



The Association
for Child and Adolescent
Mental Health

THE BRIDGE

Syria –
helping
traumatised
children and
young people

JCPP study looking at the effectiveness
of support groups for Syrian refugees
living in Jordan

Also inside

Professor Stephen Scott
speaks up for kids with
callous unemotional traits

Dr Juliette Kennedy, The
Bridge Editor, Welcomes
you back to the new
publication



Welcome

Welcome to the newly revamped edition of 'The Bridge', it is an honour to take over from Dr Mark Lovell as Editor. Mark has worked very hard for many years to produce this magazine, and ACAMH would like to say a big thank you for all his efforts.

ACAMH produce 2 scholarly journals, but as a clinician at the coalface I know how hard it is to commit to reading research articles regularly. The Bridge is intended to be a short publication for a multidisciplinary and multiagency audience, it is edited but not peer reviewed. A host more articles and information will be on the website (www.acamh.org) in the Publications section.

Its aim is to support the translation of research articles in JCCP and CAMH and other leading peer reviewed journals each month, into the clinical practice of clinicians. To help to disseminate the evidence base. There will also be interviews, features and postcards from branches and from abroad.

Please do let us know what you think of it by emailing ACAMH Science Journalist Ben Upton ben.upton@acamh.org

Dr Juliette Kennedy
Consultant Child and Adolescent Psychiatrist

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Patient-centred practitioners prioritise PROMs

Clinicians who use therapeutic approaches that focus on patients' perceptions, such as CBT, may be more likely to seek patient feedback.

Patient reported outcome measures (PROMs) can be seen as a chore or distraction from therapy, but there is some good evidence that they benefit both patients and services.

Julian Edbrooke-Childs at University College London and colleagues emailed a survey to CAMHS clinicians to determine their use and attitudes towards PROMs, receiving 109 replies.

The survey also recorded their therapeutic approaches, finding that those favouring CBT or humanistic practices were significantly more likely to also use PROMs. Positive attitudes and confidence in using PROMs were also associated with higher use.

Patient and parent attitudes, as well as comorbidity or case complexity, are also all known to impact on the use of PROMs. The authors propose that the effective use of technology and training may increase use of PROMs in CAMHS.

Psychosis pathway positive for patients

Using a dedicated pathway for patients with an ultra-high risk of psychosis at a London CAMHS community unit led to fewer admissions, quicker psychiatric review and a shorter wait for treatment.

Rebecca Adams at the Tower Hamlets CAMHS unit of the East London NHS Foundation Trust and colleagues assessed 41 cases over 2 years: 16 followed a standard pathway with no provision for early detection and 26 patients followed the psychosis pathway. Transition rate from ultra-high risk to psychotic illness was 56% in 2 years for those following the pathway, compared to 75% before the pathway was used.

The psychosis pathway included additional staff training, rapid and regular clinical monitoring, targeted CBT and psychoeducation to try to minimise relapse and the long-term impact of psychosis.

Although this service evaluation can only make limited comparisons between a historical pathway which did not define individuals at high risk with a targeted one that does identify high risk presentations, it seems to support further long-term studies into this targeted approach.

Ulhaq, S., Thevan, K. and Adams, R. (2017), Innovations in Practice: Identifying young people at ultra-high risk of psychosis in a Child and Adolescent Mental Health Service. Child Adolesc Ment Health, 22: 91–95. doi:10.1111/camh.12173

<http://onlinelibrary.wiley.com/doi/10.1111/camh.12173/full>

Edbrooke-Childs, J., Barry, D., Rodriguez, I. M., Papageorgiou, D., Wolpert, M. and Schulz, J. (2017), Patient reported outcome measures in child and adolescent mental health services: associations between clinician demographic characteristics, attitudes and efficacy. Child Adolesc Ment Health, 22: 36–41. doi:10.1111/camh.12189

<http://onlinelibrary.wiley.com/doi/10.1111/camh.12189/full>

What are your thoughts on these topics?

Drop our Science Journalist, Ben Upton, an email at ben.upton@acamh.org



Toughened toddlers seek rewards

Children who grow up in a harsh environment and act assertively at aged two tend to do better than average when solving reward-based problems, but do worse on abstract ones.

Stressful childhood environments are known to alter children's cognitive development. Jennifer Suor and colleagues at the University of Rochester, New York looked at 201 mother-child pairs to better understand how a child's problem-solving style is linked to their life history.

Household income and the mother's interest and engagement with their child were measured at 2 years old, along with the child's assertive or 'hawk' traits. These traits include heightened levels of aggressiveness, boldness, activity and approach.

The children's abstract and reward-based problem solving were then tested at 4 years old. Only the children from difficult early environments, who also had hawk traits, showed reduced abstract and improved reward-based problem solving.

The authors suggest stressed children should be viewed as being more reward-orientated, instead of just cognitively impaired, and that assessments and interventions could be modified to reflect this.

Suor, J. H., Sturge-Apple, M. L., Davies, P. T. and Cicchetti, D. (2017), A life history approach to delineating how harsh environments and hawk temperament traits differentially shape children's problem-solving skills. J Child Psychol Psychiatr, 58: 902–909. doi:10.1111/jcpp.12718

<http://onlinelibrary.wiley.com/doi/10.1111/jcpp.12718/full>

Toddlers' temperament is autism early indicator

The ability of two-year-olds with autism to control their actions could be used to predict social skills and autism severity in children diagnosed at preschool age – suggesting a new avenue for exploring early diagnosis.

Toddlers can be erratic in their development - behaviours that appear in the first years of life can vanish again just as quickly. But early traits can also stabilise and form the bedrock of personality or atypical development.

Suzanne Macari of Yale University and colleagues used a questionnaire to compare the temperamental traits of 2-year-olds with either delayed or typical development. At three and half the toddlers were tested again and also screened for autism.

"Effortful control" – a form of self-control measured by the questionnaire – did not improve in toddlers who went on to develop autism.

This supports earlier findings, that traits linked to autism can appear early, suggesting these could underlie subsequent social difficulties. The authors propose that this finding could be used to predict the severity of future social communication difficulties and to personalise interventions.

Macari, S. L., Koller, J., Campbell, D. J. and Chawarska, K. (2017), Temperamental markers in toddlers with autism spectrum disorder. J Child Psychol Psychiatr, 58: 819–828. doi:10.1111/jcpp.12710

<http://onlinelibrary.wiley.com/doi/10.1111/jcpp.12710/full>

ACAMH Chair speaks up for kids with callous unemotional traits

Caring for ‘psychopathic’ children is essential

“What do you do with a child that frightens you?” asked presenter Justin Webb on Radio 4’s Today programme.

There to answer this question, and put the callous unemotional traits of children in a more compassionate context, was Chair of ACAMH, Stephen Scott.

His interview on 14 September followed the story of a child diagnosed with callous unemotional traits, his family, and his therapist.

We hear that Max, whose name had been changed, is a young teenager and adoptee. His parents find him aggressive and uncontrollable; his father agreed with Webb that the whole family are in real physical danger. They have had to call the police to their home on two occasions to protect them from Max.

Stephen was well-placed to explain the difficulties Max has and the situation his parents are in, as both a leading child

psychiatrist and a clinician who has met Max.

“It is a continuum, but he is a very marked case of it,” he told listeners, going on to describe the features of the diagnosis, including superficial charm and a lack of guilt or remorse. Stephen highlighted its prevalence - around 1% - and pointed out the tendency of such children to go on to develop “psychopathic” traits in adulthood.

“They cost society a huge amount – something like £250,000-£500,000 by the time they’re 25,” Stephen said, pointing out the moral and financial benefits of addressing such behaviours early. “Having sufficient services is incredibly important,” he said. “We’ve only got to get one or two of them a bit better before we get an economic return.”

“Just because people seem less human, doesn’t mean they are not worthy of care,” he said.

“Just because people seem less human, doesn’t mean they are not worthy of care.”





ANTI SOCIAL BEHAVIOUR

- Empathy deficits are proposed to underlie some antisocial behaviour, the role of social attention in the development of these deficits is explored.
- Children at risk of becoming antisocial were studied.
- Specific deficits in affective empathy were found.
- These could be targeted by future interventions

Multiagency professionals trying to deter children from developing antisocial or criminal behaviour should focus on enhancing children's emotional awareness or affective empathy, according to a recent study of vulnerable children in Amsterdam.

Reviews of the literature across a range of disciplines suggest that the road to criminality could be paved by poor parenting, social and financial hardship and impaired emotional development. Such factors may weigh heavily on a child, and may produce a suite of psychological traits that could ultimately lead to antisocial or criminal behaviour.

In a study published recently in the *Journal of Child Psychology and Psychiatry*, Lisette van Zonneveld and colleagues at Leiden University used a mixture of old-fashioned and contemporary techniques to examine these psychological traits and determine which might be critical in the development of antisocial behaviours (*van Zonneveld et al. (2017) JCPP 58: 913–921. doi:10.1111/jcpp.12724*).

They worked with 114 children aged between 8 and 12 from Amsterdam's Preventive Intervention Trajectory (PIT) project. This is an initiative that hopes to turn troubled kids away from antisocial habits. Many of the children have older brothers and sisters who are young offenders, while others have suffered from parental neglect.

The researchers visited the children at school, where they showed them short video clips designed to evoke one of 3 specific emotions (fear, pain and happiness). At the same time, they measured the children's heart rate and skin conductance to gauge their emotional response.

They also used cameras and eye-tracking software to determine where the children were looking as they watched the clips - to assess their social attention.



After this, the children filled out a brief questionnaire to determine their IQ and emotional intelligence.

The authors found that the children recruited from the PIT project tended to have a reduced emotional response to watching the video clips, but that they looked in the same places on the screen and had similar social attention to the 43 developmentally typical children used as controls. They also had similar cognitive empathy.

When the authors looked at the differences between the two groups of children it became apparent that those from the PIT project had a significantly reduced emotional response to the video clips that showed fearful or painful scenarios than the developmentally typical children - they had reduced affective empathy to painful or distressing emotions. Interestingly, their affective response to happiness was the same as the control children.

Antisocial behaviour is a complex phenomenon that cannot be measured by a single test. However, this study did show that the children from the PIT project were as good as the developmentally normal children at recognising and understanding the negative emotions they saw in the video clips.

This suggests their social attention and cognitive empathy were similar – but that they themselves did not experience the emotion that would be expected - they appear to have a deficit in affective empathy.

Outside of the laboratory, this means high-risk children may not empathise or feel the distress they cause others by their aggressive behaviour, similar to the reduced emotional response they have to the clips showing painful or fearful scenes.

The authors emphasise that more work is needed to replicate and expand on their findings, but they do advocate for interventions and programs which aim to improve emotional literacy in groups of high risk children, to try and improve their emotional awareness and affective empathy.

With a systematic approach to this and more research evaluation of outcomes, it may be possible to help more vulnerable children to feel their way out of a life of criminality.

Social attention:

An affinity towards social information, such as the movements of the face and eyes of other people.

Cognitive empathy:

The capacity to understand the emotions of others, without necessarily feeling them.

Affective empathy:

The ability to experience what other people are feeling as a result of their emotions.

**We are also
happy to hear
your views.**

Join in the conversation
about this article online on
our website.

SELF HARM

Self-Harm: The Parent's View

Did you know that at least 10% of adolescents, mostly females, have self-harmed? Though it is not always openly discussed, the impact self-harm has on the individual and their family, can be very distressing.

For someone to recover from 'rock-bottom' requires support, with family being an obvious source. It makes sense that the pillars of this support system, parents in most cases, feel equipped to support their child in recovering from such an experience. Saying this, there is little research on parents' perspective of care following self-harm.

When a young person self-harms, they may receive help from health services, however there isn't yet a clear evidence-based intervention. Current research suggests that to reduce suicidal ideation or self-harm, intensive early treatment may be helpful with a focus on family interaction. So, parental and non-familial support is vital.

In a qualitative research study by Anne Stewart et al., published in CAMH, 37 parents of young people who had self-harmed, were interviewed about their experience of treatment and support. These parents had a variety of opinions, but some revealed

that they felt unprepared when it came to caring for their child following the incident and would have welcomed further support. The three main areas that parents flagged up included; the clinician's attitude, the practical aspects of help and the need for parent involvement in treatment.

Did you know that at least 10% of adolescents, mostly females, have self-harmed?

Clinicians' Attitude

With self-harm being sensitive territory, parents felt that for their child to recover, professionals needed to have the right approach and attitude, ensuring they are non-judgemental. Parents felt that it would be daunting for a young person to have experienced such distress and then to sit in front of a judgemental professional. Therefore, for parents to underline the importance of professional's attitudes is valid. Some also said that if their child was taken seriously and a bond between the child and professional had been formed, it would have had a more positive impact.

Practical Help

Some parents emphasised the need for easier and quicker access to support or specialist aid and practical strategies to handle self-harm. Considering that repeated self-harm is common within 1- 4 weeks following admission to hospital, parents felt that early intensive intervention and improved care could help reduce repeated occurrences.

Parent Involvement

"We may be part of the problem... but actually, if you help me out, I can maybe be part of the solution too," said one parent. Though some parents felt they were regularly updated and held an informed relationship with the professional, others felt they should have been included more in their

child's treatment and made more aware of the details. They also felt that mental and physical support for themselves (parent groups, written information, forums or speaking to a professional) was imperative, to ensure they were emotionally equipped to continue aiding their child.

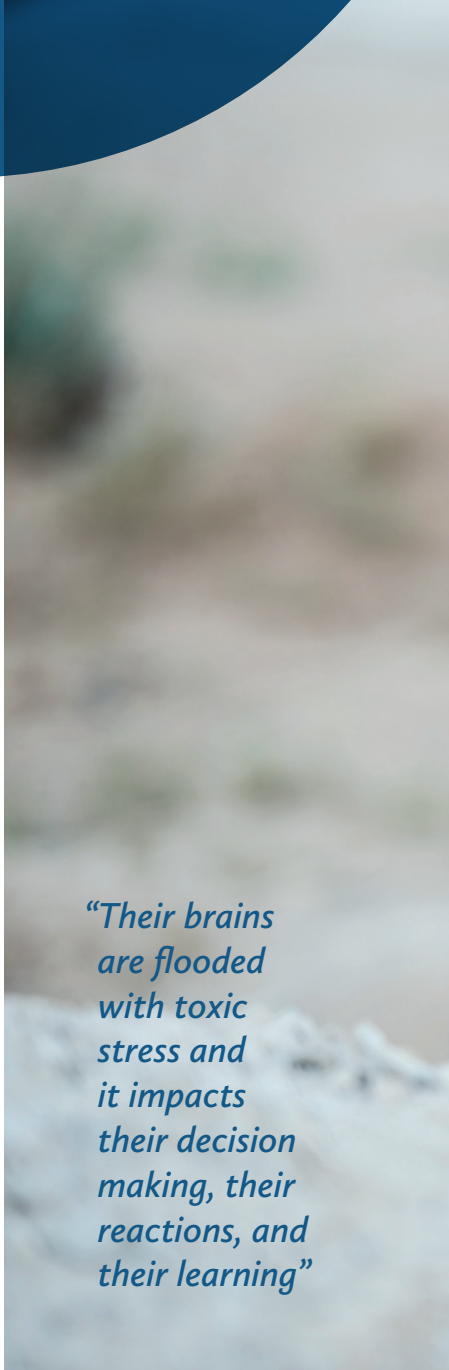
The authors highlighted that although this research included the views of a good sample of parents (37), at different stages in the process of managing self-harm experiences from more diverse backgrounds would have provided a wider range of perspectives (only one parent was from a non-white British background).

This study offers a valuable insight into how the parents of young people who self-harm think about how the care could improve to ensure that young people are receiving the best help, not only from the healthcare system, but also from their family. Staff training in interventions needs to consider how best to involve parents. In addition to this, public health services should make written information related to self-harm more widely available, for both young people and their parents.

Stewart, A., Hughes, N. D., Simkin, S., Locock, L., Ferrey, A., Kapur, N., Gunnell, D. and Hawton, K. (2016), Navigating an unfamiliar world: how parents of young people who self-harm experience support and treatment. Child Adolesc Ment Health. doi:10.1111/camh.12205

- Intensive early intervention can increase parents' confidence.
- Practical approaches, including written information, are beneficial.
- Services should understand the valuable role parents play.
- Parents may lack confidence when trying to manage a child who self-harms.

Syrian refugee study to be presented at WHO HQ



“Their brains are flooded with toxic stress and it impacts their decision making, their reactions, and their learning”

A JCPP study looking at the effectiveness of support groups for Syrian refugees living in Jordan has been presented at a WHO meeting in Geneva.

According to the authors, the randomised controlled trial is the first to apply such robust evaluations to humanitarian interventions for refugee mental health. It found the community-based programme offered modest psychosocial benefits to participants.

“It’s not business as usual,” said lead author Catherine Panter-Brick of Yale University. She said humanitarian bodies usually carry out evaluations themselves, which may not be robust.

The study followed 817 adolescents, aged between 12 and 18 years old, as they completed an eight-week course of group-based activities including fitness, arts & crafts, technical and vocational skills.

According to the UN refugee agency, 330,000 Syrians under the age of 18 have taken refuge in Jordan since the beginning of the Syrian crisis.

The study group was 55% Syrian, with the rest made up of the adolescent Jordanian hosts of refugees.

The Syrian refugees had on average experienced around six traumatic life events, such as witnessing bombardments, the destruction of homes, dead bodies, forcible searches and beatings. The Jordanians had on average experienced one traumatic life event.

Catherine said there has been a shift in the last decade from addressing trauma to also trying to alleviate profound stress. “The brain is flooded with toxic stress and it impacts their decision making, it impacts their reactions, it impacts their learning,” she said.



For ethical reasons, the control group were randomly assigned to a waiting list, and were able to participate in the support groups after the study period. Catherine said the study was only possible with the involvement of local volunteers. “The randomisation of the trial needed a strong explanation on the ground” she said.

The authors measured three outcomes: human insecurity, distress and mental health difficulties. They found decreased human insecurity scores of around 7 percentage points in youth that completed the programme.

“Initially I thought small effects were slightly disappointing” said Catherine “because I’d seen the positive impacts on people in the field.” “But when you look at the literature it’s substantial,” she said “if there’s a small effect size it still makes a difference.”

Catherine said there was a need for trust in building relationships between academia and charities.

“We might well find that things don’t work, or don’t work as well as they are thought to,” she said. Catherine will continue to collaborate with the charity she worked with for the study. Over the next five years she hopes to introduce cost-effectiveness and scalability into her evaluations.

Whatever her findings, she has no doubts about the overall objectives of such interventions. “Normalising their life - alleviating symptoms of fear and stress - goes a long way,” she said “it cascades onto their biology and their cognition.”

Panter-Brick, C., Dajani, R., Eggerman, M., Hermosilla, S., Sancilio, A. and Ager, A. (2017), Insecurity, distress and mental health: experimental and randomized controlled trials of a psychosocial intervention for youth affected by the Syrian crisis. J Child Psychol Psychiatr. doi:10.1111/jcpp.12832

The hardest thing to do is say goodbye

For the first issue of The Bridge under new editor Dr Juliette Kennedy, we're using our regular interview feature to say goodbye to outgoing editor Dr Mark Lovell. Mark's involvement with ACAMH started over a decade ago and he has been editor of The Bridge for five years. I start by asking him how he got there.

"It was an accident," he said.

Mark had come across an ACAMH event, turned up and paid at the door. Having never heard of the Association, let alone considered membership, he strolled inside.

"I walked into the committee meeting for the Yorkshire branch and was asked in the meeting if I would be their next chair, I haven't looked back," he said.

"I became branch chair, then branch liaison officer, and then became involved in CPD and training."

At the time, being editor was part of being the branch liaison officer; it has since become a role in its own right. How did Mark find juggling editorship with other duties?

"My work-life balance is complicated," he said.

This may be an understatement – as well as the four paid positions he holds with the Tees, Esk and Wear Valleys NHS Foundation Trust, he is involved in multiple projects nationally. They range from the patient advice website The Children's e-Hospital, through to advising NHS England on looked-after children with learning disabilities.

He is also heavily involved in professional membership bodies, lending his expertise on learning disabilities to a suite of positions at both the Royal College of Psychiatrists and ACAMH. I ask him what he's going to do with the slither of spare time he'll get back now he's passing on the mantle of The Bridge editorship.

He tells me he'll be taking on new duties for ACAMH, editing for the website and working on new projects for CPD and training. "It's expanding into the realms of e-learning" he said "either formally through sites like MindEd, or considering new projects such as the Health Education England-funded project with YoungMinds and MindEd last year."

Mark is referring to a collaboration that saw YoungMinds – a youth mental health charity, and MindEd – a publicly-funded youth mental health education hub, work together with ACAMH on an initiative to improve the use of online learning in CAMHS.

As well as spinning a lot of professional plates, Mark's spare time also seems to be characterised by an abundance of activity. He keeps healthy through "cycling, running and skating" – that's inline and old-fashioned quad skates, in case you were wondering. But for fun then there's also his skateboard, mountain board, wakeboard and surfboard. "I like variety" he explains.

"Many of these are maintained from when I was a child – my Dad ran an adult pursuit centre – so I got exposed to a lot of sports," he said.



“I was exposed to other young people and also to a lot of people with disabilities”

His earliest ambition was to be a geologist - his uncle's job. But it was his father's outdoor pursuit centre that sparked not only his omnivorous approach to exercise – but also his career.

“I was exposed to other young people and also to a lot of people with disabilities,” he said.

“My Mum used to teach French in day centres, so all aspects of my early life were around people receiving some form of help.”

Mark worked in social care from the age of 16 as a volunteer, as he grew older, he did paid work with children and young adults with disabilities at respite or adult care camps.

When the time came to apply for university, he applied both for medical school, and as a backup, geology.

“Before I applied I knew I wanted to be a paediatrician. As soon as I discovered the behavioural sciences, around week 2 into medical school, I knew I wanted to be a child psychiatrist. When I got to child psychiatry, I realised I wanted to be a child learning disability psychiatrist.”

He says if he wasn't a clinical psychiatrist he'd probably be a serial entrepreneur “Del Boy style”. This prompts a question about what developing area in CAMHS he's most excited about.

“I think the ability in the future for young people, who could've become CAMHS patients, being able to self-manage and self-treat through evidence-based electronic treatments,” he said.

“Some of it's out there already: there's computer-based CBT, there's loads of apps for monitoring anxiety behaviours, mindfulness, logging things, symptom trackers. The evidence base is developing.”

Finally I ask if he has any advice for incoming editor Juliette, who's duty-bound to read this article?

“Make use of as many contacts as possible.”



A Postcard from Malta

Over 1000 miles from ACAMH HQ, situated in the centre of the Mediterranean, Malta may seem like an improbable place to find an ACAMH branch.

The outpost was established when the current chair, Nigel Camilleri, a consultant child and adolescent psychiatrist born and raised on the island, returned to Malta after seven years working in the UK.

“When I moved back to Malta I realised education in child mental health was lacking quite a bit,” said Nigel. “We organised our first ACAMH conference in April 2015. It was a two day conference in general child and adolescent psychiatry and we had around 200 delegates in the audience.” “That was the beginning of ACAMH in Malta.” The branch currently has around 20 members, ranging from consultant and trainee psychiatrists and academic psychologists through to social workers and speech and language therapists. As well as being a lot warmer than the UK, the clinical approach in Malta can be different too. “The evidence base is talked about but it isn’t put into practice,” said Nigel. “If you haven’t attended a conference for the last few years then your prescribing practice might follow what you learnt years ago,” he said. “Some people working with children prescribe tricyclic antidepressants in Malta, which is not something seen in the UK or a number of other countries.”

“It’s all to do with education and standards, and trying to bridge that gap”

That is why the Maltese branch is focussing its energies on providing regular CPD opportunities, with an emphasis on emerging areas where the island lacks specialist expertise, like gender dysphoria.

There was no postgraduate psychiatric training in Malta until 2008 - those that wanted to practice psychiatry had to go abroad first. When people returned to practice they brought with them a medley of ideas and approaches. “This is where ACAMH has an important role” said Nigel “it’s all to do with education and standards, and trying to bridge that gap.”

But it’s not just practices that are different on the island – it’s patients too.

“It was good fun,” said Nigel, of his childhood growing up on the island. “School finished around two o’clock. You’d spend the rest of the time playing football in the streets, or in summer you’d go swimming.”

Culture influences psychology, and although Nigel’s impression is that

patterns of mental health need on the island are similar to the UK, he has detected tangible differences in parenting and community support.

He contrasts a general “boundaries-based” approach to parenting in England with a Maltese parenting style “more based on emotions and less on rules”. He thinks this creates a tendency towards a more ambivalent parent-child relationship in the UK, compared to a typical Maltese parent-child relationship, which is more likely to feature anxious avoidance.

A young Maltese person’s dependence on their parents may also be enhanced by a culture in which many live at home well into their mid-thirties – be it for religious, practical or emotional reasons, Nigel said.

“The other thing is probably the community atmosphere” Nigel said. “So if your parents have disowned you, you probably have a cousin or an uncle who will support you.”

He contrasts this with the UK, where conflict in the immediate family may be more likely to lead to young people living on the street.

The Maltese branch has ambitions to expand their masterclass offerings to members, making particular use of livestreamed events elsewhere to do so. They also hope to become registered as an NGO in Malta, giving them access to EU funding.

The drop in number of child Psychiatrists
between May 2013 and May 2017

MAY 2013

1015

MAY 2017

948

Falling numbers does not make happy reading

The Royal College of Psychiatrists made headlines back in September, when it uncovered a drop in the number of child psychiatrists from 1,015 full-time equivalent posts in May 2013 down to 948 in May 2017.

The figures come from the NHS Digital's monthly census of staffing numbers, which are broken down by speciality and pay grade.

The findings, published in the Guardian, were accompanied by condemnatory comments from both the Royal College of Psychiatrists and youth mental health charity, Young Minds.

September also saw the UK Parliament's Health Committee - which scrutinises the government on health issues - launch an inquiry into a potential shortfall of nurses.

The inquest began after figures were published by the Nursing and Midwifery Council in July, showing that more people are leaving the professional nursing register than joining it.

The committee hopes to establish the scale of any potential shortfall in nurse numbers. It will also examine the impact on recruitment strategies such as Nurse First, as well as funding reforms and the newly-created nursing associate positions.

At the time of going to print, a report into the findings of the inquest was slated to be published in November.



“It is not simply picky eating”

Defining the familiar: the birth of Avoidant or Restrictive Food Intake Disorder

Dr Rachel Bryant-Waugh has seen many changes in the 30 years she has spent helping children and adolescents overcome their eating disorders. Among these changes was the 2013 inclusion of a new disorder in the psychiatrists' bible - the DSM.

The arrival of Avoidant or Restrictive Food Intake Disorder (ARFID) can be used to illustrate the tentative journey - from case study and anecdote, to definition and formal diagnosis - which new disorders take.

Speaking at the 2017 Emanuel Miller Lecture and Conference, Rachel introduced the nuances of this familiar but poorly understood disorder.

ARFID “isn’t a new kid in town”; Rachel told a packed room at the Royal College of Physicians in London.

The clinical presentations ARFID captures are associated with an eating pattern that those working in the field will be well-acquainted with - a diet that cannot support a patient’s energy or nutritional needs.

But absolutely central to a diagnosis of ARFID is that the food restriction or avoidance behaviours are not related to body image concerns – this separates it from bulimia or anorexia nervosa.

“It is not simply picky eating,” she said, going on to outline some common causes of these constrained diets. They include a lack of interest in food, an aversion to the texture or appearance of it, or some form of phobia based on the consequences of eating.

Rachel described how a lack of interest can arise, such as being unaware of having an appetite, or being easily distracted from eating. She paints a picture of sensory aversion, of a young person who might only tolerate food that is crunchy or a recognisable brand, or less commonly, puréed.

Phobic presentations of ARFID make clear just how disruptive it can be to a child’s development and family life. Debilitating fears of choking or vomiting, whether as a result of an illness or a previous medical procedure, can significantly interfere with the child’s psychological development – another DSM diagnostic criterion.

“We’ve recently seen a boy who choked on a boiled sweet in the cinema when he was watching a scary film,” Rachel said, noting the patient was already an anxious child. The mortal fear he developed could be separated from a conventional phobia by its profound impact on his eating habits - he required feeding by nasogastric tube.

A potentially counterintuitive aspect of ARFID is that patients may present as being normal or overweight – or as being as severely underweight as those with anorexia nervosa. Another feature that stymied earlier categorisations, Rachel said, was that ARFID can present across a range of ages, and is not limited to children and adolescents.

As you can imagine – weight is no indication of health for those with ARFID. “If you exist on a diet that consists solely of biscuits, chips, crisps, whatever it is, you’re going to be lacking in essential nutrients” said Rachel “it can be very dangerous, particularly in children.”

As a member of the eating disorders workgroup for the fifth edition of the DSM, Rachel had a privileged insight into the development of the classification. As a consultant clinical psychologist with 20 years’ of practical experience at Great Ormond Street Hospital, she also knows how treatment can be hindered by a lack of agreed terminology.

Rachel points out that ARFID isn’t actually a new term, but a renaming of the less-specific ‘feeding disorder’ category in the fourth edition of the DSM. “It’s really problematic in terms of trying to develop effective treatments” she said, referring to the familiarity of ARFID-type presentations, but the previously frustrating lack of name to build a treatment pathway around.

ARFID “isn’t a new kid in town”

She goes on to quote a parent of an ARFID patient at length, who is overjoyed that their toddler’s behaviour will no longer simply be dismissed as a ‘picky eating’.

Despite a lack of epidemiological data on the prevalence of such a recently defined disorder, Rachel said her experiences have suggested a higher incidence in males and a longer duration compared to other eating disorders, and that the condition tends to appear at a relatively younger age.

Looking to the future, Rachel explains the need for comprehensive assessments and standardised treatments for the disorder, neither of which exist at the present.

By way of practical advice, she tells delegates who find themselves treating ARFID to “be clear what you are trying to change” whether it is avoidance or restriction, and whether therapist and patient are working on improving the range or amount of food consumed.

She also advises practitioners to “select sparingly from existing evidence-based approaches” and use an impact grid and plan steps carefully.

Rachel closed her talk by rallying her audience on the importance of addressing ARFID. “It’s really important to continue to raise awareness” she said “of what remains a very under-recognised and marginalised problem.”

Hopefully some in that audience will carry her words and work forward, helping young people affected by ARFID through their research and clinical practice.

The 2018 Emanuel Miller Memorial Lecture and Conference will be on 16th March at the Royal College of Physicians, please see the ACAMH website for tickets and details.

How to register on the new website

You may have noticed that we have upgraded our website (www.acamh.org) recently. There are a number of new features for members that will be regularly updated, including access to interviews which leading academics, clinicians and practitioners, podcasts and special offers.

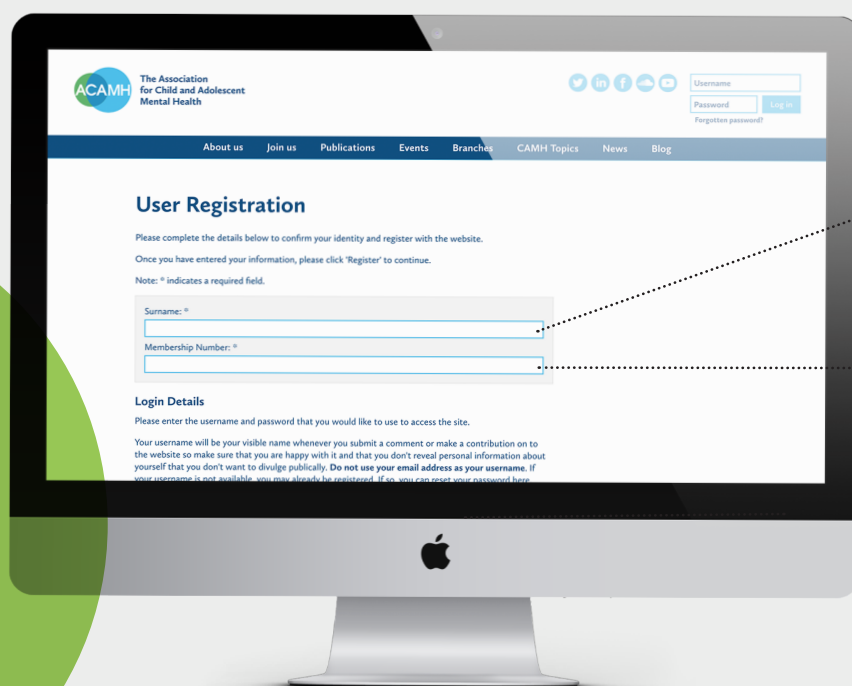
In order to access the Member section of the website, which enables you to access JCPP and CAMH and enables you to book online to upcoming Events, you will need to re-register your online account.

This is a very simple process that is outlined below.

1. **Visit** the link
<http://bit.ly/2fNlzly>

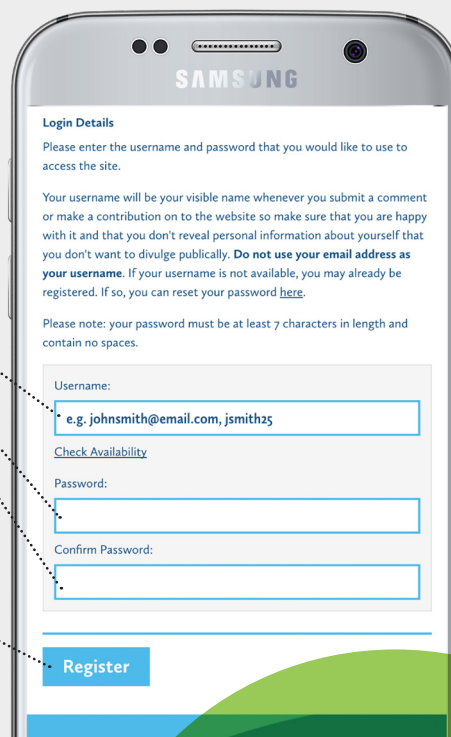
2. **Fill in** the box with 'Surname'

3. **Fill in** the box with Membership number - if you don't know your membership number please email info@acamh.org or call +44 (0) 20 7403 7458



4. Scroll down and complete the section marked 'Login Details' and **fill in** the 3 boxes (Username, Password, Confirm Password)

5. Then **click** the button marked Register



www.acamh.org



Dyslexia from assessment to intervention

Welsh branch puts on dyslexia day with academic heavyweights

This September saw ACAMH's Wales branch host a one day conference on dyslexia in Cardiff.

Over sixty delegates made the trip to the city's All Nations' Centre to listen to talks from leading researchers and practitioners.

The day was opened with a warm welcome from Dr Owen Barry, chair of the Wales branch.

Prof Maggie Snowling followed with an in-depth look at the processes underpinning the disorder and the association between dyslexia and developmental language disorder - a frequently comorbid speech disorder.

After a brief pause to allow for some energetic discussions over tea and biscuits, Prof Joe Elliott - arch dyslexia sceptic and author of *The Dyslexia Debate* - took to the stage.

His barnstorming assault on dyslexia as a diagnosis raised a few laughs in the room and provoked plenty of questions from the audience.

These discussions were made more lively by the diverse mix of delegates present - educational psychologists,

specialist teachers, academics, child psychologists and psychiatrists were all in attendance.

These delegates were joined by almost the same number following along online via our interactive livestream - as well as watching the talks these virtual delegates chipped in their own questions.

Speaker Maggie Snowling noted how these 'virtual delegates' weren't shy about asking confrontational questions.

Joe Elliott's provocative talk was followed by a buffet lunch. The Bridge spoke to delegates while they mingled and browsed the sandwich selection.

The Bridge enjoyed discussions about the socioeconomic factors affecting dyslexia and the added challenges of supporting Welsh-English bilingual pupils.

"I've read lots by both of them, it colours what we do in the field" said Sarah Gillie, a Specialist Teacher Assessor at Beacons Unique, an educational consultancy in the Welsh borders.

"What was amazing for me was just to hear what they're thinking at the moment and what's going on in academia," she said.

After lunch Dr Gavin Reid gave an authoritative talk on the latest forms of dyslexia assessment and intervention.

We caught up with him afterwards, where he told us about the increasing awareness of dyslexia, both among teachers and elsewhere.

"More and more teachers are going to be trained to not only identify, but intervene in dyslexia," he said.

We asked Gavin if he thought the UK was in a good position to be doing the best for young people with dyslexia.

"I travel and teach in a lot of countries and I'd say the UK is well in front by far," he said.

With engaging events being held by ACAMH branches across the country, hopefully UK practitioners and researchers can continue to excel.



The Association
for Child and Adolescent
Mental Health

Emanuel Miller Memorial Lecture and National Conference 2018

Focusing on Adolescent Mental Health

Friday 16 March 2018 / The Royal College of Physicians, London

The eagerly anticipated Emanuel Miller Memorial Lecture and National Conference returns in 2018 with a truly outstanding line-up of world renowned practitioners, clinicians and researchers in the field of adolescent mental health.

We are honoured to have Professor Sir Robin Murray deliver the Emanuel Miller Memorial Lecture on the topic of adolescent drug use and its link to psychosis.

The Keynote Speech is presented by Professor Ian Goodyer, University of Cambridge, who will be speaking on the topic of neuroscientific approaches to the emergence of major depressions in adolescence.

Set in the stunning location of The Royal College of Physicians, London, the Conference will be **'Focusing on Adolescent Mental Health'** and includes lectures and discussions on; adolescent drug use, depression, self-harm, and school-based intervention trial evidence.

This event will **SELL OUT** and we urge you to secure your place to avoid disappointment.



We're proud
to announce
**Dr Polly
Carmichael**

Recently
confirmed
speaker

Membership Level

- Platinum Members*
- Gold Members
- Silver/Bronze Members
- Publications/Digital Members**
- Non Members

Prices

- £170.00
- £195.00
- £220.00
- £95.00
- £245.00

* formerly known as ACAMH members

** formerly known as student/retired members

Confirmed Speakers

- Professor Sir Robin Murray
- Professor Ian Goodyer
- Professor Chris Bonell
- Dr Dennis Ougrin
- Dr Polly Carmichael

More speakers will be confirmed

Includes

- World experts
- Q & A panels
- Latest research studies
- Networking opportunities
- Top quality lunch

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