

A Career in Child and Adolescent Psychiatry

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July 2013

Volume 3

Issue 2

Doctors Academy Publications

The World Journal of Medical Education and Research (WJMER) is the online publication of the Doctors Academy Group of Educational Establishments. Published on a quarterly basis, it's aim is to promote academia and research amongst all members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from all parts of the world. The principal objective of this journal is to encourage the aforementioned from developing countries in particular to publish their work. The journal intends to promote the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting edge technology and those who need to innovate within their resource constraints. It is our hope that this will help to develop medical knowledge and to provide optimal clinical care in different settings all over the world. We envisage an incessant stream of information will flow along the channels that WJMER will create and that a surfeit of ideas will be gleaned from this process. We look forward to sharing these experiences with our readers in our subsequent editions. We are honoured to welcome you to WJMER.



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Introduction

The World Journal of Medical Education and Research (WJMER) (ISSN 2052-1715) is an online publication of the Doctors Academy Group of Educational Establishments. Published on a quarterly basis, the aim of the journal is to promote academia and research amongst members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from around the world. The principal objective of this journal is to encourage the aforementioned, from developing countries in particular, to publish their work. The journal intends to promote the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting edge technology and those who need to innovate within their resource constraints. It is our hope that this will help to develop medical knowledge and to provide optimal clinical care in different settings. We envisage an incessant stream of information flowing along the channels that WJMER will create and that a surfeit of ideas will be gleaned from this process. We look forward to sharing these experiences with our readers in our editions. We are honoured to welcome you to WJMER.

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Volume 3, Issue 2, 2013, World Journal of Medical Education and Research (WJMER). An Official Publication of the Education and Research Division of Doctors Academy Group of Educational Establishments.

Electronic version

published at

Print version printed

and published at

ISBN

Designing and Setting

Cover page design and graphics

Type Setting

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: 978-93-80573-32-8

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A Career in Child and Adolescent Psychiatry

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Keywords:

Child and Adolescent Psychiatry, Child Psychiatry, CAMHS, Career, Training in UK

"We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer 'Tomorrow,' his name is today."

Introduction

Child and Adolescent Psychiatry, a branch of Psychiatric medicine, involves the diagnosis and treatment of psychiatric disorders in children and young people up to 18 years old. It offers a rewarding career for doctors who like to work with children and their families. It enables one to intervene early in a child's life and address the issues which in later life may manifest as intractable problems. Though a relatively young speciality, Child and Adolescent Psychiatry has made major advances over the past two decades in clinical, academic and research areas. There is a greater understanding about the speciality amongst general public and referrals to child psychiatry services have seen a significant increase over the past few years.

History of the speciality

Childhood was only recognised as an important phase in the psychosocial development of an individual in the late 19th century. In fact, the psychiatric taxonomy published by Emil Kraepelin in 1883 had no mention of disorders in children.¹ One of the earliest centres of Child Psychiatry was developed by Johannes Truper, who founded a school in Sophienhohe, Germany, in 1892. He also co-founded a journal called 'Die Kinderfehler' in 1896, which was a leading journal for research in child psychiatry at the time. In 1899, Manheimer published a monograph titled *Les Troubles Mentaux de l'Enfance* in which the term 'child psychiatry' was used for the first time. The first academic child psychiatry department in the world was founded in 1930 by Leo Kanner (1894–1981), at the Johns Hopkins Hospital, Baltimore. His seminal paper on autism in 1943 laid the foundations for recognition and

treatment of this condition, about which little was known until then² (Figure 1). The Maudsley, the famous London psychiatric hospital, contained a small children's department from its beginning in 1923³.

From the 1970s to 1980s, an expansion in the speciality came from the work of Michael Rutter. He is often described as the 'father of Child Psychiatry'. The first comprehensive survey of children and adolescents on the prevalence of psychiatric disorders was carried out by him in the Isle of Wight in 1970, which improved the understanding of the social factors in children's mental health.⁴

In the last two decades, there has been recognition that intervening at this early period in life is effective and ideal. The speciality has developed greatly with special interest areas such as: Inpatient, Eating disorders, Learning Disability, Forensic, Substance Misuse, Liaison and Neuro-developmental Child Psychiatry.



Figure 1: Leo Kanner, founder of first academic child psychiatry department

UK Service Structure

In the UK, there is a 4-tiered service model for delivering care to children and young people with mental health problems.

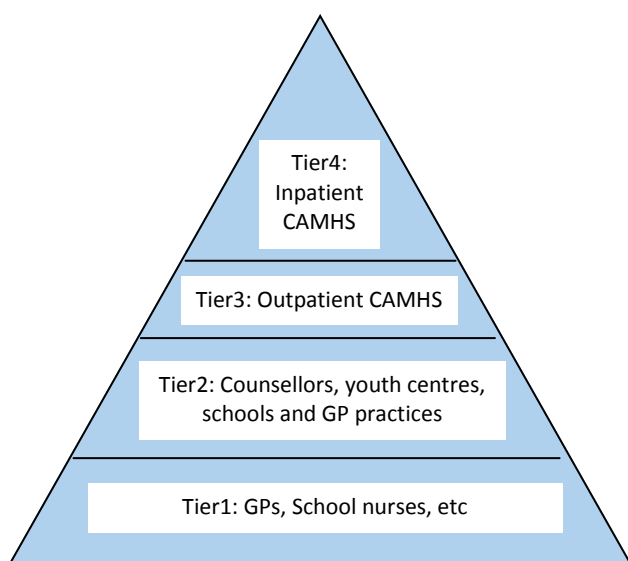


Figure 2: UK 4-tiered service model for delivering care to children and adolescent with mental health problems

Tier 1 and 2 – these are uni-disciplinary settings in the community, where services are delivered by GPs or mental health specialists, and include the voluntary sector.

Tier 3 and 4 – these include Child and Adolescent Psychiatrist-delivered care.

Tier 3, popularly known as CAMHS (Child and Adolescent Mental Health Services) are multi-disciplinary teams working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more complex disorders. The team members include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists and occupational therapists. Tier 4 consists of tertiary level CAMHS services for children and young people with the most serious problems. They can be day units, highly specialised outpatient teams or in-patient units. They also include secure forensic adolescent units, eating disorder units and specialist Neuro-psychiatric teams.

Content of speciality work

Psychiatrists in an Outpatient CAMHS team, sees patients referred from the community by GPs, social workers or school authorities. Consultations include the parents or carers and often have support from multiple disciplines. Psychiatrists will manage a range of problems arising in childhood and adolescence, such as:

Neuro-developmental Disorders:

- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Tic disorders

Emotional and Behavioural Disorders:

- Disruptive behaviour
- Feeding and toileting difficulties
- Deliberate self harm
- Attachment disorders
- Separation Anxiety
- Deliberate self harm

Serious Mental Health Disorders:

- Mood Disorders
- Neurosis
- Eating disorders like Anorexia nervosa
- Psychosis

Treatment includes psychopharmacology, cognitive behavioural therapy, psychodynamic therapy and family therapy. CAMHS recognises the importance of family and society in a child's life and so works with other agencies like social services and schools. Admission to inpatient units is less frequent than in adult psychiatry.⁴

Training in the UK

The basic qualification required is an MBBS degree or an equivalent medical qualification. After two years of Foundation training there is competitive entry into three years of Core Training (CT1-3) in Psychiatry. During this time the successful completion of the MRCPsych examinations is required before one is allowed to further progress in specialty training. On completing Core Psychiatry Training, the budding psychiatrist will require a further three years of Specialist Training (ST4-6) in Child and Adolescent Psychiatry. This leads to the award of the Certificate of Completion of Training (CCT) making one eligible to practise as a Consultant in Child and Adolescent Psychiatry.

Rewards and challenges

Child and Adolescent Psychiatry is both a rewarding and challenging speciality. It is a rewarding experience to journey through a young individual's emotional difficulties and be able to make a difference in their lives. The clinical problems are often challenging and many are intertwined with complex familial and social issues. It also offers opportunities for research and also teaching at all levels, from medical students to colleagues from other disciplines. The specialty values family life and emotional well-being and is supportive of flexible training and career.

Child and Adolescent Psychiatry is also a growing specialty. Although there are no formal GMC recognised subspecialties, there are evolving areas of special interest within this specialty such as Learning Disabilities, Eating Disorders, Forensic Psychiatry and Infant Mental Health.

(www.medicalcareers.nhs.uk) for further information and resources. Opportunities are available to learn and experience more about the specialty by applying for elective placements as a medical student or taster sessions whilst working as a foundation year doctor. Foundation year posts have become recently available in

Psychiatry which may aid a junior doctor in deciding whether Psychiatry would be a suitable career for them. From a personal perspective, I enjoy the many challenges and the privilege of influencing and hopefully improving the mental health of the children of today.

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ISSN 2052-1715

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