

6-8 April 2011  
Cambridge

# MHRN 2011 National Scientific Meeting



- West Road  
Concert Hall
- Faculty of Law
- King's College

## Developmental and youth mental health research

Organised by  
the MHRN  
East Anglia Hub



# Contents

---

## **Welcome** **3**

from Jesus Perez, MHRN East Anglia Hub lead

## **Programme:**

---

Wednesday 6 April **4**

---

Thursday 7 April **5**

---

Friday 8 April **7**

---

## **Information** **8**

about the Meeting

## **Speakers, chairs + abstracts:**

---

Wednesday 6 April **11**

---

Thursday 7 April **12**

---

Friday 8 April **28**

---

## **Poster abstracts** **36**

---



---

## Welcome

from Jesus Perez, MHRN East Anglia Hub lead

I am delighted to welcome you to Cambridge for the MHRN 2011 National Scientific Meeting. This year's Meeting is being held across two venues which reflect both academic and musical influences in Cambridge: the Faculty of Law and West Road Concert Hall.

The scientific programme has been organised to reflect local, national and international research into developmental and youth mental health. It explores clinical areas like anorexia nervosa, autism, personality disorders and psychosis. The programme also contains sessions on two other topical areas – addictions and bodily distressed syndromes.

We hope you will be able to join us at the Meeting dinner at King's College on the evening of Thursday 7 April, which will be another forum for networking.

On behalf of everyone at the Mental Health Research Network East Anglia Hub, I hope you will find the Meeting a beneficial and enjoyable event.

Welcome

---

## Programme

### Wednesday 6 April

West Road Concert Hall, 11 West Road, Cambridge CB3 9DP

---

**12.30: MHRN communication skills course** for service users and carers, and pre-Meeting gathering (open to all)

**14.00: Mental health research and the media** workshop presented by Dr Claire Bithell, head of mental health, Science Media Centre

These two events are part of the MHRN 2011 National Scientific Meeting fringe programme.

**17.00: Registration**

**Keynote address** | [main auditorium](#)

**18.00:** Dr Jesus Perez, MHRN East Anglia Hub lead, introduces keynote speaker

**18.05: NIHR CLAHRC for Cambridgeshire and Peterborough**



(Collaborations for Leadership in Applied Health Research and Care)

● **Professor Peter B Jones**, professor of psychiatry, head of the Department of Psychiatry, University of Cambridge, and CLAHRC director

---

# Programme

## Thursday 7 April

Faculty of Law, University of Cambridge, 10 West Road, Cambridge CB3 9DZ

---

### Introductory session | room LG19

09.30: **Opening address:** Dr Jesus Perez, University of Cambridge and MHRN East Anglia Hub lead

09.45: **Introduction, presentation of the 2011 MHRN Associate Awards and the 2011 MHRN Involvement Awards:**



Professor Til Wykes, Institute of Psychiatry King's College London and director, Mental Health Research Network

### Plenary sessions | room LG19

10.15: **MRC strategy for mental health**

● **Dr Gavin Malloch**, Medical Research Council  
Chair: Professor Til Wykes, Institute of Psychiatry, King's College London, and director, MHRN

10.45: **Refreshments**

11.15: **The neurobiology of adolescence: implications for mental health**

● **Professor Ian Goodyer**, University of Cambridge  
Chair: Professor Til Wykes, Institute of Psychiatry, King's College London, and director, MHRN

11.45: **Learning disabilities in young adulthood**

● **Professor Tony Holland**, University of Cambridge  
Chair: Professor Til Wykes, Institute of Psychiatry, King's College London, and director, MHRN

12.15: **Lunch**

### Parallel session 1 | room LG19

13.15: **Current issues in addictions**

Chair: Dr Tim Millar  
University of Manchester

Speakers:

- **Dr Rebecca Elliott**  
University of Manchester
- **Professor Colin Drummond**  
Institute of Psychiatry  
King's College London
- **Dr Rowdy Yates**  
University of Stirling
- **Professor Linda Davies**  
University of Manchester

### Parallel session 2 | room LG18

13.15: **Improving our treatment of bodily distress syndromes**

Chair: Professor Francis Creed  
University of Manchester

Speakers:

- **Professor Peter White**  
Queen Mary, University of London
- **Professor Chris Williams**  
University of Glasgow
- **Dr John McBeth**  
Keele University
- **Professor Francis Creed**  
University of Manchester

continues over page

---

## 15.00: Refreshments

### Parallel session 3 | room LG19

#### 15.30: **Translating findings from experimental neuroscience into clinical practice in the treatment of anorexia nervosa**

Chair: Professor Ulrike Schmidt  
Institute of Psychiatry  
King's College London

Speakers:

- Professor Ulrike Schmidt
  - Dr Kate Tchanturia
  - Professor Janet Treasure
  - Dr Nadia Micali/Abigail Easter
- all from the Institute of Psychiatry,  
King's College London

### Parallel session 4 | room LG18

#### 15.30: **Autism**

Chair: Professor Swaran Singh  
University of Warwick

Speakers:

- Professor Simon Baron-Cohen  
University of Cambridge
- Dr Angelica Ronald  
Birkbeck, University of London
- Dr Michael D Spencer  
University of Cambridge
- Dr Carrie Allison  
University of Cambridge

## 17.00: Close of day



## 19.00: **Drinks reception**

King's College, King's Parade, Cambridge CB2 1ST

## 19.30: **Dinner**

King's College, King's Parade, Cambridge CB2 1ST

---

# Programme

## Friday 8 April

Faculty of Law, University of Cambridge, 10 West Road, Cambridge CB3 9DZ

---

### Parallel session 5 | room LG19

**09.30: The origins of personality disorders**

Chair: Professor Eileen Joyce  
University College London

Speakers:

- **Dr Sara Jaffee**  
King's College London
- **Dr Essi Viding**  
University College London
- **Dr Eamon McCrory**  
University College London
- **Professor Peter Fonagy**  
University College London

### Parallel session 6 | room LG18

**09.30: Network research in ADHD**

Chair: Dr Ulrich Müller  
University of Cambridge

Speakers:

- **Dr Ulrich Müller**  
University of Cambridge
- **Dr Susan Young**  
Institute of Psychiatry,  
King's College London
- **Dr David Coghill**  
University of Dundee
- **Professor Philip Asherson**  
Institute of Psychiatry,  
King's College London

**10.40: Refreshments**

### Plenary sessions | room LG19

**11.00: 10 years of early intervention services for psychosis: what have we learned about the management of psychosis?**

● **Professor Max Birchwood**, University of Birmingham  
Chair: Professor Shôn Lewis, University of Manchester

**11.30: Psychosis risk**

● **Professor Peter B Jones**, University of Cambridge  
Chair: Professor Shôn Lewis

**12.00: Poster presentation and closing remarks**

Professor Shôn Lewis, University of Manchester

**12.30: Close of Meeting and lunch**

Programme | 8 April

---

## Information

about the Meeting

### Meeting venues

The Mental Health Research Network 2011 National Scientific Meeting is being held at the following venues:

6 April – West Road Concert Hall, 11 West Road, Cambridge CB3 9DP;  
7 and 8 April – Faculty of Law, University of Cambridge, 10 West Road, Cambridge CB3 9DZ.

The dinner will be held on the evening of 7 April at King's College, King's Parade, Cambridge CB2 1ST.

All three venues are clearly marked on the map on page 10.

### Accommodation

If you have booked accommodation through the online booking system, you will be staying at either Downing College, Regent Street, Cambridge CB2 1DQ, or Jesus College, Jesus Lane, Cambridge CB5 8BL. Both of these colleges are clearly marked on the map on page 10.

### Registration desk

On Wednesday 6 April, the Meeting registration desk will be located in the foyer of West Road Concert Hall. Registration will begin at 5pm and will be followed by a keynote address from Professor Peter B Jones (director of the NIHR CLAHRC for Cambridgeshire and Peterborough) in the main auditorium at 6pm. An informal welcome reception will be held in the foyer after the keynote address.

On Thursday 7 and Friday 8 April, the registration desk will be located in the reception area of the Faculty of Law and registration will begin at 8.30am.

There will be members of the event team available to answer any questions you may have.

### Name badges

Please wear your name badges at all times while in the Meeting venues.

### Posters

Posters will be displayed on Thursday 7 and Friday 8 April only in the reception area at the Faculty of Law.

### Display stand exhibitors

Stands will be displayed on Thursday 7 and Friday 8 only. If you are an exhibitor, please speak to a member of the events team who will direct you to your allocated space.

---

## Plenary sessions

All the plenary sessions on Thursday 7 and Friday 8 April will be held in room LG19 in the Faculty of Law.

---

## Parallel sessions

The parallel sessions on Thursday 7 April and Friday 8 April will be held in the following rooms in the Faculty of Law:

Parallel session 1, room LG19

Parallel session 2, room LG18

Parallel session 3, room LG19

Parallel session 4, room LG18

Parallel session 5, room LG19

Parallel session 6, room LG18

---

## Lunch and refreshments

Lunch and refreshments will be served at several places. Please use all the locations at each venue to help prevent large queues. If you have special dietary requirements, please speak to a member of the catering staff who will be able to assist you.

---

## Smoking

Smoking is not permitted within any of the venues. There are designated smoking areas outside each of them. Please follow the signs and use the ashtrays provided.

---

## Fire drills

No fire drills are expected at West Road Concert Hall. If the alarm sounds, you will be directed to the appropriate meeting point.

There will be a fire alarm test at the Faculty of Law on Thursday 7 April at 10am. This is a regular weekly test and there will be no need to vacate the building when this test sounds.

---

## Medical attention and emergencies

Should you need any medical attention during the Meeting, please contact a member of the events team who will be able to help. First aiders are on site at both locations.

---

## Mobile phones

Please ensure that mobile phones are switched off or switched to silent during the Meeting sessions.

---

## Wi-fi access

Wi-fi is available at both locations. Please ask at the registration desk for more information.

---

## Cloakroom and luggage

There is a cloakroom at the Faculty of Law, available for all delegates. Please ask a member of the events team for directions.

---

## Toilets

Toilets are well signposted in all venues and are situated on all three floors of the Faculty of Law.



---

# Speakers, chairs + abstracts

## Wednesday 6 April

West Road Concert Hall, 11 West Road, Cambridge CB3 9DP

---

### 18.05: Keynote address

**NIHR CLAHRC for Cambridgeshire and Peterborough**  
(Collaborations for Leadership in Applied Health Research and Care)  
● **Professor Peter B Jones** MSc MD PhD FRCP FRCPsych FMedSci  
professor of psychiatry, head of the Department of Psychiatry,  
University of Cambridge, and CLAHRC director

Since 2008, Peter has directed the NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC) for Cambridgeshire and Peterborough. Since 2009, he has been a director of Cambridge University Health Partners.

Peter read for his first degree in anatomy and neurobiology at King's College London before qualifying in medicine from Westminster Medical School. Following general medical posts, he began psychiatry training at the Bethlem and Maudsley Hospitals in London where, after completing a MSc in clinical epidemiology at the London School of Hygiene and Tropical Medicine and his PhD in psychiatric epidemiology, he was appointed as senior lecturer at the Institute of Psychiatry and honorary consultant psychiatrist in 1993. In 1997, he took-up the chair of psychiatry and community mental health in Nottingham, moving to his present post in Cambridge in 2000.

Peter's research concerns the epidemiology of mental illness, particularly the psychoses, early life course influences on adult mental health and illness, and the interface between population-based and biological investigations and explanations, including genetics. He also works in treatment research with randomised trials of drug and psychological treatments for psychotic illness. The CLAHRC has focused his efforts on the second translational gap and the urgent need to implement research-based developments in healthcare. He has served on grant funding panels for the MRC, Wellcome Trust and NIHR.

Clinically, Peter works as an honorary consultant to the Cambridgeshire and Peterborough NHS Foundation Trust's early intervention service for young people with first episode psychosis (CAMEO, [www.cameo.nhs.uk](http://www.cameo.nhs.uk)) that won the 2007 Hospital Doctor UK Psychiatry Team of the Year Award, and that he helped develop over the past decade together with Professor Ed Bullmore, Drs Belinda Lennox and Jesus Perez. He has been a non-executive director of a specialist mental health NHS trust (2001-2005), served as a co-opted expert on the Advisory Council on the Misuse of Drugs consideration of the legal status of cannabis (2005 and 2008), is a spokesperson for the FRANK campaign on drug use, and coordinates the Royal College of Psychiatrists Early Intervention Network. He became a NIHR senior investigator in 2010.

Speakers, chairs + abstracts | 6 April

---

## Speakers, chairs + abstracts

### Thursday 7 April

Faculty of Law, University of Cambridge, 10 West Road, Cambridge CB3 9DZ

---

#### 09.30: Opening address (room LG19)

● **Dr Jesus Perez**, University of Cambridge and MHRN East Anglia Hub lead  
Dr Jesus Perez was trained in psychiatry at Salamanca General Hospital, University of Salamanca, Spain. He finished his training programme at Bellevue General Hospital and New York University, USA. During this period, Dr Perez concluded his PhD in epistemology of psychiatry. He has focused his professional career and interests on two main topics: phenomenology and early intervention in psychosis (epidemiology, pharmacological research and service development). He is consultant psychiatrist in the award-winning CAMEO early intervention in psychosis service (Cambridgeshire and Peterborough NHS Foundation Trust in partnership with the University of Cambridge) and senior researcher for the McLean First-episodes International Project at McLean Hospital (a division of Massachusetts General Hospital and Harvard University, USA).

#### 09.45: Introduction, presentation of the 2011 MHRN Associate Awards and the 2011 MHRN Involvement Awards (room LG19)

● **Til Wykes**, Institute of Psychiatry, King's College London  
and director, Mental Health Research Network

Til Wykes is professor of clinical psychology and rehabilitation at King's College London. She edits the Journal of Mental Health and is vice-dean for research at the Institute of Psychiatry, King's College London.

She has been involved in research on rehabilitation and recovery for people with severe mental illness for many years, developing services, and developing and evaluating innovative psychological treatments. Her current research mainly concentrates on how to improve thinking difficulties so people can take advantage of opportunities for recovery, and how to increase therapeutic activities in acute mental health services.

She founded and is now co-director of the Service User Research Enterprise (SURE) at the Institute of Psychiatry, which encourages consumers of mental health services to become more involved in research. The unit is the first in the UK to concentrate on including the service user perspective by employing people who have experience of using mental health services.

She is a consultant clinical psychologist working on an intensive care ward at the Maudsley Hospital in south London.

---

## Plenary sessions

### 10.15: MRC strategy for mental health (room LG19)

#### ● Dr Gavin Malloch

programme manager for Addiction and Mental Health,  
Medical Research Council

Gavin Malloch received his PhD from the University of Kent in 1985. He is programme manager for Addiction and Mental Health at the MRC head office. He has worked for the MRC for six years after 11 years at the Wellcome Trust. His portfolio responsibilities at the MRC include all aspects of mental health and addictions, including child and adolescent mental health. Gavin led the 2010 review of mental health research carried out by the MRC on behalf of the Office for Strategic Coordination of Health Research (OSCHR), and is currently leading on initiatives to implement the recommendations of the review that fall within the MRC's areas of responsibility.

In May 2010, the MRC published a comprehensive review of mental health research in the UK. It showed that while there are challenges in mental health research, there are also strengths and opportunities in the UK. A number of recommendations were identified to be addressed by the UK research community in the next five to 10 years, to accelerate strategies for the prevention of mental disorders based on better understanding of causes and risk levels as well as new approaches to more effective treatments for mental illness.

In response to the review's recommendations, the MRC has started implementing strategies in experimental medicine, population and cohort-based approaches (focusing on childhood and adolescence) and research training to increase the capability for innovation in these areas. Steps to establish a new national research training fellowship programme in mental health are underway, as is a managed programme for experimental medicine research. Mental health and neuroscience feature strongly in the MRC's delivery plan and we will commit at least £8m (£2m from the Medical Research Foundation) of additional investment for mental health research starting in 2011. These funding initiatives are in addition to the response mode research funding that the MRC provides for mental health (£24.4m in the financial year 2008/9).

This talk will highlight both the complexities and challenges in finding treatments and preventive strategies for mental health and related conditions, but also emphasise the huge opportunity going forward.

**Chair:** Professor Til Wykes, Institute of Psychiatry, King's College London and director, MHRN (see biography on page 12).

## 11.15: The neurobiology of adolescence: implications for mental health (room LG19)

● **Professor Ian Goodyer** MA MD FRCPsych FmedSci

professor of child and adolescent psychiatry, University of Cambridge

I am a child and adolescent psychiatrist pursuing research into the connections between human development and psychopathology. I am particularly interested in the relations between genetics, endocrine physiology and emotion processes. How psychoendocrine processes influence the liability and outcome of emotional and behavioural disorders over the first two decades of life is the clinical focus of interest. My studies are centred on children and adolescents in the community as well as current patients and their relatives. Our designs involve experimental approaches to measuring feelings and thoughts, salivary analyses of circulating hormones, genetic psychophysiological and neuroimaging techniques of brain-behaviour relationships. We use these methods and techniques in longitudinal studies and randomised controlled trials. We collaborate with a number of other research groups in Cambridge, including the MRC Cognitive and Brain Sciences Unit, Wolfson Brain Imaging Unit, and the Behavioural and Clinical Neurosciences Institute. We undertake randomised controlled trials in children and adolescents with anxiety, depression and conduct disorder. Currently, we have a partnership with University College London within which we run the two largest trials yet conducted in young people. A relapse prevention trial in depressed adolescents (the IMPACT study, [www.impacttrial.org.uk](http://www.impacttrial.org.uk)) and a pragmatic effectiveness trial for children at risk of exclusion from their families because of severe conduct disorder, the START trial.

Major changes in mental function between 14 to 25 years of age are necessary to effect social transition from parent-dependent to independent living. These involve marked expansion in exploratory, affiliative, emotional and problem-solving behaviours associated with enhanced executive and mnemonic capacities.

These psychological changes critically depend on environmental interactions coupled to ongoing maturational changes in the nervous system. For example, the adaptively important capacity to learn from experience (whether rewarding or punishing) is likely to be linked to maturational changes in the ventral striatum and other sub-cortical or limbic components of reward processing networks, which are expected to become more responsive over the adolescent years. Another example is the emergence of more complex executive functions and emotional control processes, which are adaptively important for effective social affiliation at intimate and group levels of interaction, and are likely to depend on late maturational changes in neocortical circuits involving prefrontal, parietal and other areas of heteromodal association cortex.

This model of key neurocognitive phenotypes developing at different rates also highlights the relevance of normative neurocognitive development for understanding emergence of psychopathology. The 'neural maturation gap' between earlier consolidation of limbic-sub-cortical reward processing networks, and later consolidation of neocortical cognitive and emotional control networks, coincides with the adolescent spike in incidence of drug use, psychotic and mood disorders. The epidemiological, clinical and neuroscientific data suggest that key psychopathological mechanisms arise at the neurocognitive level during adolescence that alter the trajectory of risk processes at the population level for the emergence of affective, behavioural and psychotic phenomenon. The current classifications of mental illness are poorly equipped to improve prevention, detection and treatment for mentally ill adolescents and young adults, reflecting virtually none of the underlying neurobiology relevant to psychopathology. I suggest there is a clear need to deconstruct the current psychiatric nosology based on clinical typologies and replace it with a brain-based set of neurophysiological and behavioural dimensions.

**Chair:** Professor Til Wykes, Institute of Psychiatry, King's College London and director, MHRN (see biography on page 12).

---

#### 11.45: Learning disabilities in young adulthood (room LG19)

● **Professor Tony Holland**

holder of the Health Foundation Chair in the Psychiatry of Learning Disabilities, Department of Psychiatry, University of Cambridge and honorary consultant, Cambridgeshire and Peterborough NHS Foundation Trust, FRCPsych, Fellow, Academy of Medical Sciences

Tony Holland qualified in medicine in 1973 and after a few years in general medicine, trained in psychiatry at the Maudsley Hospital, London. He specialised in the psychiatry of learning disabilities and was appointed to a senior clinical academic post in the Institute of Psychiatry, London in 1987. In 1992, he was appointed a university lecturer in the Academic Department of Psychiatry, University of Cambridge. In 2002 he was appointed to the Health Foundation Chair in that department and since then he has led the Cambridge Intellectual and Developmental Disabilities Research Group ([www.CIDDRG.org.uk](http://www.CIDDRG.org.uk)). Since 2008, he has also led one of the clinical themes which is part of the NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC) for Cambridgeshire and Peterborough.

The term 'learning disabilities' (LD) refers to a heterogeneous group of people who have in common a history of early developmental delay and evidence of functional and intellectual impairments that are present in childhood and invariably remain throughout adult life.

The main advances in this field have been through enlightened social and educational policies and a commitment to social inclusion, participation, and choice for people with LD. In the context of these striking changes in social policy, certain key areas of concern have been identified. These include: evidence of significant health inequalities among people with LD; a changing demographic profile with improvements in life expectancy but a pattern of morbidity and mortality that still differs from that of the general population; and a recognition of the complexity of need specifically of those people with LD who present with challenging behaviour and/or additional mental health needs.

Transition from childhood to adulthood for people with LD is often a major challenge with the move from the structured environment of school to what can be an unstructured, unfamiliar and confusing adult world.

This talk will consider specific aspects of this transition with respect to the following: our understanding of the different developmental trajectories that may be experienced by people with LD depending on the cause of their LD; the emergence and management of mental ill health and problem behaviours in adult life; and the structure and function of adult services for people with LD. The picture that emerges is of this heterogeneous group of people, some of whom have very complex and varied needs, and services that are also complex in structure that are uncertain of their function.

**Chair:** Professor Til Wykes, Institute of Psychiatry, King's College London and director, MHRN (see biography on page 12).

---

## Parallel session 1

### 13.15: Current issues in addictions (room LG19)

**Chair:** Dr Tim Millar

senior research fellow/deputy director, National Drug Evidence Centre, University of Manchester; cluster lead, Nationally Integrated Quantitative Understanding of Addiction Harm (NIQUAD) MRC Addiction Research Cluster  
Dr Tim Millar has worked in addiction epidemiology for the past 20+ years. His interests include: estimating incidence and prevalence of problem drug use; treatment policy; quantification of treatment effect, particularly crime reduction effect. He leads an MRC Addiction Research Cluster with a focus on quantifying addiction harms.

### 11.15: Clinical research on alcohol: what's new?

● **Professor Colin Drummond** MBChB MD FRCPsych

professor of addiction psychiatry and consultant psychiatrist at the National Addiction Centre, Institute of Psychiatry, Kings College London and South London and Maudsley NHS Foundation Trust

Colin Drummond was previously professor and head of the academic Section of Addictive Behaviour at St George's, University of London where he worked from 1993 to 2007. Before that, he was lecturer and later senior lecturer in addiction behaviour at the Medical Research Council Addiction Research Unit at the Institute of Psychiatry from 1987 to 1993. His doctorate was on the subject of alcohol and public health. He is principal investigator on several research grants from the Department of Health, the Medical Research Council and the European Commission, including the Department of Health (DH) funded national alcohol needs assessment project and a national research programme on alcohol screening and brief intervention, also funded by the DH. He is assistant editor of the journal *Addiction*. Published papers and books on a wide range of topics including epidemiology, clinical trials, drug and alcohol policy and theories of craving. He has provided advice to government on the alcohol and drug misuse strategy. He was a member of the Models of Care working group which produced national frameworks for drug and alcohol services in England. He is a member of the Faculty of Addictions of the Royal College of Psychiatrists and served as the academic secretary. He is also the director of the Specialist Clinical Addiction Network based at the National Treatment Agency and convenor of the Treatment of Addiction Research Group of the Mental Health Research Network. He is a member of the WHO Expert Committee on Drug Dependence and Alcohol Problems, and chair of the NICE guideline development group on management of alcohol dependence.

Problems related to alcohol are increasing steeply in the UK. The prevalence of alcohol dependence has increased from 1 million to 1.6 million people in the last 10 years, and alcohol-related hospital admissions have doubled in the same period. Amongst adolescents, the amount of alcohol consumed has doubled in the last eight years. Much of this increase has been attributed to increasing affordability and availability of alcohol. Recent NICE guidance has concluded that early interventions and treatment for alcohol use disorders are both effective and cost effective. However our research has shown that early alcohol interventions are rarely delivered by primary care personnel and only 6 per cent of people with alcohol dependence currently access treatment services in England. This paper will review recent clinical research on alcohol and highlight ways in which the NHS could make an important impact on the problems due to alcohol through increased availability of evidence-based interventions.

---

### Cost-effectiveness of drug misuse treatment

#### ● Professor Linda Davies

professor of health economics, Health Sciences Research Group: Health Economics, University of Manchester

Linda has worked in research as a health economist since completing an MSc in Health Economics (York University) in 1984. Linda is part of the Health Economics Research at Manchester team, based in the Health Sciences Research Group, a new multi-disciplinary research group within the School of Community Based Medicine. Her key interests are the design and implementation of economic evaluations in mental health and chronic disabilities, focusing on complex interventions for people with complex needs and the measurement and valuation of preferences for health and social care.

This paper reports the methods and results of an economic analysis that was part of the Drug Treatment Outcomes Research Study, the largest evaluation to date of treatment for substance use in the UK. The economic study found treatment was likely to be cost-effective and could result in net savings in the costs of criminal justice services.

### Brain imaging of craving in opiate addiction

#### ● Dr Rebecca Elliott

senior research fellow, Neuroscience and Psychiatry Unit, University of Manchester, and Manchester Academic Health Sciences Centre

Rebecca did her PhD on neuropsychology of psychiatric disorders with Barbara Sahakian in Cambridge. She then took a post-doctoral position at UCL, studying brain mechanisms of motivation and motivation. Since 1999, she has been at the Neuroscience and Psychiatry Unit, University of Manchester, using brain imaging techniques to study the neurobiological basis of psychiatric symptoms and mechanisms of effective treatments.

A critical issue for successful recovery from opiate abuse is the very high rate of relapse. As many as 90 per cent of opiate addicts who enrol in treatment programmes will relapse either during or after treatment. One major reason for this is that although many addicts can overcome their addiction for a short period of time, their craving for opiates continues. To develop more effective treatments for addiction, it is important to understand factors contributing to relapse at both a social and biological level. Brain imaging can help us understand the biological basis of craving, by looking at which areas of the brain respond when an addict is actively craving drugs. In this talk, I will discuss studies using this approach, including an ongoing study of detoxified opiate users viewing videos about heroin use. This study is allowing us to map how different regions of the brain respond to these videos over time, and how these brain responses relate to subjective reports of craving. Results of brain imaging studies could provide the basis for developing more effective treatments, both pharmacological and psychological, that specifically target craving and thus reduce the likelihood of relapse.

---

## Getting better, pass it on: breaking the cycle of intergenerational transference of addiction and deprivation

### ● Dr Rowdy Yates

senior research fellow and facilitator of the Scottish Addiction Studies Group in the University of Stirling

Rowdy Yates has worked in the drugs field for almost 40 years and, prior to this appointment, he was the director and co-founder of the Lifeline Project, one of the longest established drug specialist services in the UK. He has published widely on addiction issues, including an edited book (with Barbara Rawlings) on drug-free therapeutic communities, a handbook on the purchasing and management of drug and alcohol services and an edited collection (with Margaret Malloch) on recovery and ways out of addiction. He is currently editing a book recalling the lives and legacy of a group of European pioneers of the therapeutic community movement. In 1994, he was awarded the MBE for services to the prevention of drug addiction. He is the current director of EWODOR (the European Working Group on Drugs Oriented Research) and vice-president (Teaching and Research) of the EFTC (European Federation of Therapeutic Communities).

For most of the last 50 years, our understanding of addiction and recovery has centred on the treatment episode. Only very rarely has research explored the often extensive journey of people in recovery and its implication for improving the treatment intervention and aligning it with other aspects of the individual's life which support and sustain recovery. There is evidence that people who have been in recovery for five years or more have a 'better than well' improved quality of life and are in a significantly improved position across a number of aspects of life including health, employment and social integration. There is also emerging evidence that the children of such people who are parents also benefit in similar ways and that there is a reduction in the likelihood that they will misuse substances when older. This evidence for protective factors will be discussed along with the implications for practice.

---

## Parallel session 2

### 13.15: Improving our treatment of bodily distress syndromes (room LG18)

**Chair:** Professor Francis Creed

professor of psychological medicine, University of Manchester and honorary NHS consultant at Manchester Mental Health and Social Care Trust

Francis Creed's research interests include the aetiology and treatment of bodily distress and other psychological disorders associated with medical disorders. He is European editor of the Journal of Psychosomatic Research (1999-) and past president of the European Association of Consultation-Liaison Psychiatry and Psychosomatics. He is a member of the DSM-V Workgroup on Somatic Symptom Disorders (2007-) and was a member of the NICE guideline development group concerning treatment of depression in people with chronic physical health problems (2008-9). He is an elected Fellow of the Academy of Medical Sciences (2000) and was awarded the Hackett Award for lifetime achievement in consultation-liaison psychiatry from the Academy of Psychosomatic Medicine, USA (2009).

### PACE trial results: how should we treat chronic fatigue syndrome?

● **Professor Peter White**

professor of psychological medicine, Barts and the London Medical School, Queen Mary, University of London

Peter White's research background has focused on both understanding the aetiology and improving the management of chronic fatigue syndrome, using a biopsychosocial and integrative approach. The PACE trial compares interventions based on this approach.

The PACE trial (Pacing, Activity and Cognitive behaviour therapies: a randomised Evaluation) is a randomised, controlled, multi-centre trial that compares four essentially non-pharmacological treatments in over 600 secondary care patients attending six clinics in England and Scotland. All participants received specialist medical care, three arms also received a therapy: adaptive pacing therapy, cognitive behaviour therapy and graded exercise therapy. This presentation will give the main results of benefits and harms up to 12 months after randomisation.

### The epidemiology of multiple somatic symptoms and implications for DSM-V

● **Professor Francis Creed**

professor of psychological medicine, University of Manchester (see biography above).

The data presented in this talk come from nine population-based surveys of somatic symptoms including our own from Manchester. These studies were brought together using an American Psychiatric Association grant to support the work of the DSM-V Somatic Symptom Disorders Workgroup. The data support two important changes to the previous DSM somatoform definitions and the creation of the new diagnosis of complex somatic symptom disorders DSM-V 1. It is reasonable to move away from 'medically unexplained' symptoms as a principal diagnostic criterion. High healthcare use can now be regarded as an outcome, rather than as a diagnostic criterion, as limited prospective data demonstrate that multiple somatic symptoms and health anxiety predict future healthcare use even after adjustment for anxiety and depression. It is hoped that the new diagnoses will have greater clinical utility than their predecessors.

1. Dimsdale J, Creed F; DSM-V Workgroup on Somatic Symptom Disorders. The proposed diagnosis of somatic symptom disorders in DSM-V to replace somatoform disorders in DSM-IV – a preliminary report. J Psychosom Res. 2009 Jun;66(6):473-6.

## Common and unique risk factors for unexplained chronic widespread pain and chronic fatigue

### ● Dr John McBeth

reader in chronic pain epidemiology, Arthritis Research UK Primary Care Centre, Primary Care Sciences, Keele University

Dr McBeth graduated from Dundee University with a first class honours in psychology. He was awarded a PhD from the University of Manchester based upon a prospective population-based study of psychological risk factors for the onset and chronification of chronic widespread pain/fibromyalgia. Over the past 10 years, he has identified stress-related physiological mechanisms that mediate the risk of developing chronic widespread pain in high risk populations, described the co-occurrence of common unexplained disorders, and the long-term outcome of those disorders.

The General Practice Symptoms Study, a cross-sectional population-based study in a randomly selected sample of 1,443 individuals, was designed to determine whether chronic widespread pain and chronic fatigue share common risk factors, and to identify the effect of concurrent psychiatric disorder. Many risk factors were associated with both disorders including being separated, widowed or divorced, psychological abuse during childhood, and recent threatening experiences. Other factors were uniquely associated with an individual disorder: a recent illness in a close relative, neuroticism, depression and anxiety scores were all uniquely associated with chronic fatigue. Risk factors with a common effect were associated with both disorders only when there was concurrent anxiety/depression. This was not so for risk factors without a common effect. Understanding the aetiology of these syndromes requires disentangling risk factors associated with and without concurrent anxiety and depression.

## Guided self-help for functional ('psychogenic') symptoms in neurological outpatients: a randomised controlled efficacy trial

### ● Professor Chris Williams

professor of psychosocial psychiatry and honorary consultant, University of Glasgow

His main clinical and research interest is in the development and evaluation of self-help approaches that provide wider access to cognitive behavioural therapy (CBT). This includes the [www.livinglifetothefull.com](http://www.livinglifetothefull.com) life skills course. He has developed written and computer-based self-help treatments for anxiety, depression, anorexia and bulimia and is a past president of the British Association for Behavioural and Cognitive Psychotherapies – the lead body for CBT ([www.BABCP.com](http://www.BABCP.com)). He is a director of Glasgow Institute of Psychosocial Interventions (GIPSI), which has a focus on training and research in evidence-based psychosocial interventions. He is patron of Anxiety UK ([www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)) and of Triumph over Phobia ([www.topuk.org](http://www.topuk.org)). His research has focused on the evaluation of CBT and CBT self-help interventions in low mood, bulimia, anorexia, medically unexplained symptoms and with carers.

Neurological outpatients with functional symptoms ('not at all' or only 'somewhat' explained by organic disease) were randomly allocated to usual care or usual care plus guided self-help (GSH) – comprising a self-help manual and four half-hour sessions of guidance. 127 participants enrolled. The primary outcome was self-rated health on a five-point Clinical Global Improvement scale (CGI) at three months. Secondary outcomes were measured at three and six months. Primary outcome data was collected on 125. Participants allocated to GSH reported greater improvement on the primary outcome (adjusted common odds ratio on the CGI 2.36 (95% CI 1.17 to 4.74,  $p=0.016$ )). The absolute difference in proportion 'better' or 'much better' was 13% (number needed to treat 8). At six months follow-up the treatment effect on the CGI was no longer statistically significant but was still apparent in symptom improvement and now also in physical functioning.

---

## Parallel session 3

### 15.30: Translating findings from experimental neuroscience into clinical practice in the treatment of anorexia nervosa (room LG19)

**Chair:** Professor Ulrike Schmidt MD PhD FRCPsych  
professor of eating disorders, King's College London

Ulrike Schmidt is professor of eating disorders and head of the Section of Eating Disorders at the Institute of Psychiatry, King's College London. She was a member of the NICE eating disorders guideline development group. She is the chair of the Royal College of Psychiatrists Eating Disorders Section. Her research interests cover all aspects of eating disorders, but in particular the area of self-care treatments, psychological treatments and the use of new technologies in the treatment of these disorders. She is also interested in psychological treatment in poorly controlled diabetes mellitus, and in the treatment of adults and adolescents with self-harm where she has developed and tested brief manual-based cognitive behavioural treatments. She is/has been involved as a principal investigator/co-investigator in several large scale multi-centre treatment studies of psychological and pharmacological treatments of eating disorders and related conditions, including an NIHR programme grant on new treatments of anorexia nervosa.

#### A novel trait-focused treatment for outpatients with anorexia nervosa

● **Professor Ulrike Schmidt MD PhD FRCPsych**  
professor of eating disorders, King's College London  
(see biography above).

**Introduction:** Psychological treatment of adults with anorexia nervosa (AN) is a major challenge, with high drop-out rates and poor outcomes. We have developed a novel maintenance model for the treatment of AN (Schmidt and Treasure, 2006). The model is aetiologically-based, includes both individual and interpersonal maintaining factors, and targets cognitive and emotional processes and traits. Based on this model, we have developed a manualised treatment (MANTRA: Maudsley model of anorexia treatment for adults). The aim of the present study was to evaluate the efficacy and acceptability of MANTRA against the best available comparison treatment, specialist supportive clinical management (SSCM), in a preliminary randomised controlled trial in outpatients with AN.

**Methods:** 72 adult outpatients presenting with AN or eating disorder not otherwise specified (EDNOS-AN) were recruited from a catchment area-based specialist eating disorder service. Participants were randomly allocated to 24 once-weekly sessions of MANTRA or SSCM. The primary outcomes were body mass index (BMI) and global score on the Eating Disorders Examination (EDE), at end of treatment (six months) and 12 months. Secondary outcomes included: (a) other eating disorder symptoms and (b) affective and neuropsychological outcomes.

**Results:** Preliminary analysis of main outcomes suggests significant improvements in terms of BMI and global EDE scores in MANTRA and SSCM at post-treatment and follow-up with little difference between them.

**Conclusion:** In treatment of adult outpatients with AN, MANTRA is as effective as SSCM, which is currently the best available treatment. The implications for further treatment development for anorexia nervosa will be discussed.

## Psychological interventions for inpatients with anorexia nervosa

● Dr Kate Tchanturia PhD DPhil

consultant clinical psychologist, South London and Maudsley NHS Trust eating disorders services and senior lecturer, Psychological Medicine, Institute of Psychiatry, King's College London

For the last 14 years, Dr Tchanturia's clinical and research interests have been focused on neuropsychology, cognitions and the treatment of eating disorders. She has an international reputation as a clinician and researcher in the field of eating disorders. She has 60 peer reviewed publications in English. She has led a specialist interest group in neuropsychology at the Academy of Eating Disorders, the largest international eating disorder organisation, for the past six years.

Inpatients with anorexia nervosa (AN) are challenging to treat (NICE, 2004) and recent systematic reviews highlight high drop-out rates from treatment and poor outcomes. In the UK, the national audit shows that BMI on admission is low (eg local audit based on five year data, BMI 13.9). With such low BMIs combined with chronicity of patients admitted to inpatient units, psychological therapy protocols are difficult to apply.

Based on intensive research using experimental studies, two low intensity treatment modules were tested for inpatients – cognitive remediation therapy (CRT) and cognitive remediation and emotion skills training (CREST).

CRT was developed based on research showing people with AN have difficulties with set-shifting and 'bigger picture' thinking.

CRT was offered to more than 40 patients in an individual format (10 sessions). There was a low drop-out rate (eight per cent). Qualitative research showed that patients and therapists felt that it was an acceptable intervention. Quantitative results of cognitive and clinical assessments immediately after and at six month follow-up show moderate effect size improvements.

CREST was developed based on focus groups (Kyriacou et al, 2010) and experimental research and is designed to target how to accept, tolerate and manage emotions and how to express emotions. CREST had two treatment arms: a treatment as usual group and a treatment as usual with CREST group. In the TAU group, 33 people were recruited at baseline and 25 participants completed the assessments 10 weeks later. For TAU + CREST, 47 patients completed baseline assessments and 29 patients completed the follow-up. Therefore we had a 39 per cent drop-out rate. A qualitative study shows positive feedback from service users (Money et al, 2010). Quantitative analysis is in progress.

Both CRT and CREST were piloted in a brief group format (CRT 10 groups and CREST seven groups). Evaluation of the outcomes is in progress.

Tchanturia K, Davies H, Lopez C, Schmidt U, Treasure J, Wykes T (2008). Neuropsychological task performance before and after cognitive remediation in anorexia nervosa: A pilot case series. *Psychological Medicine* 38(9): 1371-3

Genders R, Davies H, StLouis L, Kyriacou O, Hambrook D, Tchanturia K (2008). Long-term benefits of CRT for anorexia. *British Journal of Healthcare Management*: 14(12): 15-19

Whitney J, Easter A, Tchanturia K (2008). The patients' experiences in cognitive exercise intervention for anorexia nervosa: Qualitative findings. *International Journal of Eating Disorders* 41(6): 542-50

Kyriacou O, Easter A, Tchanturia K (2009). Comparing views of patients, parents and clinicians on emotions in anorexia: A qualitative study. *Journal of Health Psychology* 14(7): 843-854

Money C, Genders B, Treasure J, Schmidt, Tchanturia K (in press). A brief emotion focused intervention for inpatients with anorexia nervosa: A qualitative study. *Journal of Health Psychology*.

## Working with carers

### ● Professor Janet Treasure FRCP FRCPsych

King's College London

Professor Janet Treasure has specialised in the treatment of eating disorders for the majority of her career, and carried out research that has led to greater understanding of, and better treatments for, anorexia and bulimia. She jointly heads the eating disorders specialist inpatient and outpatient services run by South London and Maudsley NHS Foundation Trust with Professor Ulrike Schmidt,

Janet originally trained in medicine at St Thomas' Hospital Medical School. When she qualified as a doctor, she worked in general medicine for a couple of years, spent a year in America working in renal medicine, then returned to England where she began training as a psychiatrist at the Institute of Psychiatry.

Her first clinical job was at the Maudsley Hospital as a locum on the eating disorders unit, then led by Professor Gerald Russell, who identified bulimia as an eating disorder in 1979 and proved the success of family-based treatment and early intervention for anorexia. Janet successfully applied for an MRC scholarship to carry out research in eating disorders, and at the same time completed her psychiatry training. Since then, she has continued to combine academic and clinical work, taking over the helm after Gerald Russell retired.

Much of her research focusing on the development of new treatments has been carried out collaboratively with, and often inspired by patients and their families. In recent years, new technology and its possible use in treatments has been at the forefront of her thinking. The internet, emails and text messages have all been trialled as vehicles for delivering support.

As well as editing professional texts, Janet has written several self-help books for people with eating disorders and their carers to share her expertise and understanding.

In 2004, Janet Treasure was awarded the Academy for Eating Disorders' Leadership Award for Research. The global professional organisation gives this award to individuals who, through research, 'have developed new knowledge about eating disorders that is internationally respected and that has had a measurable impact on the field, either by significantly furthering understanding of the aetiology of eating disorders, by changing treatment, or by fostering new lines of research.'

**In the early phase of anorexia nervosa, it is clear that the involvement of the family is of benefit. However the ethos of adult teams is on individual work and young people often do not want their families involved in treatment.**

Families shoulder a large burden of care and are often distressed by their role and they note the need for more information about the illness. We have found that families can inadvertently contribute to the maintenance of anorexia nervosa through accommodating to the illness and either being overprotective or critical. We have developed interventions targeting this maintenance model including a self-help book (Treasure J et al. 2007) and DVDs. We have trained expert carers – people with experience – to deliver coaching and guidance. This intervention reduces carers' distress and the behaviours that contribute to the maintenance. People with eating disorders notice the change in behaviour and find it to be of benefit.

Treasure J, Smith G & Crane A (2007). Skills -based learning for caring for a loved one with an eating disorder. The New Maudsley Method. Routledge: London & New York

---

## Maternal eating disorders: effects on pregnancy and child development

### ● Dr Nadia Micali MD MRCPsych PhD NIHR

NIHR clinician scientist, Department of Child and Adolescent Psychiatry and honorary consultant psychiatrist in eating disorders services run by South London and Maudsley NHS Foundation Trust

Nadia Micali completed a PhD at King's College London on the effects of a maternal eating disorder (ED) on pregnancy, pregnancy outcomes and infant development, and has been researching pregnancy in women with ED for the past seven years. She is currently completing training in epidemiology. Her research interest is in the intergenerational transmission of eating disorders and risk factors for adolescent eating disorders: she has several grants to investigate these. She has several international collaborations with large epidemiological cohorts.

### ● Abigail Easter

PhD student, eating disorders research unit, Institute of Psychiatry, King's College London

Abigail Easter is currently investigating the effect of eating disorders on pregnancy, obstetrics and motherhood. Her research interests include the intergenerational transition of eating disorders, which she is researching using a longitudinal birth cohort. Abigail is also interested in obstetric outcomes in women with eating disorders and identifying potential biological risk factors during pregnancy.

The purpose of this talk is to give an overview of the effects of maternal eating disorders on pregnancy, and subsequent development in their children. The talk will focus on reviewing the relevant literature on this topic. It will also present findings in relation to obstetric complications and infant outcomes in infants of women with eating disorders (ED). These findings relate to our study on maternal ED in the Avon Longitudinal Study of Parents and Children (ALSPAC), a prospective, community-based cohort. In this study, women with ED were compared to women with other psychiatric disorders and general population controls. Data on fertility, and obstetric outcomes will be presented, as well as feeding difficulties, diet and growth patterns in their children. In addition, preliminary findings from our recent prospective study of nutrition and stress in pregnancy (NEST-p) in women with ED compared to controls, will be presented. Conclusions will be drawn, highlighting future research and clinical implications.

---

## Parallel session 4

### 15.30: Autism (room LG18)

**Chair:** Professor Swaran Singh

**University of Warwick and MHRN Heart of England Hub lead**

Professor Swaran Singh originally trained as a surgeon in New Delhi, India before moving to psychiatry following his charity work with children who had experienced ethnic violence. He trained as a psychiatrist at the Postgraduate Institute of Medical Education and Research, Chandigarh, where he conducted research on psychosocial aspects of self-harm and ethnic violence. He moved to the UK in 1991 and was a lecturer and consultant in Nottingham, conducting epidemiological and outcome research on first-episode psychosis, acute and transient psychotic disorders and medical education. In 2001, he moved to St George's, University of London as a senior lecturer to develop the ETHOS early intervention service which gained an international reputation for its success in improving outcomes for young people with psychosis and its cost-effective use of resources. He headed the Section of Serious Mental Illness Research at St George's and chaired the London Mental Health Research and Development (LoMRH&D) Network. In 2006, he joined Warwick University as professor of social and community psychiatry and consultant psychiatrist for the East Birmingham early intervention service. Recently, he has conducted research on ethnic differences in pathways and outcomes of psychotic disorders, the Mental Health Act and community treatment orders. He has more than 100 publications in the areas of epidemiology, onset and outcomes of early psychosis, early intervention services, culture and ethnicity in mental health, health services evaluation, mental health law and medical education. His other interests include poetry, literature, jazz, blues, cricket, gardening, meaningless meandering and idle speculation.

### **The fractionable autism triad hypothesis: new insights into the causes of autism spectrum disorders**

● **Dr Angelica Ronald**

**Lecturer, Centre for Brain and Cognitive Development, Department of Psychological Sciences, Birkbeck, University of London**

Dr Angelica Ronald also holds a research associate post at the Institute of Psychiatry, King's College London. Dr Ronald studied experimental psychology at Oxford University before carrying out a PhD in quantitative genetics at the Social, Genetic and Developmental Psychiatry (SGDP) Centre at the Institute of Psychiatry. Her postdoctoral training, funded by Autism Speaks, involved training in quantitative genetic and molecular genetic research of neurodevelopmental conditions. Her research employs a range of methodologies, including the twin design, family studies, at-risk group designs, and longitudinal prospective cohorts, to identify the genetic and environmental risk factors for severe psychiatric conditions.

Autism spectrum disorders (ASD) are characterised by a 'triad' of behavioural impairments: social impairments, communication difficulties, and restricted repetitive behaviours and interests. In this talk, I will review evidence that these three parts of the autism triad may be fractionable and have largely separate genetic and environmental risk factors. As such, ASD represent the co-occurrence of three largely independent symptom domains. Findings in support of this 'fractionable autism triad' hypothesis originated from the MRC-funded Twins Early Development Study (TEDS), a longitudinal cohort of twins who have been followed since early childhood. Results from twin model-fitting in TEDS have now been replicated across a variety of age ranges and in two independent twin studies, the Boston University Twin Project and the Child and Adolescent Twin Study in Sweden. Molecular genetic research, including genome-wide association studies and candidate gene studies, have begun to test the fractionable autism triad hypothesis empirically. The long-term implications of these findings for conceptualising ASD and for identifying causal pathways will be discussed.

---

## Empathy in autism spectrum conditions: from neuroscience to intervention

### ● Professor Simon Baron-Cohen

Autism Research Centre, Department of Psychiatry,  
University of Cambridge

Simon Baron-Cohen is professor of developmental psychopathology at the University of Cambridge and Fellow at Trinity College, Cambridge. He is director of the Autism Research Centre (ARC) in Cambridge ([www.autismresearchcentre.com](http://www.autismresearchcentre.com)). He holds degrees in human sciences from New College, Oxford, a PhD in psychology from UCL, and an M.Phil in clinical psychology at the Institute of Psychiatry. He held lectureships in both of these departments in London before moving to Cambridge in 1994. His books include *Mindblindness* (MIT Press, 1995), *The Essential Difference* (Penguin UK/Basic Books, 2003), *Prenatal Testosterone in Mind* (MIT Press, 2005), *Zero Degrees of Empathy* (Penguin UK/Basic Books, 2011) and *Autism and Asperger Syndrome: The Facts* (OUP, 2008). For 2009-11 he is vice-president of the International Society for Autism Research (INSAR). He is a Fellow of the British Psychological Society and the British Academy, and co-editor-in-chief of the new journal *Molecular Autism*.

Children with autism spectrum conditions (ASC) have major difficulties in recognising emotions, from both faces and voices. This is one of the underlying deficits contributing to their social and communication difficulties. Emotion recognition is one component of empathy. The brain basis of empathy and its impairment in autism is now well-known. This is summarised, with particular focus on the ventromedial prefrontal cortex and the amygdala. Even the prenatal hormonal and genetic determinants of empathy are beginning to be identified.

Regarding educational approaches, 'The Transporters' DVD ([www.thetransporters.com](http://www.thetransporters.com)) is an animated series designed to enhance emotion comprehension in children with ASC. The DVD is based around characters who are all mechanical vehicles that move predictably along tracks, selected to appeal to the strong interest that people with ASC have for predictable systems. The animated vehicles have real human faces, with each of 15 episodes focusing on one emotion. Results are described from this intervention.

A second DVD, *Mindreading*, ([www.jkp.com/mindreading](http://www.jkp.com/mindreading)) is also described to illustrate methods for older children, adolescents, and even adults. This represents a clear example of where basic cognitive neuroscience can be translated into clinical practice. I conclude that there are now specialised ways of teaching understanding and recognition of emotions in people with ASC. Such methods may work because they provide people with ASC with exposure to faces in an autism-friendly format, providing opportunities for learning.

---

### The quantitative checklist for autism in toddlers: a population study

● Dr Carrie Allison PhD

research associate, Autism Research Centre, University of Cambridge  
Dr Carrie Allison graduated from Durham University in 1999 with a degree in psychology. Since joining the Autism Research Centre in 2002, she has worked on a large-scale epidemiological study of autism spectrum conditions (ASC), using the Childhood Asperger Syndrome Test. Using this as a screening instrument, it was established that the prevalence of ASC in primary school aged children in Cambridgeshire was just over one per cent. Her doctoral work focused on testing the Quantitative Checklist for Autism in Toddlers (Q-CHAT) as a screening instrument in very young children. She also manages a large database of volunteers, facilitating recruitment to a number of studies.

Autism is characterised by qualitative impairments in social interaction and communication, along with repetitive and stereotyped behaviours and/or interests. Conceptualisations of autism spectrum conditions (ASC) are moving away from a categorical to a dimensional and quantitative approach. There is no standardised policy for screening for ASC in the UK, partly due to a lack of a suitable validated screening instrument. This talk will describe work undertaken to validate a quantitative screening measure, the Quantitative Checklist for Autism in Toddlers (Q-CHAT). To date, results demonstrate that autistic traits in toddlers can be measured quantitatively. Validation of the Q-CHAT is ongoing, including following up a sample of N=3823 children who were screened with the Q-CHAT at 18-30 months of age. This work may help further our understanding of the key behavioural features in children developing on the ASC trajectory.

### Neuroimaging in autism and the broader phenotype: a study of adolescents with autism and unaffected siblings

● Dr Michael D Spencer

MRC clinician scientist Fellow, senior clinical research associate and principal investigator (Autism Research Centre, University of Cambridge) and honorary consultant child and adolescent psychiatrist (Cambridgeshire and Peterborough NHS Foundation Trust)

Dr Spencer is currently leading a research group at the University of Cambridge Autism Research Centre ([www.autismresearchcentre.com](http://www.autismresearchcentre.com)) that is conducting a four-year programme of neuroimaging research into autism and the broader phenotype in teenage siblings, funded by a clinician scientist Fellowship award from the MRC.

Siblings of individuals with autism have up to a 200-fold increased risk of the condition, and 'unaffected' siblings often display comparable – but less marked – cognitive and social impairments to those characteristically seen in autism. Siblings of people with autism have, however, been the subject of relatively little neuroimaging research. Here we present neuroimaging findings from a large MRC-funded structural and functional imaging study of autism and the broader phenotype in teenage siblings. We recruited adolescents with autism (n=40), their unaffected siblings (n=40) and typically developing adolescents with no family history of autism (n=40). All participants underwent structural and functional magnetic resonance imaging whilst completing tasks that primarily investigated social cognition.

Initial results from this cohort provide evidence that the neural response to emotional stimuli differs between adolescents with autism, their unaffected siblings and controls. Between-group differences include significant differences in activations between 'unaffected' siblings and controls – suggesting possible markers of familial risk of autism. Implications of these results are discussed in terms of the search for endophenotypes of autism.

---

## Speakers, chairs + abstracts

### Friday 8 April

Faculty of Law, University of Cambridge, 10 West Road, Cambridge CB3 9DZ

---

## Parallel session 5

### 09.30: The origins of personality disorders (room LG19)

**Chair:** Professor Eileen Joyce MA PhD MRCP FRCPsych  
professor of neuropsychiatry, Institute of Neurology,  
University College London

Her research focuses on cognitive and brain structural and functional abnormalities in the early stages of schizophrenia, and how these impact on clinical features and social outcome. The aim is to characterise patient subtypes which will allow the prediction of their outcome several years later.

### Risk for conduct problems among child victims of maltreatment

● **Dr Sara Jaffee**

senior lecturer in gene-environment interplay, MRC Social, Genetic and Developmental Psychiatry (SGDP) Centre, Institute of Psychiatry, King's College London

Sara Jaffee received her PhD from the University of Wisconsin, Madison in 2001, completed post-doctoral research at the SGDP Centre, and became an assistant professor of psychology at the University of Pennsylvania in 2003. Dr Jaffee returned to the SGDP Centre as a faculty member in 2007. She is interested in the development of children who grow up in families characterised by poverty, family violence, and parental psychopathology and is particularly interested in how these family risk factors may exacerbate underlying biological vulnerabilities for child psychopathology. She is also interested in children's resilience to maltreatment.

Maltreated children are at risk for a range of poor mental health outcomes, including conduct disorder. My research has used genetically-sensitive designs to test hypotheses about whether maltreatment is likely to have causal, environmentally mediated effects on children's risk for conduct problems, and whether the adverse effects of maltreatment are exacerbated among genetically-vulnerable youth. Using data from a large sample of children recruited from Child Protective Service caseloads in the United States, I will also discuss factors that promote resilience to maltreatment.

---

### **Callous-unemotional subtype of antisocial behaviour: genetic and brain imaging findings**

#### **● Dr Essi Viding**

reader in developmental psychopathology, Division of Psychology and Language Sciences, University College London, and research associate at the Institute of Psychiatry MRC Social, Genetic and Developmental Psychiatry (SGDP) Centre, King's College London

Essi Viding did her PhD at the Institute of Psychiatry, King's College London. Her research combines different methodologies in an effort to chart different developmental pathways to persistent antisocial behaviour.

Psychopathy is an adult diagnosis comprised of both callous-unemotional personality traits (lack of empathy and guilt) and overt antisocial behaviour. One can also find children who exhibit callous-unemotional subtype of antisocial behaviour and are at an increased risk for developing psychopathy. Research from our lab and others has documented that psychopathic traits are heritable. More interestingly, when we study subgroups of antisocial children with/without callous-unemotional traits, we find strong genetic influence on antisocial behaviour in the former group, but not in the latter. Our finding supports the view that children at risk for psychopathy form a distinct subgroup with a genetic vulnerability to persistent antisocial behavior. Genetic vulnerability may underlie neurocognitive 'abnormalities' associated with psychopathic traits. I will provide a brief overview of data from our and other labs investigating neurocognitive correlates of antisocial behavior coupled with callous-unemotional traits.

### **Disruptions of early attachment as a risk factor for borderline personality disorder**

#### **● Professor Peter Fonagy PhD FBA**

Freud Memorial professor of psychoanalysis, University College London  
Peter Fonagy is also head of the Research Department of Clinical, Educational and Health Psychology at University College London; chief executive of the Anna Freud Centre, London; and consultant to the Child and Family Program at the Menninger Department of Psychiatry and Behavioral Sciences at the Baylor College of Medicine. He is a Fellow of the British Academy and currently chairs the Research Board of the International Psychoanalytic Association. He is a clinical psychologist and a training and supervising analyst in the British Psycho-Analytical Society in child and adult analysis. His work integrates empirical research with psychoanalytic theory, and his clinical interests centre around borderline psychopathology, violence, and early attachment relationships. He has published more than 400 peer-reviewed articles and chapters and has authored or edited 27 books.

Evidence is accumulating for the genetic influence on personality and personality disorders. Recent longitudinal studies have confirmed clinical assumptions concerning the disruptions of early attachment in the history of individuals with borderline personality disorder. The aim of this presentation will be to review evidence for disordered attachment in borderline personality disorder and longitudinal studies that relate early attachment experiences to later personality pathology. Evidence for genetic moderation of early experience will be reviewed from both a molecular and a behaviour genetics perspective, and an attempt will be made to fit a coherent biopsychosocial model to the available neuroscientific evidence.

---

**The neuroscience and genetics of childhood maltreatment****● Dr Eamon McCrory**

senior lecturer and co-director, Developmental Risk and Resilience Unit, University College London, and consultant clinical psychologist, NSPCC  
His research explores the environmental risk factors that shape how the brain processes social and emotional information in childhood with the aim of better understanding mechanisms of developmental vulnerability and resilience. Of particular interest are the neurocognitive mechanisms related to childhood maltreatment and antisocial behavior. His clinical role involves assessing and treating children and adolescents presenting with severe behavioural problems, including antisocial behaviour and sexually harmful behaviour. Dr McCrory is also a visiting assistant professor at the Child Study Centre, Yale, and head of Postgraduate Studies at the Anna Freud Centre, London.

Childhood maltreatment is associated with later psychopathology, including conduct disorder, antisocial personality disorder, anxiety, and depression. However, the neurobiological mechanisms by which childhood adversity heightens vulnerability to psychopathology remain poorly understood. There is likely to be a complex interaction between environmental experiences (such as maltreatment) and individual differences in risk versus protective genes, which influences the neurobiological circuitry underpinning psychological and emotional development. Evidence for such an interaction will be briefly reviewed before a consideration of the brain imaging research pointing to several structural and functional brain differences associated with early adversity. It is suggested that these are likely to be associated with patterns of psychological adaptation that may ultimately increase a child's risk for later psychopathology.

---

## Parallel session 6

### 09.30: Network research in ADHD (room LG18)

**Chair:** Dr Ulrich Müller MD (Dr med, Univ Würzburg) PhD (Dr med. habil, Univ Leipzig)

specialist associate of the Royal College of Psychiatrists, university lecturer, Department of Psychiatry, University of Cambridge and honorary consultant psychiatrist, Cambridgeshire and Peterborough NHS Foundation Trust  
Ulrich is a senior investigator at the Cambridge Behavioural and Clinical Neuroscience Institute (BCNI), University of Cambridge, and director of the Adult ADHD Research Clinic at Addenbrooke's Hospital, Cambridge (with a satellite clinic in Peterborough), and a consultant psychiatrist with the Rehabilitation and Recovery team in Huntingdon, Cambridgeshire.

He is a board member of the UK Adult ADHD Network (UKAAN) and chair of a regional adult ADHD service development project for East Anglia. Before Ulrich arrived in Cambridge in 2003, he was trained in psychiatry, psychotherapy, neurological rehabilitation and cognitive neuroscience in Germany (Würzburg, Munich and Leipzig). His research focuses on adult ADHD and cognitive enhancing medication using a combination of methods from clinical psychiatry, psychopharmacology, neuropsychology, neuroimaging and molecular genetics. Recent studies clarified how ADHD drugs like atomoxetine, guanfacine, methylphenidate and modafinil modulate cognitive functions and related brain processes. He has published more than 100 articles in scientific journals and book chapters and is a regular speaker at national training events and international scientific conferences.

### Chair's introduction – UK Adult ADHD Network (UKAAN) as a research network

● **Dr Ulrich Müller**

### Genetics of ADHD

● **Professor Philip Asherson** MB BS MRCPsych PhD

professor of molecular psychiatry, MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College London

Philip Asherson earned his medical degree from the Royal London Hospital and his doctoral degree from the University of Wales. He was an MRC clinical research Fellow in the Department of Psychological Medicine and Institute of Medical Genetics at the University of Wales College of Medicine in Cardiff, where he worked on molecular genetic studies of schizophrenia with Professors Mike Owen and Peter McGuffin.

Professor Asherson works on clinical, quantitative genetic and molecular genetic studies of ADHD in adults and children, and clinical assessment and treatment of ADHD in adults. He has been a lead clinician in the national Adult ADHD Clinic at the Maudsley Hospital since 1998, which was established by Brian Toone and Susan Young in 1994. He has published several articles on the diagnosis and treatment of ADHD in adults, with a particular focus on approaches that are relevant to clinical services in the UK. He was a member of the NICE guideline development group for ADHD (2008) – main contributions being to sections on the validity of the diagnostic construct of ADHD across the lifespan and the clinical procedures and services required for the clinical management of ADHD in adults. Current research projects include the international multi-centre ADHD Gene (IMAGE) project. IMAGE is a European study that has collected over 1,000 families with one or more individuals with combined type ADHD. He works closely with Jonna Kuntsi on family and twin studies that are identifying neuropsychological processes that share aetiological influences with ADHD. He is the author and co-author of more than 160 articles and book chapters on genetics of psychiatric conditions including schizophrenia, bipolar disorder and ADHD, as well as diopathic generalized epilepsy (IGE).

Attention deficit hyperactivity disorder is a common childhood condition that frequently persists into adulthood. The disorder is known to be highly heritable and there have been considerable efforts to identify the specific genetic variants involved. The aim of this talk is to review progress on genetic research in ADHD, and consider how this has been advanced through collaborative projects and the development of research networks. The talk will highlight some of the most important and prominent findings in our understanding of the genetics of ADHD and consider the different levels of collaboration that have been required for progress. This includes sharing of data, collaborative networks for data collection, joint analyses of data and development of national and international consortia. The implications for individual groups have been a change in mindset and a focus on joint efforts to address otherwise intangible scientific questions. Such networks provide the foundation for further progress in more complex areas such as the analysis of cognitive endophenotypes, that also require similar collaborative network approaches, and has stimulated a more collegiate approach throughout the field. Further advances are to be expected from the networks that have already been established as part of this scientific activity in both clinical and basic science questions related to ADHD throughout the lifespan.

### ADHD in the Criminal Justice System

● **Dr Susan Young** BSc (Hons) DClinPsy PhD

senior lecturer in forensic clinical psychology, Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, King's College London, honorary consultant clinical and forensic psychologist, Broadmoor Hospital  
Dr Young has extensive clinical experience in the assessment and psychological treatment of youths and adults with ADHD. She was a member of the National Institute for Health and Clinical Excellence (NICE) ADHD clinical guideline development group (2008) and has acted as a consultant regarding ADHD service development in the UK, Iceland and the Republic of Ireland, in addition to consulting on UK and European ADHD Advisory Boards sponsored by industry. She is vice-president of the UK Adult ADHD Network (UKAAN), which aims to support practitioners establish adult ADHD clinical services. Dr Young has published articles in scientific journals, three psychological intervention programmes and has authored two books. She is currently leading a research group, supported by the Department of Health, that aims to develop projects that will establish the evidence base on ADHD and offenders, and approaches to their management in the criminal justice system.

Research suggests there is a disproportionately high concentration of individuals with ADHD involved with the criminal justice system. UK prison studies have indicated a rate of 43 per cent in youths and 24 per cent in male adults screening positive for a childhood history, 14 per cent of whom had persisting symptoms. Those with persisting symptoms had a significantly younger onset of offending and higher rate of recidivism. ADHD was the most important predictor of violent offending, even above substance misuse. They accounted for eight-fold more critical incidents than other prisoners. Critical incidents have also been associated with personality disordered patients screening positive for ADHD and detained under the Mental Health Act. It is the mood instability associated with ADHD that most likely increases the risk of critical incidents within institutional settings and these behavioural problems might therefore be expected to respond to treatments that reduce levels of ADHD symptoms. With this in mind, the treatment needs of ADHD offenders will be considered and data on the effectiveness of the revised R&R2 offending behaviour programme for ADHD youths and adults will be presented.

---

## EUNETHYDIS and guideline development

### ● Dr David Coghill

senior lecturer in child and adolescent psychiatry, Department of Psychiatry, University of Dundee, and honorary consultant, child and adolescent psychiatry, NHS Tayside

Dr Coghill is head of the Developmental Research Group within the Centre for Neurosciences, University of Dundee. This group has a particular interest in the neuropsychopharmacology of ADHD, conduct disorder and depression, quality of life measures, pharmacogenomics, clinical trials and translating research evidence into routine clinical practice. In his clinical practice, he is joint clinical lead for the developmental neuropsychiatry team in Tayside, treating children with a wide range of neurodevelopmental disorders. He maintains a special interest in psychopharmacology and forensic child and adolescent psychiatry. He is the author of many papers and chapters on ADHD. With his local clinical colleagues, he recently authored a practical pocket-sized textbook: the Oxford Specialist Handbook on Child and Adolescent Psychiatry.

The European Network for Hyperkinetic Disorders (EUNETHYDIS) celebrated its 21st birthday in 2010. It, however, came of age much earlier. Formed and lead by Professor Joe Sergeant, EUNETHYDIS comprises a tight knit community of basic and clinical researchers with a shared enthusiasm for everything ADHD. Its purpose is to foster and support research into all aspects of ADHD and related disorders and in particular to encourage research collaboration between centres across Europe and beyond, and facilitate the development of junior researchers. The group meets at a yearly network meeting to discuss the latest research findings and develop ideas for future research. This presentation will highlight several of these collaborations. More recently, several members of EUNETHYDIS have formed the European ADHD Guidelines group.

This group has developed a series of detailed guidelines and reviews designed to be applicable across Europe and several educational programmes designed to make these guidelines more accessible. The most recent development has been the setting up of the EUNETHYDIS International Conference. This biannual conference has been designed to broaden the EUNETHYDIS family whilst retaining the scientific rigour associated with the original network.

---

## Plenary sessions

### 11.00: 10 years of early intervention services for psychosis: what have we learned about the management of psychosis? (room LG19)

● **Professor Max Birchwood**

professor of youth mental health, University of Birmingham, clinical director, Youthspace, Birmingham and Solihull Mental Health NHS Foundation Trust  
Max Birchwood is one of the international pioneers of early intervention in psychosis and established the first service in the UK in Birmingham in 1989. He has been among the leading UK developers of cognitive behaviour therapy applied to psychosis and has proposed that the future of this approach lies in not attempting to mimic the neuroleptics but in intervening in affective dysregulation, especially at the interface with persecutory thinking.

It is 10 years since the Department of Health invested in specialised early intervention services for psychosis, with considerable resistance from many quarters. In this talk, I will critically review the evidence accumulated over this time, including evidence for the status quo, which in respect of the latter is surprisingly threadbare. I will emphasise three points: that these services have much to tell us about the need for specialised, rather than generic, approaches to care for psychosis; that the next generation of service structures need to concentrate on the maintenance and exploitation of these early gains, which has implications for the future of the community mental health team; that we need to place more focus on affective dysregulation and disability processes as preventative tools.

**Chair:** Professor Shôn Lewis, University of Manchester

Shôn Lewis has been professor of adult psychiatry at the University of Manchester since 1994 and is head of the School of Community-based Medicine there. His research interests focus on risk factors and interventions in early psychosis. He was elected in 2008 as a Fellow of the Academy of Medical Sciences and received a National Institute for Health Research senior investigator award in the same year. He trained clinically at the Maudsley Hospital in south London and began his research career at the Institute of Psychiatry, King's College London, working on neurodevelopmental factors in schizophrenia. He was chair of the Royal College of Psychiatrists Research Committee 1996-2001, a member of the Wellcome Trust Neurosciences Board 1998-2001, a member of the MRC Neurosciences and Mental Health Board and the Cross-board Clinical Trials group 2005-2009, and was research and development director of Manchester Mental Health and Social Care Trust 2004-2008. He has run MRC and NIHR Health Technology Assessment- funded trials of drug and non-drug treatments for people with psychosis.

---

### 11.30: Psychosis risk (room LG19)

● **Professor Peter B Jones** MSc MD PhD FRCP FRCPsych FMedSci  
professor of child and adolescent psychiatry, University of Cambridge  
(see biography on page 11).

Early intervention for psychotic disorders is a recently established aspect of mental health care. The approach contains a number of assumptions and principles that span the conceptually difficult areas of screening and prevention in a dynamic condition, with leaky diagnostic boundaries that also encompasses prognostic implications: the at-risk mental state. This presentation reviews these concepts and the empirical evidence supporting early intervention to suggest that the context (population or clinic) is crucial for its justification and evaluation. It also considers the adaptation of these principles to other diagnostic groups, such as depression.

**Chair:** Professor Shôn Lewis, University of Manchester  
(see biography above).

## Develop a large-scale research project about mental health with the backing of an expert network

**The National Institute for Health Research Mental Health Research Network (NIHR MHRN) helps make research about mental health happen in the NHS in England.**

We work through eight regional offices and currently support more than 300 multi-centre studies and clinical trials. We offer very practical support to research teams, helping them set up and recruit through services run by more than 60 mental health trusts.

**In 2011, we want to support the development of proposals for two large-scale projects addressing important issues in mental health and making novel use of our recruitment network. Up to £10,000 will be available to develop each proposal to enable applications to funding bodies to be made. The NIHR MHRN's Methodology Research Group, comprising England's top biostatisticians, will offer support and help to resolve potential design issues.**

We are interested in hearing from you if you have an idea for a proposal that meets the following criteria:

- ambitious in scale
- addresses key clinical and patient-relevant issues
- responds to one or more aspects of the emerging NHS agenda: Quality, Innovation, Productivity and Prevention
- is multi-site and multi-disciplinary.

**The deadline for submissions is 21 April 2011**

and proposals that are initially shortlisted will be eligible for up to £3,000 for further development. There will then be a final, second stage selection procedure.

Your submission should be no more than two sides A4, font size 12pt, single-spaced, and cover the following headings:

- 1 Background
- 2 Relevance of area to patient benefit in the NHS
- 3 Aims and details of the proposal
- 4 Potential funding bodies
- 5 Outline of research team and track record.

**Send it to:** [mhrn@kcl.ac.uk](mailto:mhrn@kcl.ac.uk)

The NIHR MHRN was launched in 2003, and since then, we have supported the work of more than 50 Clinical Research Groups, each meeting for a period of two years and developing at least two proposals that have formed the basis of funding applications. This call for larger-scale proposals is an extension of that work.

**For more information about the organisation, visit our website, [www.mhrn.info](http://www.mhrn.info)**



The Mental Health Research Network is part of the National Institute for Health Research and supports studies in England.

## Posters

Posters will be displayed on  
Thursday 7 and Friday 8 April  
in the reception area in the  
Faculty of Law, 10 West Road,  
Cambridge CB3 9DZ.

The poster presentation will take  
place at 12 noon on Friday 8 April  
in room LG19, Faculty of Law.

---

**Poster 1**     **Understanding the reasons for delay in accessing treatment for first-episode psychosis: the role of primary care**  
● **Charlotte Connor, Max Birchwood, Paul Patterson, Sunita Khamba and Colin Palmer**

Birmingham and Solihull Mental Health NHS Foundation Trust

GPs play a vital role in the care pathways of those with mental health problems: they serve as the gatekeepers to mental health services, and should enable swift access to treatment for those seeking their help. However, despite help-seeking through their GP, for some young people, long periods of time are spent without diagnosis or referral. The length of time between first seeking help and accessing appropriate medication (Duration of Untreated Psychosis or DUP), has been associated with poorer outcome.

Birmingham Early Intervention Service (EIS) is a dedicated service for young people and aims to provide early identification, engagement and treatment for young people who have recently developed psychosis, and to promote early recovery, prevent relapse and reduce treatment delay. An initial analysis of the duration of untreated psychosis (DUP) in young people from Birmingham EIS found 44 clients to have excessively long DUPs of 12 months+, and it was this group who are formed the focus of our research.

In order to understand the delays experienced in their pathways to care, an analysis of their contacts with primary care was conducted. This explored GP and client characteristics and examined each of their contacts with GP from age 14 to onset of psychosis.

Initial analysis has revealed that those with long DUPs tend to have fewer contacts with their GPs, prior to onset of psychosis, and that they present with fewer psychological symptoms to their GP, in comparison to those with shorter DUPs. Further analysis is underway.

---

**Poster 2**     **Outcome Orientated CAMHS (OO-CAMHS): Comparing an OO-CAMHS Service with a non OO-CAMHS one**

● **Sami Timimi, James Rathbone, Dianne Tetley**

Lincolnshire Partnership NHS Foundation Trust

Outcome Orientated CAMHS (OO-CAMHS) is a whole service model that incorporates existing evidence on how to improve outcomes, reduce DNAs and dropout rates and save money through improved therapeutic efficiency.

Using session by session ratings of outcomes and alliance, OO-CAMHS focuses on the goal of producing positive change for people whilst decreasing the chances of getting stuck in the system with an intervention that is of no long-term benefit, at the same time as ensuring that the consumers' opinions and choices are always respected.

OO-CAMHS won an East Midlands Innovation Fund Award to develop the model. For the first six months, this project involves collecting data from a CAMHS team implementing OO-CAMHS and one that is not. The data includes: outcomes, drop out from treatment rates, average number of sessions, use of medication, and rates of referral to other services (such as inpatients). Results from the first few months of collecting the comparative data will be presented.

## Poster 3

**A randomised controlled trial and qualitative study of supervised consumption in patients managed with opiate maintenance treatment****● Holland R, Kouimtsidis C, Notley C, Maskrey V, Robinson A, Swift L, Harvey I, and Rosenbloom K**

Hertfordshire Partnership NHS Foundation Trust

**Background:** Over 200,000 opiate-dependent patients are managed with methadone/buprenorphine. Guidance promotes supervised consumption to prevent drug diversion. Supervision interferes with patients' lives and implies lack of trust.

**Methods:** A pragmatic RCT and qualitative study in four community drug treatment services. 293 opiate-dependent patients entering maintenance therapy were recruited.

**Intervention:** Three months daily supervised opiate consumption.

**Control:** Supervision for between 7-28 days for titration/stabilisation followed by unsupervised, daily consumption.

**Outcomes:** Retention in treatment at 12 weeks, illicit drug use, quality of life, criminality.

**Results:** 70% (100/145) of supervised cases and 74% (109/148) of unsupervised cases were retained at 12 weeks. This difference was not significant even after adjustment for site and drug and potential confounders or on a per protocol basis. However, a per protocol survival analysis (max follow-up = 600 days) demonstrated improved retention for those not supervised (HR = 1.4, 95% CI 1.0-2.0, p = 0.05). Illicit opiate use was reduced in both groups and whilst this was not statistically significant when analysed by ITT, this result favoured those not supervised in a per protocol analysis adjusted for site and drug (odds of positive drug screen = 2.1 95% CI 1.1 4.1, p = 0.05). Total number of crimes was also more reduced in those not supervised (difference in mean crimes/month = 8 p = 0.02) and this result was still significant when analysed using per protocol approach. Qualitative evidence found that supervision was accepted by clients who valued daily contact with the pharmacist, but frequent assessment and moving on to unsupervised consumption was also important.

**Implications:** We found no difference in retention or illicit opiate use between groups on our intention to treat analysis, but not supervising led to reduced crime, and our per protocol analysis suggested it may improve retention and opiate use. Discontinuing supervision before three months may therefore have benefits at an individual and societal level, but this must be considered in the context of observational evidence suggesting supervision reduces methadone-related deaths.

---

**Poster 4****Assessing the impact of children with ADHD on the health and well-being of their families**

● **Professor John Brazier** (chief investigator), **Katie Biggs** (study manager)  
University of Sheffield, School of Health and Related Research (SchARR)

Attention deficit hyperactivity disorder (ADHD) is estimated to affect three to seven per cent of school age children (DSM-IV). Evidence shows that children with ADHD experience significant behavioural, emotional and social difficulties, as well as poorer health outcomes, and that there is a significant impact on parents' well-being. There is little data that express these findings in generic health-related quality of life (QoL) measures or utility values that can be used in economic evaluation. This research aims to fill this gap in the current research by providing an insight into the impact of the disorder on all family members living with a child with ADHD.

Children with ADHD will be recruited across the country through NHS clinics and, with their families, will be asked to complete a number of questionnaires. Pragmatic inclusion criteria must be met. 1,000 families will be recruited nationally. 100 of those enrolled will also complete a daily mood diary for one week, and 100 control families will be recruited to complete the questionnaires and the daily mood diary.

Health will be assessed using health-related QoL measures (EQ-5D, EQ-5D-Y and CHU-9). Well-being will be broadly assessed, and measures include self-evaluation and satisfaction questions in a number of domains. Impact on productivity of the parents will also be assessed through questions on employment and time commitments. The large sample will allow exploration of variation in QoL between different severities and treatments and data can be compared to the control group and a matched sample of households from an existing dataset.

---

**Poster 5****ENRICH Study 3: Determining the appropriateness and acceptability of early intervention services for different ethnic groups**

● **Dr Zoebia Islam, Ms Shabana Akhtar, Dr Amanullah Durrani, Professor Swaran Singh**

Research and Innovation, Birmingham and Solihull Mental Health NHS Foundation Trust and University of Warwick

**Background:** The NHS Policy Implementation Guide (2001) recommended the development of 50 early intervention in psychosis (EI) services in the UK by April 2004, each catering for approximately one million individuals. A detailed plan outlines the structure, function and focus of these services. However, a one-size-fits-all model may not take into account differences in local population needs and preferences. It is not clear whether such generic services meet the specific demands and challenges of providing care for black and minority ethnic (BME) patients.

**Aims:** This study explores the appropriateness, accessibility and acceptability of generic EI services for different ethnic groups within Birmingham to understand the care needs and preferences of service users and carers. This study is part of the ENRICH programme and funded by the National Institute for Health Research.

**Methods:** Six focus groups of service users, three of carers, and three of professionals will be conducted at several localities within Birmingham. The research team will aim to ensure wide ethnic representation. The topic for focus groups will be: 'How appropriate and accessible are generic EI services for the specific ethnic and cultural needs of BME communities in Birmingham? How can these be improved?'

**Preliminary results:** We will address themes of trust, alliance, ethnic sensitivity, cultural barriers to help-seeking, perception of unmet needs and alternative provisions to improve BME users' engagement and experience of services. Findings from the study will develop ethnically-appropriate outcome measures that can be used both within EI services and more broadly within mental health services.

---

**Poster 6****Cultural determinants of the duration of untreated psychosis (DUP): the role of symptom attribution and social support in a multi-ethnic population****● R Jasani, R Gajwani, C Jones, SP Singh**

Warwick Medical School, University of Warwick, Research and Innovation, Birmingham and Solihull Mental Health NHS Foundation Trust

**Introduction:** The associations between long DUP length and poor outcomes have been firmly established. Long DUP is thought to be due to insidious onset of symptoms, poor premorbid functioning and other service-related variables. However, the cultural dimension of illness attribution and help-seeking has been largely ignored. We are conducting a study to explore the relationship between culture, ethnicity and help-seeking in first episode psychosis in a large multi-ethnic inner city area in England.

**Method:** As part of the NIHR-funded ENRICH project, 59 newly-accepted patients to Birmingham Early Intervention Service were approached to take part in an in-depth semi-structured interview. The interview assessed the development of symptoms from the onset of prodrome until first psychotic episode, using the Nottingham Onset Schedule (Singh et al, 2005). Spontaneously generated and directly questioned subjective retrospective understandings of the aetiology/cause of symptoms (symptom attribution) and all help-seeking attempts in the pathways to care were also explored.

**Results:** Preliminary results show that DUP length was not mediated by attributions as the majority of patients were either not aware of symptoms or had supernatural explanations. In relation to ethnic differences in DUP, no significant trends were found. However, there was a trend suggesting that Asian-Pakistani patients had longer DUP in comparison to White-British patients. In addition, social support was not significantly associated with DUP length, although there was a trend suggesting that patients who made contact with services on their own experienced shorter DUP. No ethnic differences were observed in this.

**Discussion:** Preliminary results do suggest that there may be ethnic differences in DUP length, but that patients' cultural attributions can not account for this. However, a small sample size inhibits our ability to substantiate this.

---

**Poster 7****It was a relief knowing: ethnic and cultural determinants of help-seeking in first episode psychosis****● Dr Rubina Jasani, Luke Brown, Dr Ruchika Gajwani, Charlene Jones and Professor Swaran Singh**

Birmingham and Solihull Mental Health NHS Foundation Trust and University of Warwick

This paper is part of the ENRICH research programme which aims at understanding ethnic differences in pathways to care in first episode psychosis (FEP); understanding cultural determinants of illness recognition, attribution and help-seeking among different ethnic groups.

**Method:** In a one-year prospective cohort of FEP, we are using the Nottingham Onset Schedule (NOS) (Singh et al, 2005) to generate data on the chronological and symptomatic unfolding of the illness and its relation to user and carer attributions. In a purposive subsample of the cohort, we are conducting in-depth qualitative analysis, using interpretive phenomenological analysis (IPA), to explore the role of culture and ethnicity in relation to symptom presentation and help-seeking.

**Results:** The results show that people have multiple explanatory models, which are often competing and contradictory and perceive the medical explanations to be liberating. Culture is an important component of how service users and carers make sense of the illness experience, but distinctions need to be made about religious and cultural help-seeking. Ethnicity, culture and class (complicated by gender and generation), worked as dynamic categories through these explanations.

**Conclusion:** There is no one dominant model that can explain the complex interplay between culture, illness explanations and help-seeking.

---

**Poster 8** **Pilot evaluation of adapted cognitive behaviour therapy for children with autism spectrum disorder and high anxiety**

● **Eleanor McLaughlin, Helen McConachie, and the Beating Anxiety Together therapy and research team**

Institute of Child Health, Newcastle University

Problems with anxiety are common in children with autism spectrum disorder (ASD). These children tend to have poor understanding of emotions, have limited social skills, and dislike change. Cognitive behavioural therapy (CBT) is successful in the treatment of anxiety disorders but requires some adaptation for children with ASD.

Beating Anxiety Together is a pilot randomised controlled trial of adapted group CBT for children aged nine to 13 years. Exploring Feelings (Attwood 2004) was originally developed in Australia, and was run as seven weekly sessions for two hours where children and parents learned the same techniques in two separate groups. 47 families returned an expression of interest form: of these six young people did not consent, three were not eligible, two could not be contacted and three were late referrals. Thus, 33 families entered the pilot trial and were randomised to immediate therapy or waiting list control. Using the Anxiety Disorders Interview Schedule, young people met criteria for around three separate anxiety disorders (range 1 to 6). Group CBT is not acceptable to all young people with ASD and anxiety, but once they decided to attend no family dropped out (mean 91% attendance). Preliminary analyses indicate significantly more parents and children reported a reduction in anxiety in the CBT than in the waiting control group at first follow-up (3-4 months). The study final follow-up is at 12 months.

---

**Poster 9** **Transition from child to adult mental health services (the TRACK Study): a study of services organisation, policies, process and user/carer perspectives**

● **Dr Zoebia Islam, Dr Moli Paul and Professor Swaran Singh (presenting on behalf of the TRACK Study team)**

University of Warwick

**Background and aims:** Many adolescents with serious mental illnesses experience transfer of care from child to adult mental health services, yet few services have specific arrangements for such transition. The TRACK Study aimed to identify organisational factors that facilitate or impede effective transition from child and adolescent mental health services (CAMHS) to adult services; determine predictors and outcomes of such transition; and explore user, carer and service provider views on the process.

**Methods:** This multi-site mixed-methods study a) mapped transition policies in CAMHS in London and West Midlands; b) evaluated the process of transition by a case note survey of patients who cross the transition boundary in one year; c) conducted a diagnostic analysis across organisational boundaries; and d) explored views of service users, carers and mental health professionals on the process of transition.

**Results:** Findings reveal that out of the 154 young people who crossed the transition boundary between services in the study year, over four-fifths of the entire group were thought suitable by CAMHS clinicians for transition to AMHS but a third (n = 52) were not referred to AMHS. Ninety made a transition to AMHS and only a small minority (3%) were not accepted by AMHS. Those with neurodevelopmental disorders such as ADHD and Autism Spectrum, emotional/neurotic disorder and emerging personality disorder were less likely than those with a severe mental illness, a hospital admission and being on medication to make a transition to AMHS. Fewer than 4% of those accepted by AMHS experienced an optimal transition. Following transition to AMHS, most users stayed engaged and reported improvement in their mental health.

**Conclusion:** The study concluded that for the vast majority of service users, transition from CAMHS to AMHS is poorly planned, poorly executed and poorly experienced.

**Poster 10** Promoting recovery: service user and staff perceptions of resilience provided by a new early intervention in psychosis service

● Adrian Morton, Alicia Fairhurst and Rebecca Ryan

South Essex Partnership University NHS Foundation Trust (SEPT)

**Aim:** The principles and practice of recovery are guiding many changes in mental health service provision across the world including those in early intervention in psychosis (EIP). As a new and developing EIP service, we were interested in finding out if both staff and users perceive the service as promoting resilience and in turn, supporting recovery.

**Methods:** A naturalistic sample of service users and staff completed the Organisational Climate questionnaire to assess the degree to which the service promotes resilience in overcoming a first episode psychosis.

**Results:** The results indicated that both staff and service users similarly perceive the service as positively supporting resilience. The one exception was the staff rated the available resources to meet people's needs as less than service users.

**Conclusions:** The positive rating of resilience indicated that the service is working in a manner consistent with a recovery orientation. The results of the survey acted as a benchmark to compare with both other EIP services and future performance.

**Poster 11** Family-focused adversities from early childhood to adolescence (the ROOTS Project)

● Dunn VJ, Abbott RA, Croudace TJ, Wilkinson P, Jones PB, Herbert J, Goodyer IM

Developmental and Life-course Research Group, Department of Psychiatry, University of Cambridge

**Background:** The environments to which our children and adolescents are exposed have potentially lasting effects on cognitive and behavioural development. Childhood adversities (CAs) rarely occur in isolation and an understanding of this complex adverse environment is essential to better understand the mental health risk in adolescents.

**Methods:** Family-focused adversities were assessed using the Cambridge Early Experiences Interview (CAMEEI) with primary carers of 1,143 randomly recruited 14-year-olds in Cambridgeshire and Suffolk (ROOTS Project). Adversities were recorded in early and late childhood and early adolescence. Latent Class Analysis (LCA) grouped individuals into adversity classes for each time period and longitudinally. Adolescents were interviewed using the K-SADS-pl to generate DSM-IV diagnoses.

**Results:** A 4-class model was generated for each time period and longitudinally. In early childhood, 69% were allocated to a low adversity class and 19% to moderate. The severe class, 6%, was characterised by high rates on all adversity indicators and accounted for almost all abuse incidents. An unexpected atypical parenting class was identified accounting for 7% in early childhood. Class membership was fairly stable over time (~ 55%) and escape from adversity uncommon by age 14. The odds ratio for psychopathology in adolescents allocated to the longitudinal severe class compared to the low adversity class ranged from 8 for behaviour disorders through to 4.8 for depressions and 2.0 for anxiety disorders. Exposure to atypical parenting doubled the OR for non-suicidal self-injury and increased it by 1.5 for depression. Only in the low adversity class did significantly more females than males report psychopathology.

---

**Poster 12**    **The SCIMITAR Study: a smoking cessation intervention for patients with severe mental ill health trial. A pilot study evaluation of a bespoke smoking cessation service**

● **Mei-See Man, Simon Gilbody, on behalf of the SCIMITAR Study group**  
University of York

**Background:** Smoking is a significant health issue in people with mental health problems. These patients do express a desire to stop smoking, but they may require different strategies and greater support to help them quit smoking. There are no quit smoking support services specifically for people with mental health problems, so we have created a support service designed specifically for this patient group. The aim of the study is to evaluate a bespoke smoking cessation (BSC) service specifically tailored to individual patients with severe mental illness (SMI).

**Method:** This pilot study will recruit 100 SMI patients of whom approximately 50 will be randomised to receive the BSC intervention compared to usual GP care. The BSC intervention consists of an allied mental health professional trained to deliver smoking cessation interventions, to become the patients mental health smoking cessation practitioner (MH-SCP). They will work with the patient and their GP to advise on anti-smoking medication and provide behavioural support to cutting down to quit, setting quit dates and maintaining a smoke-free lifestyle. The main objective is to assess how well the BSC intervention can help SMI patients stop smoking by measuring carbon monoxide validated quit rates at 12 months follow-up. We will also examine whether the service is acceptable and cost-effective by using general health questionnaires and performing an economic evaluation and a qualitative sub-study.

**Results:** The study protocol will be presented.

**Conclusion:** The SCIMITAR Study is a pilot study evaluating a bespoke smoking cessation service in SMI patients.

---

**Poster 13**    **Temperament and personality in adolescents**

● **Ruth Spence, Dr Matthew Owens, Professor Ian Goodyer**  
Developmental and Life-course Research Group, Department of Psychiatry,  
University of Cambridge

**Background:** During the transition from childhood to adolescence, there is a dramatic rise in the incidence of mental health issues. There is evidence to suggest that temperament and personality are linked to the formation and persistence of these problems. Elucidating the associations between dispositional factors and mental health will help tailor treatments and identify vulnerable individuals who may benefit from early interventions.

**Aim:** The aim of the present study was to form an integrated model of adolescent temperament and personality by using structural equation modelling. Temperament was measured by the EAS Temperament Survey for Children (EAS; Buss & Plomin, 1984) assessed at 14 and 17 years of age, and personality was rated using the NEO Five Factor Inventory (NEO FFI; Costa & McCrae, 1992) recorded at 19 years of age, in a prospective study over the adolescent years.

**Results:** The temperament measures were stable over time and suggest that neuroticism is associated with earlier emotionality, extroversion is linked to higher sociability and activity and lower shyness, openness is related to less activity and sociability, agreeableness is predicted by increased sociability and conscientiousness is predicated by higher activity.

**Future directions:** Self-report measures of depressive and anxiety symptoms from the Moods and Feelings Questionnaire (MFQ; Angold & Costello, 1987) and Revised Childrens Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1978) will be added to the model to explore bi-directional influences between psychopathology and personality formation. The results of this work will then be used to investigate influences on service use and engagement.

**Poster 14** Carers' and care coordinators' experiences of communication in an early intervention in psychosis service

● **Abdullah Mia, trainee clinical psychologist, University of Essex, commissioned by Dr Adrian Morton, lead consultant clinical psychologist South Essex Partnership University NHS Foundation Trust (SEPT)**

A major focus in the development of early intervention in psychosis (EIP) services has been the provision of youth-focused care for young people diagnosed with the illness. There is also a growing interest in the impact of first episode psychosis (FEP) on carers and the involvement of carers in the planning of care for those with such a diagnosis.

This project examines and evaluates the communication and involvement of carers in a local EIP service. Utilising a co-operative inquiry methodology, it sought to empower carers in the development of research that can impact upon service improvement and delivery.

Working alongside carers, a qualitative research project was developed with specific questions in mind focusing on the topic of communication from the perspective of both carers and care coordinators. These interviews were then transcribed and analysed with themes drawn out.

Themes focused broadly on access to the EIP service; identity; and communication and recovery. The strongest themes to emerge were increasing awareness of the EIP service and improved communication between health care professionals.

Involving carers in the process of developing a research project has empowered the carers to become more active in highlighting deficiencies in the healthcare of young people and seeking ways of improving services.

**Poster 15** ASSSIST: Autism spectrum Social Stories in schools trial

● **The Lime Trees research team on behalf of the study steering group**  
Lime Trees Child, Adolescent and Family Unit, North Yorkshire and York Primary Care Trust

**Background:** Social Stories (Gray, 2000) are an intervention for use with children with autistic spectrum disorders (ASD). They consist of a story book using pictures and simple language which place the child in a story which depicts positive social coping. By regularly reading or hearing a story in which they feature, the child learns to adopt specific social skills. There has been no research on their use in mainstream education. The aim of this study is to develop a manualised Social Stories intervention for use with children with ASD in mainstream schools, effective in reducing challenging behaviour.

**Study design:**

*Stage 1:* A systematic review examining the use of Social Stories in children with ASD, with particular reference to challenging behaviour in mainstream schools.

*Stage 2:* A qualitative analysis, with user interviews and a focus group to gather information relating to optimal design and use of Social Stories with children with ASD. This will inform an expert writing panel who will develop a manualised Social Stories toolkit for use in mainstream schools.

*Stage 3:* A feasibility RCT comparing manualised Social Stories intervention with attentional control. Qualitative interviews will explore the acceptability and utility of the manualised Social Stories intervention.

**Future research:** Results of the feasibility study, including parameters, outcomes and cost-effectiveness, will inform the design of a full RCT.

---

**Poster 16**    **Computerised cognitive behaviour therapy for depression in adolescents: a pilot trial**

● **The Lime Trees research team on behalf of the trial steering group**

Lime Trees Child, Adolescent and Family Unit, North Yorkshire and York Primary Care Trust

**Background:** The prevalence of adolescent depression is about 2 per cent (Harrington, 2001). Medication is not favoured due to poor efficacy and high side effects (NICE, 2005). Cognitive behaviour therapy (CBT) is known to be effective (Compton et al, 2004) but demand typically outstrips resources. Computerised CBT (cCBT) represents an alternative form of therapy with potential to enhance CBT access for young people. Evidence suggests existing cCBT is effective for adult depression (Proudfoot et al, 2003) but few studies have investigated cCBT interventions for adolescent depression.

**Objectives:** (1) Conduct a pilot and feasibility trial to establish the acceptability of cCBT treatment for adolescent depression; (2) Obtain qualitative information about recruitment and acceptability with the cCBT programme.

**Methods:** Participants will be randomised to receive either access to the cCBT programme Stressbusters or equivalent access to selected computer-based self-help websites about mood and coping strategies. Participants aged 12-18 years with low mood (a score of 20 on the Moods and Feelings Questionnaire (MFQ)) will be recruited via referrals to child and adolescent mental health services and through a school screening programme. Participants will have access to treatment as usual.

**Results:** The primary outcome is the MFQ score. Secondary outcomes are scores on the Beck Depression Inventory and Spence Anxiety Scale. **Conclusions:** Important information will be obtained regarding the use of cCBT for adolescent depression and about acceptability, delivery, venue, attrition rates and feasibility of recruitment to a multi-centre RCT of cCBT. This trial is funded by the NIHR Research for Patient Benefit programme.

---

**Poster 17**    **Translation of the Strengths and Difficulties Questionnaire into British sign language**

● **The Lime Trees research team on behalf of the trial steering group**

Lime Trees Child, Adolescent and Family Unit, North Yorkshire and York Primary Care Trust

**Background:** Emotional difficulties in deaf children are vastly under-researched. Despite evidence that deaf children have higher rates of mental health problems, there is no mental health screening measure or service evaluation. One scale commonly used in CAMHS assessment, the Strengths and Difficulties Questionnaire (SDQ), is available in over 60 languages, but not British sign language (BSL) at present.

**Objectives:** To produce a validated BSL version of the SDQ for deaf children, parents and teachers.

**Method:** The SDQ will be translated into BSL using a back translation methodology (Beaton et al. 2003) by two adult BSL users. They will be formatted onto visual media (eg DVD) and piloted with age relevant focus groups (young people, adults). Final approval will be sought from Robert Goodman, original author of the SDQ. The translated SDQ will be validated by 138 BSL-using deaf young people (aged 11-16), from national deaf CAMHS, their parents and teachers. Hearing participants will also be recruited and a subsample of hearing participants will be administered the DAWBA (a validated semi-structured diagnostic procedure). Deaf participants will be administered a clinical interview based on the DAWBA.

**Results:** The study will result in a validated mental health measure translated for use by BSL users.

**Conclusion:** The validated BSL version of the SDQ will be implemented across NDCAMHS. In addition, epidemiological data will be analysed with a view to informing practice at the newly-developed NDCAMHS.

---

**Poster 18** **The transfer of care at 17 project (TC17) pilot phase: mental health and service use in the transition to adulthood**  
● **Matt Owens, Valerie Dunn, Mischa Gwaspari, Kelly Harris, Megan Ryan, Sonya Tsancheva and Ian Goodyer**

Developmental and Life-course Research Group, Department of Psychiatry, University of Cambridge

**Background:** Mental health problems are ubiquitous and burdensome for the individual and approximately 10 per cent of children in the UK are diagnosed with a mental disorder (Green et al, 2004). Adolescence is a complex time of transition from school to work or further education, from childhood dependency to adulthood responsibility, and a time of coping with new expectations, physiology and emotions. Perhaps unsurprisingly then, adolescence constitutes a particularly critical period of vulnerability for problems, where half the lifetime mental disorders begin in the middle teenage years and three quarters by the mid-20s (Kessler et al., 2007). The transfer of care at 17 project (TC17) focuses on specific transition periods in two groups of young people at elevated risk for serious mental health problems: looked after children (LAC) and young people receiving psychological help from child and adolescent mental health services (CAMHS). Previous research has demonstrated that both transitions out of social care and away from CAMHS can be problematic in terms of increased mental health problems and reduced use of services.

**The present study:** In this pilot phase of the TC17 project, we have used a cross-sectional design to assess 53 young people (27 LAC and 26 CAMHS) on a range of diagnostic and interactive interview schedules, standardised self-report instruments and a cognitive test battery, measuring domains including mental health, service use, well-being, perceptions of barriers to services, personality and cognitive ability.

**Results and future directions:** Preliminary findings of the pilot data will be presented including associations between study variables.

---

**Poster 19** **START (Systemic therapy for at risk teens)**

● **Pauline Martin**

University College London and University of Leeds

We aim to evaluate the effectiveness of multisystemic therapy (MST) in the UK context, compared with carefully documented management as usual (MAU) for adolescents who are at high risk of requiring out-of-home care because of antisocial behaviour, mental health problems or educational problems. Developed in the United States, MST is an intensive intervention focusing on the interconnected systems that impact upon a young person's behaviour. An evidence base suggests that MST is effective in reducing arrests and convictions post treatment, as well as improving family well-being. We are investigating whether MST can reduce the incidence of out-of-home placements.

This multi-site trial aims to recruit 700 families. Young people aged 11-17 are referred from various agencies who meet the inclusion criteria of being excluded or at risk of school exclusion; high levels of non-attendance at school; an offending history or at significant risk of offending; living at home and have a consenting caregiver. Exclusion criteria includes generalised learning problems or presenting issues for which MST has not been empirically validated. We will use various measures to ascertain efficacy, including semi-structured interviews, psychometric assessments, and standard questionnaires, as well as data gathered from regional and national education and offending databases. Once recruited, families are randomised to either MST or MAU and followed up over 18 months.

The outcomes will inform policy-makers, commissioners of services and professionals about the potential of MST in a UK context and the cost-effectiveness of an intensive service.

---

**Poster 20**    **The complexities of conducting a multi-centre RCT of family therapy versus TAU for young people who self-harm**

● **Amanda Farrin, Kayleigh Burton, Michelle Collinson, Fiona Lambert, Justine Rothwell, Liz Graham**

Clinical Trials Research Unit, University of Leeds

Conducting clinical trials involving behavioural and psychological interventions is becoming increasingly complex. Trial teams are often presented with many challenges requiring careful consideration if the study is to be implemented successfully. SHIFT (Self-harm intervention, family therapy) is a randomised, controlled trial, comparing family therapy with treatment as usual (TAU) for adolescents who have self-harmed, with a primary outcome of repetition of self-harm leading to hospital attendance. The trial is recruiting in more than 30 child and adolescent mental health services (CAMHS) across England. We will present the challenges encountered during the design and implementation of SHIFT, and solutions found.

- 1) SHIFT-specific family therapists (FTs) work as a team according to a cross-Trust model, involving delivery of the trial intervention in a number of locations and Trusts. Researchers also work with participants across a large geographical area. This has involved detailed and timely consideration of complex logistics, and creative solutions to ensure optimal recruitment and treatment.
- 2) TAU clinicians within CAMHS, as well as SHIFT FTs, are involved in participant identification, treatment and follow-up. The challenges of involving such a large number of clinicians will be explored.
- 3) Balancing researcher blinding against a) appropriate communications with clinicians and participants following randomisation and b) data collection methods will be discussed in detail.
- 4) Finally, we will discuss the multiple methods (including direct collection of objective outcome measures via acute Trust records) employed to collect the primary outcome in order to maximise reliable data collection.

---

**Poster 21**    **Pavlovian to instrumental transfer during instrumental avoidance in binge drinkers and detoxifying alcoholics**

● **Leanne Trick, Hugh Williams, Theodora Duka**

University of Sussex

Pavlovian to instrumental transfer (PIT) indexes the influence of conditioned cues on vigour of instrumental responding. PIT is important in addiction, as it could contribute to maintenance of drug-seeking and incidence of relapse. We investigated PIT in binge drinkers versus non-binge drinkers (experiment 1; n=38), and detoxifying alcoholics versus healthy controls (experiment 2; n=71) using avoidance of an aversive event as the reinforcer.

During Pavlovian training three visual stimuli predicted aversive noise with 90%, 50% or 10% (experiment 1) and 100%, 50% or 0% (experiment 2) probability. In separate instrumental training, participants acquired an avoidance response that functioned to cancel onset of aversive noise. Following training, the Pavlovian stimuli were presented in the instrumental context to determine if they would augment the rate of avoidance responding. Expectancy ratings and rates of avoidance responding were measured. Patients acquired the contingencies more slowly than controls (fewer patients aware during block 1 of training ( $z=3.53$ ;  $p=.060$ ) and slower to make expectancy ratings ( $F_{12,65}$ ;  $p<.005$ )) (experiment 2). However during the PIT phase, expectancy ratings differed in the expected direction in both experiments ( $F_s > 77.73$ ;  $p_s < .001$ ): there was no difference between groups. Response rates indicated the occurrence of PIT in both experiments ( $F_s > 4.327$ ;  $p_s < .05$ ); in experiment 1, PIT was observed only in binge drinkers ( $F=5.017$ ,  $p<.05$ ); no differences were found between patients and controls.

The results suggest that Pavlovian stimuli control avoidance behaviour more in binge drinkers than non-binge drinkers. Thus excessive drinking in binge drinkers may potentially be due to increased susceptibility to PIT.

---

**Poster 22** The CoBaIT study (CBT for depression): patients reasons for declining to participate

● Maria Barnes, Nicola Wiles, Laura Thomas, Anna Able, Nicola Ridgway, Caroline Jenkinson, Rachel Winder, Sandra Hollinghurst, Debbie Sharp, Tim Peters, David Kessler, Bill Jerrom, John Campbell, Jill Morrison, Willem Kuyken, Chris Williams, Glyn Lewis, Katrina Turner  
Bristol University

Many patients with depression express a preference for talking therapies, and guidelines advocate increased use of cognitive behavioural therapy (CBT) in combination with antidepressants for patients with treatment-resistant depression (TRD). There is no empirical evidence to support this claim. Little is known about why people do not take part in research.

CoBaIT is a multi-centre randomised controlled trial examining the effectiveness of CBT in addition to pharmacotherapy for patients with TRD. Following a three-stage recruitment process, 470 patients were randomised to usual care or usual care plus CBT. Initial contact was by letter from the GP, requesting consent to be contacted by the researchers. Patients who did not want to be contacted were asked to indicate their reason(s). A sample of decliners was interviewed by telephone to further explore their reasons for non-participation.

4,593 patients responded to the letter, 1,646 (36%) declined to participate. 58% did not want to take part in research and 42% did not want a talking therapy (42%). One-third agreed to an interview. 25 patients were interviewed. Interviewees described how they had declined to participate because of previous negative experiences of talking therapies, not wanting to rake up the past or speak to someone face-to-face.

Collecting data from decliners can provide important insights into the acceptability of a treatment. Although many patients have a preference for talking therapies, our study shows there is a substantial group of patients who have concerns about talking therapies. These need to be addressed by those recruiting to CBT trials.

---

**Poster 23** The Social Epidemiology of Psychoses in East Anglia (SEPEA) Study: 18-month interim report

● Stubbins CL, Jones PB, Kirkbride JB  
University of Cambridge

**Background:** We know little about the incidence of psychotic disorders beyond cities or when measured through early intervention in psychosis services (EIS). The Social Epidemiology of Psychoses in East Anglia [SEPEA] Study addresses these issues.

**Method:** Population-based study of clinically relevant first episode psychosis [FEP; ICD-10 F10-39] in people aged 16-35 years, detected through EIS across East Anglia. We collected basic socio-demographic and diagnostic data on service users incepted over the first 17 months of the study.

**Results:** We identified 251 cases with a potential FEP from over 750,000 person-years at-risk. Nine subjects were excluded through not meeting clinical diagnosis for psychotic disorder. The crude incidence of FEP was 32.0 per 100,000 person-years (95%CI: 28.2-36.3). Elevated rates were observed in black (rate ratio [RR]: 2.1; 95%CI: 1.1-4.0) and mixed (RR: 1.9; 95%CI: 1.0-3.7) ethnic groups compared with the white British population after adjustment for age, sex and EIS. Additionally, there was evidence rates varied across East Anglia ( $p=0.003$ ). Median age at first contact was 22 years for men (IQR: 19-26) and 21 years for women (IQR: 18-24). Men had increased rates of psychosis compared with women (RR: 2.0; 95%CI: 1.5-2.6).

**Discussion:** Incidence rates in our diverse, rural population were higher than predicted for EIS. Variation by age, sex, ethnicity and geographical location is important for service provision, and suggests socio-environmental factors may influence psychosis onset in rural as well as urban communities. This hypothesis will be explored in greater detail in the full three-year data from the SEPEA Study.

---

**Poster 24****Recruiting ahead of schedule: what worked in the REEACT trial**

● **Puvan Tharmanathan, Liz Littlewood, Phil Andersen and Simon Gilbody**  
Department of Health Sciences, University of York

Recruitment of participants into clinical trials is a known problem, with many trials failing to reach their recruitment targets (Mapstone et al, 2007). Trials involving participants with mental health problems often struggle to recruit. This is a particular problem in primary care (Hetherington et al, 2004) making research in this area challenging.

The multi-centre REEACT trial led by the University of York ([www.reeact.org.uk](http://www.reeact.org.uk)) recently completed recruitment ahead of target. It recruited primary care patients with depression using two strategies – database screening to identify potentially eligible recruits to target (Richards et al, 2008) and traditional GP referral from face-to-face consultations.

We have previously presented interim data from the study on recruitment (MHRN Conference, 2010), in which we provided a breakdown of participants entering the trial from the respective recruitment strategies and compared the conversion rate (ie to trial participants) for each of the strategies (ie at MHRN 2010). With recruitment now complete, we can update this analysis and examine it in relation to the recruitment pattern over the course of the trial and baseline characteristics of the trial population. The findings from the experience in the REEACT trial will help inform researchers which recruitment strategy might best be employed in future studies.

---

**Poster 25****Section 136, Mental Health Act: a peek at under-18s**

● **Dr Prajakta Patil and Dr Gillian Mezey, South West London and St George's Training Scheme, Dr Paul Tiffin, consultant adolescent forensic psychiatrist**

Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust

Section 136 (s.136) is the sole section by which a non-medically trained person can detain an individual on the mere suspicion of a mental disorder. Research on adults has found high incidence of ethnic minorities, socially disadvantaged, unemployed individuals with previous psychiatric and forensic histories. There is no information in literature regarding under-18s. It is unclear the extent to which their characteristics differ from adults and if their needs are met by psychiatric services.

**Aim:** To describe the characteristics of under-18s subjected to s.136 during a 15-month period in Tees, Esk and Wear Valleys NHS Foundation Trust covering Durham, Darlington, Middlesbrough and Stockton.

**Methods:** Data regarding all under-18s subjected to s.136 during the 15-months was obtained from the Trust electronic records regarding demographics, reasons for s.136 and background history.

**Results:** All under-18 (n=21) s.136 assessments over a 15-month period: Male/female: 4:3. Ethnicity: 100% White. Family psychiatric history: 47.61%(10). Previous CAMHS involvement: 52.38%(17). Forensic history: 61.90%(13).

**Reasons for s.136:** Actual/threatened self-harm: 19 (90.5%). Public disruption: 1 (4.76%). Not documented: 1 (4.76%).

**Contributing diagnosis (% s.136s):** No mental disorder contributing at the time of s.136: 19 (90.5%). Adjustment disorder: 1 (4.76%). Not documented: 1 (4.76%)

**Established diagnoses/problem behaviours:** h/o self-harm: 33.33% (7). h/o ADHD, conduct disorder/behavioural problems: 14.26% (3). Learning disability: 4.76% (1)

**Conclusions:** Low rates of diagnosed mental illness despite more than half known to CAMHS. High incidence of self-harm. High rates of forensic involvement. No association found with substance misuse. Further study comparing adults vs under-18s under way.

**Poster 26****What factors influence the identification of students at high risk of psychosis in 16+ education? Development of a theory-based questionnaire for teachers**

● Russo D, Perez J, Stochl J, Croudace TJ, Shelley G, McAlinden C, Crane C, Jackson E, Painter M and Jones PB

Department of Psychiatry, University of Cambridge and CAMEO early intervention services, Cambridgeshire and Peterborough NHS Foundation Trust

**Rationale:** Teachers are in a fundamental position to pick up early signs of psychosis. Before attempting to design an educational programme to help teachers detect students who may be at risk of developing psychosis, it is necessary to explore the factors that are currently influencing their identification in 16+ education.

**Objectives:** To design an instrument to measure factors influencing teachers of 16+ students in the identification of individuals at risk of psychosis according to the Theory of Planned Behaviour (TPB). This will inform the subsequent design of educational programmes for a cRCT that aims to evaluate the most effective technique to help schools and colleges detect early psychosis.

**Methods:** An elicitation study was conducted to identify beliefs underlying teachers' motivations to detect at risk students. Then, a 116 item measurement instrument was constructed, incorporating all constructs outlined in the TPB. This was piloted on a sample of 75 teachers from 12 counties to define the determinants of intention to identify these students.

**Results:** Polytomous graded response model was used to remove redundant items from the questionnaire. The final instrument comprised 74 items and showed acceptable reliability ( $\alpha = 0.74-0.81$ ) for all constructs. Path analysis revealed that Subjective Norm did not predict Intention. However, Attitude ( $0.39, p < 0.01$ ) and PBC ( $0.46, p < 0.01$ ) significantly predicted Intention. Collectively, the TPB measures explained 37% of the variance of Intention to identify at risk students.

**Conclusion:** This research demonstrates how the TPB can be used to identify and measure factors that influence identification of students at high risk of psychosis in 16+ education.

**Poster 27****The second randomised evaluation of the effectiveness and acceptability of computerised therapy trial (REEACT-2). Does the provision of telephone support enhance the effectiveness of therapy?**

● Gwen Brierley, Sally Brabyn, Simon Gilbody on behalf of the REEACT-2 study group

University of York

**Background:** Cognitive behaviour therapy (CBT) has emerged as the leading evidence-supported form of brief psychotherapy for people with depression with existing therapist resources unable to meet demand. Online CBT could enhance access to psychological care. Indirect trial evidence suggests that the benefit associated with telephone-supported cCBT is greater than with unsupported cCBT (pooled effect size for supported therapy  $d = 0.61$ ; 95% CI: 0.45-0.77 versus unsupported therapy Cohens  $d = 0.25$ ; 95% CI: 0.14-0.35). A structured programme of weekly low-intensity support phone calls offering technical help for those unfamiliar with either computers or the cCBT packages, with a level of motivational enhancement to encourage participants to complete the course of sessions, may help people with depression to engage with online therapy.

**Design:** REEACT-2 is a fully randomised controlled trial evaluating the clinical and cost-effectiveness of the addition of structured telephone support to cCBT packages. Participants will be individually randomised into one of two treatment groups: (1) usual GP care plus a free-to-use computerised CBT package with support offered on an ad hoc basis in line with current local practice; (2) usual GP care plus a free-to-use cCBT package with weekly telephone support phone calls.

**Outcomes:** Primary outcome: depression symptoms and severity at four months. Secondary outcomes: depression at 12 months, anxiety, somatoform complaints, client satisfaction and health state utility at four and 12 months.

---

**Poster 28** **Evaluation of a therapeutic community intervention for personality disorder in high secure learning disability**

● **Catrin Morrissey, Jon Taylor, Sarah Trout, Charlene Bennett**

National High Secure Learning Disability Service, Rampton Hospital

Therapeutic communities (TCs) are psychologically informed, planned environments. There is a developing evidence base for their efficacy in treatment of personality disorders, particularly in forensic settings (eg Miller & Brown, 2010). However, they have never been applied in forensic services for people with intellectual disabilities. The opening of a purpose-built new facility for the National High Secure Learning Disability Service in June 2010 has provided an opportunity to introduce and evaluate a TC treatment model for patients with personality disorders in one of the units. This poster describes the research protocol, developed with the aid of local NICE funding. Baseline and early outcome data will be presented.

---

**Poster 29** **A pilot study of domestic violence advocacy integrated in mental health services**

● **Kylee Trevillion, Professor Gene Feder, Dr Sarah Byford, Dr Roxanne Agnew-Davies, Dr Diana Rose, Professor Louise M Howard**

Section of Women's Mental Health, Health Service and Population Research Department, Institute of Psychiatry, King's College London

**Background/objectives:** High numbers of mental health service users experience domestic violence, but mental health services often do not detect abuse or provide inadequate responses. This research seeks to investigate how to improve the response of mental health services to domestic violence (DV).

**Methods:**

1. Qualitative study to investigate experiences of response of mental health services to domestic violence, from professional and service user perspectives.
2. Pilot study of multi-faceted DV intervention for community mental health team (CMHT) professionals and service users disclosing past year violence. The intervention included: domestic violence education and training for health professionals by DV advocates; CMHT information campaign on domestic violence, highlighting the problem of domestic violence and support available in the community; integrated advocacy, delivered by domestic violence advisors.

**Results:** Mental health professionals' knowledge about domestic violence improved at six months follow-up compared with baselines scores. There is also preliminary evidence of improved outcomes for service users' experience of domestic violence, needs and quality of life.

**Implications:** Domestic violence advocacy integrated within mental health services may help improve professional competencies in identifying and responding to abuse and support effective healthcare delivery for service users.

- 
- Poster 30** **ENDEAVOR (Enhancing delivery and outcomes of vocational rehabilitation: improving employment for young people with a first episode of psychosis)**  
● F Preston, SC Carr, J Smith, M Rinaldi, P Power, P McCrone, G Shepherd, TK Craig, S Singh  
Birmingham and Solihull Mental Health NHS Trust, Institute of Psychiatry, King's College London, Worcestershire Mental Health Partnership NHS Trust, South West London and St. George's Mental Health NHS Trust, South London and Maudsley NHS Foundation Trust, Centre for Mental Health, University of Warwick
- ENDEAVOR is a multi-centre randomised trial to assess whether additional team training in motivational interviewing (MI) techniques enhances the effectiveness of a supported employment intervention (Individual Placement and Support – IPS) for young people experiencing their first episode of psychosis. Employment outcomes are compared between sites providing both IPS and MI (Birmingham and Wandsworth, London) and those providing IPS alone (Worcester and LEO service, London). It is hypothesised that the combination of IPS+MI will result in at least a 20 per cent improvement in the proportion of individuals in employment/educational activity at 12 months compared with that attained by IPS alone. The study aims to recruit a total of 160 participants (40 per site) and monitor their vocational development over a 12-month period. Baseline data is collected from each participant including previous education and vocational experiences, current activities and future plans. Further vocational information is obtained at 6 and 12 month follow-up interviews. The study also aims to map the general vocational trends in these four sites. The presentation will briefly describe the background research which led to the development of the current study. It will also outline the structure of the research including details on the measurements used and hypothesised outcomes.

- 
- Poster 31** **Antiglucocorticoid augmentation of antidepressants in depression (the ADD study)**  
● Paul Sigalas, Lucy Stevens, Lisa Svennson, Helen Watkinson, Stuart Watson, R Hamish McAllister-Williams, I Nicol Ferrier  
Institute of Neurosciences, Newcastle University and Northumberland, Tyne and Wear NHS Foundation Trust
- Background:** Depression is associated with significant morbidity, mortality and cost to society. It can be effectively treated with antidepressants. However one third of patients do not respond to first line treatment. A dysregulated hypothalamus-pituitary-adrenal (HPA) axis is found in depression often with hypercortisolaemia. Pre-clinical work in Newcastle shows that corticosteroids attenuate neuropharmacological effects of serotonergic antidepressants, while glucocorticoid antagonists have the opposite effect. Clinical data demonstrates that a dysfunctional HPA axis is associated with poorer response to antidepressants.
- Aims:** An MRC/NIHR Efficacy and Mechanism Evaluation grant has been awarded to examine the effect of a three-week treatment with metyrapone (cortisol synthesis inhibitor) alongside standard antidepressants in patients who have previously failed to respond to antidepressant treatment (the ADD study). In addition to efficacy, the ADD study is investigating the mechanism by which metyrapone may enhance response.
- Methods:** The ADD study is recruiting 190 patients randomised to either placebo or metyrapone. Alongside effects on mood, sub-sets of patients are undergoing assessment of neuropsychological function, fMRI and EEG examinations.
- Conclusions:** The ADD study is investigating a paradigm shift in the treatment of depression which has potentially vast implications around how this serious condition is managed in the future.

---

**Poster 32** **Medically unexplained symptoms and liaison psychiatry service: case report, evidence-based treatments and integrated pathway with role of liaison psychiatry service**

● **Dr M Wong, Dr V R Badrakalimuthu, Dr C Morrison and Dr C Walsh**

Liaison Psychiatry, Addenbrooke's Hospital, Cambridge, and Department of Engineering, University of Cambridge, Cambridge

**Medically unexplained symptoms (MUS):** About 10–20 per cent of patients who present physical symptoms in primary care, can be diagnosed with MUS and have poor quality of life. Empowering explanations from doctors and psychological treatments are associated with good prognosis and can reduce healthcare contacts. This presentation involves a case report and discussion on how liaison psychiatry can influence and integrate patient pathway.

**Developing integrated care pathway for MUS:** From considering the case studies of a range of patients and mapping out possibilities, we identified four themes that need to be considered in entrance, treatment and exit stages: education/supervision; patient acceptance; integration/continuity; data.

**Liaison psychiatry:** Liaison psychiatry is the sub-specialty which provides psychiatric treatment to patients attending general hospital and deals with the interface between physical and psychological health. Thus, it is ideally placed with skills, resource and knowledge to link with acute and primary care in assessing and managing patients with MUS as well as developing services. Role for liaison psychiatry includes: 1. act as a hub for knowledge and skills in assessing and treating MUS, and in this role can provide education, training and supervision to patients, carers and services; 2. provide assessment and bio-psycho-social treatments for the most challenging patients with MUS; 3. provide guidance on developing integrated patient journey pathways by identifying criteria for referrals and management across the health sector, based on clinical presentation as well as skills of teams; 4. act as an advocate for patients with MUS to receive timely and appropriate psychosocial interventions.

---

**Poster 33** **The prevalence and importance of unrecognised bipolar disorder among patients prescribed antidepressant medication in UK general practice (PAPPA)**

● **Tom Hughes, Allan House, Alastair Cardno, Robert West, Kate McClintock, Federica Marino-Francis, Imogen Featherstone**  
Leeds Partnerships NHS Foundation Trust and University of Leeds

**Background:** Depression is a common problem presenting in primary care. Research from the USA suggests that 21-26 per cent of those who receive a diagnosis of depressive disorder in primary care actually have bipolar disorder.

**Research questions:** 1. What is the prevalence of undiagnosed bipolar disorder among people being treated in UK primary care with antidepressants for depressive or anxiety disorder?; 2. Do patients with undiagnosed bipolar disorder have more severe illnesses than people being treated for depressive or anxiety disorder who do not have undiagnosed bipolar disorder?; 3. What is the accuracy of the Mood Disorder Questionnaire as a means of identifying bipolar disorder in UK primary care?

**Method:** Cross-sectional sample of 348 patients aged between 16 and 40, registered with general practices in West Yorkshire and prescribed antidepressant medication, excluding certain conditions.

**Measures:** A brief screening questionnaire for bipolar disorder, the Mood Disorder Questionnaire; a standardised psychiatric interview, the Schedules for Clinical Assessment in Neuropsychiatry; a Health Related Quality of Life measure (SF-36). Primary and, where relevant, secondary care records will be examined. The accuracy of the screening questionnaire (MDQ) will be examined using the diagnostic interview as the validating criterion.

**Progress:** Recruitment began in December 2010 and is now 15 per cent of the required sample .

**Funding:** The study is funded by NIHR Research for Patient Benefit programme. We are grateful to the OneMedicare group of surgeries, West Yorkshire CLRN and West Yorkshire PCRN for their assistance.

**Poster 34 Attitudes and barriers to research for frontline clinicians**

● **Dr Simon J Taylor, Dr Martin Clarke, Rosie Dobel-Ober**  
Mental Health Research Unit, Derbyshire Healthcare NHS Foundation

**Introduction:** There has been a shift in research towards larger pragmatic trials carried out in the ordinary conditions of clinical practice. Networks such as the Mental Health Research Network (MHRN) have been established to facilitate this and devolve recruitment of participants to these real world clinical settings. Encouraging clinicians' involvement has been difficult. There appears to be a paucity of publications on this topic. This study sets out to examine what are the attitudinal and practical barriers for frontline clinicians in their involvement in these studies and recruitment of participants.

**Method:** Questionnaires were sent out to all psychiatrists working in one mental health trust involved in a number of MHRN studies. Participants were asked about previous research experience, attitude to research and perceived barriers to research.

**Results:** Responses were received from 47 per cent of consultants and 18 per cent of trainees. Overall, attitudes towards research were favourable. There was little difference in attitudes between consultants and juniors, or between consultants with or without research experience. Time and workload were identified as the major barriers to involvement, although a minority requested support and guidance or simplicity in the process. Only a minority of respondents (10 per cent) cited disinterest.

**Discussion:** Factors that may increase involvement in these studies are discussed.



**Interested in getting involved in research supported by the MHRN?**

**Come to our surgery session on Thursday 7 April at 4pm at the MHRN stand to find out more about opportunities to get involved.**

**Recently, we have been looking for mental health professionals to be involved in studies:**

- evaluating an intervention for carers and the impact on people with anorexia nervosa;
- evaluating a novel agent to combat weight gain in people with schizophrenia who are taking olanzapine;
- looking at people with bipolar disorder and the use of the Mental Capacity Act;
- trialling a drug treatment for depression and anxiety in children and adolescents;
- looking at genetic causes of bipolar disorder, schizophrenia and alcoholism.

**Research teams have also asked us to find people to advise on the feasibility of:**

- a programme of studies investigating a drug licensed for depression in children and adolescents;
- a study about an add-on treatment for people with poorly controlled symptoms of schizophrenia;
- a study comparing two antidepressants for treatment-resistant major depressive disorder;
- a new treatment for ADHD in children.

# Notes

The MHRN 2011 National Scientific Meeting  
has been organised by  
**MHRN East Anglia Hub**  
Douglas House  
18 Trumpington Road  
Cambridge CB2 8AH

telephone: 01223 746 135  
fax: 01223 746 188  
email: eastangliahub@cpft.nhs.uk

Hub manager: Angela Browne  
Hub secretary: Linda Benton  
Hub lead: Jesus Perez

Scientific Organising Committee:  
Shôn Lewis, Til Wykes, Eileen Joyce,  
Michael Owen, Jesus Perez.



This brochure was produced by the  
NIHR Mental Health Research Network  
April 2011  
MHRN Coordinating Centre,  
Institute of Psychiatry, PO77  
De Crespigny Park, London SE5 8AF  
[www.mhrn.info](http://www.mhrn.info)

**The Mental Health Research  
Network is part of the National  
Institute for Health Research  
and supports studies in England.**



Mental Health  
Research Network



**NHS**

National Institute for  
Health Research

Visit

**www.mhrn.info**

**to find out more  
about the Mental  
Health Research  
Network and how  
we can support  
your study.**

The Mental Health Research Network is part of the National Institute for Health Research and our mission is to help make research about mental health happen within the NHS in England.

We offer research teams very practical support to help get studies up and running, and can introduce you to people with experience of mental health problems, their family members and mental health professionals who are interested in advising or collaborating on projects.

We employ dedicated teams of staff to help recruit participants to MHRN-supported studies through services run by about 60 NHS trusts.

Our specialist e-science officers can support information technology needs of each project.

The Mental Health Research Network is led by the Institute of Psychiatry at King's College London and the University of Manchester.