Can we – and should we – have a Europsychiatry for Children and Adolescents?

The work of the UEMS Section and Board for Child and Adolescent Psychiatry/Psychotherapy

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Abstract The Union of European Medical Specialists (UEMS) paves the way for harmonisation of training and free movement of medical doctors within the European Union. For more than 10 years, Child and Adolescent Psychiatry has been a distinct specialty at this European level – separate from Adult Psychiatry and Pediatrics.

The article gives detailed information on the background of the section/board of Child and Adolescent Psychiatry/Psychotherapy (CAPP), training issues including the Training Log Book and the recent situation as well as future perspectives of Continuous Professional Development (CPD) in CAPP, all of which influence the corner stones of CAPP and its delineation from other medical and non-medical organisations.

Child and Adolescent Psychiatry as the application of trained specialist medical practice to mental illnesses and psychological disorders in children and young people up to the age of about 18 years reflects more and more the growing research advances of the last years within the field with more progress to come. On the other hand, shortcomings of patient provision in Europe still have to be resolved and CAPP may help to do so.

Keywords UEMS – Child and Adolescent Psychiatry – children – CME – CPD – training

Introduction

Since 1994, Child and Adolescent Psychiatry has been a distinct specialty, separate from Pediatrics and Adult Psychiatry, within the Union of European Medical Specialists (UEMS). It has a slightly curious title, of which more later. It has proved a successful arena for promoting training, and this in turn has led to a developing European view of what exactly child and adolescent psychiatry might be, and how it could properly be practised. This paper tries to reflect this.

One can take various views as to what the UEMS is for. At first sight, it is an advisory body aiming to influence the Council of Ministers and the European Parliament. Because it draws its members from nominations made by national medical associations, one view is that it is effectively a trade union, promoting the interests of its professional members. Yet, it also draws its delegates from national scientific or academic societies, which indicates that it is rather more than this. It can point, in its policies, to an evidence base for practice and includes both the trainers and the trained. This is a potent source of information and advice on training, and it has been the development of policies on training that has been the main success of the UEMS.

It can also be argued that another function of the UEMS is that it is a network of doctors with shared interests yet different traditions, providing opportunities for fertile discussion of problems in common and of competing solutions to these. This occurs both within and outside of formal meetings. Within meetings, the
UEMS tradition of attempting to obtain consensus first rather than an early resort to voting means that there is considerable open discussion.

**Why a separate section and board?**

Within the UEMS, child and adolescent psychiatrists used to be part of Psychiatry. Yet, it became apparent that, as is the case in all children’s medical specialties, it was adult-orientated physicians who tended to occupy the positions of power. It was sometimes difficult for the child-orientated specialists to be understood or heard. They were in a minority, often used a different knowledge base, had different work patterns and in some countries had separate training from their colleagues in practice with adults.

A small number of child and adolescent psychiatrists made the point that the structure of the UEMS allowed a separate section and board for child and adolescent psychiatry because most European countries recognised child and adolescent psychiatry as a distinct specialty. Accordingly, child and adolescent psychiatry established itself independently within the UEMS in 1994.

One of the first resolutions to be adopted was that the Section (professional interests) and the Board (academic and training) would have the same membership, yet different Presidents. This has worked well and has been a protective measure against unhelpful splits.

**Why the odd name (Child and Adolescent Psychiatry/Psychotherapy)?**

The formal title of the child and adolescent monospecialty within the UEMS is Child and Adolescent Psychiatry/Psychotherapy (CAPP). The last part of this does not refer to non-medical psychotherapy, nor to psychotherapy with adults. It was chosen because of the difficulty child and adolescent psychiatrists in some countries (particularly Germany) were experiencing in obtaining appropriate reimbursement for psychotherapy with children. It was necessary to make a statement that psychological methods of treatment are particularly important in the psychiatric treatment of the young and that they need a degree of medical supervision to prevent inappropriate use by some non-medical practitioners.

Whether to retain the Psychotherapy tag is a topic of current debate within CAPP. It has admittedly caused a little confusion. Also, it is not the only area in which it is necessary to make the point that child and adolescent psychiatry incorporates a number of concepts and treatment approaches. For instance, neuropyschiatry is a prominent part of the specialty, especially in Austria and Italy, something which requires emphasis for training purposes.

For years, well before the existence of the UEMS, there has been discussion in most countries as to whether child and adolescent psychiatry should be primarily associated with paediatrics or adult psychiatry. This issue came to something of a head when medical specialties had to be sorted into groups within the UEMS so that there could be representation at the Management Council. Taking the views of child and adolescent psychiatrists within the section revealed different opinions. Roughly speaking, it seemed that those specialists who spent most of their time with pre-adolescent children tended to favour links with Paediatrics, and those who treated mainly adolescents saw benefit in close ties with Psychiatry.

As it happens, CAPP sends a representative to meetings of each of the above Sections and exchanges minutes with both. For the last years, CAPP has been one of the leaders for representation at the Management Council for a group of medical specialties including Psychiatry. Hence, CAPP may reach high awareness for psychiatric issues and play an important role at the UEMS if the section/board is further active in the different bodies of the UEMS.

**Training**

In common with other Boards within the UEMS, child and adolescent psychiatry has been particularly interested in the harmonisation of specialist training. The first task of the Board, once established, was to draw up recommendations. The point of the exercise was to establish standards, drawing on best practice and giving priority to evidence of effectiveness, independent of any national traditions.

This important task has several consequences. Firstly, if specialist training can indeed be harmonised, then there can be free mobility of both specialists and trainees within the EU without prejudicing the mental health of children and adolescents. Secondly, establishing a European consensus as to what training should comprise leads to defining a certain sort of specialist. For example, the Training Log Book for CAPP published by the Board and updated in 2000 (Rothenberger 2001; a printed version can be obtained for free from the corresponding author), is explicit that the trained specialist will have ‘a bio-psycho-social developmental model in mind’ (p. 5). Such a specialist will do more than investigate, diagnose and treat child and adolescent psychiatric conditions, but include, for instance, preventive activities and advice on issues related to child-rearing. Trainees will ‘acquire knowledge of and insight into the leadership role of the physician’.

In virtually all European countries, experience in psychiatry with adults of working age is a necessary component of training in child and adolescent psychiatry.