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with other interested bodies where collaboration can be mutually beneficial. Links have already been formed with the National Mental Health Partnership of Chief Executives, NIMHE, British Association of Medical Managers, and the NHS Institute for Innovation and Improvement.

Important issues were highlighted at this first meeting of the MDE. These included the need for development of medical directors and their supporting medical management structures in order to better support consultants in handling the impact on service delivery of the reforms (foundation trusts, choice, practice-based commissioning, and payment by results). Since national guidance on New Ways of Working makes it clear that leadership of multidisciplinary teams is not the exclusive right of any one profession, another concern was how to ensure adequate training in team leadership for specialist registrars and consultants. It was proposed that further work may be needed to define the indispensable, non-transferable contributions of psychiatrists to mental health services in order to encourage members of the College to hone their skills in these areas.

The Vice-President and MDE will draw on the intelligence and work of a much-wider network of medical managers in mental health services. Steve Choong, Chairman of the College Management Special Interest Group, will be an ex officio member of the MDE. He will coordinate and transmit advice of the special interest group's wider membership of medical managers through the MDE to the central College Executive Committee (which has replaced the College Council). Anyone interested in joining the special interest group or learning more about its work should contact Ian Davidson, Honorary Secretary (email: ian.davidson@cwpnt.nhs.uk). Membership is not restricted to those holding management positions but is open to anyone interested in leadership and management issues in mental health and learning disability services.

In addition, there are flourishing local networks of medical managers working in some College Divisions on how to implement new ways of working. Peter Kennedy would welcome discussion with medical directors/managers who are interested in developing similar local networks where none yet exists (email: peter@kennedy89.freeserve.co.uk).

To launch and shape how this College-wide network will develop, an overnight stay and day workshop for medical directors is planned for 12 December in York. A larger event for all medical managers and clinical leaders in mental health services is a possibility for next year.

We are currently trying to establish an accurate database of contact addresses for medical directors. We are particularly concerned to include 'heads of psychiatry' in mental health services that do not have a medical director who is a psychiatrist. This is especially likely in Northern Ireland, Scotland, Wales and Ireland. Any medical director or equivalent who has not been contacted directly with details about the workshop in December please send your details to Eva Davison (email: edavison@nyorkdiv.rcpsych.ac.uk).

Building and Sustaining Specialist Child and Adolescent Mental Health Services

Council Report CR137, June 2006, Royal College of Psychiatrists, £7.50, 52 pp

This document provides guidance to practitioners, managers and commissioners on the capacity and provision of specialist child and adolescent mental health services (CAMHS) in England, Ireland, Northern Ireland, Scotland and Wales. Evidence is collated from a number of sources, including published and unpublished literature and examples of best practice. During consultation the document was shared with practitioners, non-statutory organisations, policy makers and commissioners from the agencies of health, social care, education and justice across the five jurisdictions.

The guidance is designed to be a support for service development that is based on assessment of need. It emphasises that local factors should be taken into account, including deprivation indices, the numbers of Black children and those from minority ethnic groups, and whether the area is rural or urban.

For Tier 2/3 CAMHS, an epidemiologically needs-based service for 0- to 16-year-olds requires a minimum of 20 whole-time equivalent (wte) clinicians per 100 000 total population. Teams must have a range of clinical professionals with cognitive, behavioural, psychodynamic, systemic and medical psychiatric skills. Team capacity should be set at 40 new referrals per wte per year. Clinician keyworker case-load should average at 40 cases per wte across the service, varying according to the type of cases held and the other responsibilities of the clinician. Specialist CAMHS work with Tier 1 professionals is best provided by dedicated primary mental health workers working as a team and closely linked to Tier 2/3 CAMHS. Matching demand and capacity is essential to ensure effective service provision.

Recommendations for the remit and staffing of Tier 4 services are given, including specialist community intensive treatment services, day services and in-patient services. It is recommended that 20–40 in-patient CAMHS beds per 1 million total population are required to provide for children and adolescents up to the age of 18 years with severe mental health problems, and that bed occupancy should be 85% to ensure availability of emergency beds.

The authors did not find sufficient evidence to provide recommendations for staffing levels for CAMHS for 16- to 18-year-olds, but argue that significant extra resources are needed to extend services to include this age-group. There was a paucity of evidence on infant mental health services and mental health services for children and adolescents with learning disability, substance misuse and forensic problems. However, the mental health needs of these groups must be met and should be provided by specialist CAMHS.

This document is recommended to anyone who is struggling to answer the questions, 'what should specialist CAMHS be doing and how many people do they need to do it?'

Role of the consultant psychiatrist in psychotherapy

Council Report CR139, May 2006, Royal College of Psychiatrists, £5.00, 15 pp

This report reviews the range of roles and responsibilities that are undertaken by consultant psychiatrists in psychotherapy. It sets out three core principles.

- Consultant psychiatrists in psychotherapy have a range of roles.
- Consultant psychiatrists in psychotherapy bring to multidisciplinary teams the knowledge, responsibility and ethos associated with the medical profession.
- Consultant psychiatrists in psychotherapy bring specific psychotherapeutic expertise to multidisciplinary teams.

In clinical work these principles mean that consultant psychiatrists in psychotherapy assess and manage complex cases, deal with issues of risk and take special responsibility for patients with a combination of medical and

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