

## e-Interview



**Tamsin Ford, clinical senior lecturer in child and adolescent psychiatry at the University of Exeter Medical School**

After training at the Guy's Campus of the United Medical and Dental Schools of Guy's and St Thomas's Hospitals, Tamsin completed her initial training in psychiatry in the east of London and Essex, and her specialist training in child and adolescent psychiatry on the Bethlem and Maudsley training

rotation. She is unusual as a clinical academic in that she completed her postgraduate training before getting seriously involved in research. Tamsin completed her PhD at the Institute of Psychiatry with a study of the rates and predictors of contact with public sector services among school-age children with psychiatric disorders, supported by a Wellcome clinical training fellowship, and then studied outcomes of routine child mental healthcare supported by a Medical Research Council Clinician Scientist Fellowship. She moved to the Peninsula Medical School in 2007 where she leads a child mental health group focused on improving child mental health through research that promotes efficient and effective services. She is also an honorary consultant psychiatrist at Devon Partnership Trust, where she works in liaison psychiatry, assessing children with medically unexplained symptoms, and before her move to the West Country worked as an honorary consultant child psychiatrist for South London and Maudsley NHS Foundation Trust. She is married with twin daughters who are 'lovely and helpful'.

### What are you working on today?

I have three major projects currently: STARS, a cluster randomised controlled trial of teacher classroom management, which has just randomised its first cohort of teachers; RAIS, a systematic review of non-pharmacological interventions in school settings for children with attention-deficit hyperactivity disorder; and the West Country arm of Stephen Scott's Helping Children Achieve trial, which is in the final stages of follow-up. I am continuing my research on factors influencing outcomes of child and adolescent mental health services attendance with the CAMHS Outcome Research Consortium, and lead smaller projects that study the use of standardised diagnostic assessments in clinical practice and the role of undetected psychopathology on exclusion from school. Finally, I am working hard to strengthen the Child and Adolescent Psychiatry Surveillance System, based at the College Centre for Quality Improvement, which grew out of the work of Dasha Nicholls, Richard Lynn and Russell Viner on early-onset eating disorders.

### What is your idea of a perfect mental health service?

It would be truly multidisciplinary, in terms of successful and respectful collaboration between all practitioners, which would allow and nurture active debate and discussion around the way the service functioned. It would have well-functioning and carefully managed interfaces with other key agencies, which would probably involve elements of joint working or regular secondments to facilitate mutual understanding and good working relationships across the boundaries. The service would be responsive to young people's and their carers' needs, and have service user representation as a key value in its governance. Assessment would be supported by standardised measures and interventions would be evidence based as far as possible, but the service would systematically record outcome data to identify both where it was working well and where alternative methods of working might be required.

### Which psychiatrist, living or dead, do you most admire?

Robert Goodman is an amazingly clear thinker and methodologist. I was extremely lucky to have him as a very generous and supportive PhD supervisor; without him, I would not be an academic clinician. Eric Taylor is an amazing role model, particularly in terms of leadership, in research, training and clinical fields, and Isobel Heyman is an inspiration with her combination of clinical and research excellence conducted on her own terms and at the highest level.

### What do you consider to be your greatest achievement?

Stopping smoking in my late twenties; the hardest, and most prolonged challenge that I have successfully overcome (even more physically and mentally demanding than caring for premature twins). On a professional level, I am extremely proud of the child mental health group at Exeter.

### What has been your most controversial idea?

Standardised assessment in clinical practice seems to frighten clinicians, some of whom I suspect fear that it might leave them redundant. I have to say that I am not the first or only person to suggest the routine use of systematic structured assessment in clinical practice, but one of the first to systematically study it, and those of us in favour are very much a minority. I do not think that standardised assessments could, or indeed should ever replace clinical assessment, but it really worries me that while research without the use of a standardised diagnostic assessment would be considered too low quality to fund given the evidence about how unreliable unguided clinical judgement alone can be, we do not demand the same level of rigour for the children and young people that we meet in the clinic.

### What frustrates you most about working in psychiatry?

I feel disheartened by the fragmentation between services and friction between provider organisations, which leads pleasant and reasonable people to behave in ways that are often both unpleasant and unreasonable.

### Which phrase or saying do you use most when speaking to trainees?

'There is no such thing as a silly question, but it is silly not to ask if you are wondering about something.'

### What is the most important lesson that working with young people has taught you?

Always to listen and to be prepared to reformulate your ideas about what is going on for a particular young person and the network of people around them. Child psychiatry involves careful liaison with multiple people on multiple occasions; as a very minimum the young person, carers and teachers, and sometimes, a brief conversation with another informant can really change your perspective on what may be going on.

### If you could graduate again tomorrow, how would your career path be different?

I would do at least 6 months of postgraduate paediatrics.

### What has been your biggest disappointment?

That I get fewer opportunities to see close friends and to dance than I would like over the past few years; working full-time with small children means that a social life can get squeezed.

### What was the last book you read?

*How to Leave Twitter* by Grace Dent, which is a funny and effective antidote to *The Snow Child* and *Sister*, both of which are brilliantly written and very gripping, but very bleak. I am a compulsive reader, and if I don't have a novel to hand, I will start reading the nearest packaging label.

Sabina Dosani

doi: 10.1192/pb.bp.112.042036