



# Faculty of Child and Adolescent Psychiatry Annual Conference

23-24 September 2021 | Online

## Conference Booklet

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# Programme

## Day One – Thursday 23 September 2021

9:00-9:15	<b>Welcome and introductions</b> Dr Elaine Lockhart, Faculty Chair, Professor Andrea Danese, Academic Secretary, and Rhiannon Hawkins, Young People's Participation Lead
<b>Session #1: Keynote event: Past, present, and future of CAMHS</b> Chair: Professor Andrea Danese	
9:15-09:30	<b>1960s to 2020s in developmental psychiatry</b> Professor Eric Taylor, Emeritus Professor of Child and Adolescent Psychiatry, Kings College, London Interviewed by Dr Charlene Amey, Higher Trainee, South London and Maudsley NHS Trust
9:30-9:45	<b>Emotional disorders</b> Professor Ian Goodyer, Professor of Child and Adolescent Psychiatry, University of Cambridge Interviewed by Dr Charlene Amey, Higher Trainee, South London and Maudsley NHS Trust
9:45-10:00	<b>Liaison psychiatry</b> Professor Elena Garralda, Emeritus Professor of Child and Adolescent Psychiatry, Imperial College London and Honorary Consultant in Child and Adolescent Psychiatry, CNWL Foundation NHS Trust Interviewed by Dr Sophia Williams, SpR, Barnet, Enfield and Haringey mental Health NHS Trust
10:00-10:15	Question & Answer Session
10:15-10:45	Morning Break
<b>Session #2: Eating disorders</b> Chair: Dr Jon Goldin, Consultant Child and Adolescent Psychiatrist, Great Ormond Street hospital	
10:45-11:00	<b>A surveillance study of ARFID: what do we hope to find and how could it influence service development?</b> Dr Dasha Nicholls, Clinical Reader in Child Psychiatry, Imperial College London
11:00-11:15	<b>Squaring the Circle: the Ethics of Public Health Approaches to Eating Disorders and Obesity</b> Dr Jacinta Tan, Consultant Child and Adolescent Eating Disorder Psychiatrist, Oxford Health NHS Foundation Trust

11:15-11:30	<p><b>The role of Paediatrics in managing eating disorders in young people</b></p> <p>Dr Karen Street, Consultant Paediatrician, Royal College of Paediatrics and Child Health Officer for Mental Health</p>
11:30-11:45	Question & Answer Session
<p><b>Session #3: Young People's debate</b></p> <p>Chair: Emma Thomas, Chief Executive Officer, YoungMinds</p>	
11:45-12:30	<p><b>Debate: Has young people's distress during the covid-19 pandemic been over-medicalised?</b></p> <p>Lauren, Melissa, Nathan and Rhiannon</p>
12:30-1:30	Lunch break
<p><b>Session #4: Trauma, Anxiety, and Depression</b></p> <p>Chair: Professor Andrea Danese</p>	
1:30-1:45	<p><b>New depression treatments</b></p> <p>Dr Michael Bloch, Associate Professor at the Yale Child Study Center, USA</p>
1:45-2:00	<p><b>New concepts in bipolar disorder</b></p> <p>Dr Adi Sharma, Clinical Senior Lecturer and Hon Consultant in Child and Adolescent Psychiatry, Newcastle University</p>
2:00-2:15	<p><b>Screening for Adverse Childhood Experiences: Is it helpful in clinical settings?</b></p> <p>Dr Alan Meehan, Postdoctoral Research Associate, Kings College London</p>
2:15-2:30	Question & Answer Session
2:30-3:00	Afternoon Break
<p><b>Session #5 Neurodevelopmental disorders and ID</b></p> <p>Chair: Dr Marinos Kyriakopoulos</p>	
3:00-3:15	<p><b>Update on ADHD treatment</b></p> <p>Professor Samuele Cortese, Professor of Child and Adolescent Psychiatry, University of Southampton</p>
3:15-3:30	<p><b>Intellectual Disability</b></p> <p>Dr Heather McAlister, Clinical Director for North Derbyshire CAMHS</p>
3:30-3:45	<p><b>Tics and Tourette syndrome - a rapid increase in tic presentations in young people in the recent months</b></p> <p>Dr Osman Malik, Consultant Child and Adolescent Neuropsychiatrist, South London and Maudsley NHS Trust</p>

3:45-4:00	Question & Answer Session
4:00-4:15	Afternoon Break
<b>Session #6: Trainee Presentations</b>	
Chair: Dr Suyog Dhakras, Consultant Child and Adolescent Psychiatrist, Solent NHS Trust	
4:15-4:30	<p><b>Gillian Page Prize winner</b></p> <p><b>What is the prevalence of self-harming and suicidal behaviour in under 18s with ASD, with or without an intellectual disability?</b> – Dr Rosalind Oliphant, Child and Adolescent Psychiatrist, Cumberland, Northumberland, Tyne and Wear NHS Trust</p>
4:30-5:00	<p><b>Trainee presentations:</b></p> <p><b>Trends and patterns in psychiatric admissions for mood disorders in children, adolescents and young people (0-25 years) in England from 2012-19: An exploratory study</b> Dr Sundar Gnanavel</p> <p><b>The Impact Of Routines And Parental Anxiety On Emotional And Behavioural Difficulties In Children During COVID-19</b> Dr Vera Lees and Dr Rosie Hay</p> <p><b>Associations between early childhood irritability and adolescent depressive symptoms and self-harm in a nationally representative UK birth cohort</b> Dr Ramya Srinivasan</p> <p><b>Better in Lockdown: A descriptive analysis of young people with self-reported improvements to their mental wellbeing during Covid-19 lockdown</b> Dr Emma Soneson</p> <p><b>Addressing the evidence gap in children’s mental health services: A longitudinal evaluation of a UK primary school-based counselling intervention</b> Jemma White and Dr Kate Finning</p> <p><b>Age and Gender Effects on Non-Suicidal Self-Injury, and their interplay with Psychological Distress</b> Dr Sahaj Kaur</p>

# Speaker Abstracts and Biographies

## Day One – Thursday 23 September 2021

### 1960s to 2020s in developmental psychiatry

Professor Eric Taylor

This will be an interactive question and answer session with a trainee. Autobiographical material will probably include the influences of the youthful suicide of a family member, abusive institutional psychiatry, diagnosis v diversity, slow rise of trials, & current challenges of multidimensionality.

**Professor Eric Taylor:** School in Bristol; Training at Cambridge and Harvard Universities, Middlesex Hosp., Bethlem Maudsley/ IoP . Clinical and research work at SLAM & KCL. Professor Emeritus of Child and Adolescent Psychiatry. FRCP, FRCPsych (Hon), FMedSci. Trustee for SLAM, Autistica, Place2Be.

### Emotional disorders

Professor Ian Goodyer

**Ian Goodyer** is Professor of Child and Adolescent Psychiatry, University of Cambridge. I am a Child and Adolescent Psychiatrist based at Cambridge University pursuing research into the connections between human development and psychopathology. My studies are centred on adolescents in the community as well as current patients. Our research programme uses experimental and neuroimaging approaches embedded in longitudinal designs to measure the effects of genes and the social environment, on cognition and brain structures. We use these methods in epidemiological cohort studies of adolescent development and randomised controlled trials of treatment for depression and conduct disorders.

### Liaison Psychiatry

Professor Elena Garralda

Paediatric liaison child and adolescent psychiatry has come a long way from its lean beginnings over the past 20 years. The presentation will address the rationale for the sub-specialty, map changes over time and consider prospects.

**Elena Garralda** is Emeritus Professor of Child and Adolescent Psychiatry at Imperial College London and Honorary Consultant in Child and Adolescent Psychiatry with CNWL Foundation NHS Trust. She trained in Child and Adolescent Psychiatry at the Maudsley Hospital and has held academic and clinical appointments with the University of Manchester, Imperial College London and CNWL Foundation Trust/ St Mary's Hospital. Her clinical and research activity includes the interface between physical and mental health in children and young people. She has a decided commitment to liaison psychiatry.

Interviewed by **Sophia Williams**. Sophia is a CAMHS ST5 on the Great Ormond Street/Royal London Hospital Higher Training Scheme. Prior to training she studied the viola & violin at the Royal Academy of Music, qualified in primary teaching at Cambridge University and completed a PhD in music psychology at Sheffield University with her thesis: 'Parenting Scripts - The pattern for a child's musical development.' Currently Sophia is working in community CAMHS at Waltham Forest and developing her special interest in psychodynamic psychotherapy on the M14 Tavistock course. She has had a stammer since the age of 3 and works as a volunteer on the British Stammering Association (STAMMA) helpline. Sophia is the Paediatric Psychiatry Liaison Network Higher Trainee representative and is passionate about promoting discussion on child mental health amongst trainees across different medical specialities.

**Eating disorders session chair:** Dr Jon Goldin FRCPsych is a Consultant in Child and Adolescent Psychiatry at Great Ormond Street Hospital and an Honorary Senior Lecturer at the Institute of Child Health. He has been Head of Service on the Mildred Creak Unit for the past nineteen years and is the Joint Head of Department in Psychological and Mental Health Services (PAMHS). Dr Goldin is Joint Training Programme Director for the Great Ormond Street/Royal London Higher Training Scheme in Child and Adolescent Psychiatry. He is also the College Lead for Parliamentary Engagement at the Royal College of Psychiatrists. Dr Goldin has an interest in public engagement and lobbying around CAMHS issues and has been interviewed widely on both TV and radio. Email: jon.goldin@gosh.nhs.uk Twitter: @DrJonGoldin

### **A surveillance study of ARFID: what do we hope to find and how could it influence service development?**

Dr Dasha Nicholls

Avoidant/Restrictive Food Intake Disorder (ARFID) was a new diagnosis in DSM-5 and is in ICD-11, replacing Feeding Disorder of Infancy and Early Childhood among other presentations. It is an umbrella term incorporating a number of potentially overlapping phenomena, resulting in nutritional deficits or impairment of psychosocial functioning.

Children and adolescents with ARFID are at risk for severe acute and chronic medical complications. Most of the information we have about ARFID comes from specialist clinics, and the findings may not apply to the population as a whole or those seen in less specialist settings. ARFID can occur at any age. Research has suggested three ARFID subtypes (limited intake subtype, limited variety subtype and aversive subtype) based on small studies. Our ongoing CAPSS/BPSU study, in which paediatricians and child psychiatrist report on new cases of ARFID seen over a 1 year period, will constitute the largest study on ARFID so far in the UK and Ireland, making it possible to see if all cases fit into these subtypes and whether they are distinct from one another.

The percentage of people diagnosed with ARFID differs by country, by population and by type of study, ranging from 0.3% of community older adolescents and adults (Hay et al, 2017) to 22% of adolescents hospitalised in eating disorder programs in the USA (Nicely et al, 2014). By establishing the incidence of ARFID reaching secondary medical care and characterising their clinical profile, these data will also inform service development for this patient group. New evidence regarding uncommon disorders such as ARFID provides clinicians with the necessary tools to make prompt and accurate diagnoses, and enables them to have a better understanding of when to refer to secondary and tertiary specialty care. Patients, families and the public will benefit from increased awareness of ARFID through this study. We will be able to make international comparisons, with a similar study in Canada having been completed.

**Dr Dasha Nicholls** is Clinical Reader in Child Psychiatry in the Division of Psychiatry at Imperial College London, Honorary Consultant Child and Adolescent Psychiatrist in the Children and Young People's (CYP) Eating Disorders Service in Central and North West London NHS Foundation Trust, and Clinical and Strategic Director for National Audits and Research at the Royal College of Psychiatrists. She is a member of the BEAT Clinical Advisory board. Until moving to Imperial in 2018, Dr Nicholls co-led the Feeding and Eating Disorders service at Great Ormond Street Hospital. She is past-President of the Academy for Eating Disorders and was Chair of the Eating Disorders Faculty (2015-19).

### **Squaring the Circle: the Ethics of Public Health Approaches to Eating Disorders and Obesity**

Dr Jacinta Tan

I am a Consultant Child and Adolescent Eating Disorder Psychiatrist at the Oxford Health NHS Foundation Trust and Senior Clinical Research Fellow at the NIHR Oxford Foundation Biomedical Research Centre. I am a researcher and ethicist, a member of the Royal College's Professional Practice and Ethics Committee and until recently the Welsh representative for the Eating Disorders Faculty of the Royal College of Psychiatrists. I conducted the Welsh Government's Eating Disorder Service Review in 2018 which is now leading to Wales-wide changes in NHS eating disorder service provision, and recently completed co-leading the Scottish Government's Eating Disorder Service Review which was delivered to the Scottish Government which was completed in March 2021, and change is also beginning in Scotland.

I am internationally known for my research on ethics and mental capacity in eating disorders. The eating disorder service reviews have enabled me to develop a strong grasp of the national overviews of eating disorder pathways. I have conducted research as varied as ethics of deep brain stimulation for anorexia nervosa, eating disorders in sport, school based preventative work, doctors' attitudes to end of life care and population databank work. My vision is to co-develop collaborative, practical interdisciplinary mixed methods research, innovation projects and evidence-based policy with patients, families, academics,

policymakers and clinicians. It is my goal to directly improve mental healthcare and wellbeing for people across the lifespan in the UK.

Twitter: @DrJacintaTan

## **The role of Paediatrics in managing eating disorders in young people**

Dr Karen Street

**Karen Street** is a Consultant Paediatrician in Exeter and Royal College of Paediatrics and Child Health Officer for Mental Health.

## **Debate: Has young people's distress during the covid-19 pandemic been over-medicalised?**

Chaired by Emma Thomas

**Emma Thomas** joined YoungMinds as CEO in July 2018. Prior to this, she worked as a consultant for a range of youth organisations on digital adoption and strategic development and was Chief Executive of The Mix. Emma has wide-ranging experience across commercial and third sectors, as well as working at the BBC developing new digital services and campaigns. For the past ten years she has worked in the youth sector advocating for young people to have a greater voice in society and in improving services. Emma is a member of the NHS England Independent Advisory and Oversight Group, the NHS Long Term Plan steering group, the National Suicide Prevention Strategy Advisory Group, the Children's Commissioner's Inpatient Taskforce Oversight Board and the ITV Mental Health Advisory Group.

## **New depression treatments**

Dr Michael Bloch

Michael H. Bloch, M.D., M.S. graduated from Yale School of Medicine and completed his child and adult psychiatry training at Yale. His research interests focus on studying Tourette syndrome (TS), obsessive-compulsive disorder (OCD) and trichotillomania (TTM) across the lifespan and developing better pharmacological treatments for children with depression, anxiety and ADHD. His research focuses on developing better treatments for children and adults with these conditions particularly through clinical trials and meta-analysis. Dr. Bloch is also the associate training director of the Child Study Center's innovative psychiatry residency program. The Solnit Integrated Program provides psychiatrists-in-training with the opportunity to integrate general, child and research psychiatry across all stages of their career and will be a major pathway by which the next generation of academic leaders in child psychiatry are developed



## **New concepts in bipolar disorder**

Dr Adi Sharma

**Adi Sharma** is Clinical Senior Lecturer and Hon Consultant in Child and Adolescent Psychiatry, Newcastle University. His areas of clinical academic interest area are bipolar disorder impacting on children and adolescents and complex neurodevelopmental disorders.

## **Screening for Adverse Childhood Experiences: Is it helpful in clinical settings?**

Dr Alan Meehan

Adverse childhood experiences (ACEs) have been consistently linked with physical and mental health problems well into adulthood, prompting calls for routine ACE screening within paediatric health settings. However, evidence from longitudinal cohorts has cast doubt on the ability of ACEs to accurately identify health risk at an individual level. I will present recent analyses that revisited published data from the seminal 1998 ACE Study to test the ability of the ACE questionnaire to accurately classify individuals based on their risk for physical and mental health problems. Results indicated poor discrimination of adults with and without various health conditions based on the continuous ACE score, and similarly poor identification of health problems using a recommended clinical cut-off for 'high-risk' ACE exposure (4+ vs 0-3 ACEs). I will discuss the implications of these findings for proposed ACE-based screening and intervention allocation and suggest alternative approaches to enhance detection and prediction of individualised health risk using ACEs.

**Dr Alan Meehan** is Postdoctoral Research Associate at the Institute of Psychiatry, Psychology & Neuroscience, King's College London, and a visiting Clinical Research Affiliate at Yale University's Child Study Center. His research seeks to enhance understanding of risk factors for mental health problems in young people, with recent work focusing on childhood trauma and adversity and the application of prediction modelling techniques to healthcare settings via electronic patient records.

## **Update on ADHD treatment**

Professor Samuele Cortese

**Samuele Cortese** is Professor of Child and Adolescent Psychiatry, University of Southampton. My research aims to inform clinical decision making in child and adolescent psychiatry, with a specific focus on ADHD (and its related neurodevelopmental conditions), and sleep disorders. My studies are mainly based on advanced meta-analytic approaches, as well as large epidemiological datasets. In 2020, I was included in the list of the world's most influential researchers of the past decade, demonstrated by the production of multiple highly-cited papers that rank in the top 1% by citations in the field of psychiatry/psychology in 2019

in Web of Science. In 2020 I also ranked #2 worldwide in terms of expertise on Attention-Deficit/Hyperactivity Disorder (ADHD) according to Expertscape.

Since 2020, I am the coordinator for the UK of the world's largest survey on the mental and physical correlates of the Covid-19 pandemic, Collaborative Outcomes study on Health and Functioning during Infection Times

### **Intellectual Disability**

Dr Heather McAlister

Dr McAlister will be speaking with us about the key differences when working with Children and Young People who have an intellectual disability.

**Dr Heather McAlister** is a Consultant Intellectual Disability Psychiatrist who has worked in a multidisciplinary Learning Disability-CAMHS team for the past 14 years. She is the Clinical Director for North Derbyshire CAMHS. One day a week Heather works at Sheffield Children's Hospital with the Paediatric Neurology Team carrying out specialist neuropsychiatric assessments. In 2018 she became an elected committee member of the Faculty of Intellectual Disability, Royal College of Psychiatrists. She is Chair of the CAIDPN (Child and Adolescent Intellectual Disability Psychiatrists Network).

### **Tics and Tourette syndrome - a rapid increase in tic presentations in young people in the recent months**

Dr Osman Malik

There has been a recent upsurge in the number of young people presenting with sudden onset dramatic tics which tend to start in adolescence as opposed to typical early onset of tics. I will briefly describe what may be causing this increase, how these tics are differentiated from typical tics and managed.

**Dr Osman Malik** is a Consultant Child and Adolescent Neuropsychiatrist at the Department of Paediatric Neurosciences at Evelina London Children's Hospital working in the Tourette service (TANDEM), the Neurodevelopmental team and providing liaison to Sleep medicine service. He is actively involved in research in Tics and motor stereotypies.

# Programme

## Day Two – Friday 24 September 2021

9:00-9:15	<b>Welcome and introductions</b> Dr Elaine Lockhart, Faculty Chair, Professor Andrea Danese, Academic Secretary, and Nathan Randles, Young People's Participation Lead
<b>Session #7: Looking at the broader picture</b> Chair: Dr Elaine Lockhart	
9:15-09:45	<b>Keynote address: Adolescence as a sensitive period of social brain development</b> Professor Sarah-Jayne Blakemore, Professor of Psychology, University of Cambridge
9:45-10:15	<b>Keynote address: School and Child &amp; Adolescent Mental Health</b> Dame Rachel de Souza, Children's Commissioner for England and Emily Frith, Head of Policy and Public Affairs, Office of the Children's Commissioner
10:15-10:45	Morning Break
<b>Session #8: Digital mental health</b> Chair: Dr Guy Northover, Consultant Child and Adolescent Psychiatrist, Berkshire Helathcare NHS Foundation Trust	
10:45-11:00	<b>Taming the Dragon- Welsh experience of using remote consultations during COVID 19</b> Professor Alka Ahuja, Consultant Child and Adolescent Psychiatrist at Aneurin Bevan University Health Board, and National Clinical Lead, Welsh Government Technology Enabled Care Programme
11:00-11:15	<b>The UKRI E-Nurture Network</b> Professor Gordon Harold, Professor of the Psychology of Education and Mental Health, University of Cambridge
11:15-11:30	<b>What can electronic health records do for CAMHS?</b> Dr Johnny Downs, Senior Clinical Lecturer (Honorary Consultant) in Child & Adolescent Psychiatry, Kings College London
11:30-11:45	Question & Answer Session
<b>Session #9: Young People's debate</b>	

Chair: Dr Dave Williams, Adviser for Child & Adolescent Mental Health to the Welsh Chief Medical Officer and Welsh Government	
11:45-12:30	<b>Debate: Is the future of CAMHS digital?</b> Abbie, Ebony, Jamie and Julia
12:30-1:30	Lunch break
<b>Session #10: Business Meeting</b> Chair: Dr Elaine Lockhart	
1:30-2:15	<b>Faculty Business Meeting</b> <ul style="list-style-type: none"> <li>• Chair's report – Dr Elaine Lockhart</li> <li>• Finance Officer's report - Dr Guy Northover</li> <li>• Academic Secretary report - Professor Andrea Danese</li> <li>• CAPSAC report - Dr Suyog Dhakras</li> <li>• Prize winners</li> <li>• Curricular update – Dr John Russell</li> <li>• Questions from the floor</li> <li>• Any other business</li> </ul>
<b>Session #11: Mental Health Law changes: The response from the 4 UK nations</b> Chair: Dr Marinos Kyriakopoulos	
2:15-2:30	<b>Mental Health Act changes in England and Wales</b> Dr Dan Hayes, Consultant Child and Adolescent Psychiatrist, South London and Maudsley NHS Trust
2:30-2:45	<b>Mental Health Law changes in Northern Ireland</b> Dr Richard Wilson, Consultant Child and Adolescent Psychiatrist, Lead Clinician NHSCCT CAMHS
2:45-3:00	<b>Mental Health Law changes in Scotland</b> Dr Aileen Blower, Honorary Clinical Senior Lecturer, University of Glasgow
3:00-3:15	Question & Answer Session
3:15-3:45	Afternoon Break
<b>Session #12 Recovering from the COVID-19 pandemic</b> Chair: Professor Andrea Danese	

3:45-4:00	<p><b>Clinical epidemiology of child and adolescent mental health needs after the COVID-19 pandemic</b></p> <p>Professor Tamsin Ford, Professor of Child and Adolescent Psychiatry, University of Cambridge</p>
4:00-4:15	<p><b>Children and Young People's Mental Health; Progress of national policy programmes and responding to the impact of COVID</b></p> <p>Professor Prathiba Chitsabesan, Associate National Clinical Director in 2017 (NHS England and Improvement- Children and Young People's Mental Health Team</p>
4:15-4:30	<p><b>The role of participation in recovering from the COVID-19 pandemic</b></p> <p>Toni Wakefield, Nathan Randles and Rhiannon Hawkins, Participation Leads, RCPsych</p>
4:30-4:45	<p>Question &amp; Answer Session</p>
4:45-5:00	<p><b>Closing comments</b></p> <p>Dr Elaine Lockhart, Faculty Chair, Professor Andrea Danese, Academic Secretary, and Young People's Participation Leads</p>

# Speaker Abstracts and Biographies

## Day Two – Friday 24 September 2021

### **Adolescence as a sensitive period of social brain development**

Professor Sarah-Jayne Blakemore

Adolescence, defined as 10-24 years, is a period of life often characterised by behaviours that can appear, prima facie, irrational such as dangerous risk-taking and impulsivity. However, these behaviours can be interpreted as adaptive and rational given that a key developmental goal of this period of life is to mature into an independent adult while navigating a social world that is unstable and changing. Research over the past two decades has demonstrated that social cognitive processes involved in navigating an increasingly complex social world develop, social influence is an important determinant of decision making and areas of the social brain undergo substantial development across adolescence. The findings suggest that adolescence might be a sensitive period of social development.

**Sarah-Jayne Blakemore** is Professor of Psychology at the University of Cambridge, UK, and leader of the Developmental Cognitive Neuroscience Group. Her group's research focuses on the development of social cognition and decision making in the human adolescent brain, and adolescent mental health. Professor Blakemore is Chair of the Royal Society of Biology Education and Science Policy Committee. She has been awarded national and international prizes for her research including the British Psychological Society (BPS) Doctoral Award 2001, the BPS Spearman Medal for outstanding early career research 2006, the Swedish Neuropsychology Society Award 2011, the Young Mind & Brain Prize 2013, the Royal Society Rosalind Franklin Award 2013, the Klaus J Jacobs Prize 2015, the BPS Presidents' Award 2018 and the IUPS Major Advancement in Psychological Science Prize 2020. She is a Fellow of the Royal Society of Biology, the British Academy and the Association of Psychological Science.

### **School and Child & Adolescent Mental Health**

Dame Rachel de Souza

**Dame Rachel de Souza** is the Children's Commissioner for England. The Children's Commissioner promotes and protects the rights of children, standing up for their views and interests and acting as their 'eyes and ears' across government. Dame Rachel is a nationally recognised educator and advocate for improving the life chances of disadvantaged children. Before her appointment as Children's Commissioner, she led two schools from failing to outstanding, before founding and leading the Inspiration Trust, a family of fourteen schools in East Anglia. The Trust was twice ranked as the nation's

top group of comprehensive schools based on pupil progress at GCSE. She was made a Dame in 2014 for services to education.

### **Taming the Dragon- Welsh experience of using remote consultations during COVID 19**

Professor Alka Ahuja

In March 2020, TEC Cymru was asked to support the COVID response by establishing the NHS Wales Video Consultation Service. We took a data driven approach and the findings are challenging- this is because we asked patients, carers and families what they thought too. Using a phased approach TEC Cymru have mixed methods data from more than 50,000 patients and clinicians using the service. We will share the data which challenges current accepted beliefs about health inequality and digital exclusion, describes user experience and expectations and highlights some of the challenges and opportunities of using digital innovations in delivering health and social care.

**Professor Alka Ahuja** MBE is a Consultant Child and Adolescent Psychiatrist at Aneurin Bevan University Health Board. Alka is the National Clinical lead for the Welsh Government Technology Enabled Care Programme. She is the vice chair of the Child and Adolescent Faculty of the Royal College of Psychiatrists and the Public Education lead, Royal College of Psychiatrists in Wales. Also a Visiting Professor at University of South Wales and an Honorary Professor at Cardiff University She has expertise in qualitative research methodology and her areas of special interest include neurodevelopmental disorders including autism and ADHD, user and carer involvement in healthcare services and employment of digital technology in healthcare. Twitter: @AlkaSashin

### **The UKRI E-Nurture Network**

Professor Gordon Harold

**Gordon Harold** is Professor of the Psychology of Education and Mental Health, University of Cambridge.

### **What can electronic health records do for CAMHS?**

Dr Johnny Downs

Johnny is an NIHR Clinician Scientist at the Department of Child & Adolescent Psychiatry and Child and Adolescent lead, Centre for Translational Informatics. His research focuses on the use of digital information for epidemiological studies examining risks factors and outcomes for childhood neurodevelopmental and mental health disorders. Johnny's interests lie within four main areas – patient portals to enhance patient reported outcomes, natural language processing to refine the data extracted from free-text electronic records, data-linkage to

integrate non-health data into clinical record analysis, and the integration of remote monitoring technology into clinical care.

### **Debate: Is the future of CAMHS digital?**

Chaired by Dr Dave Williams

**Dr Dave Williams** is the independent Adviser for Child & Adolescent Mental Health to the Welsh Chief Medical Officer and Welsh Government. He is also the Chair of Children in Wales. Dave has been a community based Consultant Child & Adolescent Psychiatrist in, South East Wales since 1998. He provides psychiatric input to the Child & Adolescent Learning Disability team. He has developed integrated multiagency services with local authority, education and 3rd and voluntary sectors in SE Wales, providing care to families and care leavers. He has published research on alcohol withdrawal and a 30 year follow up of the Aberfan disaster survivors. From a family of teachers, he is married to a GP and father to a Physiotherapist and a Health Visitor.

### **The Royal College of Psychiatrists thanks Abbie, Ebony, Jamie and Julia from Brynteg School and Ysgol Glan Clwyd.**

### **Mental Health Act changes in England and Wales**

Dr Dan Hayes

**Dr Dan Hayes** is a Consultant Child & Adolescent Psychiatrist and works at the Bethlem Adolescent Psychiatric Intensive Care Unit. His professional interest is young people with severe mental illness, especially early onset psychosis, and the medico-legal context for their treatment. He is the CAMHS lead for Mental Health Law at South London and Maudsley Foundation Trust and is involved in training and education within the Trust and more widely in regard to the Mental Health Act. He is a member of the London Section 12 Panel. He is also the joint Training Programme director for Child and Adolescent Psychiatry at the Maudsley

### **Mental Health Law changes in Northern Ireland**

Dr Richard Wilson

**Dr Richard Wilson** is Consultant Child and Adolescent Psychiatrist, Lead Clinician NHSCT CAMHS, Hon Vice President Royal College of Psychiatrists UK, and Chair Royal College of Psychiatrists in Northern Ireland.



## **Clinical epidemiology of child and adolescent mental health needs after the COVID-19 pandemic**

Professor Tamsin Ford

This talk will provide a summary of the epidemiological data on the impact of COVID-19 and the resulting restrictions on children and young people over the last 18 months, as well as some suggestions about how we might mitigate these impacts.

**Tamsin Ford** is a Professor of Child and Adolescent Psychiatry at the University of Cambridge. Her research focuses on the effectiveness of interventions and the efficiency of services in relation to the mental health of children and young people, with a particular focus on the interface between education and health systems. She completed her PhD at the Institute of Psychiatry, Kings College London and she set up the Child Mental Health Research Group at Exeter Medical School in 2007. She moved to Cambridge in October 2019 where she is also an honorary consultant child and adolescent psychiatrist at Cambridge and Peterborough Foundation Trust. She is part of the Research Advisory Group of Place2Be and Vice-Chair of Association of Child and Adolescent Mental Health.

## **Children and Young People's Mental Health; Progress of national policy programmes and responding to the impact of COVID**

Professor Prathiba Chitsabesan

The presentation will summarise progress of national policy programmes for children's mental health. It will highlight the impact of COVID and how as a system we will need to respond to support children and young people and especially young people at risk of health inequalities.

**Prathiba Chitsabesan** is a Consultant in Child and Adolescent Psychiatry working in a large mental health and learning disability trust in Greater Manchester. Lead consultant since 2005, she became Clinical Director in 2015 and subsequently Associate National Clinical Director in 2017 (NHS England and Improvement- Children and Young People's Mental Health Team). She has an interest in the mental health and neurodevelopmental needs of children and young people in contact with the criminal justice system. Over the last 16 years she has published in peer reviewed journals and books and contributed to national reports and guidance. She continues to be research active as a Visiting Chair (Manchester Metropolitan University) and has been involved in a number of regional and national transformation programmes.

## **The role of participation in recovering from the COVID-19 pandemic**

Toni Wakefield, Nathan Randles and Rhiannon Hawkins, Participation Leads, RCPsych.

# Poster Abstracts

## **1. Increase in Tics in Girls During the COVID-19 Pandemic: Case Series and Literature Review**

**Dr Selin Aktan**, Dr Uttom Chowdhury, Consultant in Child and Adolescent Psychiatry

**Aims and Hypothesis** We observed an increase in the presentation of patients with tic-like symptoms between September 2020 and March 2021. We reviewed the presentation in more detail in relation to previous literature on increase in tics in adults and children as well as the context of the pandemic. **Background** Studies showed COVID-19 caused an increase in the incidence of mental health problems in young people. Functional movement disorders tend to occur at periods of increased stress. **Methods** We reviewed all cases of new-onset tics presenting to a general CAMHS clinic. We then made contact with patients for further interview and investigations. They were re-assessed by a Consultant with a special interest in tic disorders. Here we present the clinical details and important characteristics of these cases. **Results** 12 patients presented for the first time with new onset of tics. All were girls. 5 gave consent to take part in more in-depth interview. We saw an increase in the exacerbation of tics symptoms in patients with an established tic disorder. This is in line with recent studies investigating the effects of COVID-19 on people with tic disorders. Increased stress and anxiety, change or lack of routine and decreased distractions or physical activity due to lockdown were suggested as possible underlying mechanisms. Most of our referrals were for patients with functional tic symptoms. 80% of our patients had comorbid anxiety disorder. The higher perceived levels of anxiety in combination with possible increase in stress levels due to lockdown might be triggering factors in individuals with a possible underlying genetic vulnerability. Symptoms were reduced or disappeared after psychoeducation in majority of cases. **Conclusions** Increased stress and anxiety, lack of routine and reduced physical activity due to lockdown were suggested as possible causes for an exacerbation in tics in individuals with underlying genetic vulnerability.

## **2. The effectiveness of fire setting treatment programmes delivered to children and young people: a systematic review of the literature**

**Dr Nina Amini-Tabrizi**,

**Aims and Objectives:** The present review identifies and systematically reviews the published literature relating to the effectiveness of current treatments for juvenile fire setters. **Background:** Fire play and fire interest is a common phenomenon in childhood. The true prevalence should be taken with caution with many children involved in unreported and undetected fireplay. Firesetting is a serious behavioural concern which is not only an important public health problem but could also be a children's mental health problem. At present no single professional agency feels responsible for the management of these individuals with inconsistent and varying services provided. **Method:** A systematic review of published literature relating to the effectiveness of current treatments for juvenile fire setters. The PsychINFO, CINAHL, Embase and Medline databases were searched in June 2020. The search followed PRISMA guidelines. **Results:** Thirteen articles met all the inclusion criteria and were included for qualitative

synthesis. Most of the studies incorporated an educational fire safety treatment. Only one study looked solely at a cognitive behavioural interventions. Three studies were conducted in an inpatient psychiatry unit. 1 of the 13 studies intricated a Randomised Control Design, with the majority being pretest-posttest Quasi-experimental designs. The thirteen studies included in this review included a total of 2975 children and adolescents. Conclusions: The most successful treatment programs are focused on a multisystemic approach and are flexible to the juvenile's individual needs. What is clear is what might work for some young people doesn't work for others, highlighting the complexities and individualised nature of the problem. The review found a wide range of confounding factors that contributed to juvenile firesetting and the risk of recidivism. A proposed algorithm for mental health professionals working with young people who set fires is proposed following this systematic review, to provide clearer knowledge about the treatment process.

### **3. Analysis of complexity in paediatric tic presentations and management in CAMHS outpatient services**

**Dr Cedar Andress**, Dr Mark Rodgers, Consultant Psychiatrist CAMHS, NHSCT NI

**AIMS** To compare the practice in Child and Adolescence Mental Health Services (CAMHS) in Antrim to the European Clinical Guidelines (our gold standard). **BACKGROUND** Tics represent sudden, repetitive, non-rhythmic motor movements or vocalisations; the essential component of Tourette's syndrome (TS). Up to date guidance is limited. 'The European Clinical Guidelines for Tourette's Syndrome' (2011) is the most comprehensive guidance available. Behavioural treatments are recommended first line in the majority with combined drug treatment as required. **METHODS** Children and young people (CYP) with a diagnosis of provisional/vocal/motor TD (Tic Disorder) or TS known to CAMHS in December 2020 were identified via clinic lists. Charts were reviewed and a proforma was completed for each CYP. **RESULTS** Thirty-one CYP were identified, ten exclusively with TD/TS. Additionally, 14 had a diagnosis of ADHD, eight had ASD, seven had anxiety, two had emotional dysregulation, two had OCD and two had low mood. The known clinical triad (TS, ADHD and OCD) wasn't present. 2 CYP had TS and OCD. Comorbid anxiety was much higher (n=7). Research posits that tic-related OCD may present differently and be more difficult to identify. Cognitive Behavioural Intervention for TS (CBITS) therapy had been offered to all but 2 CYP, 22 CYP received it first line. 12 CYP were medicated; aripiprazole (n=6), clonidine (n=3), risperidone (n=2) and quetiapine (n=1). Aripiprazole was popular due to reduced metabolic side effects. **CONCLUSIONS** Our audit indicated that our CYP were receiving psychological and pharmacological treatment in line with our gold standard. Management of this disorder is complex, with comorbid neurodevelopmental and affective disorders. CBITS treatment was effective as the sole treatment for the majority. Clonidine and atypical antipsychotics are beneficial reducing tic severity however we must be mindful of their side effects. Our cohort echoes many cases in the literature. Further research may facilitate future guidelines.

### **4. Olanzapine in the Treatment of Children and Adolescents with Anorexia Nervosa- A Systematic Review**

**Dr Parveen Chand**, Prof Kapil Sayal, Dr Pallab Majumder, Dr Meghana Kulkarni

**Objective:** Olanzapine is a commonly used antipsychotic drug in the treatment of children and adolescents under the age of 18 years with Anorexia Nervosa (AN) to promote weight restoration. This systematic review aims to assess the effectiveness of Olanzapine in influencing weight gain; its effect on eating disorder symptoms, comorbid anxiety and depressive symptoms and its safety for use in children and adolescents with AN. **Method:** A Systematic search of the databases MEDLINE, EMBASE, PsycINFO, PubMed, Cochrane was conducted for the period between 1996 and September 2019 for all study designs except reviews, published in English, focussing on olanzapine use for the treatment of Anorexia Nervosa in children and adolescents. **Results:** From the pool of 246 potentially eligible references, 28 studies were included (2 randomised controlled trials, 10 before and after studies, 3 case series and 13 case reports). **Clinical Implications** \*For those on the higher range (BMI more than 17.5 a smaller dose and slow titration needs to be considered to avoid rapid and excess weight gain Small doses between 2.5 to 10 mg were found to be effective \*Low doses at initiation and slow titration avoids emergence of adverse effects. \*Though duration of treatment as early as 5 weeks has shown benefit with weight restoration, durations longer than 10 weeks show sustainable improvements with weight and other associated eating disorder symptoms **Research/Methodological implications** \*A major difficulty with recruiting patients with Anorexia nervosa for randomized controlled research trials and high dropout rates has been mentioned in published articles (Norris et al 2007) as the objective of weight restoration can be contrary to the belief held by the patients with AN \*As studies with longer duration of follow up show promising benefits with improvement in eating disorder symptoms, it is important for future research to design trials with longer follow up durations to truly understand the effectiveness of Olanzapine in improving the eating disorder symptoms including ED cognitions and behaviours measured by standardized rating scales \*Future trials must consider the challenges associated and hence develop innovative study designs with larger sample size, consider longer duration of follow up, use weight measures and rating scales which are comparable and evaluate the impact on comorbidities like depression and anxiety of olanzapine treatment. Overall, these studies suggest that, albeit small, there is evidence that olanzapine use promotes weight restoration and improves eating disorder symptoms, especially in patients with low baseline body mass index (BMI). Initiation of olanzapine at low doses and slow titration minimises likelihood of adverse effects. Longer duration of treatment (10 weeks and more) appears to have potentially sustainable benefits on improving eating disorder symptoms. **Conclusion:** There is emerging evidence of the potentially beneficial role of Olanzapine treatment in children and adolescents with anorexia nervosa. Due to the difficulties in recruitment of cases for Randomized controlled trials (RCTs) in this population innovative study designs are needed to expand the evidence base for the use of olanzapine treatment in AN. Longer term studies are important to understand the role of olanzapine in improving eating disorder symptoms and other comorbidities including its effect on weight restoration.

## **5. Changes to CAMHS Inpatient Referral Numbers During the Coronavirus Pandemic**

**Dr Daniel Cooper**, Beris Cumming Liam Corbally Gillian Combe

**Aims and hypothesis** This paper presents data on referrals to the Thames Valley Tier 4 CAMHS Provider Collaborative between April 2019 and March 2021 collected as part of the service provision. The two years of data comprise one year before the pandemic and one year since, allowing us to show the changes in referral patterns since the virus has been circulating and the restrictions imposed. **Background** Early

studies in adolescent mental health during the pandemic have shown various increases in risk as well as some young people coping better without the social pressure of school and social contact. Community CAMHS data has shown a significant increase in referrals to eating disorder services. **Methods** This is a longitudinal cohort study involving all children and young people referred for an inpatient psychiatric admission within the Network between 1st April 2019 and 31st March 2021 (total 522). This study looks at changes in referral patterns between the year prior to and the first year of the pandemic. **Results** There was a 4% decline in referrals for inpatient care during the first year of the pandemic. The number of referrals where an eating disorder or disordered eating (ED) was identified increased by 34%. The number of referrals where young people had a diagnosis of Autistic Spectrum Disorder (ASD) or a Learning Disability and where eating disorder or disordered eating was identified increased by 213%. The number of referrals for young people where naso-gastric tube feeding was being used at the time of referral increased by 120%. **Conclusions** There has been an increase in the complexity of young people admitted to Tier 4 beds and inpatient services need to adapt to the sensory and other needs of young people with ED and ASD. Further epidemiological information needs to be tracked as referral patterns continue to evolve through the course of the pandemic.

## **6. Prescribing Pro Re Nata (PRN) Dialectical Behavioural Therapy (DBT) Skills: A Novel, Multidisciplinary Quality Improvement Project to Reduce PRN Psychotropic Medication Use in an Adolescent Inpatient Unit**

**Dr Catherine Dakin**, Dr Catherine Dakin (Core Trainee Doctor) Dr Jennifer Scott (Principal Clinical Psychologist) Leah Simmons (Assistant Psychologist) Jennifer Graham (Occupational Therapist) Beccy Donovan (Occupational Therapist) Dr Matthew Leahy (Staff Grade Doctor) Dr Rana Moharam (Consultant Psychiatrist)

**Aims & Hypothesis** 1. Reduce use of PRN psychotropic medication by patients in acute crisis at St Aubyn Centre adolescent inpatient unit (SAC). 2. Assess impact of inpatient DBT-informed approach. 3.

Create a "prescription chart" containing individualised DBT coping skills to be used in lieu of PRN medications at times of acute distress/agitation. **Background** When distressed or agitated, inpatients are frequently offered PRN psychotropic medications (e.g. Lorazepam, Promethazine). While medications can help resolve symptoms in the immediate-/ short-term, they can be detrimental to inpatient recovery and well-being in the community. By relying on medication, inpatients are less motivated to learn & practice beneficial and transferable DBT-based coping skills, which carry strong-evidence for stabilising emotional dysregulation and distress. There are health risks and side-effects associated with medications, hence the need to reduce their use in this young population. Since February 2019, SAC has adopted a DBT-informed approach, including individual and group work. **Methodology** Audits of PRN use before DBT-approach (2019; retrospectively) and before project implementation (2021) conducted and analysed in-house. A multidisciplinary team (MDT) created DBT Skills prescription charts, completed following admission assessment and weekly reviews. Equipment (e.g. weighted blankets, ice-packs) purchased. Risk assessment, MDT review, and required equipment were documented, and charts filed alongside patient drug charts. Focus groups (service users, nursing/support staff) held before implementation/at regular intervals thereafter. Six-week pilot started 14/04/2021, with re-auditing planned to inform progression. **Results** Audit revealed reduced PRN medication use following introduction of the DBT

group programme at SAC, but it could be reduced further. Initial feedback showed positivity for DBT skills prescribing. Assessment of impact since implementation of DBT skills prescribing is on-going. Conclusions An integrated MDT DBT-approach has role in reducing PRN use, but it is hoped that prescribing & individualising skills will have further impact, while better supporting our young people.

## **7. Experiences of menstruation in young people (YP) with autism: a scoping review**

**Dr Emma Davies**, Craig McEwan

**AIMS/HYPOTHESIS** To identify existing literature which explores the experiences of menstruation in YP with autism. We hypothesise that YP with autism are likely to experience different difficulties in relation to menstruation, when compared to their neurotypical peers. **BACKGROUND** Understanding the phenotypical differences and unique challenges for women with autism has garnered increasing attention. However, autism-specific reproductive health continues to be poorly understood. Sensory processing differences and challenges with habituation may influence the experiences of menstruation for YP with autism. **METHODS** A systematic search was undertaken. Two researchers independently screened all titles to identify and appraise papers. Following scoping review procedure, data were collated using narrative approach. **RESULTS** A total of 9 studies met inclusion criteria: 2 case reports/series, 4 cross sectional, 1 retrospective cohort and 2 qualitative. Several studies identified menstrual complications. One research group reported high levels of moderate-severe dysmenorrhoea (67%) and pre-menstrual syndrome (86%) from 124 parents and similar levels (76% and 71% respectively) from 21 parents. A small sample of 14 found mood/behaviour changes in 35.7% and menorrhagia in 28.6%, whilst a self-report study of 172 identified equivalent levels of dysmenorrhoea, physical and emotional symptoms in YP with autism and neurotypical peers. Several case reports identified severe and significant menstrual complications, one of which led to the request for a hysterectomy. **CONCLUSION** This subject is under-researched with small heterogenous studies, often focusing on YP with intellectual disability/comorbid genetic disorders. To our knowledge, there are no direct studies investigating the sensory experiences of menstruation for YP with autism. Data on prevalence of menstrual disorders in this population is sparse and conflicting. It remains unclear whether YP with autism experience menstruation differently than their neurotypical peers. Further research is warranted, recognising the importance of understanding the reproductive health needs in YP with autism, to subsequently inform appropriate interventions.

## **8. Evaluating CAMHS presentations to the Emergency Department, University Hospital Southampton**

**Dr Katie Dichard-Head**, Dr Suyog Dhakras, Consultant Child and Adolescent Psychiatrist, Solent NHS Trust

**Aims:** 1. To obtain the data regarding children and young people presenting to ED for the periods Jan - Sept 2019 and Jan - Sept 2020 2. To compare the time periods to ascertain whether Covid-19 measures resulted in a change in the number and nature of CAMHS presentations **Background:** University Hospital Southampton's Emergency Department receives young people in mental health crises, most of whom are seen by or discussed with CAMHS. During normal working hours, young people are assessed by the UHS CAMHS Liaison team. Out-of-hours, ED and paediatric colleagues get advice and

input from the CAMHS out-of-hours rota. Anecdotal reports from professionals suggest there was a significant change in the work, particularly as the first national lockdown continued and subsequently lifted. This service evaluation will compare the CAMHS presentations to the Emergency Department in the first nine months of 2020 with the same in 2019, to see whether the data supports the anecdotal impression. Methods: The sample is inclusive of all persons under eighteen who present to the UHS ED with mental health crises in the periods January - September 2019 and January - September 2020. These periods will be subdivided into smaller three month periods to mirror Covid-19 lockdown restrictions: January-March 2020 - 'pre-Covid' and January-March 2019 · April-June 2020 - 'Covid-19 Lockdown' and April-June 2019 · July-September 2020 - 'Lockdown lifted' and July-September 2019 The data from each quarter in 2019 will be compared to its equivalent in 2020 to ascertain whether there are any differences between the CAMHS presentations. Semi-structured questionnaires will be sent to key clinicians in Paediatrics and CAMHS to ascertain views about the Covid-19 CAMHS pathway and the nature of the work between the two years. Results & Conclusions: Final results are pending completion of data analysis & will be available for presentation.

### **9. Abstract title: The Efficacy of Quality Management Improvement System (QMIS) on reducing waiting times within a Speciality Community CAMHS Team**

**Rachel Ebbens**, Rachel Ebbens (Assistant Psychologist), Rebecca Bird (Trainee Clinical Psychologist), Dr Nima Leffler (Consultant Child and Adolescent Psychiatrist), Dr Zubaria Sharif (Consultant Child and Adolescent Psychiatrist)

Aims/Hypothesis: This audit aimed to explore the efficacy of Quality Management Improvement System (QMIS) which we hypothesised to reduce wait-times in a Child and Adolescent Mental Health Service (CAMHS). Background: CAMHS referrals increased by 26% (Health Service Executive (2018)). Against a surge in demand and increasingly complex needs, CAMHS faces the challenge of providing efficient and cost-effective treatment. As a result QMIS, based on Lean methodology initially used in the manufacturing industry (Jones et al., 2006), was introduced. Womack and Jones (2010) found implementing Lean to improve productivity, motivation and support relationships (Deara et al., 2018). Lean methodology was applied in a mental health setting, clinician's capacity to see patients increased by 27% and unattended appointments reduced by 12% (LaGanga, 2011). Methods: Six professionals from CAMHS completed 6 months QMIS training. After completion, staff set aside time to introduce QMIS principles to the team. Average wait-times, interventions waiting and staff morale statistics were captured and the data was used to explore whether implementing QMIS initiatives reduced average wait times to allocation. Results: Results show an upwards trend in average wait times from January 2019 to April 2021. During 2019 young people waited 29 weeks to be allocated on average, compared to 44 weeks during 2020 and currently 60 weeks this year. Conclusions: The results indicate that QMIS changes were not effective at reducing average wait times to allocation. This however does not discourage us as this could be explained by a period of high staff turnover, stresses of the pandemic, coupled with an increase in referrals. In September 2019, there were 250 interventions waiting and 30% of these allocated, versus 245 interventions waiting in April 2021 and only 4% allocated. We are aiming to re-audit in the new year taking in account further stability in the team and recruitment.

## **10. Children diagnosed with ASD following maltreatment: a case series**

**Dr Sacha Evans**, Sacha Evans, Cate Manning, Nilaani Nagasuganthan, Sophie Stuart, Simon Wilkinson

**Aims and hypothesis** The aim of this case series was to describe the clinical characteristics, and previous assessments, of a cohort of children diagnosed with ASD at a specialist clinic for children who have experienced maltreatment. Our hypotheses were that (1) only a minority of the children in the case series would have had previous multi-disciplinary assessments, (2) a number will have been given previous diagnoses or formulations relating to attachment difficulty or disorder (3) the children would have symptoms and signs found in previous research to discriminate between ASD and attachment-related presentations. **Background** Looked after children are known to be at increased risk of ASD compared with the general population but neurodevelopmental assessment is complicated by the impact of early life experience. Previous research has identified that attachment disorder may be over-diagnosed in adopted and fostered children. However, features that differentiate between attachment disorder and ASD have been identified to guide clinical practice. **Methods** The case notes of 25 consecutive children diagnosed with ASD were reviewed for the following data: (i) reason for referral (ii) previous assessment and treatment (iii) clinical characteristics including ADOS and 3di scores and presence of symptoms previously found to be discriminating (iv) diagnoses (v) early life exposures (vi) family history. **Results** The mean age was 11.2 with 14 males and 11 females. 16/25 were White British. 21 were living in out of family placements and 17/25 had been maltreated. 9/25 had established or likely family histories of NDD or ID. Mean CGAS scores were 44. 15 of the children had previously been assessed by an MDT. 4/25 had been given previous attachment diagnoses or formulations and 6 had been given other previous NDD. 25/25 had symptoms previously found to be discriminating of ASD. **Conclusions** The implications for practice are discussed including use of discriminating symptoms.

## **11. The impacts of the COVID-19 pandemic on eating disorders in adolescents**

**Chloe Gilkinson**

**Aims:** Emerging research reports a recent surge in eating disorder rates, likely attributable to the impacts of COVID-19. It is vital that public health policy makers and healthcare professionals are educated on adolescent's vulnerability to disordered eating and effective interventions that can help improve psychological flexibility, thereby mitigate the eating disorder burden. **Background:** Adolescence is a critical period for reorganisation of brain structure, with pronounced sensitivity to environmental influences and deleterious psychological effects relating to emotional dysregulation. Emotion regulation deficits underpin the development and maintenance of pathological eating. Therefore, the ongoing brain maturation during adolescence renders this population susceptible to eating disorders. **Methods:** To provide a concise summary of the emerging literature, a non-systematic review was conducted to critically assess and evaluate high-quality studies exploring the impacts of the pandemic on eating disorders in adolescents. **Results:** The key detrimental impacts of COVID-19 include anxiety, infection fears, feeling out of control and socially isolated, changes to daily routine, recovery interference, and reduced access to psychiatric treatment. The heightened levels of uncertainty disproportionately impact those at risk of, or with pre-existing, eating disorders. Similarly, relating to the psychological distress of COVID-19, patients are at high risk of relapse into dysfunctional coping mechanisms, or of worsening



symptom severity, such as heightened body dissatisfaction, increased compensatory behaviours, and exacerbated binge eating. As a result, eating disorder services have experienced approximately double the number of both urgent and routine adolescent referrals. Conclusions: The COVID-19 pandemic has created profound social and emotional repercussions for adolescents worldwide. Neuroplasticity of the adolescent brain provides a target for emotion regulation interventions to prevent maladaptive eating. However, further research, including population data, is required to explore the detrimental impacts of COVID-19 on eating disorders in adolescents more thoroughly, and greater funding for services is necessary to meet the soaring demand.

## **12. Trends and patterns in psychiatric admissions for mood disorders in children, adolescents and young people (0-25 years) in England from 2012-19: An exploratory study**

**Dr Sundar Gnanavel**, Dr Kavita Nagpal, ST4 higher trainee, CNTW NHS trust Dr Steve Humble, Newcastle University Dr Attia Ahmed, ST6 higher trainee, CNTW NHS trust Dr Gayathri Venkatesan, Consultant, CNTW NHS trust Dr Priya Khanna, Consultant, CNTW NHS trust Dr Patrick Keown, Consultant, CNTW NHS trust Dr Aditya Sharma, Newcastle University

**Introduction:** The number of in-patient psychiatric beds in England, particularly for children and adolescents has decreased significantly over the recent decade. However, there is scarce existing literature on pattern of psychiatric hospital admissions for this age group, particularly pertaining to mood disorders. **Aims and objectives:** To explore the trends in hospital admissions for mood disorders in children and young adults (0-24 years) from 2012-19 in England. We hypothesised an increase in admissions with mood disorders, particularly depression across this age range. **Methods:** The data on hospital admissions in England for mood disorders was collected from publicly available NHS digital data. This information was collated for four age groups: 0-14, 15-19 and 20-24 years. Population rates of inpatient admissions were calculated utilizing mid-year population estimates from the census data from ONS (Office of national statistics). **Results:** The overall psychiatric inpatient admissions (F0-99) between 0-24 years ranged from 12.32-13.38 per 10000 population in 2012-13 & 2018-19 respectively. The proportion of inpatient admissions with mood disorders (as compared to all psychiatric disorders) as primary diagnosis between 0-24 years over the 8-year period ranged from 42.58% to 45.50%. Depression (unipolar) was the most common primary diagnosis (ranging from 46.87%-48.12%) among mood disorders between 0-24 years across the 8- year period. An increase in admissions with a primary diagnosis of depressive disorder was observed across all age groups studied, particularly in 15-19 year and 20-24 years age groups (+29.69% and +13.04% respectively). Bipolar affective disorder (BPAD) was the second most common diagnosis amongst mood disorders. An increasing trend in admissions with a primary diagnosis of bipolar disorder was noted particularly, in the 15-19 years age group **Conclusion:** The study results have significant implications in planning, prioritizing and delivering mental health services for children, adolescents and young people in England.

## **13. Re-audit of physical health monitoring for inpatients on antipsychotic medication on the Child and Adolescent Mental Health (CAMHS) tier 4 wards and the Adolescent Medium Secure Unit at Prestwich Hospital, Manchester, UK**

**Dr Samuel Goodall**, Dr Samuel Goodall (CT3 Psychiatry), Sana Alam (Pharmacist), Dr Shermin Imran (Forensic CAMHS Consultant)

**Aims and hypothesis** A re-audit in October 2020 to see if changes implemented after the audit in 2019 improved compliance with NICE standards on antipsychotic monitoring. **Background** There are two CAMHS tier 4 inpatient wards and one Adolescent Medium Secure Forensic Unit at Prestwich Hospital. Many young people on these wards are prescribed antipsychotic medication which places them at risk of physical health complications. In 2019, an audit assessed compliance with physical health monitoring standards for patients on antipsychotic medication as per NICE guideline CG155, 'Psychosis and Schizophrenia in children and young people: recognition and management' (sections 1.3.16, 1.3.17, 1.3.19). The original audit proposed updating the fortnightly ward review template to include a table summarising the NICE guidance on antipsychotic monitoring tests to be used as a prompt. **Methods** The electronic records were reviewed to collect the data on physical health monitoring. 13 patients were included in the audit. **Results** The re-audit in October 2020 showed compliance with had generally decreased in the pre-treatment and maintenance phases. **Conclusions** Following the 2019 audit, a table was added to the fortnightly ward review template try to increase compliance with antipsychotic monitoring. However, in our experience this has not proven to be useful. We recognise that system change is required to increase compliance. We proposed that going forward Pharmacy continually update a live Excel spreadsheet detailing the antipsychotic monitoring tests that have been done and when subsequent tests are due for all patients on antipsychotics. This live spreadsheet will be reviewed weekly by pharmacy and the junior doctors in a dedicated joint session. In addition, a question at the top of the fortnightly ward review template will ask if pharmacy and junior doctors can confirm antipsychotic monitoring is up to date. A re-audit can then take place to assess impact on compliance.

#### **14. Tics in the time of Covid. A retrospective comparison of number and characteristics of tic disorder referrals before and during the pandemic in a Tier 3 CAMHS outpatient setting**

**Dr Roopa Gopalakrishnan**, Dr Sharada Deepak , consultant child and adolescent psychiatrist

**Aims and hypothesis:** We attempted to understand the impact of the pandemic on the number and clinical characteristics of young people who were referred with tics. **Background:** There is a predicted increase in the mental health problems in children as a consequence of the pandemic. Worldwide there has been an increased trend in the referrals for tics. A research into understanding this phenomenon is timely and relevant to help modify our service. **Methods:** We conducted a retrospective analysis of all the referrals for the assessment of tics received from October 2019 to March 2020 and then from October 2020 to March 2021. Data from 17 referrals were retrieved in total from the electronic notes. Age, demographic details and clinical characteristics were extrapolated and analysed. **Results:** Our results shows that tic referrals has gone up 4.7 times during the second wave of the pandemic. 100% (n=3) of cases of tics before the pandemic were male gender with gradual onset of illness. During the second wave of pandemic, 64% (n=9) of the referrals were females and 33% of them had sudden onset. All referrals had comorbid physical and psychiatric comorbidity prior to the pandemic. 76% of the cases had psychiatric comorbidity and 29% had physical comorbidity with tic disorder in the referred cases during pandemic. Autistic spectrum disorder (n=2) was the most common psychiatric comorbidity previous to the

pandemic while Anxiety disorder and ASD were seen equally in 43% of the referrals in the pandemic. Sleep problems were also a common symptom described 67% (n=2) and 57% (n=8). Conclusions: Our study confirms the findings of an upsurge of tic cases during the pandemic. There is a definite variation in the numbers and clinical presentation in the cases before and during the pandemic. Further research needs to be done to understand the cause for this pattern and consistency across all the localities in the borough.

## **15. Sowenna Sounds: A multi-disciplinary led music day for Child and Adolescent Mental Health (CAMHs) in-patients in Cornwall**

**Dr Jennifer Groeber**

**Aims and hypothesis** To foster a therapeutic space for young people to enjoy a variety of different musical experiences including songwriting, singing, drumming and live performance. This was hypothesised to improve relationships between patients, staff and family, to normalise the in-patient experience and generally boost morale and mood. **Background** Sowenna is a new child and adolescent mental health (CAMHs) in-patient unit and staff from various disciplines shared a combined interest in music and the arts. Collaboration between the local NHS trust and charity Music for Good was funded by Cornwall Music Education Hub to create a bespoke music day. **Methods** A day of sessions including singing, taiko drumming and composition were run with open access so that young people could come and go as they pleased. Lunch was provided with families and friends invited and during this time there was live music played by professionals, staff and patients (both current in-patients and discharged patients that returned to play). **Results** There was variable attendance at different activities but overall verbal feedback was positive from staff, family and patients. **Conclusions** The day was well received by young people, staff and family. There is scope for further musical projects to engage young people within CAMHs.

## **16. Change is not necessarily as bad as we fear. Examining the impact of shorter Section 136 assessment times on disposal decisions, following the implementation of the Police and Crime Act**

**Dr Andrew Hill-Smith**, Emily Odame-Asante, CT3 in psychiatry

**Background:** The introduction of the Police and Crime Act (PACA) in December 2017 meant that Section 136 detention times were reduced from 72 to 24 hours overnight. This raised fears that increased time pressure would push clinicians into making more risk averse decisions so become more likely to detain minors. **Aims and hypothesis:** We hypothesised that shorter assessment times would be followed by higher rates of Mental Health Act (MHA) usage for disposal decisions, after PACA was implemented. **Methods:** Trust MHA office data was examined looking at a 5 year period (covering the calendar years 2015 – 2019 inclusive), thus straddling the change. Data included a range of variables as well as the disposal outcome. **Results:** A total of 176, 136 detentions took place during the period. Over the 5-year period there was an increase in the number of attenders, and of repeat attenders. No changes were seen in age, gender balance, timing of attendance, timing of assessment, or the length of assessment. There was an overall trend for an increased use of the MHA as a disposal option, but this change most noticeably started in our data set, prior to the implementation of PACA (Pearson Chi Square value of 0.284). **Conclusion:** This evaluation did not support the original hypothesis meaning that shortened assessment times have

not lead to increase use of detention as was feared. However comparisons with other trusts would be useful, as well as further evaluation of upward trends in the use of section 136 detention and subsequent disposal detention, in order to minimise restrictive practice where possible.

## **17. How Can We Explain Variation in CAMHS Funding By CCGs?**

**Dr Nathan Hodson**, Charlotte Talbot

**Aims and hypothesis:** We aimed to explore factors which could predict the differences in CAMHS funding between CCGs. We hypothesised that there might be relationships between the age distribution served by the CCG, local demand for CAMHS input, deprivation, and whether rural or urban. **Background:** In England, child and adolescent mental health services (CAMHS) are funded by Clinical Commissioning Groups (CCGs), and to a lesser extent by local authorities and NHS England. Total CCG funding is determined by a complex formula and heavily influenced by past funding rather than current circumstances. CCGs have discretion over how much to spend on CAMHS, producing a ten-fold disparity in how much is spent per child and in terms of the total CCG budget. **Methods:** We combined several data sources including Children's Commissioner data and NHS Fingerprints data and conducted linear regression using Stata-16 to explore relationships in the data. **Results:** CCGs with large proportions of children spent less per child. Those with larger proportions of over 65s spent less on CAMHS care. Areas with higher deprivation spent more on CAMHS. There was no relationship with local demand or rurality. Less than 25% of variation in per child spending is predicted by the model. **Conclusions:** CCGs have difficult value judgments to make and the outcomes of their decisions can be predicted by factors implying scarcity and competition rather than by local demand.

## **18. A systematic review to examine the extent of teachers' referral bias of girls with ADHD**

**Dr Helen Honey**, Dr Rani Samuel, Consultant Psychiatrist, Lewisham CAMHS

**Aims and Hypothesis** This review aims to evaluate the research regarding recognition of Attention deficit/hyperactivity disorder (ADHD) symptoms and referral decisions by teachers of girls and young women with ADHD to examine evidence for a referral bias. Three hypotheses were tested; that teachers were less likely to recognise ADHD symptoms in girls, refer girls with ADHD to services, or suggest interventional management of girls with ADHD (compared to boys with identical symptom profiles). **Background** There is growing evidence to suggest that part of the large discrepancy in gender ratios in young people with ADHD is due to a lack of recognition of girls with ADHD and/or a referral bias. Teachers play a vital role in problem recognition and referral to clinical services. We conducted a systematic review to examine whether teachers, when presented with individuals with identical ADHD symptom profiles, are more likely to recognise, refer or suggest interventional management of males compared to females. **Method** We searched MEDLINE, PSYCHInfo and ERIC on 13 January 2019. We also performed manual searches and discussed with experts in the field to uncover further studies. A quality assessment tool was developed to critically appraise all papers that met the inclusion criteria. **Results:** 13 papers were found that met the inclusion criteria, which were primarily vignette and analogue studies. Following quality analysis of the papers, the data from these papers was extracted. The data was then used to test the aforementioned hypotheses. **Conclusions** The findings provided support to the hypotheses that teachers

are less likely to refer and seek interventional management for girls with ADHD but could not support the hypothesis that teachers are less likely to recognise ADHD in females.

## **19. A review of self-harm initial assessment documentation by CAMHS Crisis Assessment and Treatment Team (CCATT); a closed loop audit**

**Dr Elizabeth Hudson**, Dr Muhammad Coowar Dr Esther Eze Dr Alexandra Lloyd Dr Esther Sabel

**Aim:** To review the initial assessments completed by CCATT clinicians for young people presenting to ED with self-harm before and after implementation of a clerking proforma. **Background:** Self-harm is prevalent, with a 1 in 4 lifetime risk, and is associated with an increased suicide risk. Consequently, the assessment of self-harm presentations is essential. NICE suggests a comprehensive biopsychosocial assessment with development of a formulation; promoting individualised intervention and therefore risk reduction. **Methods:** The CCATT initial assessments for young people (under 18-years) who presented to A+E following an act of self-harm in March 2020 (n=39) and January 2021 (n=47) were identified. A pre-determined marking criterion, covering standards identified in NICE Quality Standard: Self-harm, was used to review initial assessments to look at the quality of biopsychosocial assessment. Following the first cycle (March 2020) a clerking proforma was implemented; the data collected for the second cycle aimed to determine if this improved the quality of initial assessment documentation. **Results:** In the first cycle, documentation of “risk management/discharge plan” was the only criterion to reach 100%. Following implementation of a clerking proforma documentation of “reason”, “method”, “suicidal intent” and “risk management/discharge plan” all reached 100%. Documentation of “previous self-harm history” was the only criterion to decrease (87.19% to 76.59%) in the second cycle. Despite an increase, documenting “social media” impact remained the lowest (2.56% to 17.02%). **Conclusion:** The introduction of a clerking proforma resulted in an overall increase in quality of information documented. Failure to document a negative/absent response and avoidance of duplication for well-known patients, or joint-assessments, were hypothesised as reasons for missing information. The impact of social media has been identified as the area needing most improvement in identification, when assessing young people presenting with self-harm.

## **20. In The Dark: Current Understanding Of Young People's Use Of The Dark Web And Its Impact On Their Mental Health**

**Dr Saam Idelji-Tehrani**, Dr Regina Sala

**Aims and Hypothesis:** Our aim was to systematically review the evidence examining the association between the use of the dark web and mental health outcomes in children and adolescents, as well as furthering our understanding of young people's use of the dark web. **Background:** The dark web has received a wave of media coverage over recent years due to the illicit and dangerous content that can be found. The level of encryption and anonymity afforded to users allows for a digital space that has the propensity to place vulnerable populations at risk. **Methods:** A literature search was conducted on 5 electronic databases. Full-text, English-language, peer-reviewed observational studies, qualitative studies and case reports were included, where participants were under the age of 18. Our primary outcome of interest was mental health outcomes (improvement or exacerbation of symptoms of mental illness,

substance misuse or addiction). We were also interested in the nature of dark web usage by young people. Results: The database search identified 745 references. Following the process of abstract screening and full-text review, no articles (n=0) were found to be eligible for inclusion. While the lack of evidence is notable, one can argue that the results successfully uncovers a fertile area for future research, which could have large implications in risk assessment and safeguarding practices. Conclusions: To our knowledge, this is the first review of its kind. Although no studies met the inclusion criteria, the review highlights the dearth of literature about young people's use of the dark web. There are fleeting allusions in the academic literature to the significant risk, safeguarding and substance misuse concerns posed by the dark web. This study therefore recommends both quantitative and qualitative research to be conducted, to further explore young people's use of the dark web.

## **21. Melatonin prescribing practices and the provision of sleep hygiene/parent-led sleep behavioural Interventions in S-CAMHS, ABUHB (Aneurin Bevan University Health Board)**

**Dr Umer Jalal**, Dr Lokesh Nukalapati (Consultant Psychiatrist (S-CAMHS)) Dr Kathryn Speedy (ST4 to Dr Kavitha Pasunuru (Consultant Psychiatrist, S-CAMHS)) Dr Megan Davies-Kabir (ST4 to Dr Mark Griffiths (Consultant Psychiatrist, S-CAMHS))

**Background** Melatonin is prescribed for insomnia and sleep disorders primarily associated with ASD and ADHD. This project was conducted to identify current prescribing practices and ways to improve services. **Aims** Identify the number of patients currently prescribed melatonin Determine the average duration of melatonin use in patients under the care of S-CAMHS Investigate whether behaviour interventions were initially trialled and reinforced in follow up appointments **Method** Data was collected in January 2021. The S-CAMHS medication database was used and a sample of patients prescribed melatonin was randomly selected. Patient notes and EPEX software were then used to collect information. **Results** Of 346 patients on the medication database, 115 are currently prescribed melatonin. 57/115 were randomly selected as a sample. However, following corroboration with the notes, only 46/57 patients were actively prescribed melatonin. Melatonin is prescribed for sleep related issues in ASD (8/46), ADHD (15/46), ASD and ADHD (10/46), ADHD and mood disorder (0/46), ASD and mood disorder (6/46), ADHD and behaviour difficulties (2/46), ASD and behaviour difficulties (1/46), mood disorder (4/46). 39/46 patients prescribed melatonin for longer than one year (85%). 35 patients (76%) reported improved sleep from melatonin. Evidence for implementation of parent-led sleep behavioural interventions: Prior to commencing melatonin- 35 patients (76%). These interventions were not deemed helpful by most. Whilst prescribing melatonin- 39(85%) patients. Evidence base for melatonin also discussed. During recent visit- 31 patients (67%). **Conclusion** Majority of patients are prescribed melatonin for longer than one year. Most report benefit from melatonin. There is evidence of sleep behavioural interventions prior to prescribing melatonin, however their benefit remains unclear. **Recommendations** The quality of parent-led sleep behaviour interventions needs assessment, standardisation and improvement Use of outcome measures to assess efficacy of interventions S-CAMHS medication database needs updating

## **22. COVID-19 and its Impacts on the Environment – The Voices of Young People in Wales**

**Gemma Johns**, Saiba A and Ebony J (Youth Advisory Panel, TEC Cymru) Prof A Ahuja (TEC Cymru)

Background: To understand the impacts of the COVID-19 pandemic, scientific evidence alone isn't the only reliable source to inform public and policy. In the United Kingdom (UK), a country where the pandemic has hard hit, the experience has been a time unlike no other for our younger population and an opportunity for them to voice their opinions on a subject that concerns them greatly – the environment. Aims: At the start of the pandemic, Technology Enabled Care team (TEC Cymru) identified environmental impacts as a significant benefit to remote healthcare – a service that dominated much of NHS Wales patient care during the pandemic. Methods: TEC Cymru were keen to learn more about environmental impacts beyond that of remote healthcare, especially from younger people, by generically asking 'how has the COVID-19 pandemic impacted on the environment'. Video clips were used to gather the data. Full ethical permissions and consent were granted. Results: The views of young people, ranging between 2 to 23 years old across Wales UK, shared comparable observations of environmental impacts to that of world-wide experts. The emerging themes were a) Travel, Emissions & Air Pollution, b) Water Pollution and Beaches, c) Protection of Animals and Wildlife, d) Recycling and Plastic Waste, e) Food and Energy Waste. Conclusions: The young people present a well-balanced debate, reflecting on both positive and negative environmental impacts, with common-sense recommendations. The combined themes were translated into a short video that was developed along with the TEC Cymru Young Peoples advisory panel.

### **23. Participatory action research (PAR) on school culture and student mental health**

**Greta Kaluzeviciute**, Tricia Jessiman, Judi Kidger, Mark Limmer, Anne-Marie Burn, Tamsin Ford, Emma Geijer-Simpson, Rachael Hunter, Liam Spencer

Aims and Hypothesis: The study will seek to identify and develop a logic model and a school culture toolkit that can be utilised to inform public health interventions to promote mental health in a range of educational settings. Background: While most mental health issues begin during youth, they are often first detected later in life. One way to address this issue is to develop a greater understanding of what schools can do to support the mental health of young people. A supportive culture in schools can promote and protect good mental health by creating experiences of safety and belonging. Method: In this qualitative study, we will work with four secondary schools in the UK to develop 'participatory action research' (PAR) projects. PAR is an approach in which people collaboratively research their own experience. The researched communities (students and staff members) become co-researchers of their own experiences in a specific context (school culture). Staff and students in each school will work together, supported by facilitators and researchers from our team, to develop a shared understanding of their school culture and to introduce activities or changes to make their schools more supportive of mental health. In addition to PAR, we will also conduct interviews with staff members and parents from all four schools, hold focus groups with staff and students, and examine school documents pertaining to mental health and inclusion. Results: We anticipate that our research findings will advance knowledge on effective methods to develop a positive school culture that will both contribute to improving young people's mental health and wellbeing and provide an environment in which targeted interventions are likely to be effective. Conclusion: Our study will explore key components contributing to positive school culture and mental wellbeing (as well as components that are challenging/negative in the school culture).

## **24. The Impact of Routines and Parental Anxiety on Emotional and Behavioural Difficulties in Children During COVID-19**

**Dr Vera Lees**, Vera Lees, Rosie Hay, Helen Bould, Alex S. F. Kwong, Dan Smith, Daphne Kounali, Rebecca Pearson

**Aims and hypothesis.** We hypothesised that there would be an association between keeping to routine during lockdown and lower emotional and behavioural difficulties in children and lower parental anxiety. We also hypothesised that children of 'keyworker' parents would have fewer emotional and behavioural symptoms due to having maintained more normal routines. **Background.** The Covid-19 pandemic and related public health measures have impacted on mental health of children. **Methods.** We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC) to explore associations between keeping to a routine and emotional and behavioural difficulties in children, using linear regression models. We included measures of parental anxiety, and separately explored associations with having a keyworker parent. We used validated screening tools, the Carey Infant Temperament Questionnaire or the Revised Rutter Parent Scale for Preschool Children. **Results.** 289 parents completed questionnaires about their 411 children. Keeping a routine was associated with emotional and behavioural difficulty scores 5.0 points (95% CI -10.0 to -0.1),  $p=0.045$  lower than not keeping a routine. Parents who kept a routine had anxiety scores 4.3 points (95% CI -7.5 to -1.1),  $p=0.009$  lower than those who did not. After adjusting for age of child, maternal education, gender and anxiety, children of keyworkers tended to have lower emotional and behavioural difficulty scores by 3.1 points (95%CI -0.8 to 6.26),  $p=0.056$  lower than children of non-keyworkers, however 95% confidence intervals indicate the possibility of no difference between groups. **Conclusion.** Maintaining routine may be beneficial for children's emotional wellbeing as well as parental anxiety, although it is also possible that lower parental anxiety levels made maintaining a routine easier. Being the child of a keyworker parent during lockdown may have been protective for child emotional wellbeing.

## **25. Dramaturgical accounts of transgender adolescents and adults: impression management in the presentation of self to specialist gender services**

**Katrin Lehmann**, Dr Michael Rosato, Professor Hugh McKenna and Professor Gerard Leavey

**Aims and hypothesis:** GIFTS (Gender Identity- Finding and Transforming Services) is a mixed methods study combining the quantitative elements of a cross-sectional survey with the qualitative aspects of in-depths interviews to understand the lived experiences of adolescents and adults with gender related distress in Northern Ireland (NI). To examine those experiences we were interested in how individuals present themselves to services and how they experience adolescent and adult gender services. **Background:** Demand for treatment for gender dysphoria has greatly increased over the past decade but has also become a highly contested medical issue. Getting access to treatment is challenging for most people and presenting oneself as an 'authentic' gender dysphoric patient, creates an intensive kind of 'medical gaze' with much at stake. This may be more problematic for people who present outside the binary gender expression. We examined the impression management strategies used by treatment-seeking adolescents and adults in NI as part of the wider lived experience of participants. **Methods:** In-depth unstructured interviews with 26 people attending specialist gender services in Northern Ireland



and a community sample of 14 transgender people not involved with specialist gender services. Results: We discuss the profound mistrust of transgender patients towards clinical services and the difficulties in sustaining impression management and camouflaging strategies during presentation to services. An “authentic presentation” is, paradoxically, regarded by most people as inauthentic and emotionally difficult, more so among non-binary individuals. Such strategies created additional layers of psychological ‘splitting’ and distress. Conclusions: Impression management and camouflaging strategies are only partially helpful for participants in accessing gender affirming services. The use of these strategies in presenting an idealised self means that participants are unable to have their mental health needs met while being at risk of accessing interventions which are not in keeping with their authentic selves.

## **26. Section 136 use in people aged <18 years: A retrospective survey of admissions in the Birmingham and Black Country regions between 2018-2020**

**Dr Olufikunayo Manuwa**, Victoria Lane Vinuthna Pemmaraju

Aims and hypotheses: We aim to compare the use of Section 136 (S136) of the Mental Health Act (MHA) between the Birmingham and Black Country regions in patients aged <18 years. Background: S136 allows the police to remove a person who appears to be suffering from a mental disorder from a public place to a place of safety to enable mental health assessment. Methods: A retrospective cohort study collecting data between 04/2018-12/2020. Data for Birmingham and the boroughs of Walsall/Dudley was obtained from the respective MHA administrators for each region. Data for Sandwell/Wolverhampton was obtained from the CAMHS Crisis Team. Results: In the Birmingham region, 103 patients were detained under S136. In 2018, 22 patients were detained (8 males, 14 females, mean age 15.36 years); in 2019, 49 patients were detained (20 males, 29 females, mean age 15.51 years); and in 2020, 32 patients were detained (14 males, 18 females, mean age 15.93 years). Of these, 66 were discharged home, 14 were discharged into a social care provision, 1 was admitted to hospital informally and 22 admitted under Section 2 of the MHA. In the Black Country region, 25 patients were detained under S136. In 2018, 7 were detained (4 males, 3 females, mean age 16.43 years); in 2019, 8 patients were detained (4 females, 3 males, 1 unrecorded, mean age 16.86 years); and in 2020, 10 patients were detained (4 males, 6 females, mean age 16.11 years). Of these, 2 were admitted informally and 1 under Section 2 of the MHA. The rest were discharged to community services. Conclusion: S136 detention rates in Birmingham are over four times that of the Black Country, despite both regions serving a similar population. This data outlines the need for the individual characteristics of detained patients in each region to be further investigated.

## **27. Project Inside Out**

**Dr Tammy Morgan**, Dr Claire Kelly Consultant Psychiatrist Deputy Ward Sister Karen Topping Highly Specialist Occupational Therapist Clare Donaghue Health Care Assistant Lauren Brownlow

Aim Inpatient care is demanding on the best of days and this was magnified with Covid-19. With lockdown restrictions, PPE, communication style changed by covid, this project set about to measure the impact on the team working in Beechcroft, Northern Ireland’s only Child and Adolescent Inpatient Unit. This Project aimed to improve staff well-being, with those having a better working day by 30% by June

2021. Hypothesis: The team work to high standards, which often goes unnoticed. It was expected that those reporting a good day would be low due to staff burn out, pandemic fatigue and the mental health consequence of the Pandemic resulting in the inpatient unit's highest rates of admission. Background: The Project focused on the three main areas of staff in Beechcroft: the admissions ward, treatment ward and the multidisciplinary team. Methods and Results: Baseline measures were recorded monthly during December 2020- June 2021, on a 1-10 scale. Run charts showed that weighted average for the unit rating their day was a 6/10. Focus groups were held to identify qualitative data. The focus groups identified that feeling valued and recognised, better communication and the pandemic impacted on sense of team and therefore how their day was. This led to the development of "Beechcroft's Stars" a staff recognition incentive in which staff could be nominated by colleagues for their work, receive a certificate and have their nomination read out to the MDT. From this the good day measure increased, however not by the 30% aimed. Conclusion Team put the joy in work. Despite multiple challenges faced with inpatient care, staff feel most valued and respected with simple gestures are made to recognise their work. This promotes a sense of team and respect which improves staff wellbeing and perception of a good working day

## **28. The Effects of the First Wave of the COVID 19 Pandemic on the Presentation of Adolescents to Acute Mental Health Services in NHS Lanarkshire (Scotland)**

**Dr Youstina Nagiub, Dr Rekha Hegde**

Aims and hypothesis: This project aimed to assess the effects of COVID 19 on the mental health of young people, reflected through their presentations to Accident and Emergency (A&E) departments in NHS Lanarkshire. It was hypothesised that COVID 19 led to a deterioration in young people's mental health, being reflected as the cause behind young people's presentation to A&E departments. Background: The COVID 19 pandemic is the biggest global crisis experienced by children and adolescents of the current generation. YoungMinds (UK mental health charity for young people) conducted several surveys throughout the different waves of the pandemic. Their findings included 32% of respondents describing their mental health being "much worse", and 26% being unable to receive support for their mental health due to the pandemic. Triggers for mental health deterioration included educational worries, loss of routine and lack of social contact. Methods: The psychiatry liaison nurse service database was searched for referrals of 17 year olds and under between April and August 2020. All referrals to all acute hospital sites in NHS Lanarkshire were included. The relevant electronic sources were used to gather the patient's age, reason for referral and outcome of assessment. Results: 70 patients were included in the final results. The number of 17 year olds and under being reviewed increased every month except in July. 17 was the most common age of young people assessed. The commonest reasons for referrals were drug overdose and suicidal ideation. COVID 19 was a trigger in 31% of cases, the most common cause being struggling with the restrictions. Conclusions: This project's results reflect the UK findings, in terms of COVID 19 leading to a deterioration in young people's mental health. The overall increase in referrals between April and August indicate possible worsening mental health the longer the pandemic lasted.

## **29. Audit of olanzapine prescribing in patients with anorexia nervosa in CAMHS Grampian**

**Dr Caitlin Napier, Crystal Webster Kandarp Joshi Rachael Smith Soma Tadi**

Aims and hypothesis. The aim of this audit was to review olanzapine prescribing practice within CAMHS in NHS Grampian for patients with a diagnosis of anorexia nervosa to compare with prescribing practice elsewhere in the UK. In a survey of psychotropic drug prescribing practices of eating disorder psychiatrists in England, it was estimated that <10% of patients with anorexia nervosa were prescribed psychotropic medications. Background. Olanzapine is currently the only drug suggested to have any effect on weight restoration in anorexia nervosa and is considered a promising, albeit unlicensed treatment. It has been shown to reduce levels of agitation in case reports and retrospective studies. Methodology. Referral data for patients referred to Eating Disorder Team in CAMHS Grampian between 2014 and 2020 were analyzed. Referred patients who had been offered and/or accepted olanzapine as part of their treatment were included in the audit. Data was analysed through retrospective electronic case review. Results. During the period between 2014 and 2020 there were 218 patient referrals for anorexia nervosa of which 46 were offered and/or accepted olanzapine. This represented 21.1% of this patient population. Of the 36 patients taking olanzapine 72.2% reported benefits to taking the medication. The average %weight for height (WFH) at initial assessment was 81% (range 64.86% to 107.40%). At 6 months of treatment the average %WFH was 90% (range 70.70% to 112.38%). Conclusions. Despite a significant rise in referrals in 2020 the number of young people offered and/or accepted olanzapine has remained relatively stable, in particular from 2016 onwards. A high proportion of patients reported benefits to taking olanzapine. It is recommended that this audit report, summary and recommendations are shared at a regional and national level to benchmark practice and gain views of olanzapine prescribing in other CAMHS services across the country.

### **30. COVID-19 and adolescent suicide and suicidal behaviors: A systematic review**

**Dr Suravi Patra**, Dr. Swapnajeet Sahoo Assistant Professor Psychiatry, PGIMER, Chandigarh, swapnajit.same@gmail.com

Aims and hypothesis: To evaluate the research on adolescent suicide/suicidal behaviors during the ongoing COVID-19 pandemic. Background: COVID-19 pandemic with its multiple consequences has escalated adolescents' psychological stress, which can increase suicidal behaviors. Methods: We identified publications from Pub Med (Medline), EMBASE, Web of Science, SCOPUS, Cochrane library databases and ClinicalTrials.gov up to 31st May 2021 using the combination of MeSH terms for adolescents, suicide and COVID-19. Results: Out of a total of 156 citations identified, 19 studies met the inclusion criteria. These were case reports/case series (3), registry-based surveys (3), school-based surveys (2), online surveys (2), media report (1), kid's helpline data (1), emergency room visits data (4) and adolescents with eating-disorders (1). The case series and case report have documented the role of digital technologies and adverse psychosocial experiences in contributing to adolescent suicide. The registry-based surveys give conflicting data, whereas school-based surveys report a significant increase in suicidal ideation and attempts. Online surveys from the US and Mexico reported heightened suicidal ideation and behaviors. In the media report suicide study, 66% suicides were reported from India, UK and USA. The Australian National kids' helpline data showed self-harm and suicide being common reasons for contact. The emergency room psychiatric consultation studies demonstrated an increase in self-harm related referrals in the adolescent populations. Further, those with eating-disorders, 93% of admissions during the

lockdown were due to self-injurious/suicidal behaviors. Only two interventional studies: Cognitive Behavior Therapy based Randomized Controlled Trial (results cannot be extrapolated to the COVID-19 period) and universal vs targeted school screening (data not yet available) were available for adolescent mental disorders. Conclusions: The available data on adolescent suicide/suicidal behaviors during COVID-19 highlight the need for systematic documentation and developing preventive technology-based strategies for this special population. Funding received: Nil

### **31. Virtual simulation training for third year medical students in Child and Adolescent Psychiatry**

**Dr Jennifer Price**, J Godfrey, M Zervos, S Howson, N Portch, R Conn (supervising consultant)

**Aim** To devise and deliver a virtual simulated patient interaction for 3rd year medical students in Child and Adolescent Mental Health Services (CAMHS), including core-curriculum learning opportunities.

**Background** The COVID pandemic has significantly restricted clinical opportunities for students. In autumn 2020, Plymouth medical students were hosted for one term in Devon CAMHS. Face-to-face interactions being limited, we developed a novel intervention to teach psychopathology and develop students' communication skills. Two registrars led the planning and co-ordination.

**Methods** Ten 3-hour sessions were delivered via Microsoft Teams (three students per week). In each session a professional actor trained in psychopathology played an adolescent with mental health problems, presenting on three separate occasions. Detailed histories were provided for the actor, but interactions were unscripted. Sessions were led by a CAMHS consultant and facilitated by one registrar. Each student completed one scenario, followed by a debrief including constructive peer and professional feedback. Three 5-minute Powerpoint "micro-teaches" on the clinical scenarios (depression, eating disorders, risk assessment) consolidated the clinical learning.

**Results** 29 students attended the sessions; 17 of them completed feedback. 94% "really enjoyed" the session, 88% finding it "really useful". 94% said that "talking with the actor" was the best part; 6% said the "teaching slots" were the most useful. The intervention was well received by students, actors and consultants. Free-text feedback was almost entirely positive with a focus on the positive learning environment.

**Conclusions** · This was a novel teaching programme, delivered in response to COVID restrictions · Virtual delivery saved on time, travel and expenses · Students said the learning environment felt supportive and the level of information was appropriate · Individual debriefing and feedback were invaluable · A clear structure to the sessions is essential, in particular with facilitators keeping time · Students gained experience of conducting virtual consultations that are likely to continue post pandemic

### **32. Standardising advice and documentation for young people starting on antidepressant medication: A QI project**

**Dr Claire Rafferty**, Dr Sarah Gault (CT2 Psychiatry Trainee), Dr Hayley Bowes (LAT CAMHS)

**Aims and Hypothesis** We aimed to improve documentation of prescribing for selective serotonin reuptake inhibitors (SSRIs) in Newry Child and Adolescent Mental Health Service (CAMHS), to reflect current National Institute of Clinical Excellence (NICE) recommendations.

**Background** Clinician documentation during SSRI prescribing was noted to vary widely within Newry CAMHS following an audit in 2020, comparing standards to NICE guidelines. Subsequent to multidisciplinary team (MDT) discussion,

clinicians agreed that the development of a standardised protocol would improve consistency of advice between clinicians and thus, quality of patient care. **Methods** Plan · Audit data collected (n=40) from Newry and Craigavon outpatient clinics reflected inconsistent documentation of advice. The NICE guidelines NG134: Depression in children and young people, were reviewed to look at all parameters recommended to be discussed when starting SSRI medication. Do · A standardised protocol was developed encompassing all prescribing advice given in the NICE guideline. A sheet on side effects was included for clinician convenience. The protocol was discussed with clinicians and the rationale for use was disseminated. Clinicians were encouraged to utilise the protocol in clinic when prescribing antidepressants Study · The prescribing data was collected again after introduction of the protocol and compared to the same guidelines. Act · The protocol was adjusted to suit clinician need after feedback from staff to improve usability, and help embed its use in everyday practice. **Results** The documentation of advice given to patients when initiating an SSRI, improved following introduction of the protocol. Feedback highlighted need for further education within the MDT regarding the NICE guidelines relating to medication management. **Conclusions** The protocol that we produced was successful in standardising the advice and documentation for young people starting on antidepressant medication. Further plan-do-study-act cycles are planned following agreement about involving multidisciplinary team in completions of parts of protocol prior to referral for antidepressant prescription.

### **33. ADHD Assessment Social Story – QIP**

**Dr Akansha Rajan**, Charlotte Primavesi, FY1

**Aim-** Create a social story for ADHD assessments for CAMHS outpatient team **Background-** Social Stories are a social learning tool that supports the safe and meaningful exchange of information between parents, professionals, and people of all ages. The people who develop Social Stories are referred to as Authors, and they work on behalf of a child, adolescent, or adult with autism, the Audience. Social Stories was developed by Carol Gray in 1990. Social story for ADHD assessment was done with a view to help the children and parents undergoing assessments for ADHD to have an idea what it will be like in simple terms. **Methods-** · Junior Doctors working in CAMHS outpatient department, Sussex Partnership were able to have a discussion with the CAMHS team about the processes involved in an ADHD assessment. · They were then able to refer to the theme of Social stories and make a social story based on that for ADHD. · Social story was created and it was send to all the staff in ADHD team to obtain their feedback. · The created social story for ADHD can be used by the CAMHS team to be given to the children prior to having their assessment. This will help in aiding the communication and make the process more meaningful for those taking part in the assessment. **Results-** Using the information collected a social story was created and sent to the staff for review and feedback. **Conclusions-** A questionnaire can be used to rate if the information provided in the form of social story was useful and modified as required.

### **34. Improving ADHD Diagnosis In The CJSE: The Results of a Feasibility Study Using QbTest (FACT Study)**

**Dr Mindy Reeves**, Dr Vaseem Mohammed, Lloyd Wilkinson-Cunningham, Dr Charlotte Lennox, and Professor Prathiba Chitsabesan,

**Aims and Hypothesis** The aim of the FACT Study is to assess the feasibility of a RCT of using QbTest in the assessment of ADHD for young people in prison. The hypothesis is that this will be feasible along with making the diagnostic process more efficient and effective.

**Background** The prevalence rate of ADHD for young people in the criminal justice secure estate (CJSE) is approximately 12% which is significantly greater than the general population. Young people with untreated ADHD have been found to have an eight-fold increased frequency of aggressive incidents in secure settings.

**Methods** The study is a parallel two group randomised controlled trial with allocation to the intervention group which consists of QbTest plus usual care or the control group which offers usual care only. The potential participants were identified using admission questionnaire. Quantitative and qualitative data was collected at baseline, 3-months, and 6-months.

**Results** Our eligibility rate matched our initial predictions. Most young people consented to take part. Our 6-month follow-up window was impacted by COVID. Outcome data from professionals were not reliably completed. Over the study only 14/60 (23%) were given a decision regarding diagnosis. Due to this, we were unable to calculate a reliable sample size calculation for a definitive trial. The feasibility and acceptability of implementing QbTest was mixed. Of the 30 young people randomised to QbTest, 10 did not complete their QbTest including due to the impact of COVID and young people leaving the prison before the QbTest could be completed. The young people reported mixed feelings but staff were generally positive about QbTest.

**Conclusion** This study has provided information regarding recruitment, acceptability, and feasibility of a full RCT. Further work is required to address factors related to standardised usual care practice for the assessment of ADHD and the implementation of QbTest.

### **35. Service development driven by Covid-19: Before and after implementation of a HCA led clinic for ADHD physical health monitoring**

**Dr Helen Speechley, Dr Laura Meek**

**Abstract-Faculty of Child and Adolescent Annual Conference** Service development driven by Covid-19: Before and after implementation of a HCA led clinic for ADHD physical health monitoring Dr Helen Speechley and Dr Laura Meek

**Aims and Hypothesis** To assess the physical health monitoring and management of ADHD in-line with NICE and trust guidance in the York CAMHS team and to assess how the impact of Covid-19 and a HCA led physical health monitoring clinic has impacted on care.

**Background** The trust's ADHD pathway brings together all NICE guidance, quality standards and other NICE information on treatment for ADHD in children and young people, including physical health checks. Prior to Covid-19 physical health monitoring was undertaken by clinicians at each appointment, and practice of this was audited in April-May 2019. Since Covid-19, a HCA physical health clinic has been introduced as a necessary adaptation, as appointments moved online. This re-audit both re-examines practice of ADHD monitoring in line with NICE and trust guidance, but also examines how the adaptation of a HCA led clinic has changed adherence to physical monitoring standards.

**Methods** For both the original audit (2019) and re-audit (2021) the first twenty patients who were attending the ADHD medication clinic in York were selected. Information was gathered from both electronic and paper notes.

**Results** Height, weight and BP were recorded in 93% cases in original audit and pulse recorded in 77% cases, increasing to 95% for height, weight and BP and 100% compliance in recording pulse in the reaudit

since the introduction of the HCA clinic. There was a significant increase-58% to 84% of young people assessed within a month at reaudit. **Conclusion** This re audit has demonstrated that a change in practice, necessitated by the covid-19 pandemic resulted in a positive and safer service for young people and will be continued going forwards. Overall the results were largely consistent between the two audit cycles, although the introduction of the physical health monitoring clinic has significantly improved compliance of physical health monitoring and recording in line with national and trust guidance.

### **36. Associations between early childhood irritability and adolescent depressive symptoms and self-harm in a nationally representative UK birth cohort**

**Dr Ramya Srinivasan**, Gemma Lewis, Francesca Solmi, Argyris Stringaris, Glyn Lewis

**Aims:** to investigate the association between irritability from ages to 3-7 years, with depressive symptoms and self-harm in early adolescence. **Background:** Irritability is a common symptom in early childhood, associated with subsequent depression and self-harm. No studies have investigated how changes in early childhood irritability are associated with adolescent depressive symptoms and self-harm. **Methods:** We used data from the Millennium Cohort Study, a population-based cohort of 18552 children born in 2000-02. Depressive symptoms at 14 years were measured using the short Moods and Feelings Questionnaire and self-harm via self-report question. First, we examined whether irritability at 3, 5 and 7 years are associated with adolescent depressive symptoms and self-harm. Next, we used multilevel mixed models to calculate the change in irritability between 3-7 years for each participant. We then examined the association between this change measure and adolescent depressive symptoms using linear regression, and adolescent self-harm using logistic regression. Analyses were adjusted for a range of confounders. Initial analyses used complete data and sensitivity analyses conducted using imputed data. **Results:** Irritability at 5 and 7 years were associated with adolescent depressive symptoms (5 years: Coef. 0.20, 95%CI 0.09-0.30,  $p < 0.001$ ; 7 years: Coef. 0.21, 95%CI 0.11-0.30,  $p < 0.001$ ) and self-harm (5 years: OR 1.06, 95%CI 1.01-1.12,  $p = 0.037$ ; 7 years: OR 1.08, 95%CI 1.03-1.14,  $p = 0.003$ ); whereas irritability at 3 years was not (depressive symptoms: Coef. 0.02 95%CI -0.08-0.12,  $p = 0.742$ ; self-harm: OR 1.02, 95%CI 0.97-1.07,  $p = 0.410$ ). Childhood irritability which did not decrease between 3-7 years was associated with adolescent depressive symptoms and self-harm ( $n = 7225$ ; depressive symptoms: Coef. 0.31, 95%CI 0.17-0.45,  $p < 0.001$ ; self-harm: OR 1.12, 95%CI 1.04-1.19,  $p = 0.004$ ) models. Results were similar in imputed samples. **Conclusions:** Children with irritability which does not decrease between 3-7 years report more depressive symptoms and self-harm in adolescence. These findings strengthen the case for intervention for children with irritability. \*  
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### **37. Systematic review of long-term outcomes of Psychotic-like Experiences that originate in childhood or adolescence**

**Dr Nadia Valiallah**, Sreekumar Nair, Pallab Majumder, Kapil Sayal

**Aims and Hypothesis** To review studies following up children and adolescents with onset of Psychotic-like Experiences (PLE) before 18 years, to inform prognosis and potentially guide clinical practice. **Background** PLE is defined as subtle, sub-clinical hallucinations and delusions which do not reach clinical threshold and may be prevalent within the general population. **Methods** A systematic literature

search was conducted on Medline, PsycINFO, and EMBASE to identify cohort studies of Children and Adolescents with PLE onset below age 18, without a related clinical diagnosis. All mental health outcomes at follow-up were assessed identifying the risk of developing a disorder, psychopathology and general/social functioning difficulties. 2646 articles were found and screened, and 31 met the eligibility criteria for the systematic review. Results Between one- and three- quarters of children and adolescents had discontinuation of PLE after 1 or 2 years. Longer follow-up studies suggested PLE were more likely to remit. Transition from PLE to clinical psychosis were between 0 and 25.6 % over 1 year, and 6.8 and 35.6% over two years. Relationships were inconclusive between childhood PLE and psychosis with longer follow-up. Transitions to non-affective psychoses were more common than affective psychoses. Persisting PLE did not always result in persisting depressive symptoms but likely co-occur. It was unclear if anxiety was a consequence of PLE rather than vice versa. Studies rating the strength of PLE (according to symptom frequency and severity) reported baseline “strong” PLE had increased outcome rates of PTSD and suicide attempts. Some studies reported greater rates of conduct disorders, behavioural problems, disordered eating, and lower cognitive functioning in individuals with childhood PLE. Conclusion PLE onset in younger children are more likely to remit and are possibly a developmental variation. There are greater associations of later psychopathology and mental health diagnoses with later childhood PLE onset.

### **38. The Effectiveness of Psychological Interventions for Children and Adolescents with Non-Epileptic Seizures**

**Dr Hemma Velani**, Dr Julia Gledhill

Background: There are no national guidelines in the UK for the management of non-epileptic seizures (NES) in adults or in children and adolescents. This contributes to the challenge of managing such presentations. This article systematically reviews the literature on the effectiveness of psychological interventions for NES in children and adolescents. Methods: Embase, Medline and PsycINFO were searched to December 2020, for articles published in English, which used an objective measure to evaluate the outcome of a psychological intervention for NES. Further studies were identified from reference lists and experts in the field were contacted for unpublished studies. Results: Twelve studies met inclusion criteria. Of these, only four were set up with the primary aim of evaluating an intervention; only one used a control group and an additional eight studies were observational retrospective reviews of case notes. Three studies evaluated a single treatment modality, the others multiple treatment components. Overall, psychoeducation, CBT and psychotherapy were the most frequent interventions with most studies including some form of individual therapy. Analysis across all studies identified a range of additional intervention components which included assessment and / or treatment for co-morbidities, individualised treatment and support for parents. Conclusions: There is a paucity of studies specifically evaluating interventions for NES. Though a range of approaches have been described in managing this patient group, it is not possible to conclude from the available literature that one treatment approach is superior to another, though the information may be helpful in developing management guidelines.

### **39. Transition out of Children and Adolescents Mental Health Services (CAMHS)**

**Dr Hemma Velani**, Dr Jovanka Tolmac Mike Booker



**Aim** To audit the experience and outcomes for young people as they transition out of CAMHS. **Background** Transition out of Children and Adolescents Mental Health Services (CAMHS) can be a period of high risk for the individual and, if not managed appropriately, can lead to the young person dropping out of services and /or emergency admissions. Central & North West London NHS Trust agreed to deliver a National Commissioning for Quality and Innovation (CQUIN). The CQUIN lays out key criteria to support achieving the safe transfer of patients out of CAMHS, as is reflected in National Institute for Health and Care Excellence (NICE) guidance. **Method** We undertook a review of electronic clinical case notes of all 18 years old who transitioned out of CAMHS services. Three audits, lasting 6 months each, were completed over a period of 2 years, with improvements to the transition process implemented between each audit. We also captured service user feedback via a survey. **Results** Approximately 1/3 of 18 year-year-olds transition to adult mental health services. The number of transition meetings, though not always completed in the timeframe stipulated by the CQUIN, improved from 68% (Audit 1) to 82% (Audit 3). By the final audit, 96% of those who transitioned to adult mental health services, had a transition meeting and 85% of these had documented personal goals. The amount of pre-transition service user feedback collected, improved from 45% to 85%. Service user feedback identified themes of service users feeling listened to and supported and their treatment being tailored to their needs. **Conclusion** With the allocation of a project management team, to oversee and implement changes to the transition process, the quality and experience of transition out of CAMHS for young people improved remarkably.

#### **40. A rapid review of emergency department intervention for children and young people presenting with suicidal ideation**

**Farazi Virk**, Dr Julie Waine and Dr Clio Berry

Suicidal ideation is an increasingly common presentation to the paediatric emergency department (PED) and is a major public health concern. The presence of suicidal ideation is linked to acute psychiatric hospitalisation and an increased risk of suicide. There may be a critical role for the PED in motivating children and adolescents presenting with suicidal ideation to seek outpatient treatment and strengthening family networks leading to better engagement. However, interventions must be based on high-quality studies and there is limited evidence for their use in clinical practice. Six electronic databases were searched: PubMed, Web of Science, MEDLINE, PsycINFO, CINAHL and Cochrane. No grey literature was searched. The literature search yielded 878 studies published between January 2010 to December 2020 and eligible studies were selected based upon the inclusion criteria. Outcomes of interest included suicidal ideation, engagement with outpatient services, incidence of depressive symptoms, family empowerment, hospitalisation and feasibility of interventions. The Cochrane Risk of Bias Tool was used to evaluate the quality of studies. Six studies were qualitatively analysed. Family-based interventions (n=4) and motivational interviewing interventions (n=2) were identified. Findings suggest these interventions reduce suicidal ideation and improve patient engagement with outpatient services. Family-based interventions showed a reduction in suicidality, family empowerment, improvement in hopelessness and depressive symptoms. There is evidence to suggest interventions are crucial to reduce suicidal ideation and enhance outpatient follow-up. Findings from this systematic review warrant further research using

high-quality studies however, results highlight promising interventions that could be feasible for implementation in clinical practice.

#### **41. CAMHS Quality Improvement – Letter writing in outpatient clinics**

**Dr Louisa Ward**, Dr Ashley Gascoigne Dr Giles Glass Dr Ursula Doerry

**Aims and Hypothesis** □ Assess the outpatient letters written by medical staff at CAMHS, Redditch, to find out if they adhere to the standards set out by the Academy of Royal Colleges and the Professional Records Standards Body (PRSB). □ Determine if the above standards are clinically relevant and consider locally agreed guidelines for medical letter writing to CAMHS patients in the trust. **Background** In September 2018 the Academy of Medical Royal Colleges published guidance encouraging doctors to write their outpatient clinic letters directly to patients. The PRSB has also published a new standard for outpatient letters, designed to improve and standardise the content of outpatient letters. This was endorsed by the Royal College of Psychiatrists. **Methods** The first 20 outpatient letters written in June 2020 were reviewed and the content was compared to the standards. **Results** The audit showed good recording of core information and medication changes. Letters communicated the fundamentals of consultation and follow up plans were clear. It found poor performance in recording of time (10%), current medication (65%), mental state examination (10%) and risk assessment (10%). **Conclusions** It was noted that some information might not be relevant for the GP letter, and the mental state examination may contain information which might harm the therapeutic relationship with the patient. The findings of the audit were discussed with the Worcestershire CAMHS medical team and it was agreed that compliance with documentation of risk assessment should be improved where appropriate. It was also agreed that the standards should be reviewed for application to CAMHS and locally agreed standards should be developed. We propose locally agreed guidance for Worcestershire CAMHS medical teams. This guidance would consist of direction to write letters to patients as well as directions for content of letters.

#### **42. Addressing the evidence gap in children's mental health services: A longitudinal evaluation of a UK primary school-based counselling intervention**

**Jemma White**, Dr Katie Finning, Dr Katalin Toth, Prof Tamsin Ford, Sarah Golden, G.J Melendez-Torres

**Aims:** 1. To evidence the longer-term impact of a primary school-based counselling service 2. To create a matched comparison group to determine the outcomes for a similar group of children who did not receive counselling support **Hypothesis:** Children's mental health difficulties will show sustained improvements after counselling that are greater than those seen in a comparable group of children who did not receive mental health support. **Background:** Children's mental health has deteriorated over the last decade, this decline has been exacerbated by the COVID-19 pandemic, while access to statutory mental health services is poor. Schools represent an optimal setting for accessible mental health provision. Counselling is the most common type of school-based mental health provision, but most research to date has focused on adolescents. This study assessed the longer-term effectiveness of counselling in primary schools, using a matched comparator group of children. **Methods:** The intervention sample included 1,149 children aged 5-10 who had school counselling. For these, 740 teachers and 362 parents completed baseline, end of intervention and 1 year post-intervention Strengths and

Difficulties Questionnaires. We used propensity score matching to select a comparison group of 362 children from the 2004 British Child and Adolescent Mental Health Survey (BCAMHS) to compare intervention outcomes. Results: Mean teacher and parent SDQ total difficulties scores in the intervention sample reduced from baseline to post intervention and one year follow-up. Parent reported SDQ total difficulties reduced more in the intervention group than in the matched comparator group and remained significantly lower over two years. Conclusions: Previously, longitudinal and counterfactual evidence for the impact of early intervention counselling on children's mental health outcomes was limited. This study provides evidence that primary school counselling is effective in the short and long-term. Improving access to school-based counselling may help address the progressive decline in children's mental health.

#### **43. Age and Gender Effects on Non-Suicidal Self-Injury, and their interplay with Psychological Distress**

**Dr Paul Wilkinson**, Tianyou Qiu, Ceit Jesmont, Sharon AS Neufeld, Sahaj P Kaur, Peter B Jones, Ian Michael Goodyer

**Introduction** NSSI (Non suicidal self injury) is an important public health issue, with a lifetime prevalence of 18-25% and it associated with future mental illness and suicide. To date, no large single study has tested age and gender effects on NSSI and their interplay with psychological distress. Age and gender differences in NSSI could be moderated or mediated by distress. **Methods** This study formed part of the larger U-Change Study run by NSPN, with more than 200 people recruited in each age bin in 14-25. NSSI and psychological distress were both measured using questionnaires, with the latter being a composite score. Age and gender patterns on NSSI were determined by logistic regression. Mediation of age and gender effects on NSSI general distress was tested by two binary mediation analyses. Moderation effects of age/gender on general distress were examined using a hierarchical logistic regression. **Results** NSSI was significantly more common in females at ages 16/17 ( $\chi^2=17$ ,  $p<0.0005$ ) and 18/19 ( $\chi^2=12$ ,  $p=0.001$ ); but there was no significant gender difference at other ages ( $p>0.15$ ). Mediation analyses revealed that general distress partially but significantly mediated both gender $\times$ age and gender $\times$ age<sup>2</sup> in their associations with NSSI. The association between general distress and NSSI was not moderated by age, gender nor their interactions. **Conclusions** Gender difference in NSSI is not a static gap, but evolves across time, widening in mid-adolescence and disappearing by early adulthood. General distress partially mediated the age and gender patterns in NSSI, providing further support for the reduction of psychological distress as an important component of treatment for NSSI.

#### **44. Timeline of Video Consulting within Child and Adolescent Mental Health Services throughout the COVID-19 pandemic**

**Jessica Williams**, Bethan Whistance, Gemma Johns, Alka Ahuja

**Aim:** This study aims to investigate the use and value of Video Consulting (VC) within Child and Adolescent Mental Health Services (CAMHS) throughout the pandemic and provide post-pandemic suggestions of VC use. **Background:** COVID-19 impacted the way numerous healthcare services operated in the United Kingdom, including CAMHS. Services saw a rise in digital innovations, such as VC, throughout the

pandemic to ensure sustainability and that outcomes of services could be met via alternatives to face-to-face consultations while minimising risk of infection and ensuring safety. Method: As part of a service evaluation of an NHS approved VC platform, over 45,000 participant responses were recorded across three phases of data collection: Phase One, the beginning of the pandemic (March – August 2020); Phase Two(a), mid-pandemic (September 2020– February 2021); and Phase Two(b), a taste of the use of VC as restrictions in the UK begin to ease (March – May 2021). There were 564 responses from CAMHS, including 249 patients and 315 clinicians. Results: Overall, VC quality was rated Excellent, Very Good, or Good by 84.92% of respondents in CAMHS. VC prevented face-to-face appointments for 70.9% of all consultations, although this decreased from Phase One (81.4%) to Phase Two(b) (60.48%). Three common themes were revealed: patient convenience, technical issues, and the preference for face-to-face in specific circumstances, such as when children will not engage virtually, or when observations are needed. Conclusions: Emerging from the pandemic, the data demonstrates that VC is an acceptable method, so long as technology is adequate, and the situation is appropriate. Adopting these ways of working may enhance communication between clinician, patient/family members, as well as reaching and combining other aspects of the young person's life, such as school. We recommend adopting a flexible approach to patient-centred care, whereby the patient/family is given the option to use alternative methods of consultation for their own convenience.