



Conference Brochure

Programme

Session #1:	
9:30-09:45	Welcome and introductions Dr Sundar Gnanavel, Dr Marianne Hilton and Dr Aneesa Karim
9:45-10:15	College Update Dr Elaine Lockhart, Chair, RCPsych Child and Adolescent Faculty
10:15-10:45	Curriculum Update Dr Suyog Dhakras, Chair, Child and Adolescent Psychiatry Speciality Advisory Committee
10:45-11:00	Question & Answer Session
11:00-11:30	Morning break/poster viewing
Session #2 – Chaired by Dr Sundar Gnanavel	
11:30-12:00	Cultural Connotations of Child and Adolescent Psychotherapy Dr Shekar Seshadri, Professor, Department of Child Psychiatry, National Institute of Mental Health and Allied Sciences, Bangalore
12:00-12:30	Question & Answer Session
12:30-1:30	Lunch break/poster viewing
Session #3 – Chaired by Dr Aneesa Karim	
1:30-2:00	Infant Mental Health (Clinical) Julia Donaldson Clinical Director/Consultant Clinical Psychologist, Glasgow Infant and Family Team, NSPCC Scotland
2:00-2:30	Infant Mental Health (Research) Professor Helen Minnis, Professor of Child and Adolescent Psychiatry, University of Glasgow
2:30-3:00	Question & Answer Session
3:00-3:30	Afternoon break/poster viewing
Session #4 – Chaired by Marianne Hilton	
3:30-4:00	Why might I want to consider becoming an under 18s liaison psychiatrist? Dr Virginia Davies, Chair, RCPsych Paediatric Liaison Network
4:00-4:15	Question & Answer Session
4:15-4:30	Life as a new CAMHS Consultant: a personal perspective Dr Meenaka Williams, Consultant Child and Adolescent Psychiatrist, Trafford CAMHS
4:30-4:45	Announcement of poster prizes/new trainee representatives
4:45-5:00	Closing comments

Speaker abstracts and biographies

Chairs:

Dr Sundar Gnanavel is a ST6 CAMHS registrar with the northern training scheme based at Newcastle upon Tyne. He is a higher trainee representative for RCPsych CAP faculty. He also holds other college roles including RCPsych neuroscience champion for North East England and trainee editor for BJPsych Advances.

Dr Marianne Hilton studied Biological Sciences at Lancaster University and then went on to study Medicine at Warwick Medical School. She completed General Practice training before commencing Child and Adolescent Psychiatry (CAP) run-through training; now completing her ST3 year. Dr Hilton was elected CAP Faculty Run-Through Representative 2020-2021 for the RCPsych. She jointly represents the College for the Coalition to End Child Poverty and has taken a lead role in forming the Paediatric Liaison Cross-Specialty Trainee Committee. Dr Hilton is also involved in the national evaluation of the run-through pilot and is currently working with the RCPsych CAP Faculty around website re-design.

Dr Aneesa Karim is an ST6 in Child and Adolescent Psychiatry in the West of Scotland. She is also a higher trainee representative on the RCPsych CAP Faculty Executive Committee. Aneesa studied medicine at Cambridge and Edinburgh universities, before completing foundation training and core psychiatry training in the West of Scotland. As a higher trainee, she has worked in community, forensic and inpatient services, prior to her current post in community CAMHS in NHS Forth Valley.

College Update

Dr Elaine Lockhart, Chair, RCPsych Child and Adolescent Faculty

Dr Elaine Lockhart studied medicine at University College Dublin, worked in France, the UK and Ireland before undertaking core psychiatry and higher training in Child and Adolescent psychiatry in the West of Scotland. As a trainee, she was part of the Scottish Needs Assessment Programme for CAMHS. She has been a consultant in Paediatric Liaison psychiatry at the Royal Hospital for Children, Glasgow since 2001 and her team was the RCPsych Child and Adolescent Mental Health team of the year in 2017.

She was joint chair of the RCPsych Paediatric Liaison network, was vice-chair and then chair of the RCPsych in Scotland Child and Adolescent faculty. This led to her working as a clinical advisor to

the Scottish Government from 2019–2021. Her areas of focus are improved funding to support values and evidence-based specialist CAMHS across the UK and the recruitment and retention of psychiatrists to work with children and young people. This work aims to be underpinned by embracing diversity, equality and inclusion within our profession and services, sustainability and co-production with young people and parents/carers.

Curriculum Update

Dr Suyog Dhakras, Chair, Child and Adolescent Psychiatry Speciality Advisory Committee
Update regarding the Curriculum Review and implementation

Dr Suyog Dhakras is a Child & Adolescent Psychiatrist working in Southampton across 3 clinical teams - Specialist Community CAMHS + EIP, Community Forensic CAMHS, and services for LAC. I am the DME (Director of Medical Education) for Solent NHS Trust and chair CAPSAC (Child and Adolescent Psychiatry Specialty Advisory Committee) for the CAP Faculty at RCPsych.

Cultural Connotations of Child and Adolescent Psychotherapy

Dr Shekar Seshadri, Professor, Department of Child Psychiatry, National Institute of Mental Health and Allied Sciences, Bangalore

Cultural connotations of Child and Adolescent psychotherapy will be approached from the context of sexuality. This presentation will cover the predicament of adolescents caught between traditions of their parents. Specifically it will explore personal and interpersonal negotiations that occur in psychotherapeutic contexts.

Dr Shekhar Seshadri is a child psychiatrist with 40 years of experience in the field of child mental health but his work extends beyond the clinical population, amongst others, to children in institutions, educational spaces and in the context of law, across the country as well as the South Asia region. With a view to enabling access to mental health for the most vulnerable child populations, his special areas of interest in child mental health are childhood trauma, gender and sexuality and life skill education. An artist and musician, he uses a number of creative methodologies in child mental health interventions, including theatre in development

approaches. In the belief that wider psychosocial interventions are rooted in child rights, in addition to his preventive-promotive and curative child mental health interventions, he has undertaken various legal and policy-related initiatives. He was part of national deliberations on the POCSO Act 2012 during its drafting, and more recently an active part of the debates around the December 2015 Juvenile Justice Act on children in conflict with the law. He has also engaged extensively as a member of working groups of the National commission for protection of rights of the child on issues such as substance abuse and elimination of corporal punishment in school. Finally, all his policy and practice work find their way into training and capacity building programs for target audiences ranging from students of mental health disciplines and mental health care professional in clinical settings to child care service providers in non-clinical settings, including community health workers, teachers, government and non-government staff and counsellors and Judicial personnel.

Infant Mental Health (Clinical)

Julia Donaldson Clinical Director/Consultant Clinical Psychologist, Glasgow Infant and Family Team, NSPCC Scotland

This talk will consider why infant mental health and early relationships are so important; give an overview of the fundamental principles of infant mental health and their application to clinical practice.

Julia Donaldson has worked as a clinical psychologist in Glasgow for 24 years with young children and their families. She has a longstanding interest in working with families experiencing adversity, early child development and intervening early in the development of mental health problems. For the past 7 years Julia has led the Glasgow Infant and Family Team (GIFT) which is a multidisciplinary infant mental health team developed in partnership with NSPCC, Glasgow City Council and NHS Greater Glasgow and Clyde. GIFT offers a therapeutic service to infants under 5 in care and their families.

Infant Mental Health (Research)

Professor Helen Minnis, Professor of Child and Adolescent Psychiatry, University of Glasgow

Helen Minnis is Professor of Child and Adolescent Psychiatry at the University of Glasgow. She has had a longstanding clinical and research focus on the psychiatric problems of abused and

neglected children. Currently her focus is on intervention research, including a randomised controlled trial of an infant mental health service for young children in foster care and a randomised controlled trial of Dyadic Developmental Psychotherapy for primary school-aged children in adoptive or foster placements. She is also conducting behavioural genetic research focussed on the role of abuse and neglect and its overlap with neurodevelopment across the life-course. She has collaborations with colleagues at the Institute of Psychiatry, Psychology and Neuroscience at King's College London, the Universities of Aalborg and Aarhus, Denmark and with the Gillberg Neuropsychiatry Centre, Gothenburg, Sweden.

Why might I want to consider becoming an under 18s liaison psychiatrist?

Dr Virginia Davies, Chair, RCPsych Paediatric Liaison Network

Dr Virginia Davies trained in internal medicine, general practice and child psychiatry. She is a consultant child and adolescent psychiatrist with particular expertise in emergency psychiatry, functional illness and medical child abuse. She writes, teaches and speaks on these topics, both at national and local level.

Prior to working at the Whittington, Dr Davies was lead for under 18s emergency psychiatry at King's College Hospital London and consulted to various south east London and pan-London transformation programmes in relation to urgent and emergency care. She has also worked as a consultant in other hospital settings in Oxford and in London.

Dr Davies is currently chair of the Royal College of Psychiatrists' Paediatric Liaison Network and is a member of the College Liaison Psychiatry Faculty Executive and Child and Adolescent Psychiatry Faculty Executive. She was awarded the Royal College of Psychiatrists' President' medal in 2021 for her contribution to policy, public knowledge, education and meeting population and patient needs in diverse and challenging circumstances.

Life as a new CAMHS Consultant: a personal perspective

Dr Meenaka Williams, Consultant Child and Adolescent Psychiatrist, Trafford CAMHS

Poster Abstracts

1. Medical Physical Health Review and Recommendations following incidents of ligaturing on the ward – A Clinical Audit

Dr Nnamdi Anyim, CTI-4, Dr Nnamdi Anyim, Dr Karl Coldman

Background: Ligaturing is a common occurrence as means of self-harming on mental health wards particularly in CAMHS units. We set out to review two standards on incident reporting and medical review post incidents as covered by the Trusts' Policy Guideline - Self-Harm in Children V1 Ref CL127. **Aims and Objectives:** To monitor the reporting of ligature incidents, if medical reviews were performed post incidents, identify areas of poor performance and suggest recommendations for improvement. **Methodology:** Horizon ward is a 12-bed mixed-sex long-stay inpatient CAMHS unit for young persons (YPs) aged between 12 – 17 years, presenting with a varying range of mental health diagnosis. Data on all incidents of ligaturing occurring on Horizon ward within a period of one month was retrieved and reviewed. All incident meeting set out criteria during period of review were included. A total of 29 incidents involving ligaturing occurred. Sampling technique was cluster sampling based on location. **Results:** On incident reporting, our data showed a good level of compliance at 82.3%. The use of the Trust's incident reporting system (Ulysses) ensured that all incidents were captured and reported with important aspects of incident reporting highlighted. On medical reviews post incidents, we found a poor level of compliance at 0%. Of the 29 incidents of ligaturing recorded on the ward in the period under review, medical review was not performed on any occasion. **Conclusions:** We discovered a service gap where incidents are being accurately reported but no follow up action of medical review of YPs following incidents of ligaturing. We found that the Trust Policy document was not clear on when a medical/physical health review should be done following ligaturing and how it should be done. In line with these findings, we made recommendations to the Trust's QI Team for a review of the Policy document.

2. The "SAFEST" approach: improving standardisation of assessments and interdisciplinary communication in the Exeter CAMHS rapid risk assessment service (RAS) team

Rebecca Bell, Medical Student, Dr Rory Conn Dr Jennifer Price Dr Pamela Bowman

The "SAFEST" approach: improving standardisation of assessments and interdisciplinary communication in the Exeter CAMHS rapid risk assessment service (RAS) team **Aims and hypothesis** Evaluation via reaudit of the SAFEST method for standardisation of RAS assessment and documentation. **Background** Transitions between healthcare settings are particularly vulnerable points for miscommunication. The 7-practitioner Exeter CAMHS Risk Assessment Service (RAS) assesses young people (YP) admitted to hospital with concerns about their mental health/safety. YP assessed by RAS often require robust safety plans to support their mental health

and contain risk on the ward and following discharge. Joint working with clear, timely communication between CAMHS, Paediatrics and Primary Care is essential to facilitate this.

Methods We established the acronym SAFEST to label each element of a RAS assessment requiring documentation/communication: Safety plan, Assessment, FACE risk form, Entry in the paediatric notes, Standardised GP letter (within 24h), and Transfer of full assessment to paediatric records. We audited all RAS assessments for admissions in October 2020, February 2021 and June 2021. We surveyed team members in May 2021 about ongoing barriers to implementing the SAFEST approach, and potential solutions.

Results The survey revealed that lack of prompts, frequent interruptions, insufficient time and lack of IT training were persistent barriers to the SAFEST approach. Subsequently, we implemented a visual aid to prompt completion of all aspects of SAFEST, a standardised approach for submitting assessments to the administration team, and a shared drive containing electronic versions of the key documents. Completion rates for the different elements of SAFEST were 90%(S), 100%(A), 83%(F), 100%(E), 69%(S) and 90%(T), n=30 with a mean increase in completion rate of 16.8% from February to June.

Conclusions There was improvement in completion rates across all SAFEST components over time, excluding the GP letter, suggesting that the approach has positively impacted standardisation of RAS assessments. Further work seeks to explore the difficulty in sending all GP letters within 24 hours, which appears to be a wider administrative matter.

3. How contemporary Disney film can be used for mental health teaching in schools: a case study of Inside Out (2015)

Dr Charlotte Caves, Foundation Doctor, Dr Charlotte Caves, Dr Robin Basu-Roy

Aims & Hypothesis Does Inside Out provide an accurate representation of depression, and thus, can it be a useful resource for teaching mental health and developing emotional awareness in the classroom?

Background Mental health disorders can be a burden on both patients and the National Health Service. With the majority of lifetime mental health problems emerging in childhood and the prevalence of childhood mental illness increasing, the need for effective, standardised mental health education and fostering healthy socio-emotional development is more important than ever before.

Methods I explored a novel educational concept: 'edutainment', to see if it has use in state mental health education. This project provides a quantitative coding analysis and a qualitative artistic analysis of a contemporary Disney film, Inside Out (2015), for The International Classification of Diseases 10th Edition (ICD-10) depression symptoms. Depression has been chosen as an example of a mental health disorder as it is one of the commonest mental health problems and is the leading cause of disability worldwide.

Results Inside Out provides an accurate representation of many of the ICD-10 'core' and 'cognitive' symptoms of depression through both coding words and artistic means.

Conclusion Inside Out, alongside teacher-led discussion, could be useful in teaching children about depression,

reducing the stigma of mental health in students and helping children develop emotional intelligence. I highlight a need for standardised mental health education and suggest that film may be an effective tool for learning about common mental health conditions, such as depression.

4. Evaluating the dissemination of child and adult mental health resources and service information in primary care: a quality improvement project

Dr Chloe Challen, Foundation Doctor

Background The utilisation of mental health resources in primary care has increased during the COVID-19 pandemic due to social isolation and a decline in mental well-being. Children have been particularly impacted, however, access to help has declined with the closure of schools. This highlights the need for a cost-effective way to disseminate mental health resources in primary care, which is complimentary to the shift towards digital based consultations.

Aims 1. To evaluate the dissemination of resources and services to patients during initial mental health consultations. 2. To develop an easy to access resource containing details of both adult and child mental health services.

Methods An anonymised survey was used to explore the dissemination of mental health resources at the Cotswold Medical Practice. The baseline data collection revealed a lack of easily accessible and shareable information, furthermore, a review of existing literature found that no resource existed containing details of both local and national services. Consequently, two virtual documents were created for adult and child mental health resources. These were added to an accuRx template to allow clinicians to easily send the resources to patients via text message. The resources were then re-evaluated 1-week and 5-weeks post-intervention.

Results Pre-intervention the average GP provided patients with 2.4 mental health resources and there was no standardisation of the information given. Post-intervention, over 25 resources were provided as both 6-page virtual documents contain a range of resources including: NHS services, local and national charity services, private services, self-help books and mobile apps.

Conclusions The novel virtual resource produced is a cost-effective resource that helps improve the quality and quantity of information provided to patients about mental health services. The resource produced is compatible with virtual consultations and is sustainable for long term use.

5. Origins of Callous-Unemotional Behaviours in Infants

Gloria Cheung, Medical Student, Dr. Elena Geangu, and Francesca Whitehead

Introduction: Callous-unemotional (CU) trait is a characteristic of conduct disorder (CD). Those with CU traits are likely to have impaired emotion processing. As callous-unemotional-like behaviours emerge from early childhood, this could potentially be predicted early on in life. There is debate in whether general emotion processing or specifically fear expression processing was

impaired in those with CU traits. Moreover, there were no studies that investigated subliminal emotion processing in those with CU traits. **Methods:** We performed EEG on 7 months old infants using fearful and happy faces as stimuli to investigate whether attention bias to general facial expression or fearful expression is related to future CU behaviours through the Nc component. We also used both subliminal and supraliminal eliciting techniques to determine whether there are any differences in terms of prediction of CU behaviours. The ERP data was then compared with behavioural data, including aggression and empathy scores, collected when the participants reach 14 to 18 months old. **Results:** Our results revealed those with low empathy have a different pattern of attention bias to emotional expression and are less sensitive to fear emotion. This demonstrated how attention bias to fearful faces can potentially help predict CU behaviours. Moreover, subliminal and supraliminal emotion processing had similar ERP eliciting ability. **Conclusions:** This is the first study that investigated subliminal emotion processing in those with CU behaviours. We found that attention bias to fearful emotion expression during infancy can predict low empathy level during toddlerhood, but not high aggression level. Moreover, subliminal and supraliminal emotion processing had a similar predicting ability for CU behaviours. Being able to predict CU behaviours early could potentially help identify those in need of early intervention. More studies need to include subliminal emotion processing when investigating CU behaviours to verify our results.

6. Psychotic events during stimulant treatment in children and adolescents with ADHD: a systematic review

Dr Katie Higham, Honorary Specialist Registrar in Child and Adolescent Psychiatry, Dr Maja Storkey Dr Anna Gibson Dr Samuele Cortese

Aims: To perform the first systematic review of studies assessing psychotic events during treatment with stimulant medications for children and adolescent with Attention-Deficit/Hyperactivity Disorder (ADHD). **Background:** Treatment for individuals with ADHD can be pharmacologic, nonpharmacologic, or both. Licensed medications for ADHD comprise stimulants (amphetamines and methylphenidate) and nonstimulants. Stimulants are generally recommended as first-line pharmacologic treatment. Psychotic events, albeit infrequently, can occur during treatment with stimulants, even though the causal role of stimulants is unclear. To date, a systematic, comprehensive overview of the literature focusing on the prevalence and characteristics of psychotic events during treatment with stimulants is lacking. **Methods:** We followed the PRISMA recommendations. The registration of the protocol is ongoing. We searched PubMed, PsycInfo, EMBASE + EMBASE classic, OVID Medline, and Web of Science (up to 8 April 2021) with no language or type of document restrictions. We included randomised controlled trials (RCTs) or observational studies reporting data on the prevalence and/or type of psychotic events following stimulant treatment in children or adolescents (< 18 years) with a formal diagnosis of

ADHD. Case studies and case reports were also allowed. Narrative reviews or editorial/commentaries were excluded. Study quality was assessed with the Newcastle-Ottawa Scale for observational studies and the Cochrane risk of bias-2 for RCTs. Two investigators performed independently the screening and data extraction. Any disagreement was arbitrated by the senior author. Results: We found a total of 1902 potentially eligible references. Screening and data extraction are currently ongoing. Key findings will be presented at the conference. Conclusions: The results of this systematic review have the potential to inform daily clinical practice with children/adolescents with ADHD.

7. Re-Audit on staff preparedness and confidence on a Child and Adolescent mental ward during the COVID 19 Pandemic, comparisons between the first and second waves

Dr Kayani Kayani, Foundation Doctor, Kayani Kayani Violeta Perez-Rodriguez Wendy Morgan Sinu Sainulabdeen James Todd Emily Marshall Naomi Sutherland Diana Cassell Daljit Jagdev

Aims and hypothesis We audited a cross-section of staff on a CAMHS inpatient ward to gain insight on staff perceptions of the ward's COVID preparedness and compared with results from the first wave.

Background The COVID-19 pandemic has impacted significantly across healthcare, including CAMHS.

Methods Between the 29th of April and the 5th of May 2020, a total of 22 members of staff responded to our survey. This included doctors, nurses, HCAs and "others." Guidelines were developed, implemented and disseminated. Staff were re-surveyed between the 3rd and 15th of April 2021.

Results Utilising a weighted average methodology, the audit found the ward to be perceived as underprepared for COVID (4.91, improving to 6.0 on a 10-point Likert scale, 10 as "totally prepared"). On a five-point Likert scale, from 0 (strongly disagree) to 5 (strongly agree), staff were neutral on: the presence of clear guidelines (3.0, improving to 3.76), guideline accessibility (3.41, 3.76), clear strategies for screening (3.64, 3.59), confidence on screening and expectations regarding COVID (3.64, 3.88), procedures for handling COVID patients (3.18, 3.76), cardiopulmonary resuscitation guidance changes (3.24, 4.06). Staff members agreed they were familiar with the symptoms of COVID (4.52, 4.29), the presence of plans in the circumstance a patient is identified as potentially having COVID (4.05, 3.76), keeping other patients safe (3.91, 3.41), PPE guidance (4.00, 4.18), the accessibility of PPE (4.10, 4.29). Staff disagreed with the statement that they knew how to take a COVID swab, improving with training (2.84, 4.29). Staff no longer agreed as strongly that further training and guidance on COVID was required (3.91, 3.53).

Conclusions The guidance produced addressed some of the deficiencies identified by our initial survey, with re-audit demonstrating positive impact. However, the re-audit demonstrates that months on, further training and guidance remains desired by staff.

8. Audit on staff preparedness and confidence on a Child and Adolescent Psychiatric ward during the COVID 19 Pandemic

Dr Kayani Kayani, Foundation Doctor, Kayani Kayani Violeta Perez-Rodriguez Wendy Morgan Sinu Sainulabdeen James Todd Emily Marshall Naomi Sutherland Diana Cassell Daljit Jagdev

Aims and hypothesis

We audited a cross-section of staff on a CAMHS inpatient ward for insight on staff perceptions of COVID preparedness on the ward during the pandemic's first wave.

Background

The COVID-19 pandemic has impacted significantly CAMHS services.

Methods

Between the 29th of April and the 5th of May 2020, a total of 22 members of staff responded to our survey. This included doctors, nurses, HCAs and "others."

Results

Utilising a weighted average methodology, the audit found the ward was perceived as underprepared for COVID (weighted average 4.91 on a 10-point likert scale, from 0 (totally unprepared) to 10 (totally prepared). On a five-point likert scale from 0 (strongly disagree) to 5 (strongly agree), staff were neutral on the following: the presence of clear guidelines on the ward (3.0), COVID guideline accessibility (3.41), clear screening strategies (3.64), confidence on screening and expectations regarding COVID (3.64), procedures for handling COVID positive patients (3.18), cardiopulmonary resuscitation changes since COVID (3.24). Staff members agreed they were familiar with the symptoms of COVID (4.52), the presence of plans in the circumstance a patient is identified as potentially having COVID (4.05), the ability to keep other patients safe (3.91), PPE guidance for caring for COVID (4.00), the accessibility of PPE (4.10). Staff disagreed with the statement that they knew how to take a COVID swab (2.84). Staff agreed further training and guidance on COVID was required to help them in their day-to-day role (3.91).

Conclusions

Professionals on the ward appeared to be least confident in accessing and implementing COVID-19 guidance. A set of guidelines were produced to address the points highlighted by the audit, produced following stakeholder consultation, including the Trust Infection Control Department, ward doctors and nurses.

9. Optimising good prescribing practice in Fife CAMHS

Dr Connor McIntyre, CTI-3, Dr Lynn Brown (Consultant Psychiatrist CAMHS) lynn.brown3@nhs.scot

Aims and hypothesis This audit examined the impact of introducing paper and electronic medication checklists into the Fife CAMHS service. It was hypothesised that the use of medication checklists would lead to an overall improvement in documentation of discussions around consent to medication. Background Fife CAMHS psychiatrists wanted a clear, concise and standardised method of documenting discussions around consent to medications. An initial audit of

documentation related to initiating medicines in CAMHS highlighted scope for improvement. This led to the creation of checklists for all commonly prescribed psychiatric medication in CAMHS based on current GMC guidance “Good practice in prescribing and managing medicines and devices”. **Methods** The most recent version of GMC guidance was studied to create a list of standards which would be used to compare against current prescribing practice. Each CAMHS psychiatrist was asked to identify their last 5 patients where a new psychiatric medication had been commenced; these patient notes were compared against the standards set. Patient notes were electronic and medication checklists were paper or electronic based. A quantitative measure of “Yes” or “No” for each standard was used for each patient and resulting data entered into an excel spreadsheet **Results** A demonstrable improvement from the previous audit was noted across all standards; overall average attainment was 80.55% compared to 54% in previous audit. **Conclusions.** The introduction of medication checklists improved documentation and increased the likelihood that current prescribing practice meets current GMC standards. It was concluded that errors in uploading paper checklists were likely a major factor why each standard was not met 100%. **Recommendations for change** identified include using electronic checklists rather than paper checklists and to ensure checklists are always updated with latest GMC guidance. There is a plan to re-audit following these changes.

10. Variations in the prevalence of long-term health conditions in children: The importance of definitions

Laura Panagi, Research Associate, Dr Simon R. White, Mr Sohum Patel, Dr Sophie Bennett, Prof. Roz Shafran, Prof. Tamsin Ford

Aims and hypothesis: We aimed to explore the impact of various definitions of long-term health conditions (LTCs) on the resulting prevalence estimates using data from a nationally representative dataset. We hypothesised that the different definitions of LTCs would result on distinct prevalence estimates for the same conditions.

Background: Definitions of LTCs in childhood are notoriously imprecise, which limits the opportunity to measure valid and reliable prevalence estimates.

Methods: Children and young people in the Millennium Cohort Study were followed at ages 3, 5, 7, 11, and 14 years old (N = 15,631). We estimated the weighted prevalence of LTCs at each time point, as reported by the parent/carer, and explored the degree to which estimates agreed when applying two commonly used chronicity criteria. We also examined agreement between reports on the same conditions when using different measures such as specified reasons for special educational needs (SEN) and specified chronic health conditions. Descriptive analyses, Cohen's kappa statistic, and percentage agreement were tested.

Results: The estimated weighted prevalence of LTCs peaked at 5 years old (20%). Applying two chronicity criteria decreased the estimated weighted prevalence of LTCs at age 14 from 18% to 3%.

Despite high percentage agreement, we observed low to moderate chance-corrected agreement between reports on the type of LTC and specified reasons for SEN (kappas ranged from 0.02 to 0.56, percentage agreement ranged from 97% to 99%) and between reports on the type of LTC and specified conditions (kappas ranged from 0.002 to 0.02, percentage agreement ranged from 73% to 97%).

Conclusions: How LTCs are defined drastically alters their estimated weighted prevalence. Improved clarity and consistency in the definition and measurement of LTCs are urgently needed to underpin policy and commissioning of services.

This study was funded by the Beryl Alexander Charity.

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

Dr Mindy Reeves, ST4-6, 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.

12. Finding hope in a rare case of Pervasive Refusal Syndrome

Dr Katie Salucci, CT1-3, Dr Tauseef Mehdi, Consultant in CAMHS

Aims: Review a case in Pervasive Refusal Syndrome and the literature on psychological understandings of this presentation, helpful communication and areas of hope in this condition.

Background: Pervasive Refusal Syndrome is defined by a profound withdrawal from life which can include a retreat from eating, drinking, walking, talking, or caring for themselves in any way over a period of several months. This is a rare and highly complex presentation, that proves challenges for all professionals involved, however with a compassionate holistic approach it is possible for recovery, and to hold onto hope.

Methods: Write up case report of a young female patient's trajectory with Persistent Refusal Syndrome including history of presenting complaint, differential diagnoses, management, challenges in treatment and formulation. Review medical literature on psychological understandings of pervasive refusal syndrome and helpful communication style with promising outcomes.

Results: This case report in Pervasive Refusal Syndrome has demonstrated some of the pertinent challenges that clinicians may face while treating patients with this condition and the possible approaches to overcoming these. On reviewing the literature, psychological understanding of this presentation is believed to be when the child is terrified to stay in the world and feels impotent in facing internal and external conflicts- having insight into the mechanisms underpinning this presentation allows a deeper empathic and compassionate approach. Very individualised ways of communicating for patients with Pervasive Refusal Syndrome can encourage and aid recovery.

Conclusion: This case of Pervasive Refusal Syndrome is multi-faceted in complexity from both physical and psychological aspects, requiring a very attuned compassionate holistic approach, whilst holding onto hope for the patient to encourage recovery.

13. Bethlem Adolescent Psychiatric Intensive Care Unit (BAPICU) – The first 100 patients

Dr Mamie Shum, Speciality doctor in CAMHS, Dr Mamie Shum, Specialty Doctor in Adolescent Psychiatry, South London and Maudsley NHS Trust (SLaM) Dr Julio Vaquerizo Serrano, Fellow in Child and Adolescent Psychiatry, King's College London (KCL) Dr Dan Hayes, Consultant Child and Adolescent Psychia

Background. The BAPICU opened in April 2018 in response to the identifiable need for more CAMHS PICU services across the country, particularly within the NHS. Most of such services remain covered by the private sector, and there is little available literature on the nature or pattern of admissions to CAMHS PICUs. **Aims.** The aims of this descriptive study are to understand the nature of admissions requiring BAPICU and identify any discernible patterns. The authors hypothesised that length of stay may be influenced by different factors such as gender, ethnicity, diagnostic cluster or social factors (Looked After Child or LAC status). **Methods.** Using a combination of existing record keeping and manually searching SLaM electronic records (ePJS), we collected the

following data on 100 patients: Age on Admission, Gender, Ethnicity, Diagnosis, Length of Stay, Origin of Referral, Discharge Destination, Trust and LAC Status. Diagnoses were grouped into the following clusters: 1. Psychotic Illnesses, 2. Neurodevelopmental Disorders, 3. Mood and Emerging Personality Disorders, 4. Cross-cluster, and 5. No Axis I Diagnosis. We then ran descriptive, bivariate correlation and linear regression analysis using SPSS version 26. Results. Certain groups were represented in a higher proportion than others: males (53%), black ethnic group (48%), psychotic illnesses (45%), admissions from GAU (50%), discharges to GAU (39%), SLAM origin (49%), and non-LAC status (81%). Predictors of BAPICU length of stay were namely gender and ethnicity, whilst LAC status and diagnostic cluster did not correlate with length of stay. Overall average length of stay (47.88 days) was shorter than the national average for CAMHS PICUs (90 days). Conclusions. There are further complexities to consider such as treatment resistance, overall length of stay in hospital, and delayed discharge status due to bed or placement availability. Further research of CAMHS PICUs nationwide can help further our understanding of admission patterns.

14. Evaluating the Tendencies of Child and Adolescent Psychiatrists to Diagnose and Treat DSM-5 Attenuated Psychotic Syndrome

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Aims: The aim of this study was to explore how practitioners who were in the direct treatment of children with psychiatric disorders perceive the DSM-5-Attenuated Psychosis Syndrome (DSM-5-APS), and their clinical routine practice for its treatment. An additional objective was to determine how the length of time as an active child psychiatrist affects practitioners' diagnostic and treatment propensities. **Hypothesis:** Given the increasing awareness of practitioners about the clinical high-risk state for psychosis (CHR-P), we hypothesized that most clinicians would be able to detect DSM-5-APS. We also hypothesized that early career psychiatrists (ECP) would be significantly better at diagnosing the APS vignette compared to advanced-career psychiatrists. **Background:** The prodromal period is a promising window to prevent the full-blown psychotic episode, preclude psychiatric comorbidities, or ease the severity of the disorder. However, the detection of individuals at CHR-P may be a key limiting step for early interventions, and there is some uncertainty regarding the true clinical reliability of CHR-P states. **Methods:** Three vignettes describing fictional cases presented with symptoms of either DSM-5-Schizophrenia, DSM-5-APS, and no psychotic symptoms were created. We asked "community" practitioners to apply a DSM-5 diagnosis and to choose appropriate treatment(s) for these vignettes. **Results:** Of the responders ((child psychiatry specialists/trainees (n=227, n=131), adult psychiatrists (n=27), and child neurologists (n=2)), 43% correctly diagnosed the APS vignette, whereas 37.4% diagnosed a full-blown psychotic episode. Regarding the therapeutic approach, 72.1% of all practitioners would choose a psychopharmacological intervention and 32% individual psychotherapy. ECP had

significantly higher accuracy rates. Conclusion: This study showed that the diagnostic inter-rater reliability of the DSM-5-APS among practitioners was consistent with the results from the DSM-5 field trials (Kappa=0.46). Our findings indicated a need for raising awareness regarding the CHR-P paradigm and its treatment and the development of solid practice guidelines that can be implemented in clinical routine.

15. Investigating young-adult social outcomes of Attention-Deficit Hyperactivity Disorder

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Aims and hypothesis Adult social outcomes at age 25 years of Attention-Deficit Hyperactivity Disorder (ADHD) symptoms across childhood and young-adulthood were examined, differentiating those that were child-limited (remitted) and persistent into adulthood. We hypothesised those with ADHD that had remitted by age 25 years, as well as those with persistent ADHD, would show adverse social outcomes by age 25 years.

Background Attention Deficit Hyperactivity Disorder (ADHD) is associated with negative outcomes and impairments in social functioning: it is unclear whether these are explained by ADHD in childhood, or whether remitted ADHD is still associated with negative social outcomes in young-adulthood, or if associations are driven by persistent ADHD symptoms. If ADHD appears to have remitted by late adolescence, should these young people continue to be monitored by services?

Methods Social outcomes at age 25 years in both childhood-limited ADHD, and those whose ADHD persisted into adulthood were examined. A UK, longitudinal, population sample was used: ALPSAC (Avon Longitudinal Study of Parents and Children), N=6439. Data from Strengths and Difficulties Questionnaire (SDQ), Adult Social Relationship Scales, Not in Education, Employment or Training (NEET) status, delinquency, State benefit receipt status and history of homelessness were utilised. Multiple imputation with inverse probability weighting and logistic/linear regression were employed.

Results Up to 20% of young-people with specific negative social outcomes had ADHD. Persistent ADHD was associated with being NEET (OR=3.71, 95% CI=2.06, 6.67, $p=3 \times 10^{-89}$) and receiving State benefits (OR=2.72, 95% CI=1.62, 4.57, $p=1 \times 10^{-123}$) compared to those without ADHD. Strong evidence was not identified for associations in the child-limited ADHD group (NEET OR=1.20, 95% CI=0.54, 2.69, $p=0.65$; State benefits OR=1.38, 95% CI=0.76, 2.51, $p=0.29$).

Conclusions Effective treatment of childhood ADHD may improve social outcomes. Results support continued monitoring and management of ADHD during the extensive personal and socio-occupational development in young adulthood, including areas of functional impairment beyond core ADHD features.

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