A Lifespan Approach:
Faculties of Child and Adolescent Psychiatry and General Adult Psychiatry
Joint Annual Scientific Conference
6 – 7 October 2016
The ICC, Birmingham, UK

Programme Guide

Keynote Speakers:

Guinevere Tufnell Lecture:
Developmental Trauma - Bessel van der Kolk, Boston University

William Sargeant Lecture:
Childhood Maltreatment, Brain Development and Psychopathology - Marty Teicher, Harvard University

Michael Rutter Lecture:
Effects of postnatal depression on offspring development and implications for intervention - Lynne Murray, University of Reading

Thursday 6 October 2016 – Symposia

Bipolar Update (Symposium 1)
Lifecourse
Adi Sharma
Risk Factors for Hypomania within the ALSPAC birth cohort
Daniel Smith
Psychopharmacology
RH McAllister-Williams

This presentation reviews the current evidence bases with regards to the pharmacological management of bipolar disorder. With regards to mania, lithium, valproate and all antipsychotics examined have evidence of efficacy. There is also evidence for the combination of most second generation antipsychotics combined with lithium or valproate. Overall effects sizes are similar. Valproate may be superior to lithium in patients with a past history of 10 or more manic episodes. Antipsychotics may be superior to lithium in highly activated mania. The evidence base for bipolar depression is much less clear cut. Evidence of efficacy exists for quetiapine, lurasidone, lamotrigine (though mainly in combination with lithium) and olanzapine plus fluoxetine (it is less clear cut if olanzapine monotherapy is effective). There is little if any randomised placebo controlled trial data supporting the use of antidepressants, though some patients do appear to benefit from their use. SNRIs and TCAs may be associated with an increase switch rate into mania, though switching with antidepressants is attenuated by the use of anti-manic treatments. The evidence base for mixed episodes is even less substantial. Antidepressants should probably be withdrawn and anti-manic treatments such as quetiapine, olanzapine and lurasidone used. In terms of long term prophylaxis, the gold standards are lithium and quetiapine which prevent relapse into both depression and mania. Valproate appears to be less effective than lithium, as is carbamazepine. Olanzapine primarily prevents manic relapse and this seems to be even more of the case with aripiprazole. Lamotrigine has the opposite profile predominately preventing...
depressive relapse. There may well be a general principle of “what gets you well keeps you well”. Residual symptoms are a strong risk factor for relapse.

**Policy Updates** (Symposium 2)
Simon Wessely
Luciana Berger
Jacqui Dyer

**Impact of adversity** (Symposium 3)

**Epigenomic pathways linking early life adversity and major depression**
Therese Murphy

Recent insight into the functional complexity of the human genome has drawn attention to the likely role of non-sequence-based genomic variation in health and disease. Notably, substantial attention is focused on the role of epigenetic processes that might regulate gene expression via modifications to DNA, histone proteins, and chromatin in medical traits. Although the role of epigenetic mechanisms in some rare developmental syndromes and in cancer is well established, systematic examination of their contribution to common non-malignant disease phenotypes is in its infancy. Interestingly, the epigenome is potentially malleable - changing with age and in response to specific environmental and psychosocial factors - providing a mechanism for the interaction between the genome and the environment. Epigenetic processes, including DNA methylation, have recently been implicated in the aetiology of numerous mental health disorders, including major depression and suicidal behaviour. My talk will provide an overview of the field of psychiatric epigenetics and discuss the possible role of epigenetics as a biological mediator linking early life adversity and major depression.

**Biological embedding of childhood trauma through inflammation: implications for mental health**
Andrea Danese

Objectives: Childhood maltreatment is associated with high risk of mental illness, including major depression and bipolar disorder. However, it is unclear how exposure to childhood adverse psychosocial experiences can be translated into biological risk for psychopathology. Because affective disorders are increasingly linked to dysregulated immune system, we tested the association between childhood maltreatment and inflammation in the general population and within groups of individuals with affective disorders in order to explore potential immune mediation pathways.

Methods: The association between childhood maltreatment and inflammation in the general population and within groups of individuals with affective disorders was measured among participants of two cohorts: the New Zealand Dunedin Multidisciplinary Health and Development Study a cohort of 1,000 children born in 1972–73, and the UK Environmental-Risk (E-Risk) Longitudinal Twin Study, a cohort of 2,200 twins born in 1994–95.

Results: In the Dunedin Study, maltreated children had elevated inflammation levels at age 32 years, independent of key confounding factors. Although depressed individuals with a history of maltreatment had elevated inflammation levels, depressed individuals with no maltreatment history had inflammation levels similar to controls. These findings were replicated in the E-Risk Study among 12-year-old children.

Conclusions: Childhood maltreatment is associated with elevated inflammation levels in adult life, both in the general population and within groups of individuals with affective disorders. In turn, inflammation has been associated with the recurrence and progression of affective disorders and with resistance to conventional treatment for these conditions. These epidemiological findings have implications for understanding the clinical sequelae of childhood maltreatment including incidence, unfavourable course of illness, and poor treatment response in affective disorders. They can also point to innovative treatment strategies.
The Management of Self-Harm (Symposium 4)

Many psychiatric professionals are confused about current guidance on risk assessment after self-harm. As summarised in a recent BMJ review on suicide risk assessment NICE guidelines “encourage risk assessment and needs assessment of patients but oppose the use of risk assessment tools to determine patient disposition and treatment”. Our symposium aims to build the confidence of GA and C&A clinicians in the assessment of those who self-harm, using insights from policy, practice, and research. More importantly, it will encourage a more therapeutic approach to assessing these patients, enabling cognitive shifts to occur at a much earlier stage. As Chair I will start with a brief role-play, eliciting a family history of suicide to show how compassionless aspects of history-taking can feel to patients. Then Dr Leah Quinlivan, of the Manchester University Centre for Mental Health and Risk, will deliver an overview of the NICE guidance, and her recent research paper: http://bmjopen.bmj.com/content/4/5/e004732.full. Dr Alys Cole-King has agreed to present a review of different approaches used to assess a patient presenting with suicidal ideation, including those used in: • Australia https://www.griffith.edu.au/__data/assets/pdf_file/0004/625846/AISRAP-Suicide-Assess-Tool-2015.pdf • the US http://www.suicidesafetyplan.com/uploads/Safety_Planning_-_Cog___Beh_Practice.pdf • and the UK http://www.connectingwithpeople.org/stayingsafe If there is time we will include a brief video of someone putting together a safety plan with a patient. However, the more practical side of this might work better in an allied Safety Planning workshop; for example with different vignettes / actors, to help trainees develop clinical skills in assessing adults and adolescents. Finally Dr Dennis Ougrin at the IoP will present his trial of the Therapeutic Assessment approach, as well as unpublished 5 year follow-up data: http://adc.bmj.com/content/early/2013/05/24/archdischild-2012-303200.abstract We feel that the above symposium will update people on the current research, the current NICE guidelines, and on the way assessments are moving away from a tick box culture and evolving into more therapeutic interventions. We feel that is has a good policy/research/practice balance, relevant to both GA and C&A faculty interests. We also feel that it marks an important cultural change in the way that psychiatrists conduct suicide risk assessments, with significant implications for training.

Coming of Age: New Developments in Eating Disorders Prevention and Treatment (Symposium 5)

Dr Diedrichs will review evidence-based body image programs delivered in schools and community settings, and consider the implications for social policy approaches to advertising and media images targeting adolescent and young people. Professor Treasure will present data on the needs of carers of people with eating disorders according to age and stage of illness. Professor Meyer, will describe the pilot use of a central digital resource to integrate the science and disseminate evidence based resources around eating disorders and obesity prevention and treatment. Attendees can expect to: - Gain state of the art knowledge about the effectiveness of primary prevention strategies in school and community settings aimed at reducing body image dissatisfaction and thereby disordered eating behaviour - Describe the relevance and impact of carer focussed interventions on eating disorders sufferers and their carers - Recognise the role of illness stage and severity in assessing parent/carer needs - Evaluate the potential for digital dissemination of evidence based interventions for eating disorders - Explain the implications of these developments for health care and public health policy

New technologies (Symposium 6)

QbTest: An objective test of activity and attention to aid the diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD) - Prof Chris Hollis, NIHR MindTech Healthcare Technology Co-operative and the University of Nottingham

AVATAR Therapy: new approaches to psychological treatment:

AVATAR therapy for auditory hallucinations: Tom K J Craig, King’s College London, Institute of Psychiatry, Psychology and Neuroscience
Summary of talk: AVATAR therapy is one of the newer ‘relational’ psychological treatments for auditory hallucinations. It attempts to focus therapy on a dialogue between the patient and a computerised representation of the ‘voice’ he/she hears. The experience of conducting this therapy and the preliminary results from a randomised controlled trial involving 150 participants comparing AVATAR therapy to a supportive counselling intervention will be reported.

Using Avatars as an adjunct to therapy for young people with emotional problems Dr Caroline Falconer, NIHR MindTech Healthcare Technology Co-operative and the University of Nottingham

Predicting treatment response to antidepressant medication in adults in primary care using a computer-based facial emotional processing task (European PReDicT Clinical Trial): Dr Mike Browning, P1vital Ltd.

Addictions Update (Symposium 7)
Treating comorbidity: focus on depression and anxiety with substance misuse or gambling
Anne Lingford-Hughes
Bipolar
Paul Stokes
Cannabis use and risk of psychosis
Sagnik Bhattacharyya

Neurodevelopmental disorders across the lifespan (Symposium 8)
Growing up with ADHD
Eric Taylor
The long-term course of ADHD is variable; the wide range of adverse outcomes includes occupational problems, antisocial adjustments and other dysfunctions. Outcome is partly mediated by coexistent mental health problems. It remains uncertain whether current treatments help much in the long term, but much depends on individuals finding a good understanding of the disability.
Ashok Roy
Ann Le Couteur

Service Change (Symposium 9)
How to be a great change agent: Rock the boat and stay in it
Helen Bevan
The Mental health revolution .. The greatest service & value change in healthcare today
Geraldine Strathdee
• The mental health revolution in England: social and clinical movements for change
• The global movement for mental health & wellbeing as a top priority for sustainability of communities and healthcare
• Service change: where in England are we now achieving prevention, demand reduction, better outcomes, better value, sustainability
• How mental health can make or break the sustainability and improvement of health & social care in England
• What could the general adult and CYP faculties do?
Jim Mackey
Psychological processes underlying emotion and mood disorder (Symposium 10)
Imagining, emotional dysregulation in bipolar, theoretical underpinnings and their use to develop second generation CBT
Martina di Simplicio

Clinical importance and challenges of affect dysregulation in mood disorders
Steven Marwaha

Autonomic control and interoception with regard to emotion
Sarah Garfinkel

Thursday 6 October 2016 – Workshops

Obsessive Compulsive Disorder (W1)
Lynne Drummond and Naomi Fineberg
This workshop will examine the application of NICE Guidance in the treatment of OCD and the reasons why this is often not adhered to. In addition it will examine what is the optimal treatment and what the pitfalls to therapy can be and how these may be overcome. State of the Art psychopharmacology will be discussed as well as a full explanation of CBT and how this may be applied in a general setting. Common problems in applying CBT will be explored. The workshop will also examine possible new approaches for the future.

Clinical Risk formulation: Fun and the Fundamentals in Risks to Self and Others (W2)
Dr Keith Reid, Steve Taylor
Two lively facilitators aim to provide a sound knowledge base to underpin practice - while acknowledging that people are not predictable. We outline a pragmatic process following structured professional judgement that allows formulation. We avoid any over reliance on scoring systems or jargon. We begin with a considered discussion of risk to self and generalise that framework to cover violence risk tools, arson and sexual risk formulation. Points of good practice and pitfalls are brought to the fore. This will be a space for adult learners to revise some key concepts, learn about some interesting new developments in means of suicide, firm up and possibly broaden their competence in assessment of risk to others, and enjoy considering this potentially fraught topic.

Learning from “Lived Experience”: Service User Involvement in Child and Adolescent Psychiatry Training (W3)
Myooran Canagaratnam, Delphine Coyle, Lucy Wilford and Sarah Nyame
This practical interactive workshop will focus on how involving young people can enhance CAMHS training, with implications for service user involvement in training across psychiatry. We will draw on the literature, and our own experience from a project involving young people in the Tavistock Child and Adolescent Psychiatry Academic Programme. We will discuss the process of planning and delivering these sessions, and the data from evaluation of the sessions. Service users will be present to discuss first-hand their experience of contributing to training. Attendees will gain an understanding of the benefits and challenges of service user involvement in training and gain ideas on how to involve service users in training in their locality. Background: The National Service Framework for Mental Health (1999) states that patients should be involved in “training for all healthcare professionals”. There is little written about the delivery of such teaching within child and adolescent psychiatry. We have developed a model for involving service users in child and adolescent psychiatry teaching at the Tavistock and Portman NHS Foundation Trust. Workshop Outline: We will be inviting service users to join us child and adolescent psychiatrists, who will be facilitating the session. The taught component of the session
will focus on our experience of delivery of a service user based model of teaching. We will outline the format of the teaching sessions delivered, on topics including Depression and Deliberate Self-Harm, Anxiety, Attention Deficit Hyperactivity Disorder and Eating Disorders. We will discuss issues of consent, facilitation of sessions, support and debrief for service users, and levels of involvement. We will also report on the feedback received from trainee facilitators, trainees and service users. The second part of the session will be interactive, and attendees will engage in small group work with facilitators and service users, to discuss the service users’ experience of involvement in teaching, and to plan for future teaching sessions. Educational Goals: Participants will gain greater understanding of the background and evidence behind service user delivered teaching, and will gain insight into the service user and trainee perspective of this involvement. They will be able to discuss this in detail with service users and facilitators, and will be able to think about how this might be delivered to trainees locally.

Managing Metabolic consequences of antipsychotics (W4)
Stephen Cooper and Gavin Reynolds
During the last ten years, mental health teams have developed increased awareness of the importance of recognising and monitoring important metabolic and cardiovascular risk factors in their patients. Key risk factors for the development of cardiovascular disease are tobacco smoking, obesity, the development of diabetes and alcohol misuse.

New consensus guidelines, recently published by the British Association for Psychopharmacology (http://www.bap.org.uk/docsbycategory.php?docCatID=2), summarise the factors driving metabolic and cardiovascular risk in people with psychosis and in particular review the effects of antipsychotic medications. The workshop will introduce these BAP metabolic guidelines and their recommendations for monitoring and management of these risk factors, providing the opportunity to assess the evidence base for recommended therapeutic interventions. Following an introduction to the problem, the biological and pharmacological factors contributing to risk of metabolic pathology in schizophrenia, along with how they inform therapeutic intervention, will be described and discussed. The assessment of metabolic risk factors and of overall cardiovascular risk will be reviewed.

Much of the workshop will focus on appropriate interventions for these risk factors, with particular emphasis on interventions relevant to weight gain. Following a review of the literature, the expert panel convened by BAP recommends, in the appropriate circumstances, consideration of: lifestyle interventions, switching of antipsychotic drug treatment, prescription of adjunctive aripiprazole and prescription of adjunctive metformin. A number of other treatments were considered to have either no supporting evidence or insufficient evidence to justify their use in everyday clinical practice.

Strategies for the management of tobacco smoking, alcohol misuse and pre-diabetes states are also described in these BAP guidelines. These are similar to those in a number of existing, but separate, guidelines and have been included to provide a complete summary of the treatments that may need to be considered in the management of cardiovascular risk in people with psychotic illness.

The workshop will be divided into sections to give time for discussion of individual aspects of management of these problems.

Developmental trauma: approaches to treatment (W5)
Bessel van der Kolk

Pathways into secure care for young people in England: Is it more stigmatising to be criminal or have mental health problems? (W6)
Heidi Hales, Cesar Lengua and Louise Warner
Learning Outcomes:
To understand the current structure of secure services for young people in England
To learn the pathways through which young people enter secure care in England
To consider the role of secure hospitals for young people in England
To consider if the pathways into secure care for young people can be improved – learning from each other’s experiences

During this workshop we will present the background information of how secure services (hospital, children’s home and prisons) for young people are set up in England. We will present new data that we are collecting to ascertain how many young people are detained in England, how they arrived in secure care and what their needs are considered to be. Following this, we will share more in depth data about those who are detained in secure hospitals in England. This will lead to a discussion, with all participants, about what types of institution are best suited to reduce the risks of/to these young people. International perspectives will be useful in considering different ways to manage young people with complex needs. The basis of the dilemma is to consider which is most stigmatising – to be detained as a criminal or as one with mental or emotional disorder.

**How to get published (W7)**
John Cookson and Jonathan Pimm

**Crisis care: challenges and solutions (W8)**
Jaqui Dyer, Elizabeth Fellow-Smith, Patrick Keown and Mary-Jane Tacchi
The seminar will cover new developments and interfaces in the crisis pathway and will include presentations and debate on Street triage, Issues for children and young people and New models.

**Children of People with a Mental Illness- supporting young people and preventing mental health problems (W9)**
Peter Hindley and Evelyn Bitcon

**Friday 7th October 2016 – Symposia**

**Attachment: a developmental concept through the lifespan – its uses and over-use (S11)**
Gwen Adshead
Jonathan Hill

**An update psychological approaches for psychosis (S12)**
**Social recovery**
David Fowler
**Targeting recovery in persecutory delusions: the Feeling Safe Programme**
Daniel Freeman
**Traumatic vulnerability as a marker of**
a good outcome with CBT for schizophrenia spectrum disorders
Doug Turkington

**Sports psychiatry (S13)**
**Safeguarding children and young people in sport**
Carole Billington Wood
Participation in sport has many physical, psychological and social benefits for children and young people. A growing body of evidence indicates, however, that sport participation may present threats to young athletes’ well-being. The
subject of safeguarding children and young people both in sport and through sport has seen an increase in scientific study in recent years.

This presentation will describe the types of safeguarding concerns that sports organisations identify and need to respond to. There will be reference to the issues which arise in sport but are relatively uncommon outside of that environment. The session will go on to describe the frameworks for safeguarding in sport, focusing on the roles and responsibilities of sports organisations and individuals who work with young athletes. The presentation will conclude with an overview of how the psychiatrist might contribute to safeguarding young athletes in sport as part of multi-disciplinary approach.

**Psychiatric Morbidity in Sport**
Alan Currie

Most common psychiatric morbidity is as prevalent within sport as in the general population. In some circumstances eating disorders, depression and anxiety disorders may even be more prevalent. Sportsmen and women do not always receive the same high quality treatment for their mental health as they do for other illnesses or injuries. This presentation will review these treatment issues and describe the nature of effective collaborations between the world of sport and the psychiatric community.

Steve Peters
Francis Cummins

**Transitions and youth service (S14)**

*Key findings from NICE Guidance on transition from children’s to adult services*
Swaran Singh and Clare Lamb

*Good mental health services for young people*
Peter Hindley

*Young people with Attention Deficit Hyperactivity Disorder (ADHD) in transition from children’s services to adult services (Catch-us): a mixed methods study*
Tamsin Ford and Astrid Janssens

**Training and development (S15)**

Helen Bruce
Wendy Burn
Louise Murphy

Followed by Lunchtime session : Core Training Curriculum Review – with Wendy Burn

**Schizophrenia update (S16)**

*Neurodevelopmental models of psychosis*
Oliver Howes

*Early Onset Psychosis and Autistic Spectrum Disorders: Boundaries and Uncertainties*
Marinos Kyriakopoulos

Autism spectrum disorders (ASD) and schizophrenia were separated into different diagnostic categories in the late 1970’s (DSM-III) having previously been considered as related diagnostic entities. Since then, several lines of evidence have suggested that these disorders show clinical and cognitive overlaps as well as some common neurobiological characteristics. Furthermore, there is a group of children presenting with ASD and psychotic experiences who pose particular diagnostic and management challenges and may represent a subgroup of ASD more closely linked to psychosis. The study of ASD, Early Onset Psychosis, and their clinical boundaries and overlapping...
pathophysiological characteristics may help better understand their relationship and lead to more effective interventions. The presentation will give an overview of this relationship and provide a framework of working with children and young people with mixed clinical presentations.

**The prospects of personalised medicine**
James McCabe

Debate: Lifespan mental health services would be the most efficacious and cost effective model of care

**Parental and child mental health: associations and interventions (S17)**

**Treating child anxiety in the context of parental anxiety disorder**
Catherine Creswell

Anxiety disorders are common and typically have their onset in childhood. Cognitive Behaviour Therapy (CBT) has an established evidence base, however outcomes are relatively poor in the context of parental anxiety disorder. This is an important consideration as intergenerational transmission of anxiety is common, with parents of over half of all children presenting to clinical services also meeting diagnostic criteria for a current anxiety disorder. This talk will give an overview of current understanding of the factors that may impede optimal child outcomes in the context of parental anxiety disorder before presenting the findings from a randomized controlled trial which considered whether enhancing child CBT with either treatment for the parental anxiety disorder or an intervention which targeted parent-child interactions was associated with improvements in child anxiety outcomes and brought a health-economic benefit.

Peter Hindley
Crispin Day

**Models of the mind (S18)**

**Brian-gut-microbiota axis: implications for psychopathology**
Ted Dinan

**Chimp Paradox**
Steve Peters

**Our social mind and its evolutionary origins**
Robin Dunbar

**Update on ADHD psychopharmacology (S19)**

**Eric Taylor**
Medication for ADHD is a major part of child and adolescent psychiatrists' practice, and a growing part of forensic and general adult psychiatric practice. This symposium covers current knowledge and recent advances in treating children, the transition between adolescent and adult services, the use of medication for adults presenting with ADHD, and the long-term value and limitation of medication
Phil Asherson
Chris Hollis
Peter Hill

Responsibility for the treatment of ADHD in children and adolescents is shared between psychiatrists and paediatricians, predominantly those working in the community and with an interest in neurodevelopment. Who
does what and who takes more cases varies somewhat according to local policies. It is often said that the more complex cases go to CAMHS.

From my knowledge of teaching/advising paediatricians and psychiatrists I infer that, generally speaking, the NICE and SIGN guidelines are followed (and sometimes used as a restriction by CCG formularies) but the degree of adherence is unknown. The frequency with which medication is used in treatment will vary with the degree of severity of ADHD required for acceptance of referral. This may be appropriate.

By report there is considerable variation in
- the provision of parenting advice and psychoeducation before or during medication
- the provision of medication to children under 6
- the acceptability and use of shared care protocols by GPs

The principles of medication choice can be illustrated by algorithmic charts which draw on the principles of
- initial selection of medication (nearly always methylphenidate)
- substitution of dexamfetamine if methylphenidate inadequate
- transition to non-stimulant if inadequate results

Yet there are difficulties which I will expand upon:
- reluctance to substitute (lis)dexamfetamine and reliance on substitution of different methylphenidate preparation
- little guidance on choice of non-stimulant (e.g.) illogicality of employing atomoxetine after failed dexamfetamine trial
- restrictive marketing authorisations (‘licences’) and misinterpretation of these
- odd guidance from some CCG pharmacy committees and generic substitution mistakes.
- failure to explore non-adherence as cause of poor response

Friday 7th October 2016 – Workshops

Treatment Resistant Depression (W10)
Hamish McAllister-Williams

While antidepressants are undoubtedly effective both acutely and in relapse prevention, many patients fail to respond adequately with either non-response or continuing sub-threshold symptoms. Further, the STAR*D trial provides evidence of lower remission and higher relapse rates with each successive treatment trial. Such bleak findings can fuel the sense of hopelessness inherent in depression. To address this requires consideration of patient and clinician factors associated with poor outcomes. This workshop will discuss strategies to address factors associated with poor outcomes, including reviewing the evidence for a range of pharmacological agents for the treatment of resistant depression. It will emphasise the need to use a structured and systematic approach to patient management and appropriate instillation of hope into the clinician, the patient and their families. The utility of ‘treatment resistant depression’ (TRD) will be challenged and the workshop will introduce the concept of ‘multi-therapy resistant major depressive disorder’ (MTR-MDD). The notion is that MTR-MDD is set at a higher threshold than TRD, at a point where consideration of non-standard treatments that are beyond those routinely used in secondary care might occur. Proposed criteria for MTR-MDD will be presented and discussed.

The Child and Adolescent Psychiatry Surveillance Service: applicability to study rare events / presentations across the lifespan (W11)
This workshop is of relevance to all delegates and not just those working with children. To disseminate the clinically important findings from key studies run on the Child and Adolescent Psychiatry Surveillance Service (CAPSS) to date (TF) and to highlight its applicability to psychiatry throughout the lifespan.

**Content of the symposium**

This symposium will comprise of three talks that will summarise how CAPSS works and its application to the study of rare psychiatric disorders and clinical events, using two completed studies as examples. These are:

- Narrow Phenotype Paediatric Bipolar I Disorder in the British Isles: Surveillance Incidence, Characteristics and 1 year follow up
- Classification of childhood onset eating disorders: a latent class analysis (DN)

**Identifying and treating Body Dysmorphic Disorder across the lifespan (W12)**

Bruce Clark and David Veale

Body Dysmorphic Disorder (BDD) consists of a preoccupation with a perceived defect(s) in one’s appearance, which is not noticeable to others. The preoccupation is associated with a distorted felt body image with many repetitive behaviours such as mirror gazing. People with BDD often have needless dermatological treatment and cosmetic surgery. This workshop will summarise how to recognise, assess, and manage BDD in both adolescents and adults. It will use case material to illustrate some of the objectives.

**Learning Objectives:**

1. Recognize and diagnose BDD and differentiate it from normal adolescence, eating disorders, OCD, social phobia, body integrity identity disorder and depression.
2. Understand a cognitive behavioural model of BDD and the factors that maintain the symptoms including the function of processes such as comparing self with others; being excessive self-focused; camouflaging one’s appearance; monitoring and avoiding social threats such as shame, rejection and ridicule from others.
3. Use various assessment scales.
4. Assess and help patients wanting cosmetic procedures.
5. Understand strategies used for engagement and change in BDD with a focus on imagery rescripting, ceasing ruminating and comparing, dropping of avoidance and repetitive behaviours.
6. Understand the NICE guidelines for treating BDD and the role of SSRI medication.

Both presenters run specialist services for Young People and for adults with BDD and have been involved in developing and evaluating CBT as an effective treatment for BDD. They are also part of the Highly Specialised Service for severe treatment refractory OCD and BDD.

**Motivational Interviewing: modifications for psychosis (W13)**

Guy Undrill

This workshop includes a very brief recap of generic motivational interviewing and a quick look at how psychotic patients are different before moving into some experiential exercises to practice the techniques.

**Time to act, enough talking: transitioning in practice (W14)**

Asif Bachlani and Helen Crimlisk

This session focuses on two NHS organisations developing and implementing transition care pathways which supports young people from child and adolescent mental health services into adult mental health services which fits the principles as outlined by the recent NICE guidelines on transitioning (Feb 2016). In this session attendees will learn: The rationale for supporting transition which takes on board the evidence and guidance (TRACK study 2010/Commissioning guidance). This session focuses on two NHS organisations developing and implementing transition care pathways which supports young people from child and adolescent mental health services (CAMHS) into adult mental health services (AMHS) which fits the principles as outlined by the recent NICE guidelines on transitioning (Feb 2016). In this session attendees will learn: The rationale for supporting transition which takes on board the evidence and guidance (TRACK study 2010, Commissioning guidance on transitioning 2012). How to develop and implement transition care pathways within your trust (e.g. NELFT - neurodevelopmental, MAP - mood/anxiety/PD and psychosis).
Planning for transition - how to work with CAMHS colleagues and role of transition worker Developing adult services for transitioning Role of joint clinics - AMHS/CAMHS, AMHS/Paediatrics Peer to peer and Recovery/discovery orientated transition groups Working with stakeholders - vol sector, local authority.

**Widening access to CBT life skills training for young people (W15)**

Chris Williams

There are significant challenges in introducing Cognitive Behavioural Therapy (CBT) more widely into CAMHS teams, schools and other places of need. The traditional model has been for CBT to be delivered by highly trained professionals such as accredited CBT practitioners, psychologists and medical psychotherapists. However, low intensity ways of delivering CBT such as the use of CBT self-help resources (bibliotherapy), classes and online courses, provide alternative options for access. Each offers advantages and disadvantages. This workshop will introduce and expand on the drivers for low intensity working, the evidence base for such approaches, and focuses on practical delivery issues. Those attending will: 1). Gain an understanding of drivers towards low intensity working 2). Be able to define low and high intensity working - and understand which practitioners and skills-sets are best suited for each approach 3). Be able to discuss the rationale- and benefits and problems with the stepped care model 4), Be able to list 5 key criteria for deciding when a low intensity approach is appropriate, and be able to list three key exclusion criteria 5). Be able to utilise the workshop content to create a clear implementation plan for using low intensity resources such as books, websites and groups into their service. Led by Professor Chris Williams, President of the lead body for CBT in the UK (www.babcp.com), and CBT researcher and teacher. Resources created by Professor Williams are used across the world, including one of the most used mental health websites, the award winning www.livinglifetothefull.com. Content will draw on this experience, and also work over the last five years in school across Scotland, and more recently in a CYP IAPT test programme. The workshop will be relevant to practitioners working with a range of online resources, books and classes and include lecture based approaches, small group discussion, skills practice and discussion.

**The role of peer mentoring and support in mental health services (W17)**

Nick Barnes and Simon Munk

Over recent years there has been an explosion in interest in the role of peer mentoring and peer support for helping young people support each other to address mental health need and concerns. The launch of the taskforce document Future in Mind highlighted the need for more preventative practice and approaches that allowed for earlier help for young people in relation to their emotional wellbeing and mental health – recognising peer mentoring as a key approach that needed further exploration. At the same it is clear that adolescent mental health services simply don’t have the capacity to engage effectively at an early stage with those young people who are at the greatest risk of going on to develop more serious mental health problems. Research (DuBois, 2002) suggests that providing older adolescent volunteers (peer mentors) with the knowledge and skills to effectively provide 1:1 mentoring support to “at risk” peers can provide a effective way to engage with young people and offer effective early mental health support. Peer mentoring can significantly reduce the development of mental health problems and promote emotional resilience in “at risk young people”, with both the mentors and mentees having improved mental health outcomes as well as improved educational outcomes. This workshop seeks to describe 2 approaches to peer mentoring and support – from both the perspective of implementation and evidence of impact. The first, Time 2 Talk, winner of the 2015 Health Service Journal Award for Innovation in Mental Award, is a “whole school approach” to addressing mental health stigma and emotional wellbeing that works through drama, film and the PHSE curriculum as well as utilising peer mentoring within the school. The peer mentors are able provide both group and 1:1 support for students as well as offer guidance to staff and parents. The second model, More than Mentors, has sort to co-design and co-create a clear, evidence based approach to peer mentoring – seeking to build emotional resilience for both mentor and mentee through a 10-week intervention. The initial results of the More than Mentors project (currently being presented for publication) are impressive but will need further testing in wider
settings – including online applications. This workshop therefore seeks to explore the practicalities involved in establishing a peer mentoring programme whilst also seeking to review the evidence of their impact and role in and alongside young people’s mental health services.

Crossing bridges: the mental health needs of looked after children and care leavers (W18)
Antonina Ingrassia and Jolene John
The workshop aims at developing the knowledge, skills and confidence in understanding of the impact of neglect and traumatic life experiences for looked after children, providing a framework to treatment approaches dealing with the often long-standing mental health difficulties these children and young adults present to services with. The objectives of the workshop are as follows: Describe the prevalence of mental health difficulties and looked after children didn't define them as a vulnerable groups requiring attention from both CAMHS and adult mental health services Explore concepts of vulnerability and resilience in these groups, including treatment approaches that take into account vulnerability and promote resilience Discuss the importance of managing transitions including from child to adult mental health services, taking into account differences in service provision as well as conceptual understanding/meaning of presenting difficulties Use case examples to illustrate good practice, particularly the importance of collaboration and clarity around context for this vulnerable groups of children and young people.

CAMHS admissions and outcomes for young people with emotional dysregulation (W19)
Rafik Refaat, James Fox and Ramya Srinivasan
There is little evidence on the use of inpatient treatment for adolescents in general and there are concerns that in some cases inpatient admissions may be harmful. This is particularly the case for young people who present with symptoms of emotional dysregulation and emerging personality disorder where, some have clinically observed that lengthy inpatients CAMHS admissions to general adolescent units can be detrimental in the longer term. This workshop aims to explore the treatment models which have been developed in East London to manage such young people by offering brief crisis admissions, similar to adult services, and the discussion around the nature of the inpatient and community services required for this. This will be an interactive workshop which also aims to further develop on the themes by drawing on the experience of CAMHS and general adult clinicians present with a view to conducting a collaborative project to develop a deeper understanding of the issues involved in treating and managing such young people. The workshop will be conducted first by summarising current knowledge, using clinical observations with case studies, and then a discussion of the services provided in East London. We will then move on to an interactive discussion of clinician experiences to further understand the issues involved in managing such young people. It will be particularly valuable to include adult psychiatrists in these discussions as many of these young people will require on-going support from adult services. The educational goals of the workshop will be to learn more about the evidence for inpatient CAMHS admission in young people with emotional dysregulation, to consider the criteria for inpatient admission for young people with emotional dysregulation, the types of inpatient and community services required to support the treatment and management of such young people and to think about how further understanding of this area could be developed.