Spotlight on child mental health

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James
I am very excited to welcome you to this podcast from the Royal College of Paediatrics and Child Health. In this episode we're shining a light on a children and young people's mental health, which is increasingly presenting itself to paediatricians up and down the country.

And it's quite a sensitive topic. It's also one we've focused on in our latest edition of *Milestones* member magazine.

My name is James Dearden. I'm a general paediatrician, and I work in Torbay and South Devon. I'm a paediatric mental health lead for our department. And I'm very fortunate today be joined by a number of experts who are going to tell us about their experiences and what they've been doing in the arena of mental health. I'll also allow them to introduce themselves.

So first of all, we've got Shayna Moellenberg.

Shayna
Yeah. Hi. I'm Shayna. I'm I am a fourth year medical student and I'm currently studying at University of Southampton.

James
Thanks. Toks?

Toks
Hello so my name's Toks. I'm a paediatric registrar in the child Mental Health grid training. I'm currently based in Cambridge.

James
Fantastic, And you're ST8. Is that right, Toks?

Yes, ST8.

James
That so just coming to the end of your training. And, Karen?

Karen
Hi, I'm Karen Street. I'm a consultant paediatrician down in the South West and after 15 years working in an unusual acute department, I now actually work in an adult mental health trust. And I'm also the Office of Mental Health for the Royal College.

James
Fantastic. And, Sam?

Sam
Hi there. I'm Dr Sam Jones. I'm a children's ED consultant, but I'm also now the mental health lead for children's and young people at the University Hospital of Leicester and the named Doctor for Children Safeguarding at the same place.

James
Fabulous. So we've got a wealth of experience in the room and thank you so much for joining me today. I think this is going to be an exciting conversation that we're going to have. And so I was going to start with you Shayna, I'm sure that University of Southampton being an established and notable medical school practices and the art of teaching you and about valuing health and wellbeing in a holistic fashion. Is that something that you think is carried through in terms of the way that we practice? Looking after both physical and mental health?

Shayna
Yeah, so that's really interesting question, I think. Generally, as a medical student, I'm sort of in a unique position because I have sort of that time to stand back and really gain a wide scope of each situation that I'm in, that a lot of clinicians don't have that privilege of time anymore to do. And it's simply because I don't have to make the big decisions yet.

I think when a patient who's coming in querying a physical need, when they come in, the protocol is quite strict. Everyone kind of knows what to do. They know how to approach the patient. Everyone seems quite comfortable interacting with the patient. They focus sort of on the main presenting complaint. And I would say, in terms of what I've seen on the wards, it all seems like quite a linear trajectory, so to speak. Not always, but typically can be quite a linear trajectory to recovery. And everyone seems quite happy with that and comfortable with that.

I think in terms of when mental health queries come in, in terms of our training, they, as you said, they really did teach us to have quite a holistic view, take a really cohesive history and really try and find out everything about the patient that we can. And I think that really does shine through when mental health queries come in.

But I do notice sort of a team interaction difference when I'm watching these situations. There always seems to sort of be more of a kind of a pre-plan, pre-meeting that occurs where the team kind of gets their heads together, figures out how the best way to approach the situation may be, who the best person to speak to the patient may be. And I do think this is a really valuable thing that happens and I do notice it more with mental health queries that come in.

But then on top of that I notice a little bit more, in terms of us as students and the clinicians that I have the ability to work with as well, a little bit more fear and apprehension at times going in to the scenario. And I think a lot of it is because there's not sort of that linear trajectory, that linear protocol to follow. And I think with mental health, it's really personalised. It's really individualised as we know. And I think it should be. So I think it sort of brings that art of medicine into play as well.

Well, I've noticed sort of - again - having that privilege to kind of stand back and watch situations. If a team member is quite confident, quite comfortable going in and speaking to the patient, I think the patient really feels that and they reciprocate. And I think they're

more comfortable giving information and giving their history and giving their story in a sense. And I've definitely been in situations as the medical student where it didn't seem as comfortable of a setting, and it almost made me feel the discomfort that probably the patient was feeling as well. And you can sort of immediately see that patient close off.

And so those are kind of the two big differences I've noticed. And I think with everything, it's all good intention. But I do think the patient, especially when it comes to mental health, can really feel that connection and when they don't feel it, I think it's a lot harder to support the patient moving forward.

James
That's really helpful and you've identified that, that and there is sometimes this sort of sense of anxiety and apprehension about patients with mental health difficulties. And I think I suspect some of it as you pointed out, is to do with the systems around those patients and the fact that things aren't as protocolised.

Do you think there's anything else that drives that anxiety or worry in clinicians?

Shayna
I think in part it's experience, I think as a medical student. Well, I've noticed on the wards is a lot of mental health patients that come through. They almost don't necessarily want us to be as a part of that patient's care. And I think that might be their own apprehension or their apprehension that we might not deal with the setting properly, which is completely understandable. We're very new to what we're doing and still learning. But I think because we're not as exposed to those situations from an early stage.

I think when it comes to time, when we're the clinicians, that's going to kind of show that we're not as comfortable. So I think creating more opportunity early on in a safe setting and a supporting setting where there's no safety issues that we're fully supported and what we're doing, but we're given a little bit more opportunity to get comfortable with these scenarios - I think that could really help the apprehension moving forward.

And then I think on a on a greater scale, I think it's it could also be just personal experience and what you're comfortable dealing with and what you're not comfortable dealing with. I think certain people with different experiences may relate better or worse to certain patients. So I think it's just working through that and trying to be as holistic as we can.

James
That's fantastic. Thank you, Shayna. And just to finish. Are there some skills that that you feel that you have learnt already as an undergraduate trainee that are useful and applicable to patients with mental health difficulties, as well as their physical health difficulties.

Shayna
Yeah, definitely. I think one thing that a consultant once told me that really stuck is that we're human too. So we have these emotions, these dreams, these spheres we fall in love just as patients too. And I think just remembering that when we're going into each situation can be really helpful. And that's been really helpful to me as well.

And then on top of that and I and Southampton sent a really good job at this. They really, really hone in on our communication skills. And from year one we were taking histories at Ag clinic over and over again and just getting as comfortable as we can with that. So I think definitely the mental health communication is really, really, really key.

But yeah, I think the human element, the communication, and then just remembering that, especially in young people, I think we kind of become the safe space for them a lot of times. And not just in terms of physical safety, but also feeling safe to just have someone else to chat with and Southampton really honed that into us as well.

Like when you're on the wards, take the time, go chat with patients. You have the time to do that and I think that's where I've seen the big difference with patients that are struggling. Mental health difficulties is just giving them that time to chat. And I think that's where teamwork comes into play. You know, not everyone has that time to go chat. But I think if you get a bit creative and if there's a medical student hanging around, maybe they can go hang out with the patient and paint their nails and just talk about everyday things. And that can make a big difference. And I think that can go for a lot of team members.

James
Brilliant. Thank you so much, Shayna.

Shayna
Yeah. Thank you.

James
And I think it's really interesting you've identified time as such an important premium in this. And I know that Karen and Sam are going to be touching on that later as well.

I'm going to move on to on to Toks and sort of fast forward a bit in in training to a senior paediatric trainee. And Toks you you've done mental health GRID training through the paediatric route, haven't you?

Toks
Yep.

James
I I'd be really interested to hear what drew you towards that, and what have you found coming to the end of that group training has been the most eye opening thing about about it?

Toks
OK, so I think what probably drew me to do in my child mental health grid was that I'd always really enjoyed psychiatry and psychology and pretty much since medical school. I mean, I intercalated in psychology and I found it really interesting. And then I think after maybe a year or two of kind of SHO training within paediatrics, I found I was really interested in the children and young people that came in with self harm, not so much kind of. You know that that like the physical health side, but actually thinking what had happened to them, that kind of led to them to come in in with self harm.

And I just found it really interesting being able to explore these stories. And it was something that my seniors at the time actually also noticed. So they would often get me to go and see the young people that had come in because they said, you know, they talk to you so that like, you know, make sense for you to go and see them.

And I think at the time after doing kind of core training, I was sat with a supervisor and you know, he'd said, you know, what do you like within paediatrics? And I'd said, you know, I actually quite like mental health. But at that point, it wasn't really a thing. But he sent me off to all recommended. I go to a couple of the RCPCH How to Manage emotional and behavioural disorders courses that was running and where I met Max Davie, who then pointed me towards the Paediatric Mental Health Association.

And then a couple of years later and the GRID post came out, so it was all kind of timing, but that interesting psychiatry and mental health had been there and for a while.

James
Brilliant. Thank you. And I think you can now look back at the scope of your training with this additional experience of having worked so closely with our colleagues in mental health and having that enhanced knowledge and I think you know the anticipation is we're not, we're not expecting paediatricians to become mini psychiatrists, but they're clearly is a training and a knowledge gap which fuels some of this anxiety and apprehension that that failure was talking about.

And where do you see those training needs? For paediatricians being and and how can we fill that hole?

Toks
So I think you're completely right. But you know, we're not saying that all paediatricians need to become mini psychiatrists. And I think it's important for paediatricians to realise that. And but I guess I would say that while we're not doing that, I think there is kind of basic skills that are needed.

Because in the same way that you know if you had a child come in with a murmur, you wouldn't send them off to the paediatric cardiologist without doing you kind of basic assessment and basic investigations. I think for parity of esteem that's kind of what we need to be thinking about with mental health as well. And so I guess when I think about what skills we need, I would say first of all being able to take a mental health focused history and actually having that systemic view.

So that could be making sure that every young person that comes in has a HEADSS assessment done, for example, but really just thinking what else is going on around the child or young person that has contributed to their presentation. I think being able to do a risk assessment as well is really important for young people presenting to paediatrics. And I guess being able to do a very, very basic mental state examination or at least kind of understanding parts of it, so that when we speak into our colleagues in mental health, we're all speaking the same language.

And also I think having an operational knowledge of the local CAMHS [Child and Adolescent Mental Health Services] team because before I had worked in CAMHS, I did not realise just how different it is to paediatrics, especially to kind of acute hospital-based

paediatrics where, you know, if you want to write a referral to a paediatrician, you literally write a letter and give it to them or give it to their secretary. Whereas CAMHS, you know, it's a whole different minefield. So I think I'd say those areas are really important for all paediatricians.

James
Brilliant. And, Toks, are they going to be any easily accessible ways that that paediatricians might be able to bring themselves up to speed on this sort of thing that might be coming up in the near future?

Toks
Well, at the Royal College Conference, myself and two of the other trainee reps from the Paediatric Mental Health Association will be running a workshop which is called *Mental health education for paediatricians: getting the basics right*. And essentially it will be thinking how can departments actually teach both juniors coming through and clinicians on the ground how to manage, or assess and manage children with mental health difficulties. So that will be one thing, and we'll also be signposting people to resources there. And so definitely do that. We encourage people to come along to that.

James
That sounds brilliant and hopefully that will be made more accessible as well through some of the College work as well for those who can't attend the conference, but certainly check out that corner of the Conference if you are going to be up in Glasgow in May.

I think it's fair to say that that one of the other areas that is getting quite a lot of upgrade in terms of mental health training is the Progress+ curriculum. And I know that Karen in her role as Officer for Mental Health at the College has been quite influential in that. Karen, if I may come over to you. I think children's mental health is a controversial topic and there are many of our colleagues who are very rightly saying that that we aren't psychiatrists and we haven't been trained to manage or treat mental illness. So what exactly is it, that you see, the role of a paediatrician with regards to children's mental health?

Karen
It's a really interesting question, having listened to the other two talk because I'm sort of at the other end of the spectrum. I'm old and there wasn't really any talk about having a role in mental health until I was really a consultant. So for me it's something that grew over a consultant career and increasing interest.

And it's really interesting now in the College role because for the first time in in all of my career I had, you know, I noticed the logo that's on our Royal College of Paediatrics and Child Health, which says *Leading the way in Children's Health,* and immediately thinking that, you know, at no point did anyone say, we're going to cut them down the middle, and we're only going to do half of it and not the other half.

So for me, you know, it's really clear that that we need to involve ourselves in mental health. It's really clear that that's what young people are asking of us because RCPCH &Us did their sort of a user engagement - they're really clear they want paediatricians asking them questions about their mental health. We expect it these days of teachers, GPs, social workers, so we should absolutely expect it of ourselves.

Sometimes I wonder whether what scares people is the terminology, because actually, you know, mental health versus mental illness - we're used to talking about that in our physical health and being physically ill and I wonder whether that's where we get ourselves mixed up because children's mental health, like their physical health, it can be good, it can be bad, it can be variable. And there's so many contributing factors to it. And, you know, mental health is whether you're feeling sad, anxious, angry, frustrated and how that's negatively affecting you.

So it's all around us the whole time, because children that we see are physically unwell - of course it's affecting their mental health. Mental health affects how we behave and how we feel physically. So you know those children we see with physical symptoms that we can't explain, it's almost certainly something to do with how they're feeling mentally at that time. The children that we see with long term physical conditions who aren't adhering to their treatment, it's probably something to do with their mental health. So we can't get away from it. It's all around us all the time. And, you know, CAMHS aren't there to pick all of that up. They're a specialist service. That's like saying paediatrics should pick up every cough and cold - a little bit like Toks was saying.

So I really, really do think that all paediatricians should, as Toks said, be able to ask the right questions, show empathy, give basic advice and be able to signpost.

I think where we fall down is where people get afraid of mental illness and that's different. I don't think, as we said, we're not trying to be many psychiatrists. There's no expectation that paediatricians should have to manage mental illness by themselves. That's a specialist area.

But children come as a whole. They come with their physical and their mental health difficulties. We can't split them down the middle. They're a whole. So what we need to do is come as services around them. So you know, the answer is not for us to send them away from our service into another that's got a huge long waiting list or into an institution; institutionalising children with mental illness isn't the answer either. What we absolutely have to do is we need to advocate for what children need. We need to adapt to where we can.

We absolutely we need to speak up if we're being asked to do something that feels unsafe or that we strongly feel children are in the wrong place, but we need to support the development of alternatives. Sometimes hospital is the right place for some of these children and we need to work really, really closely with our CAMHS colleagues so that we can make things better for the children, better pathways, better systems. And we can't shut our doors and say it's not our business.

Thank you, Karen. And unfortunately, it's going to take a while for us to wait for all the Toks and the Shaynas to come through their training and provide this amazing holistic physical and mental health provision. So what is the College doing at the moment to support active paediatricians to teach this, to achieve this goal?

Karen

Okay. Yeah. So, I mean, I think we're not asking loads because I think it's really, really important to recognize that we've got the majority of the skills to do this. You know most of us in our paediatric career have developed communication, you know, good

communication, sales skills system-wide thinking, you know, we've got the majority of the skills here. We just need to empower ourselves to do it. So there is additional training available. There's a wide range of training days. There is a SPIN [Special Interest] module available and that's open, not just to trainees, but to existing consultants.

We have got a position statement that we've written around the roles of paediatricians in mental health.

But I think the biggest thing coming through recently now is the idea of departments having mental health lead roles. And it's fantastic, you know, to be on the call because I've seen you do this, James and also I more recently met Sam, you know, doing it as well. There are increasing numbers of people who have been put into roles like that, whether it's in their job plan, whether it's paid or not, varies.

But essentially, it's just departments realising that they need somebody initially just to champion, even if that's just championing parity of esteem and looking for educational opportunities for everyone and just looking for a better environment for the children. But with time that can emerge, you know, if we had a champion that stepped forward in every department to link with their mental health colleagues.

As time goes by, and as Toks and so on come through their training, you know that role will evolve. It will become a leadership role in the department. It can parallel the safeguarding structure of having a named doctor. And for those like Toks with additional expertise, it can also become a clinical role.

But right now in departments, it just needs a champion, and we're really, really pleased that NHS England have got behind that and they are releasing funding for a PA a week in paediatric departments for someone to step forward and start as that champion. And the College are drafting a document that looks at how that might evolve over the next five to 10 years. Either because that individual then wants to upskill themselves more or because we'll get our trainees coming through, they're better trained than any of us are.

James
Thanks, Karen. And just a final question before we move on to Sam. Both yourself and Toks mentions this phrase, parity of esteem. And I was just wondering if you could explain that a little bit more clearly for people who are listening, he may not know what that means?

Karen
You know, making me question, do I really know what it means - in terms of English language or whatever. But I think for me it is just very simple. People come as a whole. They come with, you know, physical and mental, whether it's wellbeing, health, illness, whatever words you want to use. We come as a whole and the two interact with each other. And therefore any of us should see any mental health complaint, issue, whatever it is that the person - it's equal to what they're presenting with physically and it's probably intricately related to it. And so we just cannot discriminate against children and young people for having an issue with how they're feeling rather than how their body is presenting.

James
Yeah. And I think you know this is a phrase that's gone out of the NHS Long Term Plan. And it is drawn from data which shows very clearly that children, young people, adults with mental health difficulties struggle to access the services in the same way that people with physical health difficulties do. So there is system-wide, active discrimination at play and the parity of esteem is leveling that playing field.

Wonderful. And so coming on to Sam and because you are boots on the ground, coalface doing this, aren't you? You are a making some, you are making some awesome changes in Leicester.

Sam
I am... That's very kind, James!

James
And you've come out this with a really interesting take on your approach and what it means for a paediatrician now. Just like just sort of explain how you came into the role and how you've how you've adapted to it and dealt with it.

Sam
Yeah, sure. So a bit of a long winded journey really. So I trained as a paediatric emergency medicine consultant and I've realized I've introduced myself as an ED consultant, which for those in the CAMHS world means eating disorders, I am definitely not an eating disorders consultant. So I'm a consultant in emergency medicine, paediatric emergency medicine from the paediatric route.

And interestingly, back in the day, 'cos I don't know how similar Karen and I are in ages, but I also feel old – paeds emergency medicine was going on this journey. So you could come at it from a paediatric ready to have or an adult weight, and so I'm a paediatrician. I sub-specially trained in what was a small field and is now very much accepted. Well, sort of nationally. And we've grown. And I and I was fortunate enough to be the clinical lead and then had a service to our service here in Leicester, and then springboarded that into safeguarding, because like Toks I have always had a bit of an interest in the psychosocial type elements of children and young people and safeguarding in particular. And then moved on when my predecessor retired into the Named Doctor for Safeguarding role.

So that was back in 2019, and what I experienced, and I suppose nobody was expecting the pandemic as it happened, but was obviously then that safeguarding and mental health attendances escalated and as the role of named doctor became very aware of the young people plus as working in the ED, but often when I'm being rung for advice or support - was around the overlap between social care cases and what people thought was mental illness. And very often caught in the middle of something like I think people might recognise that between cases or young people being considered where one agency is pointing the finger at the other. This is a mental health issue. This is a local authority issue and actually the young person's in an acute paediatric setting.

And I watched that play out for a little while and just became a bit concerned that actually the advocacy for the young person in the middle was getting a bit lost and one of the things that was very clear which, which alludes I think to what Toks was saying earlier,

was the terminology that's used between our colleagues who specialise in mental health and our colleagues that specialise in paediatrics was almost talking on different levels.

So mental illness versus a mental health concern to the more lay paediatrician i.e. myself, that meant the same thing and it took working with CAMHS colleagues to understand the difference and where the role of an acute psychiatric service would sit and acute psychiatric admission. And also where did these young people go in the middle? And I suspect much like lots of people have done the country, a lot of our young people ended up on our acute paediatric wards. And that's where I felt very much that actually there were further embedded in the hospital system for many different reasons, but actually that knowledge and skill gap became a challenge for people looking after them. And what people tended to do was to step away, so rather than dealing with the children, the young people, it was more a little I'd have been describing here as sort of a little wave from the end of the ward round just hi you OK? And then quickly shuffling on because nobody really quite understood where or where and whereabouts the young person was in their journey. And everybody is waiting for another agency.

And I suppose I jumped in with both feet really. I'm big on advocacy. I think if you're fortunate not to be in a position where you can influence change. That's your role to do so, and for me, just reflecting what our other speakers have said, we as paediatricians, we fully explore the role of the wider family and how somebody is behaving. We fully explore the social circumstances as to why somebody may be behaving or presenting the way they are. We understand those as influences. We wouldn't expect schools to not consider the mental state of their young people in their education to wonder why they're not achieving educational attainment. And it's no different in health.

You cannot separate one without the other. And we're comfortable asking about families and social circumstances and really quite personal questions. But the minute you put the mental health label on it, we all start to feel a bit awkward.

But we're very good at difficult conversations of all sorts. And so actually I think we are really well set to have, with our communication skills from somebody who is 0 and talking to their parents, right the way through up to 16 for some institutions, 19 for others. And we've got those skills and have honed those skills over years of training. We're best placed to talk to these young people, to recognise if there's a mental health concern or is it more likely to be a mental health illness.

And then refer across to our specialist colleagues where we need to and I suppose that's the leaping in really.

James
Thank you so much, Sam. That's, that's amazing. I can listen to you talk all day about about this...

Sam
I'm not sure my colleagues share that.

James
I I think you fitted there that the advocacy is a big role here. And I think advocacy is a role of paediatricians. And at that we would entirely agree with, and I really like the way that

you reflect upon your safeguarding experience as well. Because I think if you turn this on its head and said, OK, yes, paediatricians have always looked after physical and mental health and suddenly local authorities are coming knocking at our door and saying we need to, we need to take on safeguarding as a role of paediatricians. I don't think anyone would argue that safeguarding is 100% our responsibility, is 100% part of the family unit and the child that we see, and we are not the crucial key players in the safeguarding role.

Sam
Absolutely. We are part of absolutely. Yeah.

James

It's part of a team effort, and it and actually we have only a really important role to play, but it's not the role. And I think and I think that reframing the mental health discussion in ways that we can understand like that is really helpful for paediatricians to sort of understand where we're coming from, I suppose.

Sam
Yeah, I think I think one of the things that I used it was which was when I when I was looking at applying for the role of the safeguarding doctor, there's very clear RCPCH guidance as to what the role entails. And I think I sat there reading it and you know, I was reviewing it for a colleague, and looking at it and thinking you just replace the words of the Named Doctor role with Lead to Mental Health – it's identical in terms of what's needed.

And you're quite right: when I'm teaching juniors about safeguarding I'm very clear to say we're part of the jigsaw we've provide part of the picture but ultimately the ultimate decision-taking sits with us and is shared. And similarly this kind of notion that that mental health is all CAMHS... You know we start using the almost the names of the young people, that's the CAMHS patient, that's the person with mental health issues. And I think it it's very synonymous to me in the same way, which is you would never not advocate for a child that you thought had a safeguarding concern and therefore if you think there's a mental health concern you should advocate for that too.

But just like safeguarding, you need training in it. So you know we don't let our very, very junior individuals make a decision on a safeguarding case. So we need to train them and teach them. And that is true for all of us. And what I'm delighted to see and continue to be amazed is that all of the training opportunities and all of the expectations for trainees are the future is really exciting - because I'm hoping that within five, 10 years this will be a conversation that won't be needed because it won't be so controversial. It will just be accepted as part and parcel of being a paediatrician.

But there's going to be a gap between the trainees coming through and those of us that have been around for longer and we need to feel comfortable with it. And whilst it may not be you, as Karen said, if you can find a champion, you can take somebody to take that forward and if there's funding coming through and being able to tack on to some of that funding and get some protected time developing some training, or even just being the person that lies with the CAMHS colleagues to help come in and deliver training in a more specialist area. It just requires somebody to advocate for mental health like physical health, because you wouldn't do one without the other in so many other walks of life.

So why are we? We just need to catch up a little bit.

James
Wow, I think, I'm hoping that we're ahead of the curve, in in comparison to some of our other colleagues in other specialities.

I want to thank you all so much. That's been absolutely fascinating talking to you. I know from speaking to Karen, Toks and Sam at the PMHA conference recently that these conversations can go on late into the night. And so I think that we probably need to draw this to a close in the interests of our listeners.

But thank you, Shayna. Thank you, Toks. Thank you, Karen. Thank you, Sam. For sharing your experiences and hopefully giving people some food for thought.

And really importantly, if you've been listening to this podcast and you want to learn a little bit more there is a fantastic website on a the RCPCH website, specifically for mental health, if you go onto the RCPCH website and type in 'mental health', there's loads of resources, there's loads of information on there, there's links to all sorts of courses.

And those of us who have stepped into the role of mental health leads for our departments already, there is national work by ATE, which uh, the College are part of who they're trying to link up all the leads and trying to give us the resources that we need to fight this corner.

Karen, you want to say something as well.

Karen
I just wanted to add to that, you know, anyone who might be listening, who is interested in a role like that or is in a role like that that we are using the lunchtime of the middle day of the RCPCH Conference, the middle day already being dedicated to covering a lot of mental health topics. We're having a lunchtime session for anyone in that sort of role or interested in that role to come along and meet everybody else and to talk about how the college might support a network going forward.

James
And Toks.

Toks
I'm just to also mention because I forgot to mention it before when we were talking about resources, the PMHA do run a series of monthly webinars which are fantastic. Not that I'm biased because I'm one of the organisers, but they are really, really great and on a range of topics and relevant to different paediatric specialties. So please do have a look if you're interested.

James
There you go. Come to the conference. Sign up for the PMHA. Check out the RCPCH website at www.rcpch.ac.uk/mentalhealth. If you're a member, read the spring edition of your membership magazine, Milestones. And do please keep listening to more RCPCH podcasts. Many thanks.