

SPIN Module curriculum in

# Child Mental Health

**SPIN Version 1**

Approved for use from 1 October 2020

This document outlines the curriculum and Assessment Strategy to be used by Paediatricians completing the RCPCH SPIN module in Child Mental Health.

This is Version 1. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes
1	October 2020	Full redevelopment of the curriculum, moving from knowledge based capabilities to behavioural Learning Outcomes and aligning with RCPCH Progress.

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# Section 1

# Introduction and purpose

# Introduction to SPIN modules

Special Interest (SPIN) modules are the additional training/experience a Paediatrician completes so that they can be the local lead and part of the clinical network, providing for children and young people who need specialist paediatric care. They are designed to meet a specific service need, with possible roles suitable for those who have completed a SPIN module identified within the SPIN purpose statement.

Paediatricians will be able to seek training in an area of special interest or in aspect(s) of sub-specialty care. This will involve training, assessment and supervised care. It will vary in breadth and depth, depending upon the specific SPIN syllabus. The SPIN can be completed before or after CCT. It should be feasible to complete the SPIN in no more than 12 months full-time training. SPIN training does not have to be completed within one placement or over one continuous period. The assessment of whether the clinician has attained the required Learning Outcomes will only examine evidence relating to a maximum of five calendar years prior to submission.

Please note that SPIN Modules are:

- NOT a route to GMC sub-specialty accreditation;
- NOT required for GMC accreditation in Paediatrics or any of its sub-specialties;
- NOT sub-specialty training and not equivalent to GRID training.

SPINs are undertaken and assessed within the working environment, under the guidance of a designated Supervisor, and recording evidence within ePortfolio. The RCPCH SPIN Lead, usually a member of the relevant College Specialty Advisory Committee (CSAC), is responsible for reviewing completed portfolios and confirming if successful completion of the SPIN is to be awarded.

More information regarding SPIN modules, including how to apply to undertake a SPIN and how to submit evidence against the Learning Outcomes, is contained in the SPIN Module Guidance on the RCPCH SPIN webpages: [www.rcpch.ac.uk/spin](http://www.rcpch.ac.uk/spin).

## Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Child Mental Health and the benefits to and expectations of a clinician undertaking training in this area.

### **This SPIN module meets the current and future anticipated requirements of the health service, reflecting patient and population needs:**

Paediatricians increasingly work as part of wider clinical networks. By supporting them in developing an interest in a specific area of practice, SPINs help facilitate more patients being seen by a Paediatrician with the expertise to treat certain specific conditions nearer to their home, rather than having to travel to a major paediatric unit. The NCEPOD 2020<sup>1</sup> recommended that each Paediatric department should have a mental health lead.

There is a severe and increasing burden of mental health problems in children and young people. The ONS-NHS Digital survey 2017<sup>2</sup> showed high concordance between mental health disorders in children and young people with physical health disorders, including those that are life-limiting. The survey also identified lack of consistent provision of Child and Adolescent Psychiatry (CAP) and Paediatric liaison services.

Conditions such as somatisation disorders presenting as physical symptoms, chronic fatigue and complex pain syndromes, mental health complications of neurodevelopmental problems, chronic/life limiting physical health conditions and management of complex behaviour problems, are best managed with a joint CAMHS/paediatrics approach. Other mental health difficulties may first present to paediatric services, meaning that Paediatricians are best placed to identify these and initiate an appropriate management plan.

Whilst mental health is present in the generic and general paediatric training curricula, the complexity of the interface between physical and psychological difficulties can be challenging and the training need in this area of practice is widely acknowledged<sup>3</sup>. For example, of the 20 abstracts submitted to the Paediatric Mental Health Association (PMHA) workshop at the 2020 RCPCH annual meeting, six were calling for more training in mental health for Paediatricians, in many settings. The NHS Long term plan<sup>4</sup> also made specific recommendations for prioritisation of areas of children and young people's physical health, where the psychological aspects of illness need to be integrated into new service developments and this will require a general uplift in the level of training of General Paediatricians in mental health.

A sub-specialty curriculum for Paediatricians with a predominant interest in mental health is available, but this SPIN module aims to give general and other sub-specialty Paediatricians greater experience and confidence in working in this area than can be offered within general paediatric training, enabling them to (for example):

- understand the need for good knowledge of local CAMHS teams, including service pathways and commissioning;
- advise, support and educate the paediatric team in mental health issues;
- understand and work with families where parental functioning and mental health

1 <https://www.ncepod.org.uk/2019ypmh.html>

2 <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

3 Glazebrook C, Hollis C, Heussler H, Goodman R, & Coates L (2003) Detecting emotional and behavioural problems in paediatric clinics. *Child: Care, Health & Development* 29: 141-149

4 NHS England. NHS Long Term Plan (2019). Available at: <https://www.longtermplan.nhs.uk/>

difficulties have a significant impact on children and people's presentations and working with the paediatric team;

- support the integration of physical and mental health care;
- champion management of mental health related conditions not meeting CAMHS criteria; and
- champion and understand the additional mental health needs of abused, neglected, or looked after children and young people.

They may work alongside a doctor with a sub-specialty interest in paediatric mental health, or work independently in posts where no such colleague is in the team.

**This SPIN module considers interdependencies across related specialties and disciplines, and has been developed and supported by the relevant key stakeholders:**

This SPIN module will encourage learning contact between the paediatric trainee or consultant and a number of different paediatric sub-specialties and CAMHS. As the clinician progresses through the SPIN, they in turn will bring their extended learning back to their general paediatric or paediatric sub-specialty role, which will broaden general understanding of child mental health in paediatric practice. Current general paediatric training programmes do not routinely include time spent working in the CAMHS setting.

This SPIN module has been developed by the Paediatric Mental Health CSAC, in conjunction with the Paediatric Mental Health Association. The RCPCH advisor for mental health (subsequently the RCPCH Assistant Officer for Mental Health) and the Officer for Training were also consulted.

The module has been reviewed by the RCPsych CAMHS training lead and a paediatrician and liaison child psychiatrist from two separate integrated care exemplar units, one in Scotland.

**The SPIN module supports flexibility and the transferability of learning, and provides a clearly-defined professional role for clinicians who have completed a SPIN. The module sets out what patients and employers can expect from clinicians who have gained the SPIN:**

Following successful completion of this SPIN module, the SPIN completer will be competent to take up a post as a Consultant Paediatrician with a special interest in Child Mental Health, once CCT has been obtained. This role may include, either as the local lead, or in a supporting role if there is a local sub-specialty trained mental health paediatrician:

- Local lead for paediatric mental health - training, coordinating team, advising on complex cases.
- Developing local network/liason with CAMHS colleagues to enable continued learning from each other and provide a link with CAMHS liaison where it exists.
- Developing shared CAMHS/paediatric training opportunities locally.
- Lead for behaviour disturbance on acute paediatric wards.
- Setting up ward/community based opportunities for regular reflective practice (such as peer support or Schwarz rounds).
- Lead on local service development for children and young people with mental health difficulties (+/-in liaison with local patient advocate groups, parent groups).

Other specific roles a clinician who has completed this SPIN may be able to undertake include:

- Paediatrician in Eating Disorders team (as per paediatric Management of Really Sick Patients with Anorexia Nervosa (junior MARSIPAN) recommendation).
- Paediatrician in complex teams, such as medically unexplained symptoms / chronic fatigue syndrome / pain team.

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Post-CCT paediatricians who may benefit from this SPIN include:

- Community Paediatricians wishing to develop a mental health interest within Community Paediatrics (focusing on, for example, comorbidities of neurodevelopmental problems, complex behavioural problems, ADHD, and mental health difficulties in children and young people with intellectual disability, life limiting illness and/or significant physical disability and in those with adverse childhood experiences).
- Other paediatrics sub-specialties with a high prevalence of mental health related presentations, e.g. Neurology, Rheumatology, Gastroenterology, Adolescent Medicine and Emergency Paediatrician.
- Designated or Named Doctors for Safeguarding or Looked After Children, Adoption and Fostering.

During SPIN training, it is recommended that clinicians identify a children and young people's group with relevant experiences to visit, listening and learning from their experiences and reflecting with their supervisor on how to improve clinical and service practice. The #VoiceMatters section of this document raises the views of children, young people and their families. This can be used to inform practice, discussions with supervisors and colleagues, as well as improving understanding and awareness of patient and family experiences.

To continue their ongoing development following completion of the SPIN, it is recommended that clinicians become members of the Paediatric Mental Health Association (PMHA), the Association for Child and Adolescent Mental Health (ACAMH) and local child psychology and psychiatry networks.

# Requirements to undertake this SPIN module

## Applicant requirements

This SPIN module is available to Level 3 trainees and all post-CCT Paediatricians with an interest in Child Mental Health, who are able to access sufficient training opportunities to meet the requirements of the SPIN curriculum.

Clinicians who are interested in undertaking this SPIN module should approach their Head of Schools and Training Programme Director in the first instance, to confirm if the necessary posts would be available and request support in undertaking this extra training. SPIN applicants are required to demonstrate that they have support of their Training Programme Director and have an appropriate Educational and Clinical Supervisor in place. Further guidance for post-CCT applicants is available on the [RCPCH website](#).

Applicants with relevant recent experience may use some retrospective evidence towards their SPIN module in some cases. Please see the applicant guidance at [www.rcpch.ac.uk/spin](http://www.rcpch.ac.uk/spin) for more details on how to apply to undertake a SPIN module.

## Training duration

SPIN training should be feasible within 12 months for full-time training, or pro-rata for Less Than Full Time (LTFT) training. It is expected that to achieve the necessary Learning Outcomes, a clinician will need to train in the following clinical settings:

- CAMHS-specific settings to be agreed in local discussion, to lead to an understanding of CAMHS/local authority/paediatric interfaces.
- Acute or community paediatrics with a supervisor with a special interest in child mental health.
- A paediatric sub-specialty in which psychological factors/somatoform illness are particularly prevalent, with the support of the local lead (eg gastroenterology, neurology, rheumatology, adolescent medicine).

A suitable training centre is one which is currently approved for higher specialist training (see sub-specialist training section of the RCPCH website for more detail).

## Out of Programme (OOP) training

Many trainees will not need to take Out of Programme (OOP) to complete a SPIN module. Undertaking a SPIN will NOT be considered as a basis for an OOP except in exceptional circumstances and where both Deaneries/Local Education Training Boards (LETBs) agree and approve the SPIN module programme. These exceptional circumstances include applications from trainees where approved training in a particular special interest is not available in their current Deanery/LETB. Permitting OOP for these exceptional circumstances provides a positive contribution to workforce planning in regions where limited approved SPIN modules are available. For example, smaller sub-specialties such as Nephrology, Immunology & Infectious Diseases (IID) or Paediatric Cardiology are only available in a limited number of Deaneries/LETBs. In order for applications utilising OOP to be considered by the RCPCH, both Deaneries/LETBs must agree and

approve the SPIN module programme and provide clear justification as to why the module could not be completed in the trainee's current Deanery/LETB.

## Post requirements

When applying to undertake a SPIN, applicants must demonstrate that they will be able to access the necessary learning opportunities and placements, and an appropriate named Educational and Clinical Supervisor must be in place. Additional requirements for delivering this SPIN module are provided in the checklist in Appendix B. This addresses any specific requirements; for example, the human or physical resource experiences the clinician will need to be able to access in order for the curriculum to be delivered successfully. Please contact the SPIN Lead (usually the relevant CSAC) if further guidance is required.

## Meeting GMC training requirements

All training must comply with the GMC requirements presented in *Promoting excellence: standards for medical education and training* (2017). This stipulates that all training must comply with the following ten standards:

### Theme 1: Learning environment and culture

- S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.
- S1.2 The learning environment and organisational culture value and support education and training, so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

### Theme 2: Educational governance and leadership

- S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability and responding when standards are not being met.
- S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
- S2.3 The educational governance system makes sure that education and training is fair and is based on the principles of equality and diversity.

### Theme 3: Supporting learners

- S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice, and to achieve the learning outcomes required by their curriculum.

### Theme 4: Supporting educators

- S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

- S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

**Theme 5: Developing and implementing curricula and assessments**

- S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.
- S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice, and to achieve the learning outcomes required by their curriculum.

It is the responsibility of each Deanery/LETB to ensure compliance with these standards for paediatric training, and to notify the RCPCH if further support is required in achieving this. Training delivery must also comply with the requirements of the Conference of Postgraduate Medical Deans' (COPMeD), *The Gold Guide: a reference guide for postgraduate specialty training in the UK* (8th ed.).

# Ensuring fairness and supporting diversity

The RCPCH has a duty under the Equality Act 2010 to ensure that its curriculum and assessments do not discriminate on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

Care has been taken when authoring the SPIN module curricula to ensure as far as is reasonable and practicable, that the requirements for those undertaking the module do not unnecessarily discriminate against any person on the basis of these characteristics, in line with the requirements of the Act.

The RCPCH seeks to address issues of equality, diversity and fairness during the development of SPIN curriculum in a range of ways, including:

- Curriculum content to be authored, implemented and reviewed by a diverse range of individuals. Equality and diversity data is gathered regularly for clinicians involved in the work of the RCPCH Education and Training division.
- Undertaking careful consideration of the Learning Outcomes and Key Capabilities to ensure that there is a clear rationale for any mandatory content, and thus there are no unnecessary barriers to access or achievement. Beyond these mandatory requirements, the assessment tools can be deployed in a more flexible and tailored manner, meeting the requirements of the individual trainee.
- All draft SPIN curricula to be reviewed specifically against the protected characteristics prior to sign-off, identifying any possible barriers and ensuring these are appropriately addressed.
- All SPINs are approved for use by the RCPCH Education and Training Quality Committee (ETQC). As the body responsible for production of the Annual Specialty Report, and receiving summary reports on the National Training Survey from Heads of Schools and other sources, the Committee is well placed to ensure the curriculum meets the needs and addresses any existing concerns of the trainee population.
- All SPIN curriculum documents will be published in font type and size that is appropriate for a wide range of audiences, and optimised for readability. Information regarding the curriculum will be made available through a wide range of media, acknowledging differing learning styles.

The RCPCH is committed to gathering regular feedback from users of its SPIN modules, identifying any areas of bias or discrimination.

Please contact the RCPCH Quality and Standards Manager ([qualityandstandards@rcpch.ac.uk](mailto:qualityandstandards@rcpch.ac.uk)) if you have any concerns regarding equality and diversity in relation to this SPIN module curriculum.

# Quality assurance and continual improvement

## Ensuring quality in delivery

A robust quality assurance and improvement framework is required to support an effective curriculum and Assessment Strategy. The purpose of this is to promote the improving quality of the trainee experience, and to ensure that the curriculum content, delivery, assessment and implementation is monitored and reviewed in a planned, systematic and appropriate manner.

The RCPCH quality infrastructure for training and assessment is based on the Plan, Do, Check, Act (PDCA) cycle, introduced by Deming. In the context of the Programme of Assessment, this means planning for effective assessment processes, executing those processes, review and evaluation, including data analysis and multi-source feedback, and finally implementing any required changes.

The framework to support this curriculum will comprise a number of quality improvement tools and processes that impact on the overarching aspects of assessment. These will include:

1. Effective selection mechanisms. The SPIN application process ensures trainees will have the necessary capacity, supervision, and access to the breadth and depth of experience needed to meet the requirements of the SPIN module.
2. Gathering and responding to feedback. RCPCH gathers feedback in a structured way from SPIN module completers, and uses this and feedback from employers to support the regular review of SPIN modules.
3. Review of attainment and evidence. CSACs (or another designated SPIN Lead) review all completed SPIN portfolios prior to sign-off, ensuring consistency.
4. Quality assurance of assessments. This takes a variety of forms during the development, delivery and monitoring of assessment tools, as outlined in the RCPCH Progress Assessment Strategy.
5. Quality of assessors and supervisors. All SPIN applicants are required to have a suitable Educational Supervisor to support their SPIN training. RCPCH supports this through the Educational Supervisor course and a variety of guidance and resources available on the College website.
6. Scheduled reviews. All SPINs are subject to review every three years, although they may be updated more regularly, where required.

By applying the framework processes outlined above, the College will ensure that SPIN modules are monitored and reviewed in a structured, planned and risk-based manner.

## SPIN governance

The RCPCH's Education and Training Quality Committee (ETQC) has overall responsibility for the RCPCH SPIN curricula, working closely with the SPIN Lead. The ETQC will monitor the performance of the SPIN through the relevant CSAC/SPIN Lead, and receive scheduled reviews of feedback from SPIN users.

## **SPIN module review and revision**

SPINs are reviewed every three years to ensure they remain fit for purpose, meeting the intended service need. Reviews are led by the SPIN Lead (usually the relevant RCPCH CSAC), who will report to the ETQC requesting any changes required. Where necessary, a SPIN can be updated before the three-year review is due, for example to reflect changes in guidelines.

Updated SPIN curricula will be published, making clear what amendments have been made on each occasion, using the version tracking table at the front of each document. Where this amendment relates to a Key (mandatory) Capability, the ETQC will issue guidance for trainees currently undertaking the SPIN module, noting any implications of the amendment and whether they are required to meet the new criteria. Amendments will only be made where a clear rationale exists for doing so, and every effort will be made to minimise any negative impact on the trainee.

# #VoiceMatters

RCPCH &Us is a children, young people and family network, working with over 2000 young patients, their families and friends across the UK each year. Through the work of RCPCH &Us we keep children and young people at the centre of everything we do, supporting their voice to inform, influence and shape the work of RCPCH.

RCPCH is guided by the United Nations Convention on the Rights of the Child, particularly article 12, which encourages children and young people's voice in decision making and article 24, providing them with the best health care possible. You can find out more about the rights of the child, how it relates to your practice and useful resources at [www.rcpch.ac.uk/rightsmatter](http://www.rcpch.ac.uk/rightsmatter).

To support the development of this SPIN, we have reviewed the voice and views of children, young people and their families who have worked with RCPCH &Us over the last 12 months. You can find out more about RCPCH &Us at [www.rcpch.ac.uk/and\\_us](http://www.rcpch.ac.uk/and_us).

## What children, young people and families said

***“Mental health is equally important; it might even be more important than physical health”***  
RCPCH &Us

Mental health is a big topic that is really important to us for lots of different reasons. Many young people don't understand what mental health is and shy away from talking about any issues they may have. This is partly due to the stigma surrounding it, worsened by the lack of services in place for those who need it and the lack of support networks for those looking for help.

Mental health for us includes the quality life we have like feeling happy, confident, stress-free and safe wherever we are. It also includes being respected and accepted, no matter what, feeling able to ask for support and finding our worth and respecting yourself. There are lots of different mental health conditions e.g. feeling suicidal or like you don't have control, dealing with bullying, the effect of social media, male mental health, feeling like you have voices telling you what to do, being anxious and more.

We feel that poor mental health is on the rise and we need to do more to support children and young people to be as open and safe as possible. We worry that children and young people's lives are being marked by this one thing and that not many people feel confident in supporting them. We really need a lot of help in this area because this will help our future. 84% of children and young people we asked didn't think there was enough awareness raising being done.

***“Doctors need to remember that sometimes children's hearts are broken”*** RCPCH &Us

We need there to be more awareness with better support, from home and school and the NHS. It is important that there are quicker appointments when we need help but also that more people in the NHS know what to look for, what to say and how to refer us on well, to get specialist help. We need good support networks, to know that you do get help when you need it and for it to be seen as the same as physical health.

It can be hard for us and our families when we are managing mental health conditions. We can be scared, worried, nervous and trying to be strong for everyone else, including you. It helps us when people take time, when they are patient, kind and explain things in different ways for different

people in our family, so that we can all understand what is going on. Sometimes we need to have conversations and time with you separately from other family members so that we can talk to you about things that we might not want to mention in front of each other. It is important that you think about confidentiality and explain to us clearly what is being shared with who, when and why so that we understand.

There can be lots for us to remember about what you have said or all the other people that are involved in helping us. Please make sure that you introduce us to everyone who might be involved in supporting us, as well as creating a way for us all to remember what is going on, being agreed and why, especially if it is about treatment and when it starts or ends. It helps when just one person is in charge of explaining things in a clear and easy to understand way, so we get used to that person and feel comfortable to ask questions.

***“Many young people don’t understand what mental health is and shy away from talking about any issues they may have” RCPCH &Us***

This might be something that we live with for our whole lives. It’s important that we start talking early about what happens when we are adults, so that if we will be moving to be treated by an adult mental health service, we get used to visiting them and the people before we move up. Sometimes it feels rushed and for some of us that can be too much, so we stop coming in for our appointments with the new doctors.

***“The best doctor is informed about national and local support services for children and young people, signposting and engaging with them” RCPCH &Us***

88% of young people we asked didn't think there was enough support available for mental health issues. We wish that we were told sooner about local support groups or services and national charities that can help us to understand our conditions, to help with things like benefits or being a carer. Please remind us regularly of the other support out there when you see us as it is easy to forget or lose the information when there is lots of other things going on.

Looking after everyone’s mental health is important because it can be difficult living with a condition like this that affects us, but that people might not be able to see or understand. We want to make sure that someone is looking after you too, so please speak up if you need help.

***“The best doctor is someone who can change your feelings of health and can help you on the worst day possible” RCPCH &Us***

Thank you for doing this course to be the best doctor 😊

## **Questions to think about:**

1. What support and training do you and your team need about children and young people's mental health?
2. How are you going to support children and young people to feel comfortable in opening up? Are there tools and resources that could help?
3. How could you plan to normalise talking about mental health both with patients and in your teams to break the stigma and raise awareness?
4. What local and national charities do you know that help children, young people and families dealing with mental health conditions?
5. What transition tools and plans are in place and when do they start? (NICE guidance states from age 13)

**Thank you to children, young people and families from the RCPCH &Us network and all the organisations that we worked with as part of The State of Child Health project for sharing their ideas and views used in this section for sharing their ideas and views used in this section.**

## **Other useful resources:**

- The [State of Child Health](#) is a big health policy report that is published every 3 years and updated annually. 2020 was the full update with a [mental health chapter](#) and a [CYP chapter](#) including mental health from their point of view
- RCPCH [children's mental health key topic](#)
- RCPCH &Us members have developed several mental health products;
  - o [Being Me](#) to help talk about feelings (poster, passport, chatterbox)
  - o [Emoji Cards](#) to identify a feeling to then talk through
  - o [Doctors Pocket Book on Mental health](#), which explains from a young person tips for their doctors
  - o mental health feedback from specific groups e.g. [Epilepsy](#), [LGBT Health](#) and [transition](#).
- Further training by [Mental Health First Aid](#) or one developed by Children and Young People called [WeCanTalk](#) supported by HEE

## **Section 2**

# **Child Mental Health**

# How to use the RCPCH SPIN curriculum

This curriculum provides a framework for training, articulating the standard required to achieve the SPIN module and progress as indicated within the purpose statement. The curriculum ensures the quality and consistency of training and assessment, and encourages the pursuit of excellence in all aspects of clinical and wider practice. It must be referred to throughout training, as the clinician records evidence demonstrating their developing skills and knowledge.

The curriculum should be used to help design training programmes locally, that ensure all clinicians undertaking SPIN training can develop the necessary skills and knowledge, in a variety of settings and situations. The curriculum is designed to ensure it can be applied in a flexible manner, meeting service needs as well as supporting each trainee's own tailored Learning and Development Plan.

The curriculum comprises a number of Learning Outcomes, which specify the standard that clinicians must demonstrate to attain this SPIN module. They are encouraged to consider innovative ways of demonstrating how they have met the Learning Outcome.

Clinicians should record evidence against the Learning Outcomes throughout their SPIN training, including engaging in active reflective practice to support their own development. Their supervisor will review whether they are on target to achieve or have achieved the Learning Outcome(s), and will suggest specific areas of focus to ensure that the trainee achieves the Learning Outcome(s) by the end of their SPIN training period. The Illustrations may be a useful prompt for this.

## Components of the SPIN curriculum

The **Learning Outcomes** are the outcomes which the clinician must demonstrate they have met to be awarded this SPIN module. Progress towards achievement of the Learning Outcomes is reviewed at regular meetings with a designated supervisor. Learning Outcomes are mapped to the GMC's Generic Professional Capabilities (GPCs) framework.

The **Key Capabilities** are linked to specific Learning Outcomes, and are mandatory capabilities which must be evidenced by the clinician, in their ePortfolio, to meet the Learning Outcome.

The **Illustrations** are examples of evidence and give the range of clinical contexts that the clinician may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the SPIN clinician and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive, and excellent trainees may produce a broader portfolio or include evidence that demonstrates deeper learning. It is not expected that clinicians provide ePortfolio evidence against every individual illustration (or a set quota); the aim of assessment is to provide evidence against every Key Capability.

The **Assessment Grid** indicates suggested assessment methods, which may be used to demonstrate the Key Capabilities. Clinicians may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of having achieved all Key Capabilities and the overarching Learning Outcomes.

## SPIN Learning Outcomes

This table contains the generic Learning Outcomes required for all clinicians undertaking the RCPCH SPIN in Child Mental Health. Within the curriculum and throughout the syllabi, the Learning Outcomes are mapped to the GMC's GPCs. More information on the GPC framework is available from the GMC website: <https://www.gmc-uk.org/education/postgraduate/GPC.asp>.

Please note, trainees will also be required to complete their Paediatric generic and General Paediatric Level 3 Learning Outcomes in order to gain their Certificate of Completion of Training (CCT). Consultants undertaking a SPIN will already have demonstrated the required generic skills, knowledge and behaviours prior to having obtained their CCT.

This SPIN curriculum only defines the specific Learning Outcomes for the stated focus, purpose and extent of remit stated for this SPIN module, and cannot be used to indicate competence in any other aspect of Paediatrics.

SPIN Learning Outcome		GPCs
<b>1</b>	Recognises and assesses the presence of mental health difficulties or possible mental health disorder in children and young people presenting to paediatrics, including knowledge of theoretical frameworks used in mental health assessment.	1,2,3,4,6,7,9
<b>2</b>	Applies theoretical and practical knowledge of the management of children and young people with mental/psychological difficulties, including medico-legal frameworks, with locality CAMHS and other agencies/ services, where appropriate.	1,2,3,4,6,7,9
<b>3</b>	Teaches colleagues and allied health professionals on a variety of mental health difficulties as typically seen in the paediatric population.	1,2,3,4,6,7,9
<b>4</b>	Demonstrates leadership in paediatric mental health to their team/ department.	1,2,3,4,5,6,8,9
<b>5</b>	Advocates for paediatric mental health and parity of esteem in all sectors and settings.	4,5,8

The syllabus supporting these Learning Outcomes is provided on the following pages.

# SPIN Learning Outcome 1

Recognises and assesses the presence of mental health difficulties or possible mental health disorder in children and young people presenting to paediatrics, including knowledge of theoretical frameworks used in mental health assessment.	GPC 1,2,3,4,6,7,9
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## Key Capabilities

Conducts a comprehensive assessment, including mental state examination and risk assessment.	GPC 1,2,3,4,6,7
Produces a holistic diagnostic formulation, which includes the pattern of relationships and functioning within a family, using a biological, psychological and social model.	GPC 2,3,4
Demonstrates practice informed by the understanding of the impact on mental health and resilience of infant mental health, roles of parents/ attachments and childhood trauma (ACE), and the child's wider environment, e.g. school, peers, professionals and media.	GPC 2,3,4
Uses an understanding of behavioural/psychological difficulties in the learning disability and neurodevelopmental groups.	GPC 1,2,3,6,7,9

## Illustrations

1. Attends local and national mental health training and reflect on learning with supervisor and how this has or will impact future practice.
2. Actively participates in child protection plan multidisciplinary meeting and reflects on learning.
3. Evidence (in CBD) a mental state examination and its application.
4. Produces formulations using biological, psychological and social approach.
5. Participates in relevant LD/neurodevelopmental behavioural/psychological clinics.

## SPIN Learning Outcome 2

Apply theoretical and practical knowledge of the management of children and young people with mental/psychological difficulties, including medico-legal frameworks, with locality CAMHS and other agencies/ services, where appropriate.	GPC 1,2,3,4,6,7,9
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### Key Capabilities

Appropriately applies a range of biological, psychological and social interventions.	GPC 1,2,3,9
Develops a toolkit of skills and strategies for management of systemic (family and medical) difficulties.	GPC 2,4
Develops an understanding of the acute assessment of mental health difficulties and challenging behaviour of young people in an acute paediatric/hospital setting.	GPC 2,3 4,6
Conducts assessment of capacity/competence and ability to consent, based on legal framework.	GPC 2,3,7

### Illustrations

1. Evidence a range of management plans – based on a holistic biological, psychological and social assessment and mental state examination (example assessment tool: CbD).
2. Evidence toolkit's use to effect change; possible examples include therapeutic interviewing, adherence, motivation, conflict, management of chronic illness, management of acute behaviour disturbance in hospital setting, autism and ADHD, and safeguarding.
3. Participates in training in management of acute mental disturbance in a hospital setting.
4. Liaises with the extended Mental Health Team to develop a multidisciplinary team plan for the management of complex patients with mental health difficulties. Supervise colleagues in using a formulation grid, writing a formulation and plan.
5. Conducts case based discussion and/or reflection with supervisor issues arising in relation to consent.

# SPIN Learning Outcome 3

Teaches colleagues and allied health professionals on a variety of mental health difficulties as typically seen in the paediatric population.	GPC 1,3,5,6,8, 9
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## Key Capabilities

Organises and delivers audience-appropriate training in mental health in a variety of formats to trainees, allied health professionals, consultant colleagues, nursing staff.	GPC 1,8
Recommends and advises on mental health learning resources, self-help resources, national training events.	GPC 1,3,6,8,9
Organises and leads a team debrief and/or Schwarz –style round.	GPC 1, 5

## Illustrations

1. Collates evidence of involvement in local, national or international training events as organiser or facilitator/speaker.
2. Collates list of learning resources and discusses their pros and cons with an Educational Supervisor.
3. Reflect on multi-source feedback from colleagues and other staff commenting on their mental health role.
4. Reflect on feedback from training sessions.

# SPIN Learning Outcome 4

Demonstrates leadership in paediatric mental health within their team/ department.	GPC 1,2,3,4,5,6,7,8,9
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## Key Capabilities

Offers supervision to colleagues around management of complex clinical presentations.	GPC 5,6,8
Leads on mental health focussed audit and research opportunities.	GPC 5,6,9
Recognises the impact of own psychological experience and personality on clinical practice.	GPC 1,6
Participates in, reflects on and supports colleagues in MDTs supporting young people, including third sector, social care, education, e.g. CPC, CIN meetings, TAFs, TACs.	GPC 1,2,3,4,5,7

## Illustrations

1. Demonstrate ability to provide support effectively by reflective notes on discussions with colleagues and other staff which demonstrate ability to provide support effectively.
2. Takes a leading role in an MDT around the management of a complex case.
3. Participates in guideline development and/or does a local audit in mental health.
4. Participates in local mental health network opportunities.

# SPIN Learning Outcome 5

Advocates for paediatric mental health and parity of esteem in all sectors and settings.	GPC 4,5,8
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## Key Capabilities

Engages with a wide team of professionals (including CAMHS, community and acute paediatrics, education, local authority and commissioning), to support the cause of parity of esteem, and advocate for children and young people with mental health difficulties.	GPC 4,5,8
Engages supportively with professional, voluntary and third sector organisations.	GPC 4,5

## Illustrations

1. Contributes to delivery of local training in mental health, including applying understanding of protective factors and resilience.
2. Demonstrates understanding of local and national pathways and policy around children and young people’s mental health.
3. Engages with local paediatric mental health promotion initiatives.

## **Section 3**

# **Assessment Strategy**

# How to assess the Child Mental Health SPIN

The Assessment Strategy for this SPIN module is aligned with the RCPCH Progress Programme of Assessment, utilising a range of different formative and summative assessment tools.

The Programme of Assessment comprises a wide range of assessment tools which must be used in conjunction with the Blueprint to develop skills and assess capability. The assessments are knowledge, skills and capability-based, capturing a wide range of evidence which can be integrated to reach a judgement as to the clinician's achievement of the SPIN module Learning Outcomes. The assessments also provide clinicians with the opportunity to obtain developmental feedback. Further information on all assessment instruments can be found within the RCPCH Progress Programme of Assessment.

The key aspect of the Assessment Strategy for this SPIN module is the blueprint, on the following page. This grid indicates the assessment requirements to support and demonstrate achievement of the Learning Outcomes and where appropriate, the minimum number of assessments required. Please note, not all assessments are mandated or their use prescribed, such that clinicians may use other assessment types from the list within the Programme of Assessment, where they and their supervisors feel this is appropriate. These assessments are aimed at evaluating the clinician that by end of their SPIN placement they achieve capability in working independently and taking PEC responsibilities in a Level 3 Paediatric Cardiology service.

The mandatory assessments are:

1. 1 satisfactory ePaedMSF from the mental health MDT in the second half of the SPIN training period.
2. Supervised learning events (as per RCPCH Programme of Assessment Blueprint) must include a LEADER CBD, and DOC, and cover the following 7 key areas in Child Mental health:
  - Anxiety
  - Depression/low mood
  - Self harm and suicidal ideation
  - Eating disorders
  - ADHD
  - Autistic spectrum disorders
  - Somatisation

All evidence for the SPIN module Learning Outcomes, including assessment outcomes, should be recorded within the clinician's ePortfolio..

# Assessment blueprint

This table suggests assessment tools which may be used to assess the Key Capabilities for these Learning Outcomes.

This is not an exhaustive list, and clinicians are permitted to use other methods within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.

Key Capabilities	Assessment / Supervised Learning Event suggestions										
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaed CBD)	Paediatric Case-based Discussion (DOP/AOP)	Directly Observed Procedure / Assessment of Performance	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Conducts a comprehensive assessment including mental state examination and risk assessment.	✓	✓	✓			✓		✓			
Produces a holistic diagnostic formulation, which includes the pattern of relationships and functioning within a family, using a biological, psychological and social model.	✓	✓	✓			✓		✓			
Demonstrates practice informed by the understanding of the impact on mental health and resilience of infant mental health, roles of parents/ attachments and childhood trauma (ACE), and the child's wider environment, e.g. school, peers, professionals and media.	✓	✓				✓					
Uses an understanding of behavioural/ psychological difficulties in the learning disability and neurodevelopmental groups.	✓	✓	✓			✓					
Appropriately applies a range of social, psychological and biological interventions.	✓	✓	✓			✓					
Develops a toolkit of skills and strategies for management of systemic (family and medical) difficulties.		✓				✓					
Develops an understanding of the acute assessment of mental health difficulties and challenging behaviour of young people in an acute paediatric/hospital setting.	✓	✓			✓			✓			✓
Conducts assessment of capacity/competence and ability to consent, based on legal framework.	✓	✓	✓			✓		✓			✓
Organises and delivers audience-appropriate training in mental health in a variety of formats to trainees, allied health professionals, consultant colleagues, nursing staff.			✓				✓	✓			✓

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Paediatric Case-based Discussion (ePaed Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Recommends and advises on mental health learning resources, self-help resources, national training events.	✓				✓					
Organises and leads a team debrief and/or Schwarz-style round.	✓		✓		✓					
Offers supervision to colleagues around management of complex clinical presentations.	✓		✓		✓				✓	
Leads on mental health focussed audit and research opportunities.	✓				✓					
Recognises the impact of own psychological experience and personality on clinical practice.	✓		✓		✓					
Participates in, reflects on and supports colleagues in MDTs supporting young people, including third sector, social care, education, e.g. CPC, CIN meetings, TAFs, TACs.			✓			✓		✓		
Engages with a wide team of professionals (including CAMHS, community and acute paediatrics, education, local authority and commissioning), to support the cause of parity of esteem, and advocate for children and young people with mental health difficulties.			✓		✓			✓		
Engage supportively with professional, voluntary and third sector organisations.	✓				✓				✓	

# Appendices

# Appendix A: Further guidance and resources

Doctors completing this SPIN module may find the following resources useful to support their training. Please note, there is no mandatory requirement to use any or all of these resources, and RCPCH cannot be held responsible for the quality or content of any external materials.

## Assessment

RCPCH Assessment web pages [www.rcpch.ac.uk/assessment](http://www.rcpch.ac.uk/assessment)  
RCPCH Assessment Strategy [www.rcpch.ac.uk/progress](http://www.rcpch.ac.uk/progress)

## Recommended reading

### Books

- See RCPsych suggested book list at <https://www.rcpsych.ac.uk/members/your-faculties/child-adolescent-psychiatry/news-and-resources/for-specialists>

### Websites

- MindED: [www.MindEd.org.uk](http://www.MindEd.org.uk)
- PMHA-uk.org
- Youngminds.org.uk

## Training events or courses

- PMHA winter meeting (see above)
- Association for Child and Adolescent mental health (Acamh.org)

## For more information

More information regarding SPIN modules, and all current SPIN curricula and supporting forms, can be found at [www.rcpch.ac.uk/spin](http://www.rcpch.ac.uk/spin)

For general queries regarding SPIN modules, including eligibility to undertake a SPIN or how to apply, please contact [spin@rcpch.ac.uk](mailto:spin@rcpch.ac.uk).

For queries relating to the SPIN curriculum, please contact [qualityandstandards@rcpch.ac.uk](mailto:qualityandstandards@rcpch.ac.uk)

The SPIN Lead is a member of the Child Mental Health CSAC. See the RCPCH website for the contact details of the current SPIN Lead: <https://www.rcpch.ac.uk/membership/committees/child-mental-health-csac>

## Appendix B: Criteria for SPIN delivery

The following requirements should be met when designing a training programme for a SPIN module. Adherence to these criteria will help ensure the clinician will have the necessary support and access to experiences which they will require in order to successfully complete this SPIN module. These criteria are framed against the standards set out in Excellence by Design: standards for post graduate curricula (GMC 2017).

Purpose	
<ul style="list-style-type: none"> <li>• Access to regular supervised clinics</li> <li>• Service specific requirements to enable achievement of the curriculum e.g. Day case facilities, imaging.</li> <li>• Opportunities to work with shared care networks in primary and secondary care.</li> <li>• Opportunities to work with shared care clinical guidelines and protocols.</li> <li>• The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. (Taken from GMC Promoting Excellence).</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• 12 month FTE placement to include approximately 6 months in CAMHS-specific settings and 6 months in acute or community paediatrics, with some protected time from acute rotas.</li> <li>• A consultant paediatrician (general or relevant subspecialty interest) with adequate experience and willing to supervise trainee in CMH SPIN.</li> <li>• Agreement of locality CAMHS to participate in programme and SPIN trainee supervision.</li> <li>• Regional child psychiatry programme of learning.</li> <li>• Opportunities to take part in CAMHS teams – both assessment and management of cases.</li> <li>• Relevant work (inpatient and outpatient) in General Paediatrics and Paediatric subspecialty in which psychological factors/somatoform illness are particularly prevalent, with the support of the local lead (eg gastroenterology, neurology, rheumatology, adolescent medicine) – with a focus on Mental Health.</li> </ul>
Governance and strategic support	
<ul style="list-style-type: none"> <li>• The Site must ensure that Supervisors and trainers can effectively deliver the RCPCH Assessment Strategy.</li> <li>• The trainee will be able to participate in leadership and management activities.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• Educational and Clinical Supervision by a paediatrician (general or relevant subspecialty interest) with a recognised special interest or additional expertise in Child Mental Health, supported by a Child Psychiatrist.</li> </ul>

Programme of learning	
<ul style="list-style-type: none"> <li>• Specific requirements for structured learning opportunities.</li> <li>• Exposure within the clinical environment will provide sufficient learning opportunities to meet the requirements of the curriculum.</li> <li>• Access to multidisciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists.</li> <li>• The post should provide a training experience that enables completion of the trainees' PDP.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• MDT should include Child Psychiatrists, Psychologists and other psychological therapists (eg Family Therapists, Psychotherapists).</li> <li>• Access to observation of a range of psychological therapies (CBT, DBT, Family Therapy).</li> </ul>
Programme of assessment	
<ul style="list-style-type: none"> <li>• The site has adequate levels of Educational Supervisors. Consultants with either General Paediatric or Sub Specialty expertise can be matched to the requirements of the trainee. It is important that Educational supervisors can provide supervision and have the required remission to facilitate this, i.e. 1 PA per week per 4 trainees.</li> <li>• Supervision must ensure patient safety. Support for trainers and supervisors must be available within the Trust.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• Approval by departmental clinical director for supervising Paediatrician / Psychiatrist to have adequate time in job plan.</li> </ul>
Quality assurance and improvement	
<ul style="list-style-type: none"> <li>• The post will allow the trainee to participate in audits and clinical improvement projects</li> <li>• The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff</li> <li>• The post will allow opportunity for the trainee to engage in research activities.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• Evidence of Mental Health teaching on local and regional level.</li> <li>• Expectation of one finalised CAMHS/ paediatric audit, presented to local/ regional CMH meeting.</li> </ul>

