possible. A CAP working group meets at the EFPT annual forum to discuss issues of relevance to CAP trainees, to facilitate the exchange of ideas and experiences. The group also produces training recommendations. Existing recommendations are that a minimum of 5 years of postgraduate training is required, 4 of which should be pure CAP experience. The group recommends that CAP trainees should gain experience both within a broad range of age groups and across varying settings of care. It also recommends that for the remaining training period, trainees should have the opportunity to gain basic clinical experience in related specialties, including adult psychiatry and paediatrics.

The CAP working group at the EFPT forum 2009 recognised the variation in training, and that we were in a good position as a representative body to collate this information. In many member countries, trainees experience difficulty accessing training. To learn more about this, we surveyed trainees to gain insights into current training (2009–10), recording training information for countries across our membership. In 2010–11 this international survey was expanded significantly to cover all aspects of training in detail. To date, our surveys have demonstrated a number of disparities in a number of areas, including perceived training quality and structure, access to supervision, psychotherapy and research.

The aims of recording and sharing information on training are to improve international understanding of training in CAP, and to alert trainees and trainers to areas where further work is required to improve training. We are highlighting the results of these surveys by exchanging information with other psychiatry organisations such as the UEMS (European Union of Medical Specialties), ESCAP (European Society of Child and Adolescent Psychiatry) and EPA (European Psychiatric Association). The EFPT has long-standing links with these organisations, and we welcome increasing trainee involvement in their structures.

The EFPT CAP working group intends to expand these initiatives, by annually recording information on training throughout Europe. Development of our training database is crucial to this. Thus we hope to add depth to current understanding of training in subsequent years through the goodwill of participating CAP trainees in Europe.

Meinou Simmons[1] and Elizabeth Barrett[2]

[1]Cambridge, UK, EFPT CAP Secretary 2010–11, email meinou.simmons@gmail.com;
[2]Dublin, Ireland, EFPT CAP Secretary 2009–10

A new child and adolescent mental health service in low-income countries

Sir: Mental disorders of children and adolescents represent a key area of concern from demographic and epidemiological perspectives and in relation to the burden of disease (World Health Organization, 2003). About 35–45% of the population in low-income countries are under the age of 18 years; among them 20% are suffering from a diagnosable mental illness (World Health Organization, 2000). We need to find a way to bridge the gap between need and service provision in these communities.

In low-income countries, children and adolescents are subject to a large diversity of conditions – poverty, malnutrition, infectious diseases and illiteracy – which affect their physical and psychological well-being. Conversely, some factors tend to make people more resilient, such as a supportive traditional society, a high degree of cohesiveness within the family, a stable and supportive environment, affirmative learning and teaching experiences, and parental authority. Low-income countries have a small number of psychiatrists and few child and adolescent psychiatrists. To deal with this situation, we need to adopt a less resource-driven model, one that involves 'specialist workers' more (parents, teachers, child health staff, general practitioners, social workers, counsellors, volunteers). The allied professionals and the 'potential workforce' have to be trained. Active collaboration between health, social and educational agencies and the active involvement of the private sector are required.

A standard model for delivering a child and adolescent mental health service (CAMHS) will consist of primary (primary health centres and community teams), secondary (general hospitals and clinics) and tertiary levels (specialist hospitals and clinics). At the primary level it will be delivered to out-patients and the community through general physicians, primary health workers, health counsellors, teachers, trained child mental health workers and trained parents. At the secondary level the care will be delivered to in-patients, the clients of specialist clinics, out-patients and community members through non-specialist and specialist services, such as trained general practitioners, paediatricians, neurologists, general psychiatrists, psychologists/behavioural scientists, social workers and so on, via clinic and outreach platforms. At the tertiary level the service will be delivered to in-patient, out-patient and specialist clinics through child and adolescent psychiatrists and clinical psychologists, child and adolescent psychiatric social workers, and psychiatric nurses specialising in child and adolescent psychiatry.

For proper implementation we need short- and medium-term training courses for postgraduate doctors, trainers and the 'potential workforce'. Also, we need outreach facilities at primary health centres, as well as outreach clinics and specialist clinics at secondary and tertiary levels. Integration with the existing health service will be done by training the current workforce and by providing support from trained specialists. Outreach clinics will support local primary care physicians, but also the primary care physicians will refer patients to the secondary and tertiary centres. Multidisciplinary teams will be formed at secondary and tertiary levels that will perform specific duties and will coordinate with other members of the health service.

Mohammad S. I. Mullick[1] and Noor Ahmed Giasuddin[2]

[1]Professor of Child and Adolescent Psychiatry, and Chairman, Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh, email msimullick@gmail.com; [2]Assistant Professor, Department of Psychiatry, Faridpur Medical College, Faridpur, Bangladesh

World Health Organization (2000) *The World Health Report 2000: Health Systems: Improving Performance*. WHO.

World Health Organization (2003) *Caring for Children and Adolescents with Mental Disorders: Setting WHO Directions*. WHO.

https://doi.org/10.1192/S1749367600002666 Published online by Cambridge University Press