LEAs, from all primary schools in 11 LEAs and from all secondary schools in 4 LEAs; (2) questionnaire data from all the pupils in 14 such schools in the east of England, and (3) in-depth interview material from one third of the ME pupils in these schools, also their parents, head teachers, and key pastoral and subject teachers.

The pupil achievement data from the 32 LEAs was compared with published material from inner London (ie high ME) schools (eg McCallum & Dernie, 2001), and found that while secondary school pupils in the mainly white schools appeared to benefit from the general educational successes of the pupils in those (often middle class) schools, this was not the case for primary school pupils. SAT/KS2 results for minority ethnic pupils in these white schools were very significantly poorer than those for their white peers. The OfSted (2005) report criticising the delivery of the “Speaking and Listening” component of the National Curriculum for English may be relevant here.

The most startling result of the study came from the questionnaire data that showed that in these 14 mainly white schools, 26% of minority ethnic pupils had been subject to racist bullying or teasing during the previous week. The interview data elaborated this sad situation. First, ethnicity was central to the pupils’ self-identity, although they varied in how far they would like that expressed in school. However, concerning the schools’ responses, none of them had a fully developed strategy for meeting the needs of *all* their pupils vis a vis life in a diverse society, and an English chilliness could be discerned in the frequently declared preference for “treating all the same” rather than trying sensitively to acknowledge the children’s differences and the contributions many could make to the life of the school.

The DES accepted the Luton report (Cline et al., 2002) and the team are delighted that the Department has published a guidance document for schools (DES, 2004). And although she was not involved in the work,

Hilary Gray is also very glad to see her own old LEA of rural Derbyshire heavily quoted in this DES guidance as a lead authority regarding ethnicity in rural areas (see Richardson, 2004).

Twenty people attended the meeting, representing a fair cross-section of professionals dealing with ethnic minority children in the city and county. The talk was followed by a lively discussion.

Alice Sluckin

References:

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- McCallum, I., & Dernie, F., 2001. Social Class, ethnicity and educational performance. Educational Research, 43 (2), 147–159.
- Office for Standards in Education (OfSted), 2005. English 2000–2005. Research Report: <http://www.ofsted.gov.uk/publications/index.cfm?fuseaction=pubs.summary&id=4016>

Editor Writes



Maureen Smillie:
Bridge Editor
and Branch
Liaison Officer

Whilst we celebrate the successes of the last 50 years, let us raise a congratulatory toast to those ordinary members who so freely gave their time to the Association – who became honorary officers and contributed to the Association’s future. Ordinary members like me, who became special because of their willingness to commit to ACAMH and to child and adolescent mental health. There are always opportunities to become involved both with your local committee where you will be warmly welcomed as well as at national level, where Council is looking for new trustees to join them at the Annual General Meeting. If you would be interested in taking up an honorary position, but are not certain what it may entail, please contact Ingrid on 020 7403 7458 – she will give you all the information (and more ...) you need.

National Emanuel Miller Lecture and Day Conference Report

Fostering, Adoption and Alternative Care Thursday 16 March 2006

Professor Elaine Farmer of Bristol University discussed the findings of a study with Sue Moyers comparing the characteristics and outcomes of foster placements with related and unrelated carers. Reviewing the files of 270 children from 4 local authorities in England they interviewed 32 related carers. In contrast to the United States they found that black and ethnic minority children were more likely to be placed with unrelated carers. Children with related carers were less likely to have a parent who had been in care, have fewer physical or emotional problems and have spent less time in care prior to the study placement.



Professor Elaine Farmer



Professor Marinus van IJzendoorn (right) and Dr Stephen Scott

Related carers were more likely to be older, lone carers, in poor health, live in crowded conditions with financial problems. Related carers received less financial support and contact from Social Services (only two thirds were approved as foster carers and received an allowance). Although problems over contact were more frequent when children lived with a relative, contact was less likely to be supervised by a Social Worker. Despite the disadvantages faced by related carers the outcomes in both groups were remarkably similar in terms of children's views of themselves, relationships, emotional and behavioural problems and school attendance and performance and placement break down. The authors concluded that related carers often did a good job under difficult conditions and that there was a need for more Social Work training and support including financial parity.

Professor Marinus van IJzendoorn, of the University of Leiden, the Netherlands delivered this year's Emanuel Miller Lecture; the title was "The fruits of adoption: evidence-based effects of a drastic intervention on the deprived child's life course".

He presented findings from a soon to be published paper with colleagues Dunn and Steele. The study compared 84 institutionally raised children subsequently adopted with children reared in natural families. They found the body weight of institutionally reared children lagged behind their family reared counterparts but caught up after adoption. He quoted Dennis (1976) who found a rise of 30 IQ point in Lebanese orphans moved from a poor institution to a better one. Then from a meta-analysis of attachment patterns (IJzendoorn et al., 2003) he showed that levels of 'disorganised attachment' were

high in adopted children (15%), but significantly higher in children who remained in institutions (70%). Another of his studies (Juffer et al., 2005) found no evidence for raised levels of emotional and behavioural problems as judged by the CBCL in a group of international adoptees; although referrals for mental health and learning difficulty were higher in the adopted group. Concluding that outcome research supports the case for adoption he turned to the ethics of international adoption. Drawing attention to shortcomings in the Hague convention's approach to consent and "best-interests", he proposed a tax to improve child welfare in the countries giving up children for adoption.

Professor David Howe is Dean of the School for Social Work & Psychosocial Studies at the University of East Anglia. Reviewing follow-up studies of adoption he referred to the finding of Hoopes et al., 1970 that unresolved feelings about infertility were associated with adoptive fathers who had difficult relationships with their adoptive sons. Similarly, Brebner et al., 1985 described adoptive relationships undermined by the "dynamic forces from the blow of infertility". Brinich, 1990 suggested the adoption approval process and demands of a new child reawaken the trauma of fertility investigation and treatment. Liotti et al., 1991 found patients with dissociative disorders more likely than other psychiatric patients to have mothers who lost an important person near to the time of the patient's birth. Marvin & Pianta, 1996, looking at families with a disabled child, found unresolved parental grief was associated with attachment problems. Steel et al., 2003 found that where adoptive parents had unresolved attachment issues children failed to develop secure attachments. Professor Howe's own study (1997 JCPP) of early and later adoption found that breakdown was associated with parental loss.



Toby Biggin



Dr Stephen Scott with Professor Howe

Although the morning session speakers noted the good outcomes shown for many adopted and fostered children, a significant minority experience difficulties and present challenges for those who look after them. The afternoon session speakers all focused on the issues that this raises, and asked what was needed to proceed from well-intentioned, but unevaluated, interventions to actions of proven efficacy that really make a difference. Alan Rushton began with a very thoughtful account of a randomised controlled trial (RCT) of two rather different interventions, both of which were designed to enhance the adoptive parenting of 3 to 8 year old children, placed from in-care settings, who were showing substantial behavioural/social/emotional difficulties. He provided a clear, compelling rationale for why RCTs were essential,

outlined the key design features, and noted frankly the immense practical difficulties of getting RCTs to ‘work’ as intended. The comparison of a ‘cognitive behavioural’ approach with an ‘educational illuminative’ one (as well as a comparison with standard practice) has the important potential of aiding our understanding of what is needed to make a difference.

Rosemarie Roberts continued the same theme – reporting on the undertaking of a large-scale Multidimensional Treatment Foster Care project that was nationally led, but locally implemented. She indicated that it, too, was being systematically evaluated but, in presenting, she chose to focus on the many details needed to ensure that a broad-based intervention for 10 to 16 year olds (and their foster families), following the Oregon social learning model, would be both acceptable and likely to prove effective. It was frustrating for the audience that it would be some time before the findings of these two pioneering studies will be available. Everyone was left, however, invigorated by the careful planning that had gone into both the interventions and their evaluation.



Dr Alan Rushton, Dr Stephen Scott and Rosemarie Roberts

Toby Biggin moved further into the practical direction through his interesting and informative reflections on 7 years of providing Treatment Foster Care through the ROSTA project for adolescents. This differs from the first two projects in that it is concerned with active treatment and rehabilitation on an outreach basis that provides an alternative to Tier 4 inpatient, residential and secure facilities. Again, it was very helpful having a detailed presentation of how the clinical team operated in practice.

The day ended with a lively research presentation by Penny Roy, focusing on the worryingly poor educational achievements of so many ‘looked after’ children. She presented the findings of her detailed study of infant school children reared in care from an early age, comparing those in residential care and those in stable foster care. The educational levels of the institutional group were worse than those in the foster care group, with inattention partially mediating this adverse effect. She emphasised the substantial heterogeneity in both groups (especially the foster care group) and argued convincingly that what was needed was a longitudinal study that could provide good evidence on the features mediating successful educational outcomes; we should not accept the inevitability of poor performance. Rather, we need to undertake investigations to determine the reasons for the individual differences – reasons that should then provide the basis for effective interventions.

Professor Mike Rutter and Professor Mike Shaw

ACAMH Branch Portrait

Welcome to the North East Branch



Some members of the North East Committee (from left to right): Dr Heather Borrill, Secretary, Dr Gerry Doyle, Chair, Reverend Jean Skinner, Member

The North East Branch is a busy and vibrant ACAMH branch, whose committee works tirelessly (and we say so ourselves!!) to put on high quality events. The committee itself consists of two Consultant Child Psychiatrists, two Clinical Psychologists, a primary mental health worker, a teacher and a LAC worker. We are always very keen for new recruits – and we would be really pleased to hear from anyone who is interested in joining. The benefits of being on the committee, apart from nice biscuits at the meetings, include an opportunity to hear about exciting new developments in the region, and a chance to talk to a range of people that you would never have otherwise had a chance to meet.

We hold our committee meetings every couple of months in Newcastle. This is when we plan our study days, get updates about the National ACAMH development, and decide on the future direction of the Branch. Recently we decided to stop holding twilight meetings, as people were finding them difficult to attend, and instead we link in with the University of Newcastle Upon Tyne in holding monthly lunchtime seminars. The seminars will take place on the last Friday of each month at the Fleming Nuffield Unit in Newcastle; all are welcome to attend.

This year we are also going to be holding a full day conference on Early Onset Psychosis, a half day conference on Depression in Children and Adolescents and a half day conference on Looked After Children. Our Depression conference is going to be hosted jointly with the North East Branch of the British Association for Behavioural and Cognitive Psychotherapies (BABCP) which present the opportunity to reach a wider audience. As we cover a large geographical region, we endeavour to hold the conferences in different venues across the North East – a great chance to discover new places you never knew existed!

We have tried over the years to offer a broad range of topics, and the events have incorporated both academic research and also frontline clinical practice. Recent topics have included chronic fatigue syndrome, working in a mother and baby unit, eating disorders, and attention deficit hyperactivity disorder. We always seek feedback from those who attend the conferences, and the forms include a section on “suggestions for future topics” – which very much guides us when we are developing the next annual programme.

We are very grateful for the support we get from various admin staff, without which we would really struggle to function. Despite the fact that we are all juggling very busy clinical jobs, as a committee we work hard to continue to develop and promote ACAMH in the North East.

ACAMH North East Branch Committee

Child and Adolescent Mental Health in Developing Countries

The United Nations Convention on the Rights of the Child states that children living in all cultures and societies have the right to develop physically and *mentally* to their full potential and to be protected from abuse and exploitation. Three-quarters of the world's children live in developing countries where the challenges of putting the UN Convention into practice are manifold. Poverty, malnutrition, educational deprivation, rapid urbanisation, trauma and loss of parents due to war, natural disaster and the AIDs epidemic, are serious risk factors exclusive to the developing world. To these, one could also include society's view and treatment of children as 'small adults', a lack of comprehension that children have a mental life and a failure to understand their developmental needs.

The attention of health planners and policy makers in developing countries remains disproportionately focused on physical disorders. According to the WHO (2003), up to 20% of children and adolescents worldwide suffer from a disabling mental illness and suicide is the third leading cause of death among adolescents. Major depressive disorder, the second most burdensome disorder in terms of disability, often has its onset in adolescence. Conduct disorder tends to persist into adulthood and is associated with drug abuse, delinquency and crime. Therefore, the cost to society of mental disorder in children is considerable and calls for the development of feasible and cost-effective models of service delivery. Service needs often exceed the available resources, and it would be necessary to set priorities. Furthermore, there are strengths, such as cohesion within communities and strong family ties that could be better understood and integrated into mental health policy and practice.

Models of Services

In developed countries, specialised professional groups have evolved that tend to concern themselves with different aspects of child mental health. For instance, child psychiatrists or psychologists deal with mental or behavioural disorders, paediatricians or paediatric neurologists with physical or neurological problems such as epilepsy, community child health services and educational psychologists with the recognition of intellectual disability, and so on. However, in developing countries the scarcity of trained manpower has prevented such specialisation from emerging. A psychiatrist or psychologist in a developing country would have to deal with a broad range of child mental health problems, including neurological and developmental disorders, mental retardation, educational difficulties, and psychiatric disorders.

Some strategies that have been used successfully in developing countries are presented below. For more details, see Rahman et al. (2005).

Community and primary health care models

In developing countries, trained mental health professionals often number less than one per million of the population, and the vast majority of people with mental health problems cannot be reached through centralised care. The primary care model brings mental health care within the reach of the mass of the

population by integrating mental health care into the primary care network with support from specialised mental health personnel. This calls for changes in the roles and training of both general health workers and mental health professionals, emphasises the preventive and promotive aspects of mental health care, and encourages community involvement.

An example of the primary care approach is our 'Thinking Healthy Programme' being trialled in rural Pakistan. Local village-based primary health workers, after training by mental health specialists, treat mothers suffering from postnatal depression (PND) using principles of cognitive behaviour therapy. PND is known to impact upon not only the psychological and cognitive development of the child but is also a major risk factor for infant malnutrition. By treating PND, we hope to improve a number of child mental health outcomes. The health workers are able to reach a population that would otherwise have no access to service.

School-based mental health programmes



Schoolgirls in Rural Pakistan

Schools have an important role to play in the health of children. Most children attend school at some time during their lives. Schools can have a profound influence on children, their families and the community. School-based interventions may be environment-centred or child-centred. Environment-centred approaches aim to improve the educational climate and provide healthy programmes and role models for the child. These programmes also attempt to enhance the abilities of administrators, teachers, and support staff to deal with the specific areas of emotional or behavioural disturbance they encounter and, when necessary, to liaise with mental health professionals and other agencies. Child-centred approaches involve individual mental health interventions for children in need, alongside more general classroom programmes to improve coping skills, social support, and self-esteem. Consultations may involve recommendations being given to parents, the teacher, and in some cases, referral to outside agencies.

Public health and preventive models

The systematic, population-wide application of preventive measures based on what is known about the causes and outcomes of psychiatric disorders can markedly reduce morbidity from mental ill health among children.

Leon Eisenberg, a proponent of this approach, cites the example of pellagra, which at the start of the 20th century, was the cause of considerable mental morbidity in the US, until its eradication by dietary improvements. He stated that: "... this preventive measure was not 'psychiatric' in the narrow sense of the term. However, what matters is not the mode of action of the agent, the venue in which it is applied, or the discipline of the practitioner, but the effectiveness of the measure in preventing diseases manifested by disturbances in mental function". Public health programmes for child mental health include measures for family planning (sex education in schools, information and provision of contraceptives, availability of safe abortion); prenatal care (adequate nutrition in pregnancy, avoiding smoking, alcohol, and drugs; appropriate birth attendants, screening for phenylketonuria and congenital hypothyroidism); immunisation; optimal nutrition (growth monitoring, iron and Vitamin A, and iodine supplementation, correction of iron deficiency anaemia, school-based programmes for treating worm infestation); child safety (preventing road traffic accidents and accidental poisoning, use of lead free petrol and paint); and provision of home visits and day care.



Primary Care in Action: Health Worker Weighing Baby

Non-Governmental Organisations (NGOs)

According to Vikram Patel, a public health psychiatrist in India, countries where the public health system is woefully inadequate and under-funded and quality of care is uneven, NGOs can play an important role in providing child mental health service. They can work in a variety of program areas, ranging from advocacy and community settings such as schools, the judicial system and children's residential homes. In many developing countries, services such as remedial education

are only provided by NGOs. These NGOs provide multi-disciplinary services for a range of childhood and adolescent mental health problems, with an emphasis on assessment and child guidance services. Some NGOs focus on providing specific interventions; the best example of this kind of NGO is the special school for children with mental retardation.

Research, Training and Advocacy

Research in child mental health should be culturally relevant and focused on local problems, perspectives and realities. Such research needs to be multidisciplinary with local participation and investment in the process. Medical anthropological studies in developing countries indicate the importance of greater qualitative understanding of the meaning of disease and illness in a particular culture prior to introducing an intervention. For example, conduct disorders may be seen as disciplinary problems rather than as symptoms requiring medical attention. Similarly, disorders of scholastic skills may not manifest themselves in non-literate communities. Therefore it is necessary to develop and evaluate culture specific assessments and interventions which are contextualised as far as possible, in their family's and community's structure of meanings, relationships, and language

The knowledge base and expertise established in developed countries can contribute usefully to this process. Training can be offered here on child development and psychopathology, diagnosis and treatment, as well as measurement and research methods. However, trainees who come abroad for training should ensure that they are not alienated from their cultures of origin nor feel clinically unprepared to work in a different environment on their return.

Finally, advocacy for children's rights and promotion of their mental health is necessary to influence child mental health policy in the developing world and should be undertaken vigorously by individuals and professional organisations working with children.

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Rahman A., Harrington R., & Gater R. (2005) *Lessons from International Perspectives – Comparative Analysis: Child and Adolescent Mental Health Services in Developing Countries*. In R. Williams & M. Kerfoot (Eds.), *Strategic approaches to planning and delivering child and adolescent mental health services*. Oxford: Oxford University Press.

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Cognitive Behaviour Therapy with Children and Families: Current practice, innovations and future developments

21st–23rd March, 2007, St Catherine's College, Oxford

Call for abstracts

ACAMH and BABCP Child Branch invites you to submit abstracts for workshops, symposia, open papers and posters. We are particularly Interested in abstracts from clinicians.

For further information please see www.acamh.org.uk and www.babcp.com. To discuss your ideas or express further interest please contact Charlie Wilson charlotte.wilson@uea.ac.uk, Sam Cartwright-Hatton sam.cartwright-hatton@manchester.ac.uk, or Nicky Dummett, nicola.dummett@nhs.net

JACK TIZARD MEMORIAL LECTURE AND DAY CONFERENCE

Association's 50th Anniversary Celebrations

Friday 30 June 2006

EVIDENCE-BASED PSYCHOTHERAPIES IN CHILD AND ADOLESCENT MENTAL HEALTH PRACTICE

Royal College of Surgeons, Lincoln's Inn Fields, London WC2A 3PE

JACK TIZARD LECTURE

Evidence Based Psychotherapy for Children and Adolescents

Professor John Weisz, President and CEO, Judge Baker Children's Centre, Professor of Psychology, Harvard Medical School, Boston, USA

PRESENTATIONS

Implementing and Evaluating Multi-Systemic Therapy with Families of Persistent Young Offenders in the UK: Initial Reflections and Observations from a Longitudinal Trial

Professor Geoffrey Baruch, Brandon Centre for Counselling & Psychotherapy for Young People, London

Evidence Based Practice: Challenges for CAMHS Services

Dr David Cottrell, Professor of Child and Adolescent Psychiatry, Leeds University

The Evidence Base for Family Therapy

Dr Ivan Eisler, Reader in Family Psychology and Family Therapy and Head of Section of Family Therapy, Institute of Psychiatry, King's College, London

Evidence-Based Interventions for Depression

Dr Chrissie Verduyn, Director of Clinical Psychology, Booth Hall Children's Hospital, Manchester

Evidence-Based Interventions for Obsessive Compulsive Disorder

Dr Isobel Heyman, Consultant Child and Adolescent Psychiatrist, Institute of Psychiatry, King's College, London

Clinically Effective Interventions for PTSD

Professor William Yule, Emeritus Professor of Applied Child Psychology, Institute of Psychiatry, King's College, London

Dr Patrick Smith, Clinical Psychologist, Institute of Psychiatry, King's College, London

For further details, please contact Marie-Christine Rieder: 020 7403 7458; marie-christine.rieder@acamh.org.uk

FUTURE DIARY DATE: Friday 9 November 2006, London
ACAMH AUTUMN NATIONAL DAY CONFERENCE
COMPREHENSIVE CAMHS PROVISION: SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH LEARNING DISABILITIES

ACAMH COUNCIL: 2005–2006

Chair: Professor Patricia Howlin

Honorary Treasurer: Professor Michael Berger

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Branch Liaison Officer: Maureen Smillie

JCPP Editorial Representative: Professor Frank Verhulst

CAMH Editorial Representative: Professor Panos Vostanis

Members: Dr Patrick Byrne, Mr Gordon Lynch, Dr Stephen Scott, Professor Paul Stallard, Dr Sebastian Kraemer

EMANUEL MILLER LECTURE AND DAY CONFERENCE:
DEPRESSION IN CHILDHOOD AND ADOLESCENCE
23 February 2007, London Venue
Key Note Lecturer: Professor Ian Goodyer, University of Cambridge
Guest Lecturer: Professor John March, Duke's University Medical Centre, US

Forthcoming Branch Events ... June to October 2006

For further details please visit www.acamh.org.uk or contact:

Rosemary Mackenzie: rosemary.mackenzie@acamh.org.uk, Tel 0141 445 4340 for events in
NORTH EAST, NORTH WEST, SCOTLAND, WALES, YORKSHIRE

Marie-Christine Rieder: marie-christine.rieder@acamh.org.uk, Tel 020 7403 7458 for events in
DEVON & CORNWALL, EAST ANGLIA, IRELAND, LEICESTER, LONDON & SOUTH EAST, MIDLANDS, SOUTHERN

Scotland Branch: Day Conference (and AGM) "Autistic Spectrum Disorder" 13 June 2006

Confirmed speakers: Professor Pat Howlin, Peter Vermeulen, Professor Rita Jordan, Dr Iain McClure
Venue: Royal College of Physicians and Surgeons, Glasgow

Wales Branch: Afternoon Meeting "Seasons for Growth – A Loss and Grief Education Programme for Children" 13 June 2006

Speaker: Cecilia Finn, Seasons For Growth Venue: Post Graduate Centre, Whitchurch Hospital, Cardiff

Midlands Branch: Evening Meeting "In-Patient Services for Adolescents with Learning Disabilities" 14 June 2006

Speaker: Dr Lesley Kilshaw Venue: Parkview Clinic, Birmingham

East Anglia Branch: Full Day Workshop "Mellow Parenting: tackling the tough issues" 19 June 2006

Speaker: Dr Christine Puckering Venue: Wolfson Court, Cambridge

Ireland Branch: 1½ Day Conference "Adolescent Psychosis: Intervening Early" 20/21 June 2006

Keynote Speaker: Professor Patrick McGorry, President of the International Early Psychosis Association, Melbourne, Australia
Venue: Conference Centre, St. John of Good Hospitaller Services, Sillorgan, Co. Dublin

Yorkshire Branch: Day Conference "Hypnotherapy and CAMHS" 22 June 2006

Speakers: Christine Blessing, Jackie Swift Venue: St George's Centre, Leeds

North East Branch: Half Day Meeting (and AGM) "Depression in Children and Adolescents" 11 July 2006

Speakers: Professor David J Cottrell, Denise Riordan, Dr Kasi Prasad, Keith Hibbert
Venue: St Aidan's College, University of Durham

London & South East Branch: Twilight Meeting "Fostering and Adoption" 13 September 2006

Speaker and venue to be confirmed

Ireland Branch: Research Day 13 September 2006

All disciplines are invited to present posters and oral presentations on research relevant to child and adolescent mental health.
Venue: Montgomery Lecture Theatre, Trinity Centre, St James's Hospital, Dublin 8

Wales Branch: Half Day Meeting "Therapeutic Play with Children and their Families" 26 September 2006

Confirmed Speaker: Lisa Waycott Venue: Post Graduate Centre, Whitchurch Hospital, Cardiff

Midlands Branch: Evening Meeting "The Mental Health of Young Substance Misusers" 26 September 2006

Speaker: Dr Sang Ambegokar (subject to final confirmation) Venue: Parkview Clinic, Birmingham

Scotland Branch: Day Conference "Theraplay" 29 September 2006

Speakers: Team from Theraplay Institute, Chicago, Illinois, USA Venue: Glasgow Moat House Hotel

Yorkshire Branch: Day Conference "Play Therapy" September 2006

Date, venue and speakers to be announced

Scotland Branch: Day Conference "Attachment" 6 October 2006

Speaker: Dr Pat Crittenden, Psychologist, Miami, USA Venue: Hampden Stadium, Glasgow

London & South East Branch: "Tomorrow's Papers" – A day of research-in-progress" 11 October 2006

Opening Presentation 'Doing Successful Research': Professor David Skuse Venue: ACAMH Head Office, London

North East Branch: Half Day Meeting "Mental Health of Looked After Children" 17 October 2006

Confirmed Speaker: Dr Jessica Brown Venue: Durham Cricket Club (tbc)

Wales Branch: Half Day Meeting (and AGM) "Multi-Agency Management of Risk: The Contribution of a Forensic CAMHS Team" 17 October 2006

Confirmed Speaker: Dr Anne Jasper Venue: Post Graduate Centre, Whitchurch Hospital, Cardiff

Southern Branch: Research Day October 2006

Further details to be announced