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1
Attitudes of health professionals towards young people with anorexia nervosa: perspectives on assessment and management
Dr Sylvia Baker, Aneurin Bevan Health Board and Dr Antonio Muñoz-Solomando, Cwm Taf University Health Board

Background
There is large evidence based literature on the aetiology, assessment and management of anorexia nervosa. There is also evidence of the stigmatising attitudes of the public towards anorexia as an illness. However, little is known on the perspectives of health professionals caring for young people with anorexia nervosa. This study sheds light on the attitudes of health professionals in the treatment of young people with this disorder.

Aim
To explore the lived experience of health professionals towards assessment and management of anorexia nervosa. To identify key factors and their impact on the effective treatment of this disorder as described by health professionals.

Method
A qualitative study design was conducted for a deeper understanding of health professionals’ experiences. Data was collected using semi-structured interviews of ten professionals from different health backgrounds. The data was analysed through theme analyses.

Results
The study identified five emerging themes including collaborative work, limitations in resources and lack of time, variability of service provision and management, balancing psychological and physical care and the value of sharing knowledge.

Discussion
Professionals identified collaborative work as crucial, although this does not appear to be happening in practice. All participants complained of lack of time, funding and resources to update knowledge. Despite this, most participants felt confident in their skills to provide assessment and treatment. Health professionals valued colleagues’ opinions and experience over use of protocols and guidelines. Interestingly, many were not aware of treatment guidelines such as the Junior MARSIPAN. Health professionals had difficulties balancing psychological and physical care. In their opinion too much emphasis is placed on the physical care and not enough on the psychological components of the illness.

Conclusion
From our findings, the following is recommended: peer supervision groups, training and homogeneity in service provision. Finally, auditing practice to identify areas for improvement.

References

2
Is it dangerous to prescribe methylphenidate and atomoxetine in the alcohol and substance misusing population? A review of the literature.
Dr Xanthe Barkla & Dr Paul A Mc Ardle, Northumberland Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne, UK

Background
Approximately 5% of young people have Attention Deficit Hyperactivity Disorder (ADHD). Young people with ADHD are at increased risk of co-morbid psychiatric disorders, including substance misuse. Many will be prescribed medication, namely methylphenidate and atomoxetine. If they are taking prescribed medication, it is important to understand potential interactions, and whether if a young person is misusing substances, they should be prescribed stimulant medication at all. There is limited empirical evidence to guide whether it is advised to treat ADHD before, simultaneously, or only after remission of substance related disorders.
Aims and hypothesis
Our hypothesis is that there are no toxic effects from combining ADHD medication (methylphenidate and atomoxetine) with alcohol or illicit substances. We seek to identify any potential effects (whether positive or negative) on an individual should they combine their ADHD medication with alcohol or an illicit substance.

Method
We systematically searched three databases (Medline, EMBASE and PsychINFO) from a 20 year period (1992 – 2012), across the age range. We used the key search terms alcohol, substance related disorders, methylphenidate, atomoxetine and death, which identified 398 citations (287 after removal of duplicates). The eligibility of each study was assessed jointly by two investigators, leaving 15 relevant articles.

Results
We did not identify any serious side-effects from atomoxetine or methylphenidate when taken alone. There was only a minimal increase in side-effects when atomoxetine or methylphenidate (therapeutic doses) was taken with alcohol. Severe sequelae were found to be uncommon in those who had overdosed on methylphenidate and other co-ingestants, including alcohol.
Several papers indicated that the use of alcohol might be decreased when atomoxetine is prescribed for ADHD symptoms in those with heavy alcohol use.

Conclusion
No serious toxic effects were identified from combining ADHD medication with alcohol/ illicit substances. We found largely positive evidence for prescribing ADHD medication for individuals with ADHD and drug/ alcohol dependence and misuse.

3 Restricted and Repetitive Behaviours in Autism
Ms Sarah Barrett, Wales Autism Research Centre, School of Psychology, Cardiff University, Dr Catherine Jones, Wales Autism Research Centre, School of Psychology, Cardiff University, Prof Susan Leekam, Wales Autism Research Centre, School of Psychology, Cardiff University

Background
Restricted and repetitive behaviours (RRB) form part of the diagnostic criteria for autism. There are several types of RRB which are divided into sub-categories. These categories typically include repetitive sensory-motor behaviours (RSMB) and insistence on sameness (IS). However, the number and nature of sub-categories vary depending on which RRB measure is used, such as a questionnaire or interview. Theoretically, RRBs are also associated with lack of imagination (e.g. Wing & Gould, 1979), although there has been little research into this relationship.

Aim
The first aim was to assess the RRB items from the Diagnostic Interview for Social and Communication Disorders - 9 (DISCO-9; e.g. Wing et al, 2002) using principal components analysis (PCA). These items have not been previously analysed in this way. The second aim was to assess the relationship between RRB and imagination using the same DISCO data.

Methods
PCA was performed on DISCO-9 data from 200 individuals with autism (167 male, mean age 12.59 years, SD = 8.12 years). The relationship with imagination was analysed using a single imagination item from the DISCO-9, using Spearman’s correlation coefficient.

Results
PCA of the DISCO-9 resulted in three components: two RSMB and one IS, explaining 36.63% of the variance. Internal consistency of the scale was acceptable (Cronbach’s α = .68). However, the correlation with imagination was not significant for RRB or any of the three components.

Conclusions
The nature of the three components found using the DISCO-9 may be explained by the high representation of sensory items in the DISCO-9. The lack of a significant correlation between RRB and imagination may be a result of methodological problems, however this relationship should be investigated further before drawing any firm conclusions.
Audit on Physical Health Monitoring Baseline Checks for Patients accepted by Adolescent Bipolar Service (ABS)

Francis Bennett-Henman, Newcastle University, Professor Ann Le Couteur, Newcastle University and NTW Mental Health Foundation Trust, Clare Willis, NTW Mental Health Foundation Trust, Dr Aditya Sharma, Newcastle University and NTW Mental Health Foundation Trust

Background

Mental health service users have higher levels of physical co-morbidities than the general population [1], often due to the metabolic effects of psychotropic medication. Therefore, physical health monitoring is important in assessing these side effects.

Aims

To audit clinical practice according to the current local and national standard [2], requiring 100% completion of:

- Blood tests (FBC, LFT’s, thyroid function, renal function, serum prolactin, blood glucose and lipid profile)
- ECG
- Physical observations (height, weight, BP, pulse)

Methodology

Retrospective study of all patients accepted by ABS between 01/07/2009-31/12/2013, reviewing electronic records using a structured pro-forma.

Results

Referred patients (n=47) were only included in the study if the referral was accepted by ABS (n=28). ABS performed well on blood tests and ECG’s, with 82.1% of patients having blood test results. ECG results also encouraging, with a completion rate of 71.4%. The service did not perform as well when carrying out the physical observations, completing only 7.1% of these.

Conclusions

The main reasons identified for the service’s performance on physical observations included a lack of electronic or paper reminders and a shortage of medically trained staff to carry out observations. ABS has already started to address the latter by employing a nurse to facilitate in this process.

The main recommendation from this audit is the design of a paper pro-forma to be completed at initial consultations. This should maintain relatively good practice in completion of bloods/ECG’s and improve physical health checks.

References


Developing and evaluating an online psychoeducation package for adolescent depression

Dr Rhys Bevan Jones, Dr Sharon Simpson, Dr Ajay Thapar, Prof Ian Jones, Prof Anita Thapar, Cardiff University School of Medicine

Aim

The aim of the mixed methods project is to develop and evaluate a user-friendly online psychoeducation multimedia package for adolescents with/at high risk of depression and their families/carer. Psychoeducation is broadly about delivering accurate information about health issues and self-management.

Background

Depression is common in adolescence and leads to distress and impairment for the individual and their family. Engaging young people in prevention and early intervention programmes is a major challenge for health and other services, and there has been increasing interest in the use of multimedia to help engage and inform. Our research group has previously led studies into the prediction and prevention of adolescent depression and the development of online psychoeducation for bipolar disorder.
Methods
The research is guided by the Medical Research Council’s framework for developing and evaluating complex interventions, and funded by the National Institute for Health Research. The package will be informed through a review of the literature and practice, findings from interviews and focus groups with adolescents, parents/guardians, and professionals, and consultations with multimedia designers. An initial prototype will be evaluated to examine feasibility, acceptability and efficacy - adolescents will complete questionnaires (Mood and Feelings Questionnaire, Strengths and Difficulties Questionnaire) before and after using the package, and participate in further interviews and a focus group, in parallel with focus groups with parents/guardians and professionals. It will then be reassessed and improved.

Results
The package will be used in health/social care at the primary and secondary level and in schools, so that it can be used either independently or with a family member/carer or professional. With appropriate psychoeducation, it is hoped the adolescent and family/carer will feel more informed and empowered when making decisions about their welfare, and this can help with their general well-being and in the long term management of any difficulties.

6
In search of essential behaviours for diagnosing DSM-5 Autism Spectrum Disorder
Dr Sarah Carrington, Wales Autism Research Centre, School of Psychology, Cardiff University, Miss Rachel Kent, Wales Autism Research Centre, School of Psychology, Cardiff University, Dr Jarymke Maljaars, University of Leuven (KU Leuven), Belgium and Leiden University, the Netherlands, Prof. Ann Le Couteur, Institute of Health and Society, Newcastle University, Dr Judith Gould, Lorna Wing Centre, National Autistic Society, Dr Lorna Wing, Lorna Wing Centre, National Autistic Society, Prof. Ilse Noens, University of Leuven (KU Leuven), Prof. Ina van Berckelaer-Onnes, Leiden University, the Netherlands, Prof. Susan Leekam, Wales Autism Research Centre, School of Psychology, Cardiff University

Background
Despite initial concerns about the sensitivity of the proposed diagnostic criteria for DSM-5 Autism Spectrum Disorder (ASD), evidence is growing that the DSM-5 criteria provides an inclusive description with both good sensitivity and specificity (e.g. Kent, Carrington et al., 2013). The capacity of the criteria to provide high levels of sensitivity and specificity comparable with DSM-IV-TR, however, relies on careful measurement to ensure that appropriate items from diagnostic instruments map onto the DSM-5 descriptions.

Aim
To use an existing DSM-5 diagnostic algorithm (Kent, Carrington et al., 2013) to identify ‘essential’ behaviors sufficient to reliably and accurately diagnose DSM-5 (ASD) across age and ability level.

Methods
Highly discriminating, ‘essential’ behaviours were identified from the published DSM-5 algorithm developed for the Diagnostic Interview for Social and Communication Disorders (DISCO). Analyses were run on existing DISCO datasets, with a total participant sample size of 335. Highly discriminating items were identified using chi-square statistics and the predictive validity of the resultant item sets was tested using Receiver Operating Characteristic curves. Finally, sensitivity across age and ability was investigated in a subset of individuals with ASD (n=190).

Results
Study 1 identified a reduced item set (48 items) with good predictive that provided a complete representation of DSM-5 ASD criteria but lacked sensitivity for individuals with higher ability. An adjusted essential item set (54 items; Study 2) had good sensitivity when applied to individuals with higher ability and performance was comparable to the published full DISCO DSM-5 algorithm. Investigation at the item level revealed that the most highly discriminating items predominantly measured social-communication behaviours.

Conclusions
This work represents a first attempt to derive a reduced set of behaviours for DSM-5 directly from an existing standardized ASD developmental history interview and has implications for the use of DSM-5 criteria in clinical practice.

7
Emotional awareness and anxiety in parents of children with Autism Spectrum Disorder
Dr Sarah Carrington, Wales Autism Research Centre, School of Psychology, Cardiff University, Miss Katherine Fillingham, Wales Autism Research Centre, School of Psychology, Cardiff University, Dr Mirko Uljarević, Wales Autism Research Centre, School of Psychology, Cardiff University, Prof. Susan Leekam Wales Autism Research Centre, School of Psychology,
Background
Higher rates of anxiety have been reported in the parents of children with autism spectrum disorder (ASD) compared with parents of children with other neurodevelopmental disorders (Almansour et al., 2013). Anxiety has been associated both with increased and decreased levels of emotional awareness. Moreover, decreased emotional awareness has been reported in both children with ASD and their parents. We investigated whether reduced emotional awareness is directly associated with the presence of anxiety in parents of children with ASD.

Aims
1) To explore the association between anxiety in parents of children with ASD and emotional awareness using the Level of Emotional Awareness Scale (LEAS)
2) To compare hand-scoring and computerised-scoring systems for the LEAS.

Methods
Levels of anxiety and emotional awareness were assessed in 41 parents using the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) and LEAS (Lane, 1991) respectively. LEAS data were coded both by hand and using a novel computer method. Agreement between LEAS scoring methods was investigated with Spearman’s rho analyses, and regression analysis explored whether (hand-coded) LEAS scores predicted anxiety.

Results
Almost half of parents (46%) met criteria for clinical levels of anxiety; however, scores on the HADS were not significantly predicted by scores on the LEAS. Agreement between hand and computerised scoring measures was excellent.

Conclusions
The results from this study did not support an association between anxiety and emotional awareness in parents of children with ASD, suggesting that there may be other, more specific risk factors for anxiety. The excellent agreement between hand and computerised scoring systems is consistent with previous work (Barchard et al., 2010) and highlights the potential for wider and more efficient use of the LEAS.

8
How do Hard to Reach Young People compare with Young People attending Community Mental Health Teams?
Dr Abigail Cassar Parni, Northumberland Tyne and Wear NHS Foundation Trust, Tees Esk Wear Valleys NHS Foundation Trust and Newcastle University, Dr Nigel Camilleri, Tees Esk Wear Valleys NHS Foundation Trust and Newcastle University, Dr Dorothy Newbury-Birch, Newcastle University, Dr Paul McArdle, Northumberland Tyne and Wear NHS Foundation Trust, Prof Ann Le Couteur, Northumberland Tyne and Wear NHS Foundation Trust, Tees Esk Wear Valleys NHS Foundation Trust and Newcastle University

Hypothesis and Aim
The demographic data of Hard to Reach Young People (HTR YP) referred to the Innovations Project 15-25 differs from YP who attended Community Mental Health Teams (CMHT). The aim was to compare the demographics between these two groups of YP with mental disorders.

Methods
The Innovations Project 15-25, a service set up in Newcastle Upon Tyne in 2011, assessed HTR YP who had multiple complex mental health problems, and who were not engaged in services (N=36; M:F 15:21). The demographic data of this group of YP was collected retrospectively through electronic case note review, as part of a retrospective case control follow up study. These were compared to a 1 in 3 randomly selected control sample who were matched for age (HTR YP:CMHT mean 18.6:19.5 years; range 15-25), gender, ethnicity and date of discharge from CMHT in North Durham (Oct-Dec 2011) (N=115; M:F 45:70).

Results
Significant statistical differences emerged for mean number of mental health diagnoses (HTR YP: CMHT 2.9:1.63; P<0.001); for educational attainment, with university attendees (HTR YP: CMHT 2.8%:29.6%; P<0.0001); stable accommodation (HTR YP:CMHT 53.1%:90.7%; P<0.001); unemployment rates (HTR YP:CMHT 68.6%:29%; P<0.0001); Index of Multiple Deprivation (IMD) (HTR YP:CMHT log means HTR YP:CMHT 1.57:1.23; P=0.001); referral from General Practitioner (GP) (HTR YP:CMHT 22%:69%; P<0.0001) and previous contact with mental health services (HTR YP:CMHT 72.1%:54.4%; P=0.021).
Discussion
The Innovations project 15-25, identified a cohort of YP who were more deprived, came from chaotic backgrounds and had a larger burden of mental disorders compared to CMHT despite both groups having similar personal demographic data. 72% HTR YP had previous contact with mental health services, though a number of them reported being unsatisfied with the services received. Only 22% of HTR were referred through GPs, the rest being referred by non statutory services, possibly this implies less willingness of HTR YP to engage through normative pathways of care or their access to services is more dependent on others referring them, supporting the importance of liaison needed to engage this cohort of YP. Further work, is suggested to identify ways of how services received by these groups of young people compared and how services can identify and retain HTR YP and improve their access to mental health services.

Addendum: The Innovations Project 15-25 was funded by the Strategic Health Authority. This Case control follow up study is an NHIR Portfolio study.

Dr Wilson Cheng, Consultant Psychiatrist in CAMHS LD, Dr Ruth Bevan, Consultant Psychiatrist in CAMHS LD, Dr Anthony Fafiolu, Consultant Psychiatrist, Dr Lisa Rippon, Consultant Psychiatrist in CAMHS LD, Northumberland, Tyne and Wear NHS Foundation Trust

Aims
Risperidone is licensed for the management of severe aggression in children and young people with a learning disability. Such prescribing has increased over recent times. However, little is known about its monitoring in clinical practice, particularly prolactin levels. This is of real importance given the potential adverse impact of raised prolactin in the long-term.

Method
The electronic records of patient’s on consultant caseloads were reviewed. Using a pro-forma data was collected for the period January to December 2012. Random cases were checked by a different clinician to ensure the accuracy of the completed pro-forma. Anonymous data was entered to SPSS for statistical analysis.

Results
103 out of 212 patients were prescribed Risperidone (8 inpatients, 95 outpatients). 80% had at least 1 other diagnosis in addition to a learning disability. Aggression was given as the indication in over 90%. More than 50% received at least one additional psychotropic medication.

Over the study period 12 patients had their prolactin checked and 9 had abnormal levels. Monitoring of prolactin was better for inpatients than outpatients (p<0.05). Of the cases who did not have blood monitoring, no explanation was documented in 66%. In 26% aggression/agitation was cited as a reason for not taking blood. For 8% there were no suitable services to facilitate blood tests.

Discussion
This study confirms a high level of prescribing, in particular Risperidone. Despite guidelines monitoring is limited in clinical practise. Furthermore, there is no consensus on how clinicians should manage raised prolactin levels in this population. Given these results perhaps it is time to review the appropriateness and safety of prescribing Risperidone.

Conclusion
Local protocol(s) should be established between healthcare professions on how to monitor the side effects of antipsychotic medication in the LD CAMHS population. The importance of monitoring should be raised with both professionals and parents.

10 White matter microstructure predicts autistic traits in attention deficit hyperactivity disorder
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Background
Investigation of the neural circuitry of attention deficit hyperactivity disorder (ADHD) using diffusion tensor imaging (DTI) has revealed, to date, altered white matter (WM) microstructure in distributed areas of the brain. Whilst the clinical overlap of ADHD and autistic spectrum disorder (ASD) at both trait and full disorder level is well established, no DTI studies have yet examined the association between autistic traits and diffusion parameters in ADHD.

Aims
This study used tract-based spatial statistics (TBSS) to examine the association of ASD traits with diffusion parameters in adolescents with ADHD, and compared WM microstructure in ADHD relative to typically developing subjects.

Methods
40 males aged 14-18 (19 with ADHD-combined type and 21 controls) participated. ADHD was diagnosed by interview - the Child and Adolescent Psychiatric Assessment. ADHD and ASD traits were assessed by validated questionnaire measures.

Results
Significant associations (p<0.05, corrected) were found between diffusion indices (fractional anisotropy and radial diffusivity) and the severity of autistic traits within the ADHD group; mostly in the right posterior limb of the internal capsule/corticospinal tract, right cerebellar peduncle and the midbrain. No case-control differences, impact of age as a covariate or age x group interactions were found for the diffusion parameters investigated.

Conclusions
This is the first report of a WM microstructural signature of autistic traits in ADHD. Thus, even in the absence of full disorder, ASD traits may index a distinctive underlying neurobiology in ADHD. This finding adds to growing evidence on the nature of links between these conditions.

Consistency amongst Child and Adolescent Mental Health Service: Are referrals made to Community Child and Mental Health Services responded to consistently?
Dr Sheriffa Dalrymple, Cwm Taf University Health Board, Wales, Sharifah Syed, Cardiff University, Wales and Dr Gillian Salmon, Cwm Taf University Health Board, Wales

Background
The demand for CAMHS is potentially high. Referrals are made to CAMHS due to concerns about a child’s mental health/development. Whilst the concerns may be similar, response varies.

Previous studies of CAMHS have shown a poor understanding about child mental health services amongst General Practitioner & Paediatricians (Roberts & Partridge, 1998).

Aim
The aim of this study was to examine how referrals made to our local CAMHS was managed by consultants working according to similar referral guidelines.

Method
Copies of original referral letters were obtained from 5 consultants. These were anonymised and circulated securely to all community consultants. Responses were coded into “accept”, “decline”, & “more information needed”.

Results
The reliability agreement calculated among all 11 raters was 0.33. This, according to the Fleiss Kappa Benchmark Scale is equivalent to poor/fair agreement. It would therefore appear that our local CAMHS has a largely inconsistent approach to managing routine referrals, despite clear referral criteria.

Discussion
There are various factors that may influence a consultant’s response including personal clinical interests. We also need to consider the experience and confidence of referrers. Previous psychiatric and CAMHS experience, might influence the quality of referrals.
This survey raises the question of whether all CAMHS consultants and referrers are familiar with referral criteria.

**Recommendations**

Ways of increasing awareness about the referral criteria needs to be considered. Telephone advice should be considered where relevant. Sign-posting should be offered where indicated. Primary Mental Health Workers should be utilized when in post. Better communication between services should be encouraged. With the widening of the inclusion age to 18 years in Wales, perhaps the referral criteria used by local CAMHS needs to be reviewed.

Although this survey was conducted on a small subset of referrals, it gives us an insight into the inconsistency of current practice in terms of referral acceptance and highlights potential areas in which service can be improved.

12

**West Midlands Regional Re-Audit of Autistic Spectrum Disorders Diagnostic Pathway**

Dr Eleanor Dryhurst, CAMHS ST6, Birmingham Children’s Hospital NHS Foundation Trust and Dr Vinu Pemmaraju, Consultant Child and Adolescent Psychiatrist, Birmingham Children’s Hospital NHS Foundation Trust.

**Aim**

The 2008 ‘West Midlands Autistic Spectrum Disorder (ASD) Diagnostic Pathway Audit’ found that some services were making single-disciplinary diagnoses and few teams were using additional diagnostic tools. It recommended increasing resources for specialist ASD teams and transition services into adulthood.

This is a West Midlands wide re-audit of the above, using NICE guideline ‘Autism - Recognition, Referral and Diagnosis’ as Gold Standard. Updated in 2013, NICE recommend local multi-agency groups with representation from a range of services to create specialist autism teams and guidance for a structured multidisciplinary diagnostic pathway.

**Method**

A questionnaire was developed looking specifically at diagnostic pathways, practice and resources, in line with that used 5 years previously for comparison purposes. It was distributed to all community centres diagnosing ASD; including Tier 3 CAMHS and Child Development Centres (CDCs).

**Results**

Questionnaires were sent to 43 teams in December 2013: 74% (32 teams) responded (CAMHS 19/25, CDCs 13/17 plus an independent team). Of teams making ASD diagnosis, 84% report an ASD care pathway. 6 teams do not make ASD diagnosis; all using a separate specialist ASD team. A further 4 teams make ASD diagnosis but also access, or form part of, a specialist ASD team. Diagnoses are made by a single discipline in 2 centres; in both centres, paediatricians highlight no ASD pathway for age >5.

75% of centres have at least one clinician trained in a structured diagnostic tool but less than half of all teams carry out routine observations, home or school. The diagnostic process takes on average 8 months, ranging from 3 months to 2 years depending on resources. There remains a gap in transition to adult services: 20% having an agreed handover; joint management by 10%.

**Conclusion**

ASD diagnostic pathways have improved dramatically in the past 5 years. However, financial cuts continue to affect teams who forfeit multidisciplinary input.

13

**Prevalence of Disruptive Mood Dysregulation Disorder in a clinical sample with Attention/Deficit-Hyperactivity Disorder**

Dr Olga Eyre, Dr Kate Langley, Dr Stephan Collishaw, Dr Argyris Stringaris, Dr Ellen Leibenluft, Professor Anita Thapar

**Introduction and aims**

Disruptive Mood Dysregulation Disorder (DMDD) is a newly defined DSM-5 diagnostic category, characterised by severe temper outbursts and irritable/angry mood. Although its inclusion in DSM-5 was based on research into chronic irritability, little data regarding DMDD exists. Preliminary results from community samples find DMDD prevalence at 0.8-3.3%, with high rates of comorbidity. This information is yet to be reported in an ADHD sample. As chronic irritability commonly occurs in ADHD, contributing to impairment and outcome, this information is of clinical relevance. This study
aimed to establish rates of DMDD in an ADHD sample, and identify comorbidities of those meeting diagnostic criteria.

Methods
A clinical sample of 700 children (83% male, mean age 10) who met DSM-IV criteria for ADHD was utilised to determine the rate of Disruptive Mood Dysregulation Disorder (DMDD). DMDD was defined on the basis of DSM-5 diagnostic criteria, using items from the parent-reported Child and Adolescent Psychiatric Assessment (CAPA). The CAPA was also used to establish the presence of other comorbid diagnoses in this group.

Results
Three month prevalence of DMDD was 28%. The most common additional comorbidities were Oppositional Defiant Disorder (53.8%), Conduct Disorder (35%) and Anxiety Disorder (10%). The majority with ADHD and DMDD had at least one further comorbid disorder.

Discussion
The prevalence of DMDD in this ADHD sample is markedly higher than has been reported in community samples so far. These children have multiple comorbidities. We know children with chronic irritability are impaired, with increased risk of unipolar depression as adults. Follow-up studies are needed to understand long-term consequences of this comorbidity.

References

Camden Complex Needs Outreach Team: A multi-agency liaison CAMHS innovation
Dr Susannah Fairweather, Dr Victoria Lidchi, Dr Kim Miles, Hannah Morgan and Patricia Pemberton, Tavistock and Portman NHS Foundation Trust.

Introduction
The Camden Complex Needs Outreach Service (CCNOT) was developed in September 2012 with the aim of improving outcomes and value for money for the care of children and young people with special educational needs (SEN) and/or social, emotional and behavioural disorders. Camden Children, Schools and Family Department spend £8.8 million on complex needs placements in the independent non-maintained sector, with a core group of 130 children benefiting from this. The CCNOT aims to support children and young people within their families or local provisions rather than out of borough placements or quality assure proposed placements will meet their needs adequately. The team works alongside the Camden Joint Commissioning Team.

Aims
- Review the cases known to CCNOT since it’s inception, reviewing: gender, age, diagnosis, current placement location, task of CCNOT and intervention of CCNOT.
- Use the resulting data to formulate the tasks required for further development of CCNOT as a service.

Method
The 29 cases known to CCNOT were reviewed with the requested data found by reviewing the case notes.

Results
76% of the cases were male. The majority were between 11-17 years old, with the cases clustering at 12-13 years old. The major diagnostic categories were autistic spectrum disorder and emotional disorders with conduct disorder. 34% were in high cost, out of borough placements. The tasks requested of CCNOT focused on reviewing provisional placement options and assessment of need. The interventions undertaken by CCNOT included: assessing the needs of young people in relation to placement options, attendance at multi-agency review meetings, assessing placement options sourced by SEN or social services and short focused therapeutic interventions with families and young people.

Future
The review highlighted a number of areas where liaison with existing CAMHS services needed to improve to clarify the specific role of CCNOT. The identified cohort needs further clarification in relation to existing pathways. The CCNOT will
take an active role in advising in resource development within the borough.

15
Exploring the pathway to Certificate of Eligibility for Specialist Registration (CESR)
Dr Liz Fellow-Smith, West London Mental Health Trust, Hounslow, Senior Tutor for Leadership Skills Development, Lead Provider, Central North West London Foundation Trust, member of the Faculty Executive, Deputy Chair Equivalence Committee, member of the Psychiatrists Support Service and Senior Tutor Faculty Development Programme, North West London, Dr James Woollard, ST6 Child & Adolescent Psychiatry, St. Mary’s North West London Rotation, Central North West London Mental Health Foundation Trust.

It is essential that trainees develop effective leadership skills to meet the service delivery, quality improvement and service change demands of their future roles as consultants within the NHS and wider health service. This is well recognised within the NHS and within medical education policy. It is therefore essential that training in leadership skills is integral to the mainstream of training yet innovative and able to meet the challenges of an ever changing environment.

A 6 year training has been developed in North West London for all Core Trainees in psychiatry and several Higher Training schemes, including the Child and Adolescent Training Scheme. The training programme models real life. It includes: integration of professional and clinical skills through innovative training opportunities; integration of professional skills and therapeutic models with sessions delivered jointly with communications and psychotherapy tutors; workshops co-delivered by clinicians, managers and NHS leaders; and quality improvement project experience supervised by managers and learning enhanced in reflective learning groups. Higher trainees have been engaged in the design and delivery, piloting evaluation methodologies and co-delivering sessions for core trainees.

The poster will outline this innovative training strategy and approach. It will include an overview of trainee feedback and experience. The aim is to inspire and inform other trainers, trainees and training scheme providers.

16
A systematic review of randomised controlled trials of parent training programmes for children with learning disability presenting with challenging behaviours
Dr Asha Gowda, Dr Noha Eskander, Dr Margaret Thompson, Solent NHS trust, Southampton

Introduction
Studies have shown that children with learning disabilities are at higher risk of developing mental health and behavioural problems. These behavioural problems have a significant impact on the individual child, their families and the society. Behavioural modifications through parent training programmes can reduce this burden.

Aims
This systematic review was aimed at appraising evidence based parent training programmes offered to families of children with learning disabilities presenting with challenging behaviours.

Method
A literature search was conducted using PsycINFO and MEDLINE. The search was designed to identify intervention studies that included children (3 to 18 years) with learning disabilities presenting with challenging behaviours. Studies published between 1980 and 2013 were selected. A total of thirty articles were identified out of which five were randomised controlled trials.

Results
There was heterogeneity within the study population. The severity of learning disability ranged from mild to severe making comparison of studies difficult. Two studies were Australian based; two studies were from Ireland and one from The United States of America. Four studies included children up to the age of 7 and one study included children up to 16 years. This study identified three main types of parenting programmes (Parents as Teachers, Stepping Stones Triple P and Parents Plus Programme). Mainly behaviour checklists (e.g. Child Behaviour Checklist, Developmental Behaviour Checklist, and Vineland Adaptive Behaviour Scale), parent satisfaction questionnaires and scales assessing parental stress were used. The maximum follow up period was at one year post intervention. There was lack of clarity regarding the ethnicity of the study population except in the American study which included twenty Spanish speaking Mexican immigrant families.

Conclusion

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The study showed that these parenting programmes were effective in reducing problem behaviour and improving parental behaviour. They were effective in children with varying degrees of Learning disability.

17 Prescribing of Antidepressants at Harrow CAMHS
L Gutierrez-Galve, Harrow CAMHS, CNWL NHS Foundation Trust and Academic Unit of Child and Adolescent Psychiatry, Imperial College London, A Perumal, Harrow CAMHS, CNWL NHS Foundation Trust and J Tolmac, Harrow CAMHS, CNWL NHS Foundation Trust

Background
The NICE Clinical Guideline (2005) outlines how antidepressant should be used. All this information should be recorded in clinical records.

Aims
To determine whether we are following the NICE- Clinical Guideline when treating adolescents (aged 12 to 18) with antidepressants, who have a diagnosis of depressive illness.

Methods
Sample
The medical team from Harrow CAMHS comprised a total of 6 medical doctors: 2 Consultants in Child and Adolescent psychiatry, 2 Specialist Registrars (ST4-6), 1 Specialty Doctors and 1 Core Trainee (CT1-3). We reviewed notes and documents in electronic clinical records of 26 adolescents who were being treated with antidepressant in December 2013.

Data Management
Data was collected cross-sectionally and retrospectively in order to review current and past antidepressant treatment. Descriptive statistical analysis was carried out using SPSS v20.

Results
Most of the patients received combined psychopharmacological and psychological treatment (81%). Fluoxetine was the first-line treatment (95.2%). Three patients with higher dosage of medication and psychological treatment had either more severe symptoms or psychiatric comorbidity. Sertraline was the second-line treatment. ECG was performed before starting Citalopram.

Records were incomplete for discussion of side effects (23.8%), providing written information (38.1%), monitoring of suicidal behaviour (33.3%), discussion regarding interaction with other medications or illicit drugs (85.7%) and Mood and Feelings Questionnaire (MFQ) (100%).

Conclusions and Recommendations
When an antidepressant is prescribed by a Child and Adolescent psychiatrist, it is not only important to follow the NICE Guidelines when appropriate, but it is also essential to record adequately all the relevant information in the electronic clinical records.

To improve the quality of our clinical records, we have prepared a pack with leaflets about depression, antidepressants, interactions, and MFQ. We will carry out the re-audit in 6 months. By the time the poster is presented, the audit cycle will be completed.

18 Undergraduate Teaching and Recruitment in Child and Adolescent Psychiatry
Rebecca Hodnett1, Sarah Bernard2 and Benjamin Baig1
1. Institute of Psychiatry, Kings College London
2. South London and Maudsley NHS Trust

Background
The recruitment crisis in Psychiatry is well documented. Proposed reasons include the stigma of mental illness and how psychiatry is delivered in undergraduate teaching. Of all subspecialties of psychiatry, in 2013 child psychiatry has the second lowest competition ratio for specialist training. The Royal College of Psychiatrists has proposed that part of the recruitment strategy include improving the undergraduate experience. Child psychiatry has traditionally featured less on most undergraduate curricula and little is known about specific attitudes to child psychiatry. Do medical students view child psychiatry worse than general psychiatry and if so could these attitudes be improved by teaching?
Methods
This study included two components. Firstly a systematic review of undergraduate child psychiatry teaching containing key words: [child, adolescent, psychiatry] and [teaching, education, curriculum, recruitment, undergraduate, medical student and medical school]. Secondly, an empirical study looking at attitudes. The Attitudes to Psychiatry 30 (ATP-30) is a 30 Likert scale assessment which has been well validated in undergraduate populations. Here, we modified the ATP-30 to see how each question related to attitudes to Child and Adolescent Psychiatry. Students in Kings College London receive one half day of Child psychiatry teaching and over one year all 452 students in a year group were asked to complete this questionnaire.

Results
11 studies were identified which related to specific research on teaching undergraduate child psychiatry. These studies emphasized the need to introduce the subject earlier and support clinical exposure as a means of enthusing students. 211 students completed the Child ATP-30. Attitudes were similar to the rest of psychiatry where scepticism existed as to the scientific basis and importance of the specialty on a medical curriculum.

Conclusion
Further research should be conducted to look at how attitudes to child psychiatry can be improved and whether this can and should be done through the undergraduate curriculum.

19 Move to a new adolescent unit: What do young people think?
Dr Susan Frances Knowles, Greater Manchester NHS Foundation Trust, Mairead Hughes, Assistant Psychologist, Greater Manchester NHS Foundation Trust and Dr Shermin Imran, Greater Manchester NHS Foundation Trust Rebecca Fisher, Young Person

Aims
This poster describes a qualitative service evaluation project focusing upon patient’s views of a relocation from an adolescent inpatient service to newer building.

Methods
Semi-structured interviews were undertaken which aimed to explore the young people’s thoughts and feelings prior to, during, and following the move. Thematic analysis was performed and main themes identified.

Results
Three themes were identified from the data: ‘Initial expectations and subsequent feelings of loss’, ‘Chaos, confusion and stress’, and ‘What helped me to cope.’ This poster demonstrates how a move to a new building needs to be carefully planned with a graded transition, considering potential emotional attachments to the old building and ensuring feelings of safety and security for the young people involved. To do this, it appears important to also address staff’s emotional reactions and the overall therapeutic milieu during and following the relocation. Recommendations are made for future relocations within mental health services.

20 Impact of brief Online awareness intervention on confidence and risk management in child and adolescent psychiatrists.
Dr Nick Isaacs and Dr Batsheva Habel, Tavistock and Portman NHS Foundation Trust.

Whether social media and the internet play a positive or negative role in the lives of young people is up for debate. Research findings of a positive impact appear at odds with the growing number of suicides in young people where social media is reported to play a central role. Specific risk assessment training improves practitioner’s confidence and ability to identify risks. It is unknown whether improved awareness of the internet and social media amongst clinicians enhances risk assessment in this area.

The study’s aim was to assess the impact of a social media and internet teaching intervention to child and adolescent psychiatrists on their awareness and confidence in managing online risk in young people. The intervention was offered to all higher trainees and their trainers in Child and Adolescent Psychiatry within the London Deanery. The intervention consisted of formal lectures on the internet; its impact on the lives of children, future advances, psychiatric concerns and an interactive small group session. Attendees completed pre and post intervention questionnaires and a 16 week follow up to assess longer term impact. 64 psychiatrists attended the training session. 35
(55%) completed the pre-program questionnaire; 94% of respondents encountered patients exposed to on-line risk. Only 31% felt confident in assessing on-line risk and 3% had received specific training in this area. Immediately following the intervention 33 attendees (52%) gave feedback with 94% of respondents reporting they may have or definitely underestimated the impact of social media and 91% reporting an increased likelihood of asking about online activity in future clinical work. At 16 week follow up 17 attendees (27%) responded; 71% reported feeling confident in online risk assessment an increase of 40% on pre-intervention confidence.

We conclude that providing psychiatrists with brief awareness training on the benefits and risks of online activity leads to increased confidence in assessing risk in this area and an increased likelihood of asking young people about this important topic. These benefits are maintained over the short term.

21
The Effects of Oligodendrocyte-lineage Transcription Factor 2 (Olig2) Gene (rs 159004) on IQ, White and Grey Matter in Adolescent-Onset Schizophrenia: a preliminary report
Anthony James, Highfield Unit, Warneford Hospital, Oxford, Christine James, Bart’s and London Medical School, London Georgina James, Durham University Medical School, Durham, Morgan Hough, FMRIB Centre, Department of Clinical Neurology University of Oxford, John Radcliffe Hospital, Oxford and Solanda Cabello Highfield Unit, Warneford Hospital, Oxford.

Background
Abnormal oligodendrocyte function is thought to be a primary aetiological factor in schizophrenia and related cognitive function. Genome wide studies indicate that Olig2 gene confers susceptibility to schizophrenia, however, an aetiological mechanism is not clear. The Olig2 gene, which is situated within a region of chromosome 21, encodes a basic helix-loop-helix transcription factor - an essential regulator of ventral neuroectodermal progenitor cell fate. Olig2 is, believed to be involved in the development of oligodendrocytes and glial cells.

It was hypothesised that in adolescent-onset schizophrenia (AOS), where neurodevelopmental processes are thought to operate, and where reduced white matter (WM) integrity has been reported, Olig2 risk allele expression (AA) would result in a pattern of greater WM changes.

Method
Twenty-seven patients with AOS underwent MRI diffusion tensor imaging (DTI); assessment of IQ; and genotyping.

Results
Of the 27 with AOS, those with homozygous risk allele Olig2 (A, A) (n=6) had a higher IQ (p =0.03); greater grey matter volume (p = 0.007); and reduced fractional anisotropy (FA) in the right cerebellum, and a number of tracts. There did not appear to be any difference in severity between the Olig2 risk allele (A,A) and non-risk alleles (CA, CC) in terms of medication use (chlorpromazine equivalents), age of onset, duration of psychosis, or positive or negative PANSS symptom scores.

Conclusion
Although a preliminary study with small numbers, it appears that in AOS Olig2 is linked to cognitive, grey and white matter changes, indicating an effect of Olig2 on both oligodendrocyte and glial function. A possible mechanism of action is discussed.

22
Exploring GP trainees views about ADHD – their perceptions of its validity as a diagnostic category and their views about the diagnosis and treatment
Dr Deepa Joseph, Nottinghamshire Healthcare NHS Trust, Dr Lucy Redstone, Nottinghamshire Healthcare NHS Trust, Dr Maria Moldavsky, Nottinghamshire Healthcare NHS Trust and Dr Kapil Sayal, University of Nottingham

Background
ADHD has received a lot of media attention and been subjected to debate and criticism about its validity as a diagnostic category. The aim of this study is to explore GP trainees’ perceptions of ADHD in children, its usefulness as a diagnostic category and their views of treatments.

Methods
A qualitative study with thematic analysis applied to semi-structured interviews with 6 GP trainees in Nottinghamshire. A topic guide consisting of 9 questions to explore their perceptions was used. Three sample questions are given below.

1. What do you understand by the term ADHD?
2. Some people see ADHD as a medical disorder, while others attribute it to stress of parenting, diet etc. Where do you see it arising from?

3. How helpful is it as a diagnostic category?

Results (preliminary)
Trainees were aware of the broad cluster of difficulties associated with ADHD. Despite this, they reported lacking experience, confidence and expertise in recognising and managing ADHD. Most were aware of the complex relationship between temperament, environment and parenting in its causation. They expressed mixed ideas about the usefulness of the diagnosis; although they perceived diagnosis as bringing relief and support. They believed that the diagnosis of ADHD could be stigmatising. Several expressed the view that educational and behavioural support could be provided without the diagnosis. They held aspirational ideas about a holistic and life-long approach to treatment. They expressed concerns about that treatment with medication might lead to habituation.

Conclusions
This research confirms that GP trainees lack confidence in recognising and managing ADHD. Our study found that GP trainees perceived the diagnosis as stigmatising. These preconceptions may be a deterrent in identifying ADHD in those cases where the parents are not proactively seeking a referral. This study has implications for training of general practitioners in child and adolescent psychiatry.

23
Using conversation analysis to investigate how families construct their case as credible during a child mental health assessment
Using conversation analysis to investigate how families construct their case as credible during a child mental health assessment
Dr Khalid Karim, Consultant Child and Adolescent Psychiatrist, and Dr. Michelle O’Reilly, Senior Lecturer, University of Leicester

Background
There is increasing recognition of child mental health difficulties with an associated increase in demand for assessment and treatment. Prior to receiving any treatment families have to negotiate the diagnostic process with clinical professionals to determine the genuine need for services. In the current economic climate, especially with other services under extreme pressure, families feel they have to validate their claim to care. There is has been little research on how this is achieved, in many areas of healthcare, but particularly in first assessments involving children.

Aims
In this paper we aimed to explore the interactional strategies of families and professionals in building a case for the presence of a mental health difficulty.

Methods
For the study 28 families and their clinicians were video-recorded during their first assessment in a Child and Adolescent Mental Health Service (CAMHS). Children presented with a range of different problems and had a mean age of 11.5 years. Conversation analysis was utilised to interrogate the data and explore the mechanisms families used to construct their case as credible. CA is an analytic method with robust validation procedures and is able to identify systematic patterns of interaction across consultations (McCabe et al, 2002).

Results
The analysis identified four core strategies used by families to support their need for continued care from CAMHS. First they reported upon their personal experiences of the child’s behaviour. Second, they negotiated an epistemic position as having valuable knowledge. Third, they make reference to credible third parties in support of the position. Finally they framed the claim to care using a medical paradigm.

Conclusions
Managing families’ claims to care is essential in contemporary practice. Therefore identifying how these assertions are constructed facilitates better reciprocal communication by increased awareness of these mechanisms. Trainees and those new to child mental health practice can benefit from understanding these more nuanced communication strategies to improve clinical communication.
The relationship between the core features of Autism Spectrum Disorders (ASD) and maladaptive behaviours measured using the Diagnostic Interview for Social and Communication Disorders.

Ms Rachel Kent, Wales Autism Research Centre, School of Psychology, Cardiff University, Prof. Ann Le Couteur, Newcastle University, Dr Judith Gould, Lorna Wing centre for Autism, National Autistic Society, Dr Lorna Wing, Lorna Wing centre for Autism, National Autistic Society and Prof. Susan Leekam, Wales Autism Research Centre, School of Psychology, Cardiff University

Background
Disruptive, aggressive and hyperactive behaviours are frequently found in children with autism spectrum disorders (ASD). The Diagnostic Interview for Social & Communication Disorders (DISCO) is a semi-structured diagnostic interview, which collects measures of symptoms relevant for a diagnosis of ASD (according to DSM-IV/ICD-10 and DSM-5) and also associated features including a section of items measuring “maladaptive behaviours”.

Aim and Method
The aim of the current study was to establish the prevalence of maladaptive behaviours as measured by the DISCO in individuals with ASD (N=36) in comparison to clinical (N=31) and typically developing (N=15) comparison individuals as well as to determine the relationship between maladaptive behaviours and core features of ASD in a sample of 200 children and adults.

Results
The maladaptive behaviour items in the DISCO created a reliable scale (Cronbachs α = .92, 16 items); total score on these items was significantly higher in the ASD group than either the clinical or typical control groups. Maladaptive behaviours were significantly predicted by scores in all three core features (social interaction, communication and repetitive behaviours). Principal Components Analysis was conducted on the maladaptive behaviours and the use of parallel analysis resulted in two factors: behaviours affecting other people (e.g. behaviour in public places, wanders, lack cooperation) and communicative disruptive behaviours (e.g. interrupts conversations, talks to strangers). Scores on both factors were significantly higher in the ASD group. Regression analyses revealed the first factor was significantly predicted by social interaction and the second by communication, repetitive behaviour and age. Conclusion: The DISCO interview provides a reliable measure of two types of maladaptive behaviours which are significantly related to core features of ASD.

25 Profiles of Autistic features in Individuals with Prader-Willi Syndrome and Down Syndrome: a Comparative Study
Dr Nermin Khalil, Professor Jeremy Turk, Professor Patrick Bolton, South London & Maudsley Foundation NHS Trust & Institute of Psychiatry, King’s College, University of London

Individuals with known genetic abnormalities like Prader Willi Syndrome (PWS), chromosome 15q11-13 anomaly, and Down Syndrome (DS), trisomy 21, are more prone to develop impairments in their social and communicatory functioning than the general population. It is still unclear whether the symptom profiles of Autism Spectrum Disorders (ASD) in individuals with PWS differ from those seen in DS thus this study aims to explore the autistic profiles of children and young people with PWS compared to those with DS.

Methods: Previously collected data by Bolton et al.(2005), was analyzed to explore differences in profiles of autistic features between the groups. 102 individuals with PWS (60 males and 42 females) aged 29-225 months were compared to 90 persons with DS (52 males and 38 females) matched for age, gender but not for IQ. Developmental abilities using scores derived from Vineland Adaptive Behavior Schedule (VABS), Autism Diagnostic Interview (ADI), Autism Diagnostic Observation Schedule (ADOS), and Autism Spectrum Quotient (ASQ) were compared in the two groups. Results: Individuals with PWS and ASD, compared with those with DS & ASD displayed more difficulties in pretend play and social imitation, more stereotyped and repetitive behaviours, preoccupation with object parts and non functional elements of materials, and a tendency to have more unusual preoccupations. Conversely, persons with DS and ASD exhibited more difficulties in daily living skills, communication and social abilities as well as poor adaptive behavior composite as measured by VABS. They also showed more language problems, difficulties in initiating and maintaining conversations but they were found to have greater strengths in pretend play and imitation. This emphasizes the need to look beyond categorical all-or-nothing diagnoses of ASD and to explore the exact profiles of social and communicatory impairments which appear to characterize each aetio logically distinct client group.

26 The Role Of Transitional Phenomena In A Child's “Ability To Remain Alone"
Dr Vera Klaric, Zadar General Hospital, Zadar, Croatia and Dr Dragan Klaric, Zadar General Hospital, Zadar, Croatia
Objective
The aim of the research was to determine the 'ability to remain alone' in children that have used transitional objects in the transitional phenomena development period, compared to those children that have not used them. The hypothesis is that children who used transitional objects in the transitional phenomena development period will have a greater capacity of remaining alone and will show less behavioural and emotional problems upon separation due to hospitalization.

Methods
The aimed group of examinees is 30 children of both gender which, due to weight issues, were hospitalized and thus "remained alone" without parents and other carers. The control group is also made up of 30 physically healthy children that have not been separated from their parents.

In the hospitalized group was 63.3% (19 girls), which means that the participation of boys was 36.7% (11). In the control group, the group of healthy school children the participation of boys and girls particularly differs statistically from the participation of hospitalized children ($\chi^2 = 5.406$, df = 1, $p = 0.038$)

20 boys (66.7%).

Results
The analysis results of the influence of transitional objects on the mental health of children were evaluated with the assistance of CBCL and TRF. The division of hospitalized children’s group and control children’s group in the use of transitional objects (question P1). In 27.6 cases, hospitalized children used a transitional object during their development while the children from the controlled group used such an object in fewer (23.3%) cases during their development. In the overall, every fourth child (25.4%) used transitional objects.

Conclusions
Very few children use transitional objects in early development (examined and control group). There is almost no increase not even in temporary emotional behavioural problems accompanying separation due to hospitalization.

27
The role of family processes in promoting resilience in offspring of depressed mothers.
Dr Liam Mahedy, Dr Stephan Collishaw, Prof. Anita Thapar, Department of Child and Adolescent Psychiatry, Cardiff University; Prof. Gordon Harold, Andrew and Virginia Rudd Centre for Adoption and Research Practice, University of Sussex; Prof. Frances Gardner, Department of Social Policy and Intervention, University of Oxford; Prof. Barbara Maughan, Social Genetic and Developmental Psychiatry, King’s College London; Prof. Ricardo Araya, Department of Population Health, London School of Hygiene and Tropical Medicine.

Background and Aims
Although offspring of depressed mothers are at an increased risk of depression, not all develop problematic outcomes. Studies have tested the role of family factors in explaining ‘resilience’ in children of depressed mothers; however most have focused on the mother-child relationship. This study used longitudinal data to 1) examine the role of family processes, including mother, father and sibling, in promoting resilience in adolescent offspring of depressed mothers, 2) ascertain whether these associations vary by gender, and 3) test the direction of these effects.

Sample and Methods
The study utilised data from a three-wave study of adolescent offspring of parents with recurrent depression (Early Prediction of Adolescent Depression, EPAD, $n=309$; mean age 12.5, 13.7 and 14.8 years). Offspring depression and disruptive behavior disorder (DBD) symptoms were assessed across multiple time points using the Child and Adolescent Psychiatric Assessment (CAPA). Family processes were measured using questionnaire data. Latent growth curve and cross-lagged modelling approaches were used to examine the influence of family processes on offspring depression and DBD symptoms over time taking account of variation by gender.

Results
20% of offspring experienced no psychiatric diagnosis or sub-threshold difficulties over the study period. Findings revealed that paternal emotional support predicted lower depression (males: $\beta = -.421$, $p<.001$; females: $\beta = -.302$, $p<.01$) and DBD symptoms (males: $\beta = -.343$, $p<.001$; females: $\beta = -.308$, $p<.001$). Analyses testing the direction of these effects suggested that paternal emotional support influenced change in depression symptoms for girls.

Conclusions
Results suggest that problematic outcomes are not inevitable for offspring of depressed mothers and that family processes, such as paternal emotional support may be relevant in promoting resilience. This highlights the possibility of using family orientated interventions for offspring of depressed mothers.

28
Empathy Deficits in Adolescent males with Attention Deficit Hyperactivity Disorder and Conduct Disorder
Miss Kelly M Main1, Prof Anita Thapar2, Dr Kate Langley1,2 & Prof Stephanie HM van Goozen1
1 School of Psychology, Cardiff University, UK
2 MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff University, UK

Background
A combined diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder (CD) is associated with poorer clinical outcomes than either disorder alone. Although empathy deficits have been identified in adolescents with ADHD, relatively little is known about how this may relate to risk for antisocial behaviour, specifically aggressive behaviour.

Method
The current study measured affective and cognitive empathy in a clinical sample of 180 adolescent males with ADHD, of whom 94 had a diagnosis of comorbid CD. Within the ADHD/CD group we distinguished between those with (ADHD/CD+; n=30) and without (ADHD/CD-; n=64) aggressive CD symptoms. Participants watched four short film clips that aimed to induce four emotions; pain, sadness, happiness and fear. After each clip participants were asked to rate their own and the main character’s emotions, and to give reasons for why they and the main character felt this way during the clip.

Results
There were no differences in cognitive or affective empathy between the ADHD and ADHD/CD- groups, but the ADHD/CD+ group displayed affective empathy deficits on the negative, but not the positive clips.

Conclusion
These results indicate that only those with ADHD and aggressive CD problems have a specific deficit in affective empathy for negative emotions and highlight the need for targeted interventions within this subgroup. The results support the idea that the capacity to respond with an appropriate emotion to another's negative mental state may act as an inhibitor of aggressive behaviour through the vicarious experience of others’ distress.

29
Courageous conversations in interprofessional collaborative work: How to engage with interprofessional reflective practice meetings and get the best out of it.
Farai Makoni, Nurse Manager, Wells Unit, West London Mental Health Trust
Heidi Hales, Consultant Adolescent Forensic Psychiatrist, Wells Unit, West London Mental Health Trust

Introduction
Learning with, from and about each other within multidisciplinary practice encourages individuals to gain a shared understanding of the nature of the caring task, offering an insight into differing disciplinary perspectives and building a collaborative ethos in the team’s approach to care. However, despite such noticeable benefits of working collaboratively, there are challenges that often hinder this within the clinical practice environment. Therefore, one of the ways of encouraging a shared understanding that fosters collaborative approaches amongst professionals is to provide a platform that encourages openness. Engaging with each other enables individuals to realise the ‘collaborative advantage vision’, leading to the social construction of knowledge and co-creation of a shared understanding of the nature of the caring task.

Aims
- To think about the benefits of reflective practice in staff teams.
- To consider how to set up and run reflective practice groups.
- To spend time reflecting on our learning at this year’s conference.

Methods
This poster will present the findings of a qualitative study completed on an adolescent inpatient unit, considering how staff used their reflective practice group.
Following presentation of these findings, we will discuss their practical implications on how to plan and develop reflective
30  
Self harm in Children and Adolescents – What is the value of a 7 day follow up?  
Libin Matthew, Tolulope Oluwe and Benjamin Baig, Institute of Psychiatry, Kings College London  

Background  
Self harm occurs in up to 9% of Adolescents in the UK and may be associated with increased risk of suicide and a variety of mental health diagnoses. Guidelines recommend that all adolescents presenting with self harm should be reviewed after initial presentation within 7 days and this has become standard policy in many mental health trusts. Approximately 15% of children re-present to a hospital with self harm within a year of first presentation. The identification of those who are at increased risk of repetition of self harm after their first presentation to hospital should therefore be a vital objective of the psychiatric assessment that is carried out both at hospital and at the 1-week follow-up appointment. What factors may predict which patients engage with the 7 day follow up and which patients re-present subsequently with?  

Method  
Data was collected from the electronic patient records of children who were offered a 7-day follow up appointment by CAMHS in two London boroughs over 1 calendar year. This included sociodemographic indices and clinical data including multi axial diagnoses and CGAS.  

Results  
80 patients were referred to the CAMHS teams. 50.2% of patients were discharged immediately due to non-attendance at the 7 day follow up. 7.5% re-presented with self-harm within the 1-year. There were no demographic or psychiatric predictors of re-presentation. Only 12.2% of patients had depression. Neither diagnosis nor nature of treatment changed likelihood of re-presentation.  

Conclusions  
It remains difficult to predict which patient will re-present following self harm or will engage in psychiatric treatment. In the context of diminishing resources, how can the 7 day follow up be modified to prevent re-presentation and help engagement?  

31  
Analysis of public sector service use in relation to psychopathology over three years in the 2004-2007 British Child and Adolescent Mental Health Survey  
Dr Tamsin Newlove-Delgado, Dr Obioha Ukoumunne, Professor Tamsin Ford, Professor Ken Stein, University of Exeter Medical School.  

Aims  
To describe and analyse service use in relation to psychopathology over a three year period from 2004-2007 in children aged 5-16 using data from the British Child and Adolescent Mental Health Survey (BCAMHS).  

Background  
The BCAMHS 2004-2007 is a large community sample with data on service contact, diagnosis and psychopathology over 3 years for 5,326 children, representing naturalistic patterns of public sector service use. The previous BCAMHS 1999-2002 reported that 23.6% of children with a persisting psychiatric disorder had no contact with any relevant service during the 3 year follow up, suggesting significant unmet need. The relationship between service use and outcomes is complex and contact with services has not always been shown to predict improved outcomes.  

Methods  
Analysis included descriptive analysis of service contact over time for the whole sample and by diagnosis. The relationship between service use and outcome in terms of parental rating of psychopathology on the Strengths and Difficulties Questionnaire was analysed using multivariable linear regression.  

Results  
Of children with a persisting disorder, at least one contact was reported by 96% with any service and by 74% with specialist services (e.g. child mental health, special education etc.) over the three year period. Children with ADHD were the most likely to be in contact with services and children with anxiety disorders the least likely. Outcomes for children
using services were poorer than those without contact, even after adjusting for initial levels of psychopathology and other potential confounders.

**Discussion**

Encouragingly, almost all children with persisting disorders had some contact with services over the study period, suggesting increased use or availability of help since 2002, although children with emotional disorders may still be underserved. Worse outcomes amongst those using services is likely to be multifactorial but may represent a different more severe trajectory amongst this group, confounding by indication and/or residual confounding.

### 32

**Fear Conditioning In ADHD Adolescent Boys With And Without Conduct Disorder**

**Miss Clare Northover**

Attention-Deficit/Hyperactivity Disorder (ADHD) has long been associated with antisocial behaviour but previous research has not always controlled for comorbid Conduct Disorder (CD). This study aimed to test whether known neuropsychological risk factors for antisocial behaviour are independently associated with ADHD or only occur in the presence of CD. This study analysed fear conditioning in a sample of 10 to 17 year old ADHD boys (N=109) with and without CD. A significant difference in conditioning was found between groups suggesting that ADHD is not independently associated with poor conditioning. A secondary analysis was also conducted, dividing the CD group into aggressive and non-aggressive sub groups. This indicated that a deficit in fear conditioning is associated with aggressive CD in particular. This implies that subgroups of the same disorder are likely to benefit from different interventions.

### 33

**Pervasive Refusal Syndrome and Severe Complex Psychosomatic Presentations in Young People: What makes a difference?**

**Dr Jane Whittaker, Consultant Psychiatrist, CMFT, Manchester, Dr David Ochando, Locum Consultant Psychiatrist, CMFT, Manchester and Dr Louisa Draper, ST6 CAMHS, CMFT, Manchester**

**Aims and Objectives**

This retrospective case series study aims to identify the illness factors and the care and therapeutic interventions that have a greater impact on clinical outcomes for children and young people with Pervasive Refusal Syndrome (PRS) at the time of discharge from a child and adolescent mental health unit.

**Methods**

Galaxy House is a mental health inpatient unit for children and adolescents in Royal Manchester Children’s Hospital. It has twelve beds with at least one bed occupied by a young person with PRS at any given time.

We identified nine cases of PRS admitted and discharged from Galaxy House from January 2006 to January 2013. In the initial phase of the study, the medical files were reviewed by a Specialist Trainee in CAMHS who had no knowledge of the cases prior to the study. The trainee used standards of care described in the literature (Lask, 2004, Nunn et al., 1998) and compared their presence in the treatment of each case with clinical outcomes at the time of discharge. Clinical Outcomes were determined using HoNOSCA scores.

On the second phase of the study, duration of symptoms in the community, clinical severity and duration of admission were analysed, in relation to clinical outcomes, by a second senior Specialist Trainee.

**Results**

We found an association between length of medically unexplained symptoms in the community, before admission, and poor outcomes at time of discharge. We also found an association between severity of clinical presentation on admission and less successful outcomes. Patients that were only admitted for five days a week had the worst clinical outcomes at time of discharge.

**Discussion**

According to our results, the early identification of PRS and a prompt referral to a specialist mental health inpatient unit is essential for good clinical outcomes at time of discharge. This is an important finding as in some cases, commissioners and mental health professionals continue to promote and attempt treating PRS in the community. The admission needs to be for seven days a week.
An initial cost-benefit analysis might consider a lengthy inpatient admission (mean of 11 months) not cost-effective. We need however to take into consideration the cost of adapting the home environment to the child's needs, the loss of income for parents that need to give up work, costs for the local authority and indirect health costs for the young person and their families.

34

Demolishing the ivory tower: an overhaul of Child and Adolescent Mental Health Services on the Isle of Wight.

Dr Lynne Oldman, Consultant Psychiatrist CAMHS Isle of Wight, Joan Brown, Systemic Family Therapist CAMHS Isle of Wight, Pauline Long, Psychotherapist CAMHS Isle of Wight and Dr Lynsey MacAlpine, Isle of Wight NHS Trust

Background

National research has shown that the tiered system of specialist Child and Adolescent Mental Health Services (CAMHS) fails on accessibility, multi-agency working and early intervention. On the Isle of Wight, data from 2011 showed that tier 2 of mental health work—early intervention—was almost entirely absent. CAMHS was seen as an ‘ivory tower’: separate, aloof, and intimidating.

Aim

A major overhaul of CAMHS on the Isle of Wight.

Methods

The project started with consultation of professionals, young people, families and carers in the community to establish what people wanted and needed from a community CAMHS.

Filling the gap in tier 2 services required an increased mix of professional skills: working within the constraints of a limited budget, we used creative ways to use people, space and time to improve access to services and increase early intervention and preventative work.

We introduced a multi-disciplinary single point of referral with increased accessibility, in order to promote better communication and inter-agency working. Leaflets were produced and distributed to promote a better understanding of the mental health consultation services, and a telephone consultation service was initiated. We produce regular newsletters and hosted an Open Day after the refurbishment.

One of the greatest challenges was to maintain high standards of care during the long process of improving services, which included disruption and closure of premises during refurbishment. ‘Hot-desking’ and using facilities in the community for meetings and appointments helped to break down barriers with professionals and service users, and started the process of forging strong links with the community.

Results and Conclusion

The traditional Specialist CAMHS unit was transformed into Community CAMHS: a comprehensive, accessible, patient-centred service with a focus on primary mental health work and early intervention. Steps were taken to normalise mental health conditions and make our service more approachable. Facilities were refurbished, links were forged with the local community, and we created an environment of open communication and strong working relationships.

Isle of Wight Community CAMHS won the Royal College of Psychiatrists Child & Adolescent Mental Health Team of the Year Award 2013.

35

Influence Of Age, Gender And Living Circumstances On Pattern Of ADHD Medication Use In Children And Adolescents Without Intellectual Disabilities

Dr Sunkanmi Osunsanmi, 2gether NHS Foundation Trust, Gloucestershire.


Aims and Objectives

The aim of the study was to determine whether there are differences in psychopharmacological practice for ADHD in children and adolescents dependent on the presence or absence of associated intellectual disability; and if there are, whether the differences are influenced by factors such as age group, gender and living circumstances.

Methodology

A case control cross-sectional design was used. Each arm of the study had a total of 107 children and adolescents (age 5-18 years old). Case participants had diagnoses of intellectual disability and ADHD. Comparison participants had no intellectual disability; only ADHD. Outcome measurements were: 1. Concurrent use of Medications—single medication
event as against concurrent multiple medication events. 2. Type of medication used- stimulants versus non-stimulants. Demographic factors considered were gender, age and living circumstances.

Results
Male to female ratio in each group was 90:17. Mean age in the case group was 10.93 years (SD: 3.39) and in the comparison group was 12.34 years (SD: 3.22 years). 70% of the case group lived with their biological families whilst 84% of the comparison group lived with their biological families. 7.5% of the case group were in residential school placements, though only 0.9% of the comparison group were. There were no statistically significant differences in terms of broad measurements of outcomes between the case and comparison groups. Age appeared to be an important moderating factor for type of medication prescribed. Younger children with intellectual disabilities and ADHD were more likely to be established on non-stimulant medications than those with just ADHD and no intellectual disabilities (p= 0.024, OR: 1.8; 95% CI: 1.2-2.7)

Conclusions
Being between the ages of 5 and 12 years and having intellectual disability and ADHD are associated with raised likelihood of being prescribed non-stimulant medications for ADHD. This difference is maintained irrespective of gender and living circumstances. Reasons for these differences in prescribing practice require further exploration.

36
“Express Yourself” An Art Therapy group for teenagers with Attention-Deficit Hyperactivity Disorder: A mixed-methods evaluation
Dr Jack Parker, Lesley Warren, Elizabeth Turner & Dr Nevyne Chalhoub, Sheffield Children’s NHS Foundation Trust, Sheffield

Background
Up to 80% to 85% of children with Attention-Deficit Hyperactivity Disorder (ADHD) will continue to be impaired by their symptoms as adolescents. Although adolescents often have social, emotional, behavioural and self-esteem difficulties, they do not routinely receive psychoeducational interventions that enable them to share these difficulties with peers nor do they have the opportunity to develop further, in the presence of fellow sufferers, the self-awareness, knowledge and skills needed to self-manage their current and on-going symptoms.

Method
Seven service users aged between 12 and 16 with a diagnosis of ADHD attended a group Art Therapy intervention consisting of ten two hour sessions. A mixed-methods evaluation included before and after questionnaires for both participants and parents and qualitative data were gathered through semi-structured interviews.

Results
Data analysis revealed an improvement in self-reported SDQ scores of 19% - 56%. An improvement in parent reported SDQ and self-esteem scores was also observed. Qualitative findings supported the quantitative data in that the parents and participants reported that the group had helped with social, emotional, knowledge/perceptions of ADHD, and symptom control.

Conclusion
The Art Therapy group had a positive impact on the participants’ social and emotional difficulties, their perspective of having ADHD, their ability to recognize and control ADHD symptoms, and their self-esteem. This was also reflected in the evaluation of the parents’ perspectives of their children’s difficulties. This evaluation suggests that the provision of Art Therapy in a group format may be effective for service users and place less demand on resources.

37
When children and young people are admitted to hospital following self injury does day of admission affect length of stay?
Dr Alec Pembleton, ST6 in Child and Adolescent Psychiatry, Cheshire and Wirral NHS Trust and Dr Fiona Noble, Consultant in Child and Adolescent Psychiatry, Cheshire and Wirral NHS Trust

Background
Young people presenting to hospital with self injury have higher levels of mental ill health with raised rates of future self harm and death from suicide or other causes.
Aims and hypothesis
Discussions about reducing inpatient bed use and weekend services prompted exploration of how our weekday service affects length of stay. We expected that people admitted on a Friday or Saturday would have longer admission than people admitted on other days.

Methods
Retrospective analysis of admission data from the Countess of Chester NHS Trust Hospital looking at patterns in length of admission in young people with ICD-10 diagnoses indicating self injury.

Results
77 cases of self injury were assessed between September 2011 and September 2013. In line with national figures increasing age predicted increasing presentation and presentation below the age of 12 years of age was infrequent. Females;males ratio approximately 7:1.

People admitted on Friday spent approximately twice as long stay in hospital; just over two days compared to just over one day.

Presentation rates were lower at the weekend; 12 people presented at the weekend over the two year period.

Conclusions
The vast majority of people admitted between Sunday to Monday are discharged the following day. There is a clear increase in inpatient stay for people admitted on a Friday. This seems far more likely to be related to service design than to patient context.

In the light of NICE costing a self injury assessment at £220 - £260 (2013 prices) we discuss alternative service options.

A pilot study exploring links between parents rated with Personality Disorder and Child Mental Health Outcomes
Dr Alec Pembleton, ST6 Psychiatrist in Child and Adolescent Mental Health, Cheshire and Wirral NHS Trust, Cheshire, Dr Michael Gopfert, Consultant Psychiatrist in Child and Adolescent Mental Health, retired and Dr Lakshmi Ramasubramian, Consultant Psychiatrist in Child and Adolescent Mental Health, Merseycare NHS Trust, Liverpool

Aims and hypothesis
Do children of parents rated with personality disorder have a worse mental health outcome compared to children of parents without this label?

Background
Psychiatric morbidity among children of parents with mental health problems is high. There is little literature about the relationship between parental personality disorder and children’s mental health treatment outcomes.

Methods
A cross-sectional pilot survey of 129 consecutive referrals to a Tier 3 Community Child and Adolescent Mental Health Team in the North West of England.

Parental mental health rated using the Standardised Assessment of Personality Abbreviated Scale (SAPAS) to describe parents likely to meet diagnosis of personality disorder (termed SAPAS positive) and those unlikely to (SAPAS negative).

Child mental outcome was parent-rated (Strengths and Difficulties Questionnaire) and clinician-rated (Clinical Global Assessment Scale).

Results
119 parents completed the SAPAS; 49 rated SAPAS positive.

Initial ratings on CGAS were similar (mean CGAS if parent SAPAS positive = 50.5 (n=29), if negative = 52.6 (n=27)).
Post-treatment ratings showed 10.8 point improvements for children with SAPAS positive parent and 8.3 point improvements for children with SAPAS negative parent.

SAPAS positive parents rated their children as more impaired at the start of treatment (SDQ = 22.0 (n=40)) compared with SAPAS negative parents (18.8 (n=56).

After treatment both sets of parents rated their children with a mean SDQ score of 17.2 (SAPAS positive n=29, SAPAS negative n=40).

Conclusions
We discuss how differences in ratings reflect a description of childhood morbidity and aspects of the parent/therapist/child relationship.

Withstanding the limitations of this pilot study we feel that parental psychopathology is worthy of further investigation as a contextual influence of initial morbidity, child response to treatment and as a confounder to outcomes measurement.

How many sessions should a case seen in a Tier 3 CAMHS service have? Who gets what for how long? A year’s experience in a generic Tier 3 CAMHS service
Dr Nelli Preiss & Dr Judith Barnsley

Aims
We attempted to answer this question by reviewing the literature and analysing one county’s experience over a year.

Method
Literature review gave no clear answer. The Capa model proposes a way of allocating resources according to a set formula and distinguishes between partnership and specialist work. Epidemiological studies describe rates of specific problems and RCTs have a set number of therapy sessions for specific disorders.

We looked at what happened to 108 cases taken on by tier 3 CAMHS teams after a year in the service.

Length in service, number of sessions attended, phone contacts, DNAs and cancellations were recorded as well as type of therapy provided. Differences between those discharged and those kept open were analysed using a variety of statistical tests.

Results
52 were male, 56 female. The mean age at referral was 12 (range 4-17).

30 % had neurodevelopmental problems (ASD, ADHD, Tics) 27% externalising (behavioural or conduct) and 43% internalising (mood, anxiety, PTSD, ED, emerging PD, OCD).

A year later 60% had been discharged and 40% remained open to the service.

The mean number of sessions attended was 7 for discharged cases (range 2-27) and 15 (range 2-62) for open cases.

Face to face contact represented only a proportion of the work for both groups and both had high rates of DNAs and cancellations.

Outcome measures, types of therapy and comparisons between the two groups were looked at in detail.

Discussion
Implications for generic CAMHS services including service planning, how to meet the needs of those with neurodevelopmental or externalising problems, number of appointments required for different patient groups, changes to the service that have been made as a result of this study including better use of goal based outcomes and planning for discharge from the start, managing DNAs as well as implications for future commissioning.
Consent to Treatment in an out-patient Child and Adolescent Mental Health Service (CAMHS) clinic in Birmingham

Completed Audit Cycle

Dr Sobia Rafi, ST5, Black Country Partnership Foundation Trust, Sandwell & Dr Aruna Rajesh, Consultant Child Psychiatrist, Birmingham Children’s Hospital, Birmingham.

Background

According to GMC Guidelines and Care Quality Commission 2011, informed consent is a legal procedure to ensure that a patient knows all of the risks involved in a treatment. All relevant information has been provided and discussed. Consent must be sought and documented for each proposed treatment. The method of recording consent may be by parental signature or noting the patient’s responses during the discussion about consent on a template document.

Aims

The aim was to audit the current practice and documentation of consent to treatment in an out-patient CAMHS clinic in Birmingham, against the standards set by the GMC including the following:

- Explanation of i) the risks and benefits of the treatment being proposed ii) consequences of no treatment and iii) alternative options
- Provision of written information
- Documentation of discussion in the medical notes

Methods

A retrospective study of 100 case notes was completed in 2012 using a predesigned audit proforma. The findings were used to design a consent form that adequately captured the standards recommended. The form was disseminated for use within the clinic with a view to improving the process of seeking and documenting consent. A reaudit was performed on 100 case notes in 2013 after a 3 month trial of the template consent form. The data was entered and analysed using Microsoft Excel.

Results

All aspects of seeking and documenting consent improved with the implementation of the template consent form. Documentation of consent in the medical notes improved from 12% to 38%, discussion of treatment options, duration, alternatives and consequences of no treatment improved by 15% and risks of the proposed intervention improved by 7%.

Conclusions

A template consent form has helped to quantify and improve adherence to all aspects of the consent to treatment and recommended for regular use within the local service.

Audit of Physical health assessments and promotion of positive health behaviour in a Tier 3 Child and Adolescent Mental Health Service (CAMHS) clinic in Birmingham

Dr Sobia Rafi, ST5, Black Country Partnership Foundation Trust, Sandwell & Dr Aruna Rajesh, Consultant Child Psychiatrist, Birmingham Children’s Hospital, Birmingham.

Background

Clinicians in CAMHS should consider to what extent they can actively promote positive physical health and health behaviour. The recommendations reiterate the importance of paying due regard to the physical health and lifestyle choices of mentally ill patients including exercise, diet, smoking and sexual health. Mental health services are expected to have links with and access to relevant facilities to address these aspects.

Aims

The aim was to audit the current practice and documentation of routine physical health assessments and health advice within an out-patient CAMHS clinic. The standards used were the recommendations of the Physical health in mental health - Occasional paper 67 by the Royal College of Psychiatrists and the NICE guidelines for mental health patients.

Methods

A retrospective study of 100 case notes was completed at the South Birmingham Tier 3 CAMHS service. A predesigned audit tool was used to gather the data. The data was entered and analysed using Microsoft Excel.

Results
Medical history was documented in 34 patients. Sexual history in adolescent patients was not recorded routinely. Substance misuse and smoking habits were noted for 29 patients. Complete physical examination was performed for 1 patient. Consent for physical examination and chaperone details were not documented routinely. Height, weight, blood pressure and pulse were examined in 96% of the sample and BMI in 24%. Health advice being given was documented in 7% of the cases.

Conclusions
The audit has highlighted the need to improve routine physical health assessments and promotion of positive health behaviours among our patients. The recommendations of the audit are:

1. Introduction of a health behaviour and history form including physical health assessment Checklist to be completed for each patient
2. Care planning reviews to review the physical health needs of each patient
3. Re audit after implementation of the recommendations.

42
Dr Esther Sabel, Dr Rani Samuel, Dr Peter Hindley and Dr Andrew Hill-Smith

Aims
To identify the extent to which NICE guidelines is followed nationally across the UK in management of children under 18. To identify management of 16-17 year olds following acute presentations of self-harm nationally. To identify Child and Adolescent Psychiatrist’s views on routine hospital admissions of 16-17 year olds following self-harm.

Hypothesis
Self-harm management practices may vary across the UK depending on resource implications and local policies and practices.

Background
Self-harm NICE guidance (CG16) for the whole population contains a short section on children/young people which is headed “Special Issues for young people”. In this section they advise hospital admission but do not comment on 16-17 year olds. The Royal College of Paediatrics and Child Health raised concerns about this group in the appendix of the NICE guidelines stating, this group is vulnerable and poorly served. It is generally accepted that adult services are not well adapted to the needs of this group and have urged for an update of guidelines.

Methods
A questionnaire to collecting Child and Adolescent Psychiatrist’s local practices and views on self-harm management in line with the aims, were sent in August 2013 to 1316 Royal College members.

Results
15% of Chid and Adolescent Psychiatrists from across the UK responded (n=191). 68% who responded routinely admitted under 16 year olds who presented acutely. Fewer respondents admitted 16-17 year olds and a variety of treatment options were employed. 80% respondent’s thoughts that 16-17 year olds presenting with self-harm should be offered routine admission.

Conclusion
Recommendations from the Self-harm NICE guidance are not routinely practised and management of 16-17 years olds is varied.

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Presentation of Gender Dysphoria in Looked After Children in the Gender Identity Development Service
Dr Senem Sahin and Dr Vicky Holt, Tavistock and Portman NHS Foundation Trust

Background
This paper presents the findings of an audit of young people referred to the Gender Identity Development Service (GIDS). The GIDS is a nationally commissioned, highly specialised gender service for children under eighteen. Over 90% of our referrals come from England.
Following careful psychological assessment, those who meet the criteria for gender dysphoria (GD) are referred on for physical intervention in order to consider the initiation of hormone blockers. This reversible first step is considered an intervention in its own right.

**Aims**
The presentation of GD in looked after children (LAC) is often complex and high-risk. Our study aims to determine if LAC are overrepresented at GIDS compared to national statistics and to Child and Adolescent Mental Health Services (CAMHS) and whether the presentation of GD is atypical in this group. We wanted to establish whether LAC need to be supported in a different way to children cared by their families of origin (CCBTFO).

**Method**
Data were collected from 232 children referred during a two-year period (April 2009-2011) and extracted retrospectively from patient files. In this study we defined LAC as those who are adopted, fostered or under local authority care.

**Results**
LAC were overrepresented in GIDS (8.6%) compared to figures in England (0.57%) but similar to those in London CAMHS (8.2%). Natal males were overrepresented in the LAC group in GIDS (75%) compared to CCBTFO (50.3%) and England (55.7%). Fewer LAC met the diagnosis for GD (68.8 %) compared with CCBTFO (85.8%) and fewer were referred on for physical intervention (56.2% vs. 75.7%).

**Discussion**
LAC were more likely to present with atypical GD, sexualised behaviour and comorbid difficulties than CCBTFO, which could be linked to early trauma. Management must take their early histories into account to support them both with regard to their GD and other difficulties.

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**A Cross-sectional Survey of Workplace Stress in a Community Child and Adolescent Mental Health Service: The effects of occupational stress on the individual and its effects on the service**

Dr Richard Sankar Dip.MnH BM(Med) MRCPsych, Specialist Trainee in Child and Adolescent Mental Health
Solent NHS Trust

**Aim and Hypothesis**
To measure occupational stress within a child and adolescent mental health service from an individual perspective and as an aggregative, to test whether collective levels of occupational stress exceed the levels of stress experienced by individuals.

**Background**
As the National Health Service undergoes unprecedented change, it seemed prudent to measure the levels of individual and collective occupational stress within a child and adolescent mental health service undergoing reconfiguration.

**Methods**
All individuals working in the service were asked to complete a Stress Assessment tool designed by the Health and Safety Executive. Each respondent was asked to anonymously rate the frequency at which a question or statement occurred to produce two scores. The first score was the respondent’s estimation of their level of stress at that time, whilst the second was an estimate of the service’s collective level of stress.

**Results**
64% (n = 16) of questionnaires were returned completed. For all domains measured, mean team scores outstripped mean individual scores; indicating that collective stress out-weighed the stress experienced by individual team members in all domains. Individual and team mean scores were highest in the Demands domain; meaning that, on average, respondents identified demands on themselves and on the team, as the most significant cause of occupational stress. The lowest mean scores, for both individuals and the team, were seen in the Relationships domain. Thus, on average, respondents identified relationships between team members as less stress-inducing than other domains investigated.

**Conclusions**
For all domains measured, members of the service estimated that the collective level of occupational stress in the team outweighed the stress experienced by individual members of the service. Respondents estimated that collective stress within the service associated with the domains of Demands and Change was more frequent than stress experienced by
Emergency Admissions to an Adolescent Inpatient Psychiatric Unit: an analysis of the volume, spread and reason for referral

Dr Richard Sankar Dip.MnH BM(Med) MRCPsych, Specialist Trainee in Child and Adolescent Mental Health Solent NHS Trust

Background
Leigh House is an adolescent inpatient psychiatric unit which provides a Tier 4 Child and Adolescent Mental Health service for Hampshire and the Isle of Wight. Following requests for more urgent access to inpatient psychiatric care, the commissioners of the service agreed to provide extra funding for one bed to be for emergency use.

Aim and Hypothesis
To quantify the number, circumstances and geographical distribution of referrals, to investigate whether the current emergency referral and admission process was meeting national demand for Tier 4 services.

Methods
A data collection table was devised and piloted against an initial data sample. When ratified, data on emergency admissions was collected from 1st January 2013 to 18th June 2013 inclusive.

Results
The data was separated into two categories: Patients admitted to Leigh House as emergencies (n = 16) and requests for emergency access when a bed was not available (n = 54). Of the latter there were thirty-six (36) requests from local Child and Adolescent Mental Health Services and eighteen (18) from services outside of the NHS South Central strategic health authority.

Conclusions
From analysis of this data, emergency admissions were most likely to result when a young person already in the care of a local Child and Adolescent Mental service was referred for admission by a Consultant Psychiatrist in Child and Adolescent Mental Health. Conversely emergency admission was not likely to occur if a young person from outside the boundaries of the NHS South Central strategic health authority was referred by a non-medical professional.

ADHD 10 years on: A UK based city wide population cohort study

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Background
Attention Deficit Hyperactivity disorder (ADHD) affects 3-5% of school aged children in the UK. This can have a profound impact on the individual, their family, academic performance, and social functioning from preschool to adult life. However, the evolution of ADHD into adulthood, associated co-morbidity and social implications in the UK are poorly understood. Therefore, this UK based 10 year follow up study investigates the long term outcome of ADHD.

Method
151 cases diagnosed with ADHD as defined by DSM IV, were identified from a local population who received standard care within Child and Adolescent Mental Health and Paediatric Neurodisability services across the city of Sheffield. Using retrospective case note analysis and self reports from a questionnaire, we report 7-10 year outcomes across a number of psychiatric and social categories (n=21).

Results
Of 137 traceable cases, 21 participants agreed to take part in the study. Consistent with previous literature, findings revealed an ADHD persistence rate of 24% with high rates of co-morbidity, and psychosocial adversity including lower rates of educational attainment, higher rates of criminality, substance use, unemployment and functional impairment.

Conclusions
The study highlights the challenges faced when conducting longitudinal studies investigating the long term outcomes of ADHD.
diagnosis of ADHD. Results demonstrate that the main limitation and challenge faced when conducting longitudinal studies with this population, is the recruitment and retention of participants. Although strategies to improve response rates have been discussed, of interest, are those whom we were unable to trace, a hard to reach potentially vulnerable population. We propose a review of service delivery and the use of innovative models of care to engage, empower, monitor and promote health and ownership in children diagnosed with ADHD throughout the journey of their care into adulthood, improving the future trajectory of those affected.

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Survey Of Atypical Antipsychotic Use Amongst CAMHS Prescribers.
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Background
In the last decade, the use of atypical antipsychotics in children has increased. The use has been both licensed and “off label”, targeting different symptoms & clinical conditions. Most research around safety and efficacy has been conducted in adults with repeated calls for such research in children in vain.

Objectives
This survey aims to describe current prescribing practices in the ‘real world’ and to compare the results with existing research to evaluate lessons learnt.

Methods
The survey consisted of a semi-structured questionnaire that aimed to evaluate the current practices of CAMHS prescribers. 31 questionnaires sent out yielded 24 completed returns (77.41%). A literature search yielded articles that described prescribing trends over the last decade. The results from the survey were compared with the literature.

Findings
The commonest indication for atypicals was psychosis(75%). Others included behavioural control (50%), tics (37.5%), ADHD and anxiety. Atypicals were the commonest first line medications for behavioural control with Risperidone (54%) the preferred agent. Second line medications included Quetiapine (7%) and Olanzapine (15%). Doses were lower for behavioural control and atypicals were trialed for up to 8 weeks with duration of treatment extending to 9 months. Most common target symptoms were aggression (85%), agitation (54%) and anxiety (54%) when used for non psychotic presentations. Most prescribers cited peer/expert opinion and own clinical experience as evidence base for their use.

Conclusions
Atypicals continue to be used as first line medications for psychotic and non psychotic behavioural presentations in spite of absence of clear evidence and repeated calls for in depth research in this population.

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Transition Planning in Young People with Autism Spectrum Disorder
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Background
National policy highlights the need for an organised process of transition to adult mental health services for young people with Autism Spectrum Disorder (ASD) open to child and adolescent mental health services (CAMHS) with ongoing mental health needs.

Aims
To determine proportion of young people with ASD, open to CAMHS, aged 14-19, with a transition plan
To determine adherence to Northumberland Tyne and Wear NHS Trust (NTW) transition policy.

Method
This repeat audit identified individuals with ASD aged 14-19 years, open to NTW Children and Young People Services, allocated to a neurodevelopmental funding cluster by treating clinician. Each electronic care record was reviewed with
reference to trust policy for transitions across the lifespan. Age, gender, co-morbidity, transition related activity (mention of transition, formal transition plan, areas covered by transition plan, referral to adult service, joint meeting with adult service) and successful transition to adult services were recorded. A randomly selected sample (10%) was reviewed independently by a second rater. Results were compared to audit completed in 2010.

**Results**

206 individuals were identified, predominantly male (83%). Rates of co-morbidity were high; 31% additional mental health problems; 21% learning disability (LD); and 16% additional mental health problems and LD. 40% of care records included a mention of transition. 11% had a formal transition plan, which most commonly covered mental health, education and/or social care. Transitions plans were found more frequently with increasing age and co-morbidity, particularly LD. 26% of 17/18 year olds successfully transitioned to adult services (10 to LD services, 4 to general adult services, 3 to adult ADHD service).

**Limitations**

Individuals with ASD clustered according to co-morbidity rather than neurodevelopmental disorder have not been identified.

**Conclusions**

A standardised trust process, specific to needs of young people, reflecting recent NICE guidance (CG 170) may improve activity related to transition.

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**First evidence of sensory atypicality in parents of children with Autism Spectrum Disorder (ASD)**

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**Background and Aim**

Atypical reactions to sensory stimuli show heritability in the general population and are a known risk factor for affective disorders. As sensory problems are highly prevalent in individuals with ASD and their siblings, and the occurrence of affective disorders is elevated in parents of children with ASD, investigating sensory symptoms in parents is important both from clinical and theoretical standpoints.

**Methods**

Fifty mothers of children and adolescents with ASD completed the Adolescent and Adult Sensory Profile (AASP; Brown et al., 2001). The AASP is a norm-referenced questionnaire that provides scores for four types of responses to sensory stimuli (sensory quadrants): hypo-sensitivity, hyper-sensitivity, sensation seeking, and sensory avoiding.

**Results**

The scores of mothers of children with ASD were compared with norms provided by AASP manual. 62% of mothers had higher sensory hypo-sensitivity scores than TD norms (36% had scores between 1 and 2 standard deviations (SDs) above the mean, and 26% 2 or more SDs above the mean), 44% had higher scores for sensory sensitivity (14% between 1 and 2 SDs and 30% 2 or more SDs above the mean). 48% had higher scores for sensory avoidance (22% between 1 and 2 SDs and 26% 2 or more SDs above the mean). Interestingly, 60% of parents had lower sensory seeking scores than TD norms (30% between 1 and 2 SDs and 30% 2 or more SDs below the mean).

**Conclusions**

This study provides the first evidence for sensory atypicality in parents of children with ASD. Further research is needed to elucidate the contribution of genetic and environmental influences on the expression of sensory problems in ASD.