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Department of Clinical Psychology and Psychological Therapies

The Julian Study Centre **10th September 2024**

Doctoral Programme in Clinical Psychology

10th Anniversary Research Conference 2014-2024

Norwich Medical School, University of East Anglia

10TH ANNIVERSARY CLINICAL PSYCHOLOGY RESEARCH CONFERENCE

WELCOME!

A very warm and special welcome to our Annual Clinical Psychology Research Conference, in our tenth anniversary year!

The conference provides us with an opportunity to celebrate our trainee's achievements and mark this significant point in their progress toward becoming a Clinical Psychologist. The conference remains one of the highlights of the ClinPsyD academic calendar.

First, a huge well done and thank you to everyone involved in producing presentations and posters for the event today. This is the culmination of a significant body of work by all those involved in the research projects. For our soon-to-qualify third-year trainees, it is wonderful to see the high quality of work that is being presented, and we are excited to view the range of papers and posters that show just how impactful clinical psychology research can be.

Today's clinical research becomes tomorrow's clinical practice and the projects showcased today will meaningfully impact on service provision and contribute significantly to improving the quality of psychological care for our patients and communities. As a programme team, we will once again specifically acknowledge the clinical impact of research produced via the Ross Chernin Memorial Award. This award is given to the project considered most likely to make a difference to those who use our services, and we again thank Ross's family for their generosity in providing this.

We continue this year with the two prizes introduced last year and named in honour of two previous Clin PsyD Programme Directors. The Malcolm Adams Prize recognises excellence in clinical practice, and resonates with Malcolm's adage 'Be useful and make a difference'. The Ken Laidlaw Award recognises excellence in the quality and endeavour of research undertaken during the programme. This is a fitting tribute to the impact Ken had on raising the status of research within the UEA ClinPsyD programme.

This year we bring together all three of our larger cohorts, with 50 final year trainees coming to the end of their training and sharing their work at the conference. Although there is an option for people further afield and abroad to join virtually, we are as last year, fully 'in person' with trainees, programme staff and wider collaborators. Once again, the research team have worked extremely hard to bring together today's conference proceedings. We know that this year's event will be as successful and exciting as preceding years and want to particularly thank Jo, Fergus, Kenny and Sarah for their organisational contributions, to make today possible.

On behalf of the programme team, we also wish to express sincere thanks to all of our academic and NHS supervisor colleagues who have been involved in the supervision of these projects. Your expertise, guidance and support are invaluable, and the work presented today would not have been possible without the collaboration and support of you all. We also gratefully acknowledge and thank all the participants and service users who gave up their valuable time to contribute to the research. Finally, we recognise the outstanding support of the many people who make up our larger team including faculty professional support staff and colleagues in the PGR Service Thank you all for your continued support of what we do.

Today the focus is on our trainee colleagues. For our third-year trainee colleagues, as this is the end of your training, we wish you good luck and best wishes in the next phase of your career. We look forward to the new relationship we will have with you as qualified colleagues in the profession and to hearing about your continued career success and many achievements. You are the future architects of NHS psychological healthcare, and we wish you well with this.

For our current second and first years and new starters we hope you will take inspiration from the presentations today as you move through training and devise your own clinical research. Finally, we welcome our new cohort of trainees starting at UEA on 30th September 2024. This conference brochure, including abstracts, posters and list of recent publications from UEA trainees, is testament to just what can be achieved at UEA.

We do hope you enjoy our Research Conference today and thank you for joining us.

Professor Niall M Broomfield
Head of Department of Clinical Psychology and
Psychological Therapies (CPPT)
Deputy Head of Norwich Medical School

Professor Sian Coker
Programme Director ClinPsyD
Deputy Head of Department of Clinical Psychology and
Psychological Therapies (CPPT)

Research on the Clinical Psychology Doctorate

The UEA Doctoral Programme in Clinical Psychology (ClinPsyD) is a partnership between the University, the NHS, service users, and practising clinical psychologists in Cambridgeshire, Norfolk and Suffolk.

The Programme places a strong emphasis on the development of research knowledge and skills, and their application to inform practice and to develop the knowledge base of the profession. As part of their training, all Trainees complete substantial research projects in a range of clinical areas. In addition, they undertake a Service Related Project in partnership with clinical services.

Trainees submit Thesis Portfolios consisting of a systematic review and an empirical paper written up as journal articles ready for submission to academic journals. This year has seen yet more research publications (see publications section). The Conference provides an additional opportunity for trainees to share findings from Thesis Portfolios and Service Related Projects, which we hope will inspire new ideas and opportunities for developing and consolidating our valued clinical research collaborations. We are particularly delighted to be hosting the 10th Anniversary of our Annual Clinical Psychology research conference – in person – this year and to celebrate the successes of our first cohort of 51 Trainees following the expansion of the Programme in 2021.

The ongoing expansion of our Programme continues to create exciting opportunities for research. We continue to develop collaborative research relationships with colleagues in clinical services and are excited to offer joint thesis project supervision, alongside ongoing SRP project supervision. We look forward to extending these collaborations further over the next year and, as usual, will be re-running our Clinical Psychology Research Supervisor training offer, as well as considering other CPD opportunities.

We would like to congratulate all Trainees on their hard work, dedication and outstanding achievements. We wish them all well in their future careers and hope that they will be inspired to continue applying the research skills that postgraduate training brings, to solving clinical problems and developing their fields of practice.

Jo Hodgekins
PGR Research Director
Fergus Gracey
Senior Research Tutor
Sarah Reeve
Research Tutor
Kenny Chiu
Research Tutor

Ross Chernin Memorial Award

This year's research conference marks the eighth year of the Ross Chernin Memorial Award. This is awarded to the thesis that has been judged as most likely "to make a difference" and improve the lives of the people who use our services. It does not quite seem eight years since Elisabeth Norton's research giving voice to the powerful stories of parents using cold room facilities after the death of their baby was the inaugural recipient of the award. Last year, Natalia Fagbemi was a worthy recipient of the award. Natalia's study examined health inequalities in minority communities who often experience poorer health outcomes. Her systematic review identified factors which negatively influence engagement for minority groups with mental health services. Exploring this further through her thematic analysis Natalia identified themes making engagement with PPI a challenge for minority groups. Using this Natalia proposed considerations around cultural change.

The award is in memory of Ross Chernin, a Clinical Psychologist who completed the UEA course in 2008. Post training, Ross worked locally. Supervising trainees on placement and delivering teaching sessions, Ross continued to be involved with and support the Programme up until his passing from a brain tumour in 2016.

Clinical Psychology is fluid, and the profession subtly evolves over time. Ross recognised this, observing a shift towards values-based approaches to understanding psychological distress and developed an interest in ACT. As a clinician and supervisor he strove to develop ACT in East Anglia, and eight years later his legacy around ACT continues to grow across cross the region. Eight years later I am not entirely sure what Ross would have made of an award existing in his name, certainly touched, but maybe somewhat uneasy about it. The idea of an award was devised and has been supported by Ross's family who have generously provided the funding and the prize associated with the award. Given Ross's dedication to improving the lives of the people he worked with, it is fitting that the award that bears his name recognises the piece of research that is most likely to make a difference to improving the lives of those who use our services.

Adrian Leddy
Clinical Associate Professor in Clinical Psychology

International Developments

We are delighted that the International Training Opportunity (ITO) has continued in 2024. This year seven trainees, the largest number to date, have undertaken international placements in Malaysia and Australia and placement sites have been extended to include Sri Lanka and Singapore, for the first time this year.

The placement in Sri Lanka was developed in partnership with Samutthana (https://www.samutthana.org.lk), an organisation that supports capacity building in mental health services, based in Colombo. The placement in Singapore is hosted by The Salvation Army Children and Young People Group, www.salvationarmy.org.sg working with children in a residential setting.

Our colleagues at the social enterprise 'Thrive Well' (https://www.thethrive.center) have again hosted a community psychology placement in Kuala Lumpur, Malaysia. We are grateful to our Thrive Well colleagues for their continued support of the ITO for the last 9 years. This year Thrive Well hosted three trainees and one trainee for a full placement.

We are also indebted to Rene Stolwyk and colleagues at Monash university in Melbourne, Australia for continuing to work with us this year on the neuropsychology research placement in Australia. This placement offers our trainees the opportunity to work at an international centre of excellence for clinical neuropsychological research.

The UEA staff programme team have also provided regulatory oversight for these placements, and we are grateful for their input and the early morning starts! We hope that you will enjoy hearing about these contrasting placements and the work undertaken, as part of the conference today, and as always to reflect on the new learning such placements offer, to bring back to the NHS.

Our international recruitment has continued, and we received the largest number of international applications to date for our innovative international route for Clinical Psychology training. As in past years, the interviews were conducted virtually and we are pleased to welcome two international trainees, who join our training cohort in October in 2024.

In addition to new arrivals, we will have our sixth cohort of international student graduates from the Programme and we wholeheartedly congratulate them and wish them well in their future careers in the UK and back in their home countries.

Finally, UEA has again been successful in its fourth application to secure funding from the Turing scheme https://www.turing-scheme.org.uk. Turing replaces Erasmus funding now that the UK has left the EU and extends to providing funds for students for international learning opportunities. As with our seven trainees this year, we hope that international placements will continue to benefit from this funding scheme. We believe that together, these opportunities continue to strengthen our international focus and the quality of the training experience that we offer all our trainees.

Professor Sian Coker
International Director CPPT / FMH Associate Dean International

FULL PROGRAMME

Clinical Psychology Research Conference

Julian Study Centre, Lecture Theatre 1

10th September 2024

Teams link for virtual attendance:

Join the conference now

Meeting ID: 382 781 939 112

Passcode: 4rJheX

09:00	**Welcome** Dr Joanne Hodgekins Dr Fergus Gracey **Opening Remarks** Prof Charles ffrench-Constant, Pro-Vice Chancellor Prof Kristian Bowles, Dean of Norwich Medical School
09:20	**International Training Opportunities** Prof Sian Coker Malaysia: Rebecca Lane, Anjora Gomes, Freya Lenton Sri Lanka: Roseanna Bridge Singapore: Kelly Tang Australia: Fiona Ellis, Katie Peterson
09:50	**SESSION 1 – CLINICAL NEUROPSYCHOLOGY** *Chair: Prof. Niall Broomfield*
	ORAL PRESENTATIONS
	Katie Peterson, Adrian Leddy, Michael Hornberger *Reliability of online, remote neuropsychological assessment in people with and without subjective cognitive decline* (Prerecorded) Fiona Ellis, Emma Harrold, Sarah Fish, Harry Whitelam, Beatriz De La Iglesia *Using machine learning to explore how the outcomes of people with chronic pain differ following a pain management programme* (Prerecorded)

	Emma Heathcote, Cassie Jackson, Kenny Chiu, Aaron Burgess *Do clinicians consider Fetal Alcohol Spectrum Disorder? Exploring decisions made when assessing and diagnosing in neurodevelopmental child services* Sarah Mason, Roger Alistair Barker, Katie Andresen, Fergus Gracey, Catherine Ford *The meaning of apathy in Huntington's disease: a qualitative study of caregiver perspectives*
10:35	**DATABLITZ**
	Sian Carroll, Niall Broomfield, Hope Schlesinger, Ian Kneebone, Ciara Shiggins, Catherine Ford *Increasing intention to screen suicidality in people with post-stroke aphasia: An online vignette study of speech and language therapists in the UK and Australia* Andreas Michaelides, Petar Stermsek, Catherine Ford, Stéphanie Rossit *Evaluating the effectiveness of home-based cognitive rehabilitation on stroke survivors: A systematic review* Lauren Davies, Fergus Gracey, Kiki Mastroyannopoulou, Charlotte Whiffin *What narratives arise from parents of a child who has sustained a brain injury when using the 'wool and stones' approach?*
10:45	**BREAK AND POSTER SESSION** **Julian Study Centre Rooms 2.02 and 2.03 (2nd floor)**
11:20	**SESSION 2 – CHILD AND ADOLESCENT MENTAL HEALTH** *Chair: Prof. Richard Meiser-Stedman*
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	Jessica Ball, Richard Meiser-Stedman, Maria Loades, Amorette Perkins, Gemma Bowers, Laura Pass, Kenny Chiu *The efficacy of an online self-administered single session intervention to promote growth mindset in adolescents: A randomised controlled trial* Anjora C Gomes, Lucy Fitton, Leila Allen, Richard Meiser-Stedman, Peter Beazley *The prevalence of post-traumatic stress disorder in youth with a history of offending*
11:45	**DATABLITZ**
	Freya Lenton, Fergus Gracey, Woolgar Francesca *The effectiveness of Acceptance and Commitment Therapy for children and adolescents: A multivariate meta-analysis* (Prerecorded) Haydn Fraser, Anna McKinnon, Tim Dalgleish, Kenny Chiu, Richard Meiser-Stedman *Salivary cortisol in children and adolescents with and without PTSD following single-incident trauma*

	Zoe Thompson, Jessica Ball, Hannah Crook, Joni Holmes *A meta-analysis examining emotional regulation skills in youth with depression*
11:55	**SESSION 3 – SLEEP AND HEALTH PSYCHOLOGY** *Chair: Amy Carroll*
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12:40	**LUNCH AND POSTER SESSION** **Julian Study Centre Rooms 2.02 and 2.03 (2nd floor)**
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	Rebecca Lane, Kenny Chiu, Sheila Melzak, Fabrice Lyczba, Mazda Beigi, Imogen Rushworth, Hannah Taylor *Coping among Afghan former unaccompanied refugee children in the UK: A qualitative study exploring barriers and influences over time* (Prerecorded) Vasiliki Mergia, Joanne Peterkin, Joanne Hodgekins *Severe perinatal anxiety: A grounded theory model of mothers' experiences* (Prerecorded)
14:45	**BREAK AND POSTER SESSION** **Julian Study Centre Rooms 2.02 and 2.03 (2nd floor)**
15:20	**SESSION 4 – ADULT MENTAL HEALTH (continued)**
	DATABLITZ
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	What do aspiring clinical psychologists from minoritised ethnic backgrounds need from formal mentoring schemes? Bethany Driver, Corrina Willmoth, Richard Meiser-Stedman *"She get it…she got me": An exploration of adults with intellectual disabilities experiences of therapeutic relationships with health professionals in a community learning disability service*
16:05	**DATABLITZ**
	Abisoye Sotonwa, Prof Richard Meiser-Stedman, Corrina Willmoth *The experiences of individuals with a learning disability and co-morbid mental health difficulties, their families, and healthcare professionals of communication with one another during care in mental health services: A systematic review* (Prerecorded) Stevie Burnett, Joanne Hodgekins, Sarah Reeve *Exploring post-qualification research related activity in UK clinical psychologists*
16:15	**SHORT BREAK TO COMPLETE VOTING FOR BEST POSTER, DATABLITZ AND ORAL PRESENTATION**
16:25	**AWARDS AND COMMENDATIONS**
16:50	**CLOSE**

QR Code and link for voting for the awards for best presentation, datablitz and poster

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2024 Research Conference Voting

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Conference Abstracts

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1. CLINICAL NEUROPSYCHOLOGY

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
DataBlitz

TITLE
Increasing Intention to Screen Suicidality in People with Post-Stroke Aphasia: An Online Vignette Study of Speech and Language Therapists in the UK and Australia

AUTHORS
Sian Carroll
Professor Niall Broomfield, Dr Hope Schlesinger, Professor Ian Kneebone, Dr Ciara Shiggins & Dr Catherine Ford

ABSTRACT

Introduction
Stroke is associated with an increased risk of suicidality and post-stroke aphasia may further increase this risk. Despite this, screening for suicidality is low across stroke services in people with aphasia. Intention to screen mood and suicidality was predicted, in part, by normative beliefs about screening. In this study, we aimed to test if communicating the normative belief that stroke professionals are expected to screen for suicidality in people with aphasia increased staff intention to do so.

Methods
A randomized, experimental study was conducted with 86 speech and language therapists in the UK and Australia. They were asked to rate intention to screen people with aphasia for suicidality, before and after reading a randomly selected vignette of working in a team with a normative belief about screening for either suicidality or aspiration. Qualitative responses were also collected to gather additional context and information.

Results
Non-parametric testing found a significant difference between pre- and post- intention to screen for suicidality in both the UK and Australian participants. Further analysis found a significant difference between the post-vignette suicidality screening scores of the Test and Control group in the UK sample. Qualitative analysis highlighted three main categories relating to barriers and facilitators to conducting screening for suicidality: competence, confidence, and role expectations.

Conclusion
Communicating a normative belief that staff are expected to screen for suicidality in people with aphasia increased SLTs intention to do so. This study identified barriers to, and facilitators of, screening amongst SLTs.

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
DataBlitz

TITLE
Evaluating the Effectiveness of Home-based Cognitive Rehabilitation on Stroke Survivors: A Systematic Review

AUTHORS
Andreas Michaelides
Petar Stermsek, Catherine Ford, Stéphanie Rossit

ABSTRACT

Introduction
Post-stroke cognitive impairment is highly prevalent and disabling. Cognitive rehabilitation can be costly and inaccessible, but home-based interventions may be a viable solution. The aim of this review was to synthesize evidence from studies that evaluated the effects of home-based cognitive rehabilitation on stroke survivors' cognition.

Methods
A systematic search was conducted on five electronic databases to retrieve all articles available from inception to January 2024. Study quality was evaluated using the revised Cochrane Risk of Bias tool for randomized trials. A narrative synthesis was used to summarise evidence relating to the impact of the interventions on cognition. A total of 706 references were retrieved and 12 were included in this review.

Results
Data synthesis indicated potential improvements for overall cognitive function and attention but not for memory, executive functioning and language. Methodological limitations increased risk of bias for most studies, and heterogeneity between trials limited robust conclusions.

Conclusion
More studies with good methodological quality should be conducted to further inform the effectiveness of home-based cognitive rehabilitation for stroke survivors and improve current knowledge on factors influencing the effectiveness of interventions. More attention is needed to addressing heterogeneity by utilizing standardized cognitive assessments and intervention doses.

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
DataBlitz

TITLE
Empirical Project: What narratives arise from parents of a child who has sustained a brain injury when using the 'wool and stones' approach?

AUTHORS
Lauren Davies
Fergus Gracey, Kiki Mastroyannopoulou, Charlotte Whiffin.

ABSTRACT

Introduction
Aim: This study aimed to explore the narratives of parents following child acquired brain injury (C-ABI) with the use of creative materials.

Methods
Method: Seven parents (six mothers and one father) of seven children with ABI's were individually interviewed. A range of wool and stone material which differed in colour, texture and size were available throughout interviews to provide opportunity to enrich the sharing of experiences. Parents spoken words and material use were analysed using narrative inquiry.

Results
Results: Three core narratives were identified: 1) Suffering and Sacrifice: Throwing Stones 2) Relational Rupture and Harmony: The Forgotten Rock 3) Positive Discovery: The Shinier Stone. Non-verbal contributions were found from red coloured wool representing anger, the heaviness of stones showing heartbreak, and the lining up stones portraying roles, responsibilities, and the changing journey.

Conclusion
Conclusions: Parents can suffer from the disruption and disconnect that follows a C-ABI, whilst others find harmony in the support of others. For some, positive discoveries of hope and growth were found. The use of creative materials enabled non-verbal of emotional challenges, relationship ruptures and personality traits within the family, adding visual representations to the sharing of stories. Further research into the novel research method could be beneficial.

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
Oral Presentation

TITLE
Do clinicians consider FASD? Exploring decisions made when assessing and diagnosing in neurodevelopmental child services.

AUTHORS
Emma Heathcote
Dr Cassie Jackson, Dr Kenny Chiu, Dr Aaron Burgess

ABSTRACT

Introduction
Previous research suggests that missed and misdiagnosis of Fetal Alcohol Spectrum Disorder (FASD) is high due to factors such as stigma and confidence in diagnosing. Following the introduction of specific FASD Clinical Standards by The National Institute for Health and Care Excellence (NICE), this study aimed to explore the factors which are associated with clinicians considering FASD as a diagnosis.

Methods
Participants included 139 clinical professionals who were randomised into one of two conditions. Both conditions received a vignette of a referral letter documenting the neurodevelopmental concerns of a 12 year old girl. Within condition A, the referral contained information about prenatal alcohol exposure (PAE),whereas this was omitted for group B. Participants recorded their initial thoughts about potential diagnoses and the assessments they thought were relevant. Following this, they were presented with information regarding the FASD NICE clinical standards, and then completed a survey to document their confidence, attitudes, and opinions in relation to FASD diagnosis.

Results
ADHD was the most popular potential diagnosis within both experimental conditions, although the inclusion of PAE information significantly increased the amount of FASD considerations. Most participants in both conditions considered elements of a neurodevelopmental assessment, but only one participant documented elements more specific to FASD. The majority of participants reported to feel confident in identifying FASD, but less so in selecting appropriate assessment tools. Further to this, the majority felt that they had not received enough training about FASD.

Conclusion
Most clinicians do not consider FASD as a potential diagnosis when reviewing referrals with neurodevelopmental concerns. Information about PAE may support clinicians to hold FASD in mind, highlighting the importance of collecting and reporting this information. Finally, further training, in particular regarding assessment, may be beneficial for all clinicians who may come into contact with pregnant women and neurodiverse children.

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
Oral Presentation

TITLE
The meaning of apathy in Huntington's disease: a qualitative study of caregiver perspectives

AUTHORS
Sarah Mason
Roger Alistair Barker, Katie Andresen, Fergus Gracey, Catherine Ford

ABSTRACT

Introduction
Although one of the most prevalent and impactful features of Huntington’s disease (HD), little is known about the impact of apathy on HD caregivers, despite it being linked to caregivers perceptions of distress and burden in other patient groups. Given the important role caregivers play in supporting people with HD across the disease span, we aimed to explore the lived experience of people supporting someone with HD and associated apathy.

Methods
Semi-structured interviews were conducted with 11 caregivers and analysed using reflective thematic analysis, informed by a phenomenological framework. The study design, conduct, analysis and interpretation was approach from a critical realist perspective.

Results
Five overarching themes were produced: (1) What even is apathy? (2) It makes my life harder: the practical impact of apathy, (3) They haven’t forgotten me, but they have forgotten that they ever loved me, (4) I’m grieving for someone who hasn’t died yet, and (5) I need a safe space to say what I really feel without fear of judgement. Inter-woven between these themes were complex narratives about the unspoken nature of HD, the invisibility of caregivers who felt trapped and unheard, and the one-sided nature of loving someone with the disease.

Conclusion
Findings are discussed in relation to theoretical frameworks of anticipatory grief and ambiguous loss, and situated within the wider literature on caregiving for people with a neurodegenerative condition.

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
Oral Presentation

TITLE
Reliability of online, remote neuropsychological assessment in people with and without subjective cognitive decline

AUTHORS
Katie Peterson
Adrian Leddy, Michael Hornberger

ABSTRACT

Introduction
Online, remote neuropsychological assessment paradigms may offer a cost-effective alternative to in-person assessment for people who experience subjective cognitive decline (SCD). However, it is vital to establish the psychometric properties of such paradigms. The present study (i) evaluates test-retest reliability of remote, online neuropsychological tests from the NeurOn software platform in people with and without SCD (Non-SCD) recruited from the general population; and (ii) investigates potential group differences in baseline performance and longitudinal change.

Methods
Ninety-nine participants (SCD N = 44, Non-SCD N = 55) completed seven tests from the NeurOn battery, covering visual and verbal memory, working memory, attention and psychomotor speed. Thirty-five participants (SCD N = 17, Non-SCD N = 18) repeated the assessment six (+/- one) months later. SCD was classified using the Cognitive Change Index questionnaire.

Results
Test-retest reliability of the NeurOn test outcome measures ranged from poor to excellent, with the strongest evidence of reliability shown in the Sustained Attention to Response Test, Picture Recognition, and Trail-Making Test A. The SCD group was significantly older than the Non-SCD group so group differences were investigated using analysis of covariance whilst controlling for the effect of age. SCD scored significantly better than Non-SCD for Digit Span Backwards (maximum sequence length) and Picture Recognition (recall of object position). However, these were not significant when using the Bonferroni-adjusted alpha level. There were no differences between SCD and Non-SCD in longitudinal change scores.

Conclusion
The results suggest online, remote neuropsychological assessment is a promising option for assessing and monitoring SCD.

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
Poster

TITLE
Huntington's Disease and Relational Change: A Systematic Review and Thematic Synthesis of Qualitative Research into Caregivers Experiences

AUTHORS
Sarah Mason
Roger Barker, Arrante Barrenetxea, Fergus Gracey, Dr Catherine Ford

ABSTRACT

Introduction

Huntington's disease (HD) has been shown to impair cognitive and social functioning. Although the impact is poorly understood, clinically it is assumed that this aspect of HD contributes to the difficulties experienced by HD caregivers. Understanding the changing interpersonal dynamics between someone with HD and their caregiver as a result of the evolving disease process is an understudied but clinically important area of HD research. This study aimed to examine caregivers subjective experience of the ways in which HD impacts interpersonal relationships.

Methods

A systematic review of the empirical qualitative literature and thematic synthesis following Thomas and Harden's framework was conducted, guided by a critical realist philosophy. Consistent with the PICO framework search terms were synonyms of the key words "Caregiver", "Huntington's disease", and "Experience" with searches of MEDLINE, CINAHL, Allied and Complementary Medicine, PsychINFO and ScienceDirect conducted between June and September 2023 and repeated in February 2024.

Results

Nine studies were identified for thematic synthesis with the experiences of 404 caregivers, 58% of whom were spouses to someone with HD, represented in the analysis. The following four analytic themes were generated: (1) Loss of friendship, companionship and intimacy, (2) Relationships built around fear, (3) "Seeing my own future played out before me", and (4) "HD has made us stronger" .

Conclusion

The results were discussed inline with the theoretical constructs of anticipatory grief and ambiguous loss, whilst drawing attention to the unique challenges presented by HD symptomatology and the shared genetic risk that challenged caregivers.

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
Poster

TITLE
Memory test performance of people with subjective cognitive decline recruited from different settings: A systematic review and meta-analysis

AUTHORS
Katie Peterson
Adrian Leddy, Fiona Ellis, Richard Meiser-Stedman, Michael Hornberger

ABSTRACT

Introduction
Subjective cognitive decline (SCD) is defined as self-experienced cognitive decline without objective impairment on standardised tests. Research suggests SCD may be associated with subtle impairment on detailed neuropsychological assessment and might therefore indicate the earliest stage of neurodegeneration. This review (PROSPERO: CRD42023382096) seeks to determine whether group differences in memory task performance between people with and without SCD exist.

Methods
The review included studies since 2014 comparing episodic memory performance between people with and without SCD; where people with SCD were recruited exclusively from community or medical settings. Studies providing data for people with mild cognitive impairment (MCI) were included in a separate meta-analysis comparing SCD and MCI. A systematic search was conducted (PsycINFO, Web of Science, MEDLINE, CINAHL, and PubMed on 11th August 2023 [an updated search is in progress]). Risk of bias was assessed using the Quality Assessment of Diagnostic Accuracy Studies tool.

Results
1,815 records were identified, of which 45 met inclusion criteria and were included in a random-effects meta-analysis (SCD N=5,949, Non-SCD N=8,470). Twenty-one studies additionally provided data for an MCI group (SCD N=1,035, MCI N=2,119). Results indicated people with SCD performed significantly worse than people without SCD (Hedges' g=-0.24, 95% CI=-0.43, -0.04) and significantly better than MCI participants (Hedges' g=1.53, 95% CI=0.95, 2.11). For both meta-analyses there was significant between-study heterogeneity and no moderating effect of recruitment source. There was a significant risk of publication bias for the meta-analysis comparing SCD to MCI.

Conclusion
These results suggest detailed memory assessment may be sensitive to SCD. SCD may represent the emergence of objective memory decline due to neurodegeneration.

TOPIC AREA
Neuropsychology

PRESENTATION TYPE
Poster

TITLE
Differences in Self-Esteem Between Individuals with and Without ADHD: A Meta-Analysis

AUTHORS
Kelly Tang
Professor Joni Holmes, Dr Hannah Crook, Dr Henry Chiu

ABSTRACT

Introduction
Research suggests that individuals with ADHD often face challenges that can significantly reduce their self-esteem. This meta-analysis aims to explore differences in self-esteem between individuals diagnosed with ADHD and individuals without ADHD.

Methods
Two meta-analyses were conducted to compare self-esteem between individuals with ADHD-only or ADHD with a comorbid condition to those without ADHD. Random effects meta-analyses were conducted to compare ratings between the groups on the Rosenberg's Self-Esteem Scale.

Results
Comparisons across ADHD and non-ADHD groups revealed no significant differences in self-esteem. Sensitivity analyses excluding outliers confirmed these findings, except for certain subgroups. Specifically, a low self-esteem subgroup revealed, that those with ADHD had higher self-esteem than those without ADHD. In studies with small sample sizes, those with ADHD had lower self-esteem than those without ADHD.

Conclusion

2. CHILD, ADOLESCENT AND YOUTH MENTAL HEALTH

TOPIC AREA
Youth mental health

PRESENTATION TYPE
DataBlitz

TITLE
Salivary Cortisol in Children and Adolescents with and without PTSD Following Single-Incident Trauma

AUTHORS
Haydn Fraser
Dr Anna McKinnon, Dr Tim Dalgleish, Dr Kenny Chiu, Dr Richard Meiser-Stedman

ABSTRACT

Introduction
Despite prior heterogeneity, there is broad consensus that trauma exposure and PTSD are related to HPA-axis dysfunction in children. There is wide variety in inclusion of different trauma types, duration, time since trauma, non-PTSD controls and measurement approaches applied and little remains known about the impact of single incident trauma. The present study sought to further understandings in the relationship between salivary cortisol, PTSD and trauma exposure in children and adolescents exposed to recent single incident trauma.

Methods
We analysed salivary cortisol from 85 children and adolescents exposed to single incident trauma, with and without PTSD, and a non-exposed control group. Participants collected saliva samples five times daily over two consecutive days. Analysis examined the cortisol awakening response (CAR), sample time, and total cortisol output.

Results
No difference was found in the cortisol levels between groups across sample times or within output of cortisol across the morning and length of the day. Blunting of CAR was observed in the non-PTSD group compared with healthy controls U=257, Z=−2.687, p=.01.

Conclusion
The results of the present study do not support the hypothesis that PTSD is characterised by elevated cortisol in childhood and adolescence at around three months post trauma. These findings reflect the heterogeneity in existing literature. Despite limitations like small sample size, this research adds to existing literature into cortisol's relationship with PTSD and trauma, highlighting the requirement for future research using a longitudinal approach, which closely adheres to consensus guidelines for assessing and reporting of cortisol data.

TOPIC AREA
Youth mental health

PRESENTATION TYPE
DataBlitz

TITLE
The Effectiveness of Acceptance and Commitment Therapy for Children and Adolescents: A Multivariate Meta-Analysis.
Caregivers' Experiences of the Impact of Joint Admission to a Children's Mental Health Unit on their Parenting Practices and Relationship w

AUTHORS
Freya Lenton
Fergus Gracey, Woolgar Francesca

ABSTRACT
Introduction
Objectives: There has been a recent surge in research exploring Acceptance and Commitment Therapy (ACT) for improving mental health, both in clinical and community contexts. This pre-registered (PROSPERO: CRD42023479014) meta-analysis aimed to determine the effectiveness of ACT for children and adolescents on internalising/emotional difficulties, externalising/behavioural difficulties, wellbeing/quality of life (QoL), and third-wave processes.
Methods
Methods: Literature searches were conducted across six electronic databases. Included studies employed either RCTs or randomised pre-post designs with a control group, utilising quantitative child-focused psychological outcome measures.
Results
Results: The multi-level/multivariate meta-analyses, including 28 studies, 89 outcome measures, and 1,643 participants, found significant small effects for externalising/behavioural difficulties ($g = 0.31$, $p = 0.020$) and third-wave processes ($g = 0.26$, $p = 0.011$), a medium effect for internalising/emotional difficulties ($g = 0.70$, $p = 0.003$) and a large effect for wellbeing/QoL ($g = 0.99$, $p = 0.036$). Sensitivity analysis, only including studies rated moderate-high quality are discussed. Widespread heterogeneity raised concerns regarding generalisability.
Conclusion
Conclusions: This meta-analysis displays promising results for the use of ACT with children and adolescents. Further high-quality research is needed to explore maintenance effects and variations in efficacy across different mental health conditions.

TOPIC AREA
Youth mental health

PRESENTATION TYPE
DataBlitz

TITLE
A meta-analysis examining emotional regulation skills in youth with depression.

AUTHORS
Zoe Thompson
Jessica Ball, Hannah Crook, Joni Holmes

ABSTRACT

Introduction
Introduction: The resources and skills a person has available to manage their emotional experiences – their emotional regulation skills – are related to their mental wellbeing. These skills can be classified as adaptive (helpful, e.g., acceptance) or maladaptive (unhelpful, e.g., avoidance). This meta-analytic review assessed the association between the use of adaptive and maladaptive emotional regulation skills, and symptoms of depression in adolescents. Unlike previous meta-analyses, we included studies spanning the full adolescent range from 10 to 25 years, and explored whether any associations were moderated by phase of adolescence (early, middle, or late).

Methods
Methods: This meta-analytic review was pre-registered on PROSPERO (CRD42023460510). Three electronic databases were searched and systemically reviewed using pre-outlined inclusion/exclusion criteria e.g. adolescents aged between 10-25 years, and valid self-report measures of depression and six emotion regulation strategies, three adaptive (acceptance, reappraisal, problem-solving) and three maladaptive (rumination, suppression, avoidance).

Results
Results: Random effects meta-analyses were conducted. 44 studies (92 effect sizes, N= 46,533) met the inclusion criteria for analysis. Effects were quantified for the full adolescent age range (10-25 years), and separately for early (10-14), mid (15-18) and late adolescence (19-25). There was a significant relationship between four emotion regulation strategies, one adaptive (reappraisal) and three maladaptive (suppression, rumination, and avoidance), and depression. These effects were not moderated by stage of adolescence (early, middle, or late).

Conclusion
Conclusion: The use of maladaptive emotion relation strategies was linked to elevated symptoms of depression, with weaker evidence for an association between the use of adaptive strategies and reduced depressive symptoms. These results suggest adolescents using maladaptive strategies are likely to be at increased risk for mental health problems. We interpret these results in terms of the potential for teaching adaptive strategies to adolescents who frequently use maladaptive strategies to reduce symptoms of depression.

TOPIC AREA
Youth mental health

PRESENTATION TYPE
Oral Presentation

TITLE
The Efficacy of an Online Self-Administered Single Session Intervention to Promote Growth Mindset in Adolescents: A Randomised Controlled Trial

AUTHORS
Jessica Ball
Richard Meiser-Stedman, Maria Loades, Amorette Perkins, Gemma Bowers, Laura Pass, Kenny Chiu

ABSTRACT
Introduction

Single-session interventions (SSIs) are one promising way to support young people’s mental health at universal level. Building upon a feasibility study of a growth mindset SSI conducted by Perkins et al. (2021), this Randomised Controlled Trial (RCT) aimed to evaluate its efficacy when delivered online to young people.

Methods

We recruited 104 participants aged 14–18-year-olds (mean age 16.3) via social media, schools, and charities in the UK. Participants were randomised to receive either an online video-based intervention or be placed on a waitlist control. Participants reported anxiety and depression symptoms, as well as personality mindset and psychological flexibility at baseline and at 1-month follow up. This trial was registered at clinicaltrials.gov (NCT05676554).

Results

An intention to treat (ITT) analyses effect sizes for the primary outcome (anxiety and depression symptoms) was small (d = .07 [95% CI: -0.32, 0.47]) at four-week follow-up, as well as secondary outcome measures including psychological flexibility (d = -0.12, [95% CI: -0.50, 0.25]). The personality mindset measure yielded a significant large effect (p = .02, d = -.96, [95% CI: -1.87, -0.04]), however was non-significant following Bonferroni correction. Case completer analysis resulted in similar observations. The study findings should be interpreted with caution as they were limited by its sample size and poor participant retention.

Conclusion

Online delivery of self-administered SSIs has the potential to maximise its reach to young people with mental health needs. Evaluation of its efficacy could be challenged by various factors such as sample size, retention rate at follow-up, and level of engagement. Future research is needed to overcome these limitations.

TOPIC AREA
Youth mental health

PRESENTATION TYPE
Oral Presentation

TITLE
The Prevalence of Post-Traumatic Stress Disorder in Youth with a History of Offending

AUTHORS
Anjora Gomes
Anjora C Gomes, Lucy Fitton, Leila Allen, Richard Meiser-Steidman, Peter Beazley

ABSTRACT
Introduction
Youth with a history of offending encounter at least one trauma experience. Depending on the type and the frequency of trauma experiences, youth may develop Post-Traumatic Stress Disorder (PTSD). A systematic review and meta-analysis was conducted to determine the prevalence rates of PTSD in both male and female youth with a history of offending.

Methods
This current systematic review and meta-analysis was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA; Moher et al., 2015). The research study protocol was registered on the PROSPERO database (CRD42023422110). The systematic search of the literature was conducted using online databases and also included reference lists of identified papers and unpublished literature.

Search terms used were subject headings and MESH terms relating to: Prevalence (Epidemiolog* OR Epidemiology OR Population* OR Prevalence) AND Young offender (“Young offend*” OR “Youth offend*” OR “juvenile offender” OR “court-referred adolescent*”) OR (TI Delinqu*) AND PTSD (PTSD OR “Post-traumatic stress” OR “Post traumatic stress disorder”) OR (TI trauma* OR “Adverse childhood experiences” OR ACEs).

Results
The random-effects pooled prevalence for current prevalence of PTSD in male youth was 13.3% (95% CI 8.4%-19.2%) and female youth was 22.8% (95% CI 12.2%-35.7%). The random-effects pooled prevalence for lifetime prevalence of PTSD in male youth was 9.0% (95% CI 2.3%-19.7%) and female youth was 22.6% (95% CI 6.9%-44.1%). Lastly, the random-effects pooled prevalence for 'not specified' prevalence of PTSD in male youth was 22.0% (95% CI 12.9%-32.8%) and female youth was 44.0% (95% CI 36.4%-52.8%).

Conclusion
The findings from this review demonstrate elevated rates of PTSD in female youth when compared with male youth with a history of offending. If PTSD is left undetected and untreated, this can have significant and lasting effects on mental health and rehabilitation, thereby increasing the risk of reoffending and substances use (Zhong et al., 2021). Future research should focus on standardized screening and assessment tools to determine accurate prevalence rates. Whilst most validated questionnaire and interview

measures in this study have been used with children and adolescents, most measures have not been validated for its use with youth with a history of offending and would benefit from this for reliable and accurate results.

TOPIC AREA
Youth mental health

PRESENTATION TYPE
Poster

TITLE
Self-Administered Single Session Interventions for Mental Health in Young People: A Systematic Review and Meta-Analysis

AUTHORS
Jessica Ball
Zoe Thompson, Richard Meiser-Stedman, Kenny Chiu

ABSTRACT

Introduction
Children and young people's mental health is an area of concern worldwide, especially given the rates in which young people are reporting to experience mental health difficulties is on the rise. In the face of barriers such as long waits to access evidence-based treatment, perceived stigma, and a want to deal with difficulties themselves, self-administered single session interventions (SSIs) have arisen as one potential solution. This systematic review and meta-analysis aim is to synthesise evidence of the efficacy of self-administered SSIs for youth mental health.

Methods
This meta-analytic review was pre-registered on PROSPERO (CRD42023457030). A systematic search of randomised controlled trials (RCTs) from the Cochrane CENTRAL Trial Register, EMBASE, MEDLINE and PsychINFO databases was conducted.

Results
Following screening 22 RCTs met inclusion criteria (5452 participants). None of the studies were rated as having a high risk of bias, 19 of which were meta-analysed. The included studies exhibited either low risk of bias or some concerns, none were rated as high risk. We found a small effect for anxiety symptoms (g = -0.22, 95% CI: -0.40, -0.04) with substantial heterogeneity (I2 = 67%) and a wide prediction interval (-0.69, 0.25). Furthermore, there was a small effect for depressive symptoms (g = -0.12, 95% CI: -0.23, -0.01) with substantial heterogeneity (I2 = 58%) and a wide prediction interval (-0.44, 0.20). Studies not included in the quantitative synthesis were outlined, highlighting significant medium to large effects for psychological flexibility.

Conclusion
The findings suggest that, on average, self-administered SSIs are efficacious in reducing anxiety and depressive symptoms. However, future studies may not consistently detect a significant effect, given their wide prediction intervals. Future research should focus on testing the long-lasting effects of SSIs, as well as for whom they may work best.

TOPIC AREA
Youth mental health

PRESENTATION TYPE
Poster

TITLE
A systematic review and meta-analysis on the prevalence of panic disorder in trauma-exposed children and adolescents

AUTHORS
Haydn Fraser
Lauren Green, Kenny Chiu, Richard Meiser-Stedman

ABSTRACT

Introduction
Panic disorder significantly impacts the well-being of young people. Emerging evidence suggests a link between panic disorder and trauma exposure.

Methods
A systematic review was conducted (PROSPERO; CRD42023432495) in PsychINFO, PTSDpubs, PubMed and Web of Science to provide an estimate of panic disorder prevalence in trauma-exposed youth. Thirteen studies involving 14,170 participants were included, using random effects meta-analysis to determine the pooled prevalence of panic disorder in trauma-exposed youth. Moderator analyses were conducted to assess differences in trauma type, age, and country income status. Additional analyses explored the prevalence of panic disorder in children and adolescents with PTSD, and the prevalence of PTSD in children and adolescents with panic disorder.

Results
The pooled prevalence of panic disorder in trauma-exposed youth was 7.1% (95% CI [2.7, 13.5]). Prevalence was reduced to 4.5% (95% CI [2.7, 42.6]; k=10, N=6,255) when excluding studies using self-report screening questionnaires. Moderator analyses revealed no significant difference according to country income status and age but suggested significant differences between collective vs individual trauma types (QM(df = 1) = 4.6, p = 0.03). Approximately 20.7% (95% CI [5.6, 41.9]; k=7, N=618) of children and adolescents with PTSD also experienced panic disorder, and 79.8% (95% CI [48.46, 98.25]; k=4, N=445) of trauma-exposed youth with panic disorder experienced PTSD. Results should be interpreted cautiously due to high heterogeneity, limited studies available, and inclusion of studies using self-report questionnaires.

Conclusion
The findings suggest a notable prevalence of panic disorder in trauma-exposed youth. This suggests clinicians should routinely consider panic in assessment of trauma-exposed youth.

TOPIC AREA
Youth mental health

PRESENTATION TYPE
Poster

TITLE
Determining the Impact of Negative Feedback on Children with elevated symptoms of inattention and hyperactivity/impulsivity using a Non-word Learning Task

AUTHORS
Kelly Tang
Professor Joni Holmes, Dr Hannah Crook

ABSTRACT

Introduction
ADHD, characterized by symptoms of inattention and hyperactivity, can detrimentally affect an individual's ability to concentrate and complete tasks. It significantly impacts social, educational, and professional aspects of life. Negative feedback, which can potentially impact self-esteem and self-concept, and its effects can vary among different individuals, with some displaying heightened sensitivity to negative feedback. This research study aims to investigate the impact of negative feedback on learning, especially in children with elevated ADHD symptoms. It seeks to inform clinical interventions and develop psychoeducation, hypothesizing that such children perform worse when given negative feedback.

Methods
18 children aged 9 – 10 whose parents completed the SWAN rating scale were recruited for the study. The children learnt novel non-words and received both no feedback and negative feedback. Performance is assessed using a forced-choice recognition task measuring accuracy and reaction times.

Results
No significant differences were observed in accuracy or reaction time between no feedback and negative feedback. Additionally, ADHD scores did not predict performance on the forced-choice recognition task. However, these results are not definitive due to inadequate statistical power.

Conclusion
These findings challenge present research on feedback and ADHD. However, the study has limitations and future research should address these and explore different feedback modalities to advise on the influence of feedback on aspects of learning and treatment, considerations of treatment strategies remain pivotal in providing support to children with elevated ADHD symptoms or an ADHD diagnosis.

TOPIC AREA
Youth mental health

PRESENTATION TYPE
Poster

TITLE
Parental wellbeing and experiences of undergoing therapeutic work when admitted alongside their child to a children's mental health unit

AUTHORS
Anja McConachie
Fergus Gracey, Francesca Woolgar

ABSTRACT

Introduction

In the UK, six of seven child inpatient units separate children from their parents for an inpatient stay. Although research shows that child inpatient treatment has a positive impact on child mental health, research suggests that families can experience the separation as painful and stressful. Just one UK child inpatient unit avoids this separation by admitting parents alongside their children. During their stay, parents undergo therapeutic work alongside their child. No studies have investigated parents' experiences of being admitted to a children's inpatient unit for the full duration of their child's stay. There is also no research on parents' experiences of receiving therapy during an inpatient admission to a children's mental health ward. The current study aims to address this gap in the research to better understand: 1. What are parents' experiences of undergoing therapeutic work when admitted alongside their child to a children's mental health unit? 2. How do parents perceive this admission and therapeutic work to influence their wellbeing and that of their wider family system?

Methods

Parents who have been discharged from the service were invited to take part in an online semi-structured interview, covering the experience of their stay and of undergoing therapy. The interviews were analysed using reflexive thematic analysis from a critical realist stance, thus allowing broad inferences to be made while recognising the unique circumstances of the participants.

Results

Three key themes were identified including: (1) The Tension: 'Albeit a horrific journey, quite an enriching one', (2) Understanding is key: 'opening the can of worms' in therapy and (3) 'Like a big family': an extended family system. The results highlighted that the inpatient admission was intense and stressful, yet parents were grateful to be admitted alongside their child and learned a lot from the experience. Therapy supported parents to make sense of their own difficulties and intergenerational family patterns, and to develop more compassionate narratives regarding their parenting. As the 'family' system extended during the inpatient admission, relationships with staff and other parents had a key influence on parent wellbeing, as well as children and non-admitted family members.

Conclusion

Findings revealed that parents experienced the joint-admission as stressful, yet were grateful to be there with their child and learned a lot from the experience and through therapy. Relationships were perceived to have a key influence, including those with staff and parents, and non-admitted family members. The joint-admission influenced the entire family system: some considered the admission positively influenced their whole family, while others regarded the experience as challenging for non-admitted family members.

3. SLEEP AND HEALTH PSYCHOLOGY

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
DataBlitz

TITLE
How Sleep in Patients with Serious Mental Illness is Recorded and Treated, and its Impact on Service Engagement

AUTHORS
Aviva Stafford
Sarah Reeve, Sheri Oduola

ABSTRACT

Introduction
Mental health and sleep share a bidirectional relationship, with problems in one exacerbating the other. Sleep problems are particularly pronounced in SMI populations. This study aimed to examine the documentation and treatment of sleep problems in health records of SMI patients, as well as their association with attendance rates and number of appointments scheduled.

Methods
Relevant patient records within a specified time period (n = 133) were identified and extracted from the Cambridgeshire and Peterborough NHS Foundation Trust Research Database electronic database. Quantitative content analyses and follow-up chi-square analyses were used to assess documentation and treatment. Mann-Whitney U tests were used to compare attendance rates and number of appointments scheduled by sleep status.

Results
Findings revealed a lack of detail in sleep documentation, often limited to one-word descriptions. Recommended treatments like CBT-I and sleep hygiene were seldom offered, with 38.2% receiving non-recommended, mostly pharmacological, treatments, and 48% receiving no treatment. Inpatient status correlated with higher rate of non-recommended treatments. No significant associations were found between sleep and attendance or number of appointments scheduled, although small sample sizes and incomplete data limited these findings.

Conclusion
The study echoes previous research regarding the inadequate assessment of sleep and the discrepancy between recognised sleep problems and low adherence to NICE guidelines around treating sleep problems. The study highlights the need for improved sleep assessment and consistent treatment that aligns with NICE guidelines. Future research avenues include investigating the feasibility of implementing routine sleep assessment within services.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Oral Presentation

TITLE
Understanding Excessive Sleep in People with Psychotic Disorders

AUTHORS
Kate Robbins
Sarah Reeve, Jo Hodegkins

ABSTRACT

Introduction
There has been increasing attention to sleep disturbances such as insomnia in psychosis, due to its impact on symptoms, wellbeing, and recovery. However, excessive sleep and extended sleep duration are also common in psychosis (partly linked to sedating antipsychotic medication) and have been relatively neglected, despite plausible interaction with symptoms, functioning, and broader wellbeing.

Methods
Ten patients experiencing excessive sleep (defined as excessive daytime sleepiness >3 days a week; extended sleep duration of >11h in 24h or >9h at night; or a combination of these) alongside a diagnosed psychotic disorder were recruited. They met with the researcher online to participate in a semi structured interview, which was analysed using thematic analysis.

Results
Five major themes were developed: (1) The Exhausting Everyday, (2) Medication is only part of the story, (3) Indescribable Tiredness, (4) Overruled by Sleep and (5) An Unfair Fight. Excessive sleep impacts on multiple domains of individual wellbeing and recovery – for example, limiting patients in everyday tasks and socialising. Cycles of emotional avoidance and inactivity were identified as potential maintainers or exacerbators of excessive sleep, in addition to medication side effects. Patients reported difficulty conveying the impact of their sleepiness symptoms to clinicians or others.

Conclusion
The results support that excessive sleep requires further attention as a problematic and impactful sleep presentation in this group. Further research is needed to improve recognition and assessment of problematic excessive sleep, and how existing practices or novel treatments may be applied to reduce its impact on recovery.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Oral Presentation

TITLE
The Effect of Paradoxical Intention Therapy on Sleep Effort, Subjective and EEG Headband derived Sleep Characteristics in Adults with Insomnia: A preliminary randomised trial.

AUTHORS
Henry Bristowe
Henry Bristowe, Alpar Lazar, Niall Broomfield

ABSTRACT

Introduction
Insomnia is a pervasive sleep disorder defined by difficulties initiating or maintaining sleep. Paradoxical intention therapy is a treatment for insomnia disorder with a growing evidence base. It has been proposed to treat insomnia symptoms by reducing sleep effort; a process that is proposed to inhibit sleep onset. However, few studies have investigated the effect of paradoxical intention therapy on sleep effort using a validated questionnaire. Moreover, previous research has found that paradoxical intention therapy reduces diary reported, but not objectively measured sleep. However, this research measured objective sleep using actigraphy which may not be sensitive enough to detect changes in sleep as a result of a psychological intervention

Methods
This study aimed to address these gaps in the literature by examining the effect of paradoxical intention therapy on sleep effort using the Glasgow Sleep Effort Scale (GSES; a validated measure of sleep effort) and by measuring objective sleep using the Dreem Headband (a dry EEG headband) in a two-armed randomised control trial. In total 26 participants were randomly allocated to receive either two sessions of paradoxical intention therapy or a single session of sleep hygiene educational advice and were asked to implement associated strategies over two weeks. Participants completed a three-day period of sleep measurement and completed psychometric questionnaires at baseline and at the end of the two weeks of implementing the intervention.

Results
A significant reduction ($p<.01$) of sleep effort, global self-reported insomnia symptoms and subjective sleep onset latency was found in the PI group in comparison to the control condition. However, there were no significant effects observed on any objective sleep parameters.

Conclusion
These findings suggest that paradoxical intention is effective in reducing self-reported insomnia symptoms and sleep effort.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Oral Presentation

TITLE
Tentative Hope: An exploration of the experiences of parents of children with Cystic Fibrosis as they commence the new Cystic Fibrosis conductance regulator modulator therapies.

AUTHORS
Hannah Edwards
Gail Clare, Louise Morgan, Jack Johnson and Amy Carroll

ABSTRACT

Introduction
Background. Cystic Fibrosis transmembrane conductance regulator (CFTR) modulator therapies are a highly anticipated new treatment for Cystic Fibrosis (CF) (Lopes-Pacheco, 2020). Though research into CFTR medication is in its infancy, the medications have been shown to have significant positive impact on the physical health of people with CF (Gramegna et al., 2020) and are expected to considerably increase their life expectancy (Natio et al., 2023) representing a significant breakthrough in CF treatment.
Parents of children with CF have an important role in the treatment and management of CF (Bryon & Wallis, 2011). Caregiver burden is significant and negatively associated with the physical health outcomes for children themselves (Daly et al., 2022). Very little research has explored parental experiences and perspectives of CFTR modulator therapies.
Aim. This study aims to explore the lived experiences of parents of children with CF who are taking CFTR modulators using Interpretative Phenomenological Analysis.

Methods
Methods. Ten qualitative interviews were conducted with parents of children with CF to explore their experiences of their child starting a CFTR modulator.
Results
Results. Five key themes were identified through the analysis, namely: experience as context, living alongside CF, the impact of the medication, the special role of CF and the socio-political context. These illustrated the complex and sometimes contradictory feelings of parents as their children lived with CF, started this medication.
Conclusion
Conclusion. Parents of children with CF have a complex relationship with their child starting CFTR modulators, which is influenced by several different non-physical factors. Understanding this is essential for future care.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Oral Presentation

TITLE
How is Peer support Experienced by People Living with Fibromyalgia and what is the Impact of this? A Systematic Review

AUTHORS
Olivia Fiske
Elisabeth Norton, Sarah Fish

ABSTRACT

Introduction
This systematic review aimed to synthesise qualitative findings on how peer support for fibromyalgia is experienced, and the impact of this. Peer support has been recognised as having both benefits and drawbacks for those living with fibromyalgia.

Methods
Eight databases were searched using keywords; manual searches of screened studies' reference lists were conducted. Selected studies underwent quality appraisal with the Critical Appraisal Skills Programme tool. Data from original studies' findings sections were extracted using thematic synthesis, with inductive coding.

Results
17 studies were included in the systematic review, representing experiences of over 225 people living with fibromyalgia. Three main descriptive themes were developed, "the contrast of peer support versus others", "motivation to keep going" and "peer groups can be negative". Four analytical themes were developed, "the benefits of peer support are emphasised by the drawbacks of the outside world", "others don't understand: a maintenance loop", "peer social learning" and "peer support must be just right". Review findings were rated by the GRADE-CERQual between moderate and low confidence.

Conclusion
Peer support is generally experienced by people living with fibromyalgia as a beneficial resource. There is potential for various consequences, some of which might be construed as negative. The contrast between the value of peer support and the perceived negative attitudes of others may contribute to a maintenance loop of difficult experiences within healthcare appointments. It is important that future research explores these concepts further to understand how healthcare improvements can be made for people living with fibromyalgia.

TOPIC AREA
Sleep and Health Psychology

PRESENTATION TYPE
Poster

TITLE
The effectiveness and acceptability of online pain management programmes: a mixed methods systematic review

AUTHORS
Fiona Ellis
Fish, Sarah Dr; Lane, Rebecca; Peterson, Katie Dr; Harrold, Emma Dr

ABSTRACT

Introduction

Four years since the COVID-19 pandemic promoted the clinical decision to deliver Pain Management Programmes (PMPs) online using innovative methods. Since then, online delivery has become a widely used format within UK healthcare services, prompting research into their effectiveness and acceptability. This systematic review synthesises recent evidence on the effectiveness and acceptability of online PMPs.

Methods

Ten databases were searched from their inception to June 2024: MEDLINE, AMED, PSYCHINFO, PSYCHARTICLES, CINAHL, PUBMED, COCHRANE, SCOPUS, PROQUEST and OPENGREY.

Results

Nine studies (10 samples) met the inclusion criteria. Six studies indicated that online PMPs can be effective for key chronic pain outcomes, and four found they are somewhat acceptable for adults with chronic pain. The studies were of variable quality and included heterogeneous intervention content, dose, and data collection methods.

Conclusion

There were some indications that online PMPs have the potential to be effective and acceptable to individuals, although further work is needed to understand the mechanisms of effect and to ensure they are developed in a patient-centred manner.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Poster

TITLE
Cleft MDT's consideration of psychosocial factors when supporting young people's decision making for orthognathic surgery.

AUTHORS
Holly Clegg
Kiki Mastroyannopoulou, Eliane Young

ABSTRACT

Introduction

Previous research has explored the decision-making experiences of young people and their parents with respect to surgery, however less is known about how clinicians experience this process, specifically when considering the transition period and supporting young people in their decision making for orthognathic surgery ('OS'). "Psychosocial factors" refer to characteristics that influence an individual's wellbeing either by impacting on them psychologically or socially. It is widely recognised that those affected by a CL/P may experience psychosocial difficulties, however it is unknown how these experiences are considered by clinicians or what ethical dilemmas may arise during decision making.

Methods

The purpose of this study was to explore what factors are considered by different MDT professionals working in CL/P services when supporting young people in their decision around OS and to understand how different professionals consider and manage different ethical dilemmas that arise. A qualitative design was employed, in which semi-structured interviews were conducted remotely with nine clinicians from across four NHS cleft services. The sample consisted of three Speech and Language Therapists, three Orthodontists and three Surgeons; all of whom are involved in the decision-making process for OS.

Results

Three major themes and seven sub-themes were identified through a thematic analysis. Themes included 'navigating the decision making process', 'Team Centric' and 'Health Inequalities impacting on access to cleft services'. Clinical implications arose with regards to how teams optimise the shared decision-making environment, foster opportunities for team liaison and consider health inequalities that impact on care. Future research may seek to explore health inequalities in greater depth.

Conclusion

The findings highlight the complex nature of balancing patient autonomy and beneficence during the decision-making process for OS whilst bringing awareness to factors that may

pose a barrier to decision-making such as the presence of health inequalities, power dynamics and conditions of the MDT environment. The importance of optimising the decision-making environment and creating opportunities for liaison, particularly earlier on in the pathway, are discussed. It is recommended that future research explores the impact of health inequalities on access to cleft care in greater detail, recognising those that are currently disadvantaged in their treatment journey.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Poster

TITLE
The effect of Cognitive Behavioural Interventions for Insomnia on Sleep Effort: A Systematic Review and Meta-Analysis

AUTHORS
Henry Bristowe
Henry Bristowe, Alpar Lazar, Andreas Michaelides, Niall Broomfield

ABSTRACT

Introduction
Insomnia is a pervasive sleep disorder for which there are many proposed underpinning psychological mechanisms. Research suggests that sleep effort plays an important role in insomnia. Despite this, no previous meta-analysis has been conducted to examine the effect of psychological insomnia interventions on sleep effort in randomised control trials. Data from six randomised control trials were included in the final meta-analysis. All six trials involved either single component (k=2) or multicomponent cognitive-behavioural therapy (k=4) for insomnia. Results showed a statistically significant medium effect of the CBT interventions on sleep effort. Five of the six trials finding reductions in sleep effort in favour of the intervention. Explanations for these findings are considered, alongside implications for research and clinical practice.

Methods
To identify randomised control trials examining the effect of a psychological intervention on sleep effort in comparison to a control condition in adults (>18) with insomnia, searches were conducted across four databases (MEDLINE, CINAHL, PsycINFO, Scopus). A grey literature repository search was also progressed (Open Access Theses and Dissertations and ClinicalTrials.gov) and articles from the seminal paper introducing the Glasgow Sleep Effort Scale were searched by hand (Broomfield & Espie, 2005).

Results
Results showed a statistically significant medium effect of the CBT interventions on sleep effort. Five of the six trials finding reductions in sleep effort in favour of the intervention.

Conclusion
Explanations for these findings are considered, alongside implications for research and clinical practice.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Poster

TITLE
Prevalence of Psychological Morbidity in Patients Requiring out of Hospital Critical Care

AUTHORS
Amber Edwards
TBC

ABSTRACT

Introduction
Every year, hundreds of people require out of hospital critical care provided by air ambulance teams. Because of the injury- and life-threatening nature of medical emergencies, people who require this support are likely to experience psychological symptoms in the months that follow. The prevalence of psychological morbidities in this population has not been closely studied. In order to address this gap in understanding we looked at anxiety, depression and post-traumatic stress symptoms in people who access support from an aftercare team in the year after being treated by the air ambulance team.

Methods
Twenty-four people who accessed support from an aftercare team were invited to complete questionnaires which looked at symptoms of anxiety, depression and PTSD. The measures used were the GAD-7, PHQ-9 and PCL-5. Prevalence of symptoms of each psychological morbidity was calculated, alongside whether the severity of injury impacted the reported symptoms. Pearson's correlation was also used to measure the correlations between the different psychological morbidities.

Results
Prevalence of each psychological morbidity was higher than the general population. Of those who responded, prevalence rates were 12.5% for PTSD, 33.3% for anxiety and 33.3% for depression. There was a strong positive correlation between each of the psychological morbidities, suggesting a high likelihood of comorbidity.

Conclusion
People who require out of hospital critical care are at higher risk of psychological morbidity than the general population. Continued screening and timely signposting will support patients to receive proactive psychological care, assisting their physical and mental health recovery.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Poster

TITLE
What are Pain Clinicians' Perceptions of Patients Living with Fibromyalgia, and does this Influence the Patient-Professional Encounter? A Qualitative Study

AUTHORS
Olivia Fiske
Elisabeth Norton, Sarah Fish

ABSTRACT
Introduction
People living with fibromyalgia often report difficult and distressing experiences in healthcare, including not feeling believed or listened to, and being faced with limited treatment options. Clinicians' attitudes and beliefs have been shown to influence healthcare experiences for people living with fibromyalgia, however no research to date has explored specialist chronic pain management clinicians' perceptions of fibromyalgia, using in-depth qualitative interviews.
Methods
The aims of this research were to understand why there may be challenges and how to overcome these, through exploring clinicians' perceptions of fibromyalgia and the influence of these on the patient-patient professional encounter. 12 clinicians from three National Health Service chronic pain management centres in the United Kingdom were interviewed. Reflexive thematic analysis was used to analyse the transcripts.
Results
Three themes were developed: "fibromyalgia as a personal challenge", "wanting to get it right", and "overt and covert narratives" with two subthemes "looking beyond the label" and "beneath the surface of the interaction". The findings suggest that participants perceived fibromyalgia as a challenge, striving to provide positive and equitable healthcare experiences despite limited intervention guidance and unhelpful ideas surrounding the condition.
Conclusion
This research considers how equity and allyship may be appropriate and useful for the care provider and service-user relationship. Recognising and confronting unhelpful beliefs, as well as ensuring a compassionate stance based on knowledge and understanding of the condition is likely to be beneficial to both clinicians and patients.

TOPIC AREA
Sleep and health psychology

PRESENTATION TYPE
Poster

TITLE
Acceptance Commitment Therapy (ACT) Group Interventions for Patients with Physical Health Conditions: A Rapid Scoping Review

AUTHORS
Kelly Tang
Dr Kate Roberts

ABSTRACT

Introduction
Acceptance Commitment Therapy (ACT) is a third-wave behavioural therapy focused on mindfulness, acceptance, and committed action towards a valued life. A Clinical Health Psychology Department at a General Hospital in the East of England is exploring the development of a new ACT group intervention for adults with physical health conditions. The rapid scoping review aims to evaluate evidence for ACT groups for adults with physical health conditions to inform the development of such groups to enhance service quality.

Methods
We adhered to the PRISMA Extension for Scoping Reviews and the Joanna Briggs Methodology, using the PRISMA-ScR Checklist. Literature searches were conducted in databases including PsycINFO, OpenGrey, Emcare, ACBS, MEDLINE Ultimate, and Scopus until 21st June 2023.

Results
Of 21 articles, 16 were quantitative, 1 qualitative, and 4 protocols. ACT groups address various physical health conditions. The ACT groups have six to nine sessions of 1 – 1.5 hours, aligned with the components of the ACT Framework Hexaflex and including introductions, conclusions, and reviews. Outcomes evaluate participants' physical and mental health, well-being, and life quality.

Conclusion
This scoping review assessed the current literature on ACT groups developed for adults with physical health conditions. While various ACT groups exist for specific physical health conditions, only one study has delved into a transdiagnostic ACT group. Despite the scarcity of transdiagnostic ACT groups, there is a consistency in the intervention structures and contents observed across ACT groups. Outcome measures used varied due to the varied health conditions. Future research can include feasibility or pilot studies to assess the efficacy of implementing a transdiagnostic ACT group for physical health conditions.

4. ADULT MENTAL HEALTH

TOPIC AREA
Adult mental health

PRESENTATION TYPE
DataBlitz

TITLE
Postnatal Intrusive Thoughts and Psychotic-Like Experiences: Exploring Associations with Parenting Experiences and Mental Health.

AUTHORS
Ilana Foreman
Jo Hodgekins, Jo Peterkin

ABSTRACT

Introduction
During the perinatal period, many parents experience mental health (MH) difficulties of varying severity, which have been associated with adverse outcomes. Examples include perinatal obsessive-compulsive disorder (OCD) and perinatal psychosis, which are thought to exist on a continuum from ‘subclinical’ symptoms (such as intrusive thoughts (ITs) and psychotic-like experiences (PLEs), respectively), to symptoms of ‘clinical’ severity/above diagnostic threshold. Limited literature explores these difficulties in community, perinatal populations, and less is known about levels of distress experienced, or potential associations with parenting experiences and other MH symptoms.

Methods
A cross-sectional, quantitative design was applied. Participants were parents in the postnatal period, recruited via social media and UK parenting forums.

Parents completed an anonymous, online survey, consisting of validated outcome measures which explored experiences of postnatal ITs, PLEs, parenting (competence, satisfaction, and stress) and MH symptoms (depression, anxiety, and stress).

Results
Of 349 participants, 48% had a history of MH difficulties, 25% were awaiting/receiving MH treatment and 50% reported their birth experience to have been traumatic.

Considering ITs, 93% reported at least one IT, 90% reported associated distress and 93.5% engaged in behaviours to cope with ITs.

Considering PLEs, 88% experienced at least one PLE, 83% reported associated distress and 30.4% were considered ‘at-risk’ for psychosis.

Distressing ITs and PLEs were significantly associated with lower parental competence and satisfaction, and increased parenting stress and MH symptoms, with medium effect sizes.

Regression analysis found ITs and PLEs significantly predicted parental competence and parenting stress, although this relationship was indirectly mediated by depression and anxiety.
Male parents (N=28) were found to have significantly more ITs, parenting stress, depression, anxiety and lower parental competence and satisfaction than females, and no gender differences were found for PLEs.
Parents with birth trauma, a history of MH or who were awaiting MH treatment reported experiencing more ITs, PLEs and associated distress.

Conclusion

Postnatal ITs and PLEs were prevalent, distressing and significantly linked to parenting experiences and MH in this community sample. Further research is needed to better understand experiences of ITs and PLEs across the entire perinatal period and to better understand experiences of male parents.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
DataBlitz

TITLE

Impact of receiving a late diagnosis of Autism on self-identity: A qualitative systematic review

AUTHORS
Caitlin Green
Caitlin Green, Louise Mullineaux, Paul Fisher, Harriet Farthing, Kenny Chiu

ABSTRACT

Introduction

There are a growing number of qualitative studies exploring experiences of adults who received a late diagnosis of autism. Before receiving a late diagnosis, individuals may have developed their own understanding of themselves and their identity. A late diagnosis may impact their sense of self. This review aims to understand how self-identity may evolve in adults following a late autism diagnosis and the impact this may have on their wellbeing by identifying reoccurring themes.

Methods

This review used a thematic synthesis to synthesise the qualitative data from 11 studies on the impact a late autism diagnosis has on an individuals’ self-identity from PsychINFO, MEDLINE Ultimate, CINAHL Ultimate, and Scopus. The Critical Appraisal Skills Programme was used to quality assess the included papers.

Results

Three analytic themes were identified: (1) Processing the past and questioning who they are (2) Accepted by the self and others for who they are and (3) Knowing who they are helps with finding a place in the world.

Conclusion

The review highlighted the identity formation process autistic adults go through following a late diagnosis, including renegotiating their identity through a reappraisal of past experiences, which allowed them to adjust their sense of self. Being able to authentically connect to others with a shared identity and gaining a sense of belonging were positive aspects a diagnosis may have on self-identity. The review highlighted barriers that can hinder identity formation such as stigma, both internal and societal, that make letting go of a pre-diagnosis identity difficult.

TOPIC AREA

Adult mental health

PRESENTATION TYPE

DataBlitz

TITLE

Understanding the intersections between ethnicity, area-level deprivation and inpatient use amongst patients with Psychotic disorders: a mental health electronic records analysis.

AUTHORS

Charlotte Humphreys
Charlotte Humphreys, Joanne Hodgekins, Sherifat Oduola

ABSTRACT

Introduction

Psychiatric inpatient admissions have frequently been used as a treatment approach for psychotic disorders. Ethnic and area-level deprivation disparities in psychiatric inpatient outcomes amongst patients with psychotic disorders have been reported. However, how these two variables intersect to produce health inequalities is unclear.

Methods

Using data of inpatient services at South London and Maudsley NHS trust linked to the Clinical Record Interactive search a large sample of patients with psychotic disorders who were admitted between 2016- 2019 (n=6767) was identified. Missing ethnicity data manually ascribed b the author using search language query in the unstructured fields. Separate logistic and negative binomial regressions were used to examine the relationships between ethnicity (and then deprivation) with inpatient-related outcomes (compulsory admission, psychiatric intensive unit admission, length of stay and number of admissions). The sample was then stratified by area-level deprivation to understand the intersection of ethnicity, and inpatient outcomes.

Results

Patients from all areas except the least deprived were at greater risk of compulsory admission, admission to Psychiatric Intensive Care Units and more frequent admissions, but interestingly no longer length of stay. All ethnic minority groups were more likely to be compulsorily admitted compared to white British patients, with Black British, Caribbean and African also at risk of admission to Psychiatric Intensive Care Units, more frequent admissions and longer length of stay. Living in the least deprived areas appeared to offer protection against increased risk of compulsory admission for some ethnic minority groups, but not black British or Asian patients.

Conclusion

This study investigated how psychiatric inpatient outcomes for patients with psychotic disorders were explained not only by the separate effects of area-level-deprivation and ethnicity but also by the unique intersections of their social identities. This study highlights the importance of addressing stressors present in social environment of deprived areas and ethnic minority patients which could in turn reduce the need for inpatient admissions.

TOPIC AREA

Adult mental health

PRESENTATION TYPE

DataBlitz

TITLE

Using Twitter to Compare Attitudes Towards Schizophrenia and Psychosis: Investigating the Prevalence of Stigma.

AUTHORS

Claire Thirkettle
Sheri Oduola, Lucy McEntegart, Peter Beazley

ABSTRACT

Introduction

Schizophrenia remains one of the most stigmatised psychiatric diagnoses. It has been argued that the condition requires renaming. Psychosis is often used as an alternative term in UK clinical practice. We explored the prevalence of stigmatising attitudes towards schizophrenia and psychosis using Twitter.

Methods

Quantitative content analysis was used to analyse Tweets (n=423) containing the terms ‘psychosis’, ‘psychotic’, ‘schizophrenia’ or ‘schizophrenic’. Tweets were categorised according to the presence and type of stigma.

Results

Both schizophrenia and psychosis were frequently stigmatised on Twitter. However, Tweets using the terms psychosis/tic were significantly more likely to contain stigmatising attitudes (70.9%, n=151) than Tweets using the terms schizophrenia/c (42.4%, n=89;

p<.001). Adjective terms were significantly more commonly stigmatised (76.6%, n=164) than nouns (36.4%, n=76; p<.001). The term 'psychotic' was frequently used pejoratively.
Conclusion
Both 'schizophrenia' and 'psychosis' are associated with high levels of stigma on Twitter. If schizophrenia is to be renamed, psychosis may not be a suitable replacement.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
DataBlitz

TITLE
Which sociodemographic, clinical and pathways to care factors influence wait time for early intervention for psychosis? A cross-sectional electronic health records analysis

AUTHORS
Nikki Wood
Sheri Oduola, Jo Hodgekins

ABSTRACT
Introduction
Delays in accessing treatment for psychosis result in poorer outcomes. In the UK, the Access and Waiting Time Standard was introduced in 2016, which outlined that people referred for
first-episode psychosis should receive treatment from an early intervention for psychosis (EIP) service within two weeks. We examined sociodemographic, Pathways to Care (PtC) and clinical factors associated with wait time for EIP services. We also investigated ethnic differences in wait time.
Methods
We collected data from de-identified electronic health records from South London and Maudsley NHS Trust EIP services between 2016 and 2019. Data were analysed using descriptive to compare sociodemographic, clinical and PtC factors and wait time. Multivariable linear regression models were fitted to assess associations between ethnicity and wait time.
Results
A total of 1806 patients with psychosis were identified. Analyses showed that 73% of patients accessing community-based EIP services waited over two weeks. Longer wait time was strongly associated with age increases and accessing the community EIP service. Shorter wait time was associated with A&E and 'other' referrals. White non-British and South Asian groups had shorter wait times for EIP services due to inpatient EIP service use.
Conclusion
We found that the majority of patients were not seen within the two weeks outlined by the Access and Waiting Time Standard. Analyses showed strong associations

between sociodemographic factors, PtC and clinical factors and wait time. Interventions and initiatives are required to reduce disparities in mental health care and to support EIP services to meet clinical guidance.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Oral Presentation

TITLE
Risk and Protective Factors for eating disorder symptoms among the LGBTQ+ community: a meta-analysis.

AUTHORS
Molly Cross
Dr Aaron Burgess

ABSTRACT

Introduction
Individuals of marginalised sexual and/or gender identities are at greater risk of experiencing eating disorder (ED) symptoms, at both clinical and subclinical level. Existing research has explored the factors contributing to this risk, though a comprehensive synthesis of results had not yet been accomplished. Therefore, the purpose of this meta-analysis was to elucidate risk and protective factors for ED symptoms among individuals who identify as LGBTQ+.
Methods
Searches were carried out across four databases. Included studies were assessed for quality and risk of bias. Subgroup analyses were undertaken to describe observable differences in factor estimates between groups within the LGBTQ+ community. Sensitivity analyses were also carried out to account for risk of bias.
Results
Seventy-one studies were included, synthesising 555 effect sizes from a total of 27,196 participants. Sixty-two factors were explored; 39 risk factors and seven protective factors were identified to be of significance to varying effects. Largest effects reported pertained to cognitive aspects related to the body.
Conclusion
This meta-analysis reports several risk and protective factors that may hold significant influence on the development and maintenance of ED symptoms for LGBTQ+ individuals. Findings are interpreted in relation to existing research and the theoretical frameworks relevant these relationships. Further research is necessary to fortify our conclusions, particularly in understanding the complexities of these mechanisms across different identities within the community.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Oral Presentation

TITLE
Using machine learning to explore how the outcomes of people with chronic pain differ following a pain management programme

AUTHORS
Fiona Ellis
Harrold, Emma Dr; Fish, Sarah Dr; Whitelam, Harry; De La Iglesia, Beatriz Prof.

ABSTRACT

Introduction
Machine Learning has the potential to generate new knowledge of chronic pain presentation and treatment response. This study aimed to explore how the outcomes of people with chronic pain differ following a UK NHS pain management programme.

Methods
An exploratory retrospective observational cohort study utilised unsupervised machine learning techniques to analyse routinely collected outcome data from a UK NHS pain management programme. Data from two pain management programmes were clustered with KMeans to identify patterns of outcomes, and K-shape clustering was used to observe differences in follow-ups.

Results
Results highlighted the heterogeneous response to UK NHS pain management programmes among individuals with chronic pain, with distinct patterns based on baseline function and psychological factors. While improvements were observed across cohorts, long-term outcomes varied, suggesting personalised treatment approaches were needed. These findings highlight the potential of data-driven methods to enhance understanding and optimise outcomes in chronic pain management.

Conclusion
This exploratory study used unsupervised machine-emerging techniques to explore the outcome of individuals following a UK NHS PMP. The findings show that following a PMP, the majority improved in key domains of chronic pain, but significant variability exists based on baseline function and psychological factors. Key variables such as physical function, pain catastrophising, and self-efficacy emerged as potential outcome influences. Future research should focus on identifying and targeting these factors early in treatment to optimise outcomes.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Oral Presentation

TITLE
Culturally sensitive perinatal mental health care: Experiences of women from minority ethnic groups

AUTHORS
Angelene Gardner
Bonnie Teague, Sheri Oduola

ABSTRACT

Introduction
Background: Current research has identified how ethnic minority women experience poorer health outcomes during the perinatal period. In the UK, specialist perinatal mental health services provide mental health treatment for women throughout the perinatal period. Service users have previously highlighted that perinatal services are hard to access and lack cultural sensitivity, and healthcare professionals have described limited opportunities and resources for cultural competency development.
Objectives: We explored ethnic minority women's experiences of National Health Service (NHS) specialist perinatal teams and identified what culturally sensitive perinatal mental health care means to this group.
Methods
Design: Individual semi-structured interviews were conducted, and an Interpretive Phenomenological Analysis Framework was used to analyse the interview transcripts.
Setting and participants: Participants were recruited from NHS specialist perinatal teams and online via social media.
Results
Results: Six women were interviewed. Four group experiential themes central to the experiences of participants emerged: 1) Strengthening community networks and peer support; 2) Valuing cultural curiosity; 3) Making sense of how culture, ethnicity, race, and racism impact mental health; and 4) Tailoring interventions to ethnic minority women and their families.
Conclusion
Discussion and conclusions: The findings capture how ethnic minority women experience specialist perinatal teams and offer insights into practicing culturally sensitive care. Perinatal mental health professionals can support ethnic minority women by strengthening their access to community resources and peer support, being curious about their culture, helping them to make sense of how culture, ethnicity, race and mental health interact, and applying cultural and practical adaptations to interventions.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Oral Presentation

TITLE
Use of the HCR-20 Version 3 with Women: A Narrative Synthesis

AUTHORS
Cevher Gunenc
Lucy Fitton, Peter Beazley

ABSTRACT
Introduction
The Historical-Clinical-Risk Management-20 Version 3 (HCR-20 V3) is a commonly used violence risk assessment tool that has been insufficiently studied in women, despite the increasing number of females globally needing such assessments. Existing reviews exploring its predictive validity have not focused on women and there is limited information on women's characteristics and clinical presentations, which creates challenges for clinicians utilising the tool to assess and manage risk. Therefore, this systematic review and narrative synthesis aims to explore the profiles of women assessed with HCR-20 V3 and the contexts in which the tool is used with women.
Methods
A systematic search, review, and narrative synthesis of the studies and findings were conducted. Studies were included if they were published research studies that have used the HCR-20 V3 in adult samples (aged 18 and over); their samples included women and these individuals were discussed separately to any men, or data was available for women separate to any men; they were conducted in any type of setting, including facilities such as forensic hospitals, prisons, or community settings; they were cross-sectional, longitudinal, cohort, case-control, retrospective, or prospective studies.
Results
A search of five databases identified 11 studies that met the inclusion criteria, totalling 445 women. Studies were mainly conducted in inpatient psychiatric settings, in predominantly Western countries, with women that had schizophrenia spectrum, substance misuse, and personality disorders, whose mean age was above 30 years old. The Clinical scale of the HCR-20 V3 was found to be most predictive of future violence in women. The Female Additional Manual (FAM) weakened predictive validity.
Conclusion
The studies varied in their methods and used small samples of women. Limitations and implications are discussed and recommendations for future research and practice are made.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Oral Presentation

TITLE
Coping among Afghan former unaccompanied refugee children in the UK: A qualitative study exploring barriers and influences over time

AUTHORS
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Dr Kenny Chiu, Sheila Melzak, Fabrice Lyczba, Dr Mazda Beigi, Dr Imogen Rushworth, Dr Hannah Taylor

ABSTRACT
Introduction
Unaccompanied Refugee Minors (URMs) are an extremely vulnerable refugee group, at risk of heightened adversity and trauma, as well as long-term, severe mental health difficulties. There is a lack of research providing a contextual understanding of difficulties and active resilience processes to inform how to promote URM wellbeing.
Methods
This qualitative study explored the difficulties and coping responses of former URMs from Afghanistan and perceptions of how and from where coping strategies are developed.
Results
Reflexive Thematic Analysis of 12 interviews generated three overarching themes: “Difficulties and coping: a series of cumulative challenges and vicious cycles”; “Roots to coping”; and “Coping is dynamic: the process of change”. Participants reported multiple and compounding difficulties, often present in a triad of physical/psychosomatic pain, mental health difficulties and social challenges. Participants described resilience mechanisms and the barriers to coping strategies being used and effective, revealing how the ability to employ strategies may be limited and that strategies may contribute to further challenges.
Conclusion
Experiences of early attachment, culture and identity could be observed to influence the ways coping strategies are appraised and developed. The importance of prioritising belonging and providing trauma- and attachment-informed care is discussed.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Oral Presentation

TITLE
Severe perinatal anxiety: A grounded theory model of mothers' experiences

AUTHORS
Vasiliki Mergia
Joanne Peterkin, Joanne Hodgekins

ABSTRACT

Introduction
Although there is a good understanding of anxiety in the general population, less is known about the experience of anxiety in the perinatal period. There has been increased research in perinatal anxiety in women, but less is known about severe perinatal anxiety. Therefore, it is unknown whether existing theoretical models of anxiety are applicable to severe perinatal anxiety. Hence, this study aimed to develop a nuanced understanding of the experience of severe perinatal anxiety in women who received support by secondary perinatal mental health teams using grounded theory.

Methods
Six women who received support by secondary perinatal mental health services and had anxiety as their primary difficulty were interviewed using semi-structured interviews to explore the experience and impact of severe anxiety. Constructivist grounded theory guided data collection and analysis.

Results
Four overall themes emerged, including transitioning to motherhood, being in threat mode, dealing with intensity of internal experiences and connected difficulties and relating to self and others. A preliminary explanatory model of severe perinatal anxiety was developed based on these themes. The findings highlighted that severe perinatal anxiety is a broader construct than other anxiety disorders with unique characteristics to the perinatal period, including the role of social and self-expectations about motherhood, the changes, losses and new responsibilities of mothers, the focus of the worries, the increased intensity of internal experiences and connected difficulties, the significant role of relationships with the baby, partner and wider support networks.

Conclusion
Severe perinatal anxiety is a broader construct than other anxiety disorders, with unique perinatal-specific and systemic characteristics. Hence, existing cognitive behavioural models of anxiety disorders may not adequately capture severe perinatal anxiety as they do not incorporate key elements of the perinatal experience. These elements can inform clinical assessments, formulations and interventions of women with severe perinatal anxiety.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Longitudinal Perinatal Mental Health Symptom Change and Predictors in Community Samples: A Systematic Review

AUTHORS
Ilana Foreman
Jo Hodgekins, Jo Peterkin

ABSTRACT
Introduction
Many women experience mental health (MH) symptoms of varying severity during the perinatal period, which can have adverse outcomes for the mother, baby and families. Yet, there is a lack of research exploring maternal longitudinal symptom outcomes and related predictors, using community (non-clinical) samples, i.e., those without a formal MH diagnosis. Literature suggests subclinical symptoms are distressing and are a risk factor and can develop into clinical symptoms, if undetected and untreated. Research has primarily focused on depression, neglecting exploration of other distressing MH symptoms.
Methods
A systematic literature search of four databases (Medline, PsychINFO, CINAHL Ultimate and Scopus) resulted in 1,857 studies, 20 of which met the inclusion criteria. All studies utilised community samples, focused on maternal outcomes and applied three perinatal assessment points, two of which occurred in the 12 months after birth. A total of 45,130 participants were included from 16 countries. Postnatal assessment points varied from 3 days to 11 years. Studies varied considerably in measures utilised, methodology, analysis, and reporting. Narrative synthesis was applied to analyse results.
Results
All 20 studies explored depressive symptoms, two explored anxiety, one explored OCD symptoms and one explored 'other' symptoms (wellbeing, and self-esteem). In the majority of studies, MH symptoms improved from pregnancy to postpartum, though this improvement was not linear, and postpartum symptoms fluctuated in severity. Three studies found symptoms worsened; two of these found MH symptoms were worst 4 years after birth. Most mothers experienced mild MH symptoms (72-85.2%), and a small proportion experienced chronic maintained symptoms (1.3-10.8%). No studies explicitly explored predictors of symptom improvement. Eleven studies explored maintained chronic symptoms, which were predicted by: a history of MH difficulties, life stressors, low income, marital status, and relationship difficulties.
Conclusion
Perinatal MH symptoms fluctuate, although appear to improve from pregnancy to postpartum, and most women report 'mild' symptoms. Studies varied considerably in

methodology, assessment points, measures, and analysis, which limited synthesis and all focused on depression, limiting our understanding of other MH symptoms. Most were from high-income countries, limiting global generalisability. Further research is needed to establish clear predictors of symptom improvement in community samples.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Clinicians' Experiences of Delivering Cognitive Behaviour Therapy Ten (CBT-T): A Qualitative Investigation

AUTHORS
Chloe Hewitt
Chloe Hewitt, Professor Siân Coker, Dr. Aaron Burgess, Professor Glenn Waller

ABSTRACT

Introduction
Cognitive Behaviour Therapy Ten (CBT-T) is a relatively new manualised treatment for non-underweight patients with eating disorders. It has been found to be an effective treatment and to be rated highly by patients. However, it is also important to consider clinicians' perspectives in the implementation and development of new interventions. This is because clinician perspectives can impact treatment delivery, leading to issues such as therapist drift. Using a qualitative approach, this research aimed to examine clinician experiences of delivering CBT-T.

Methods
The sample comprised 13 clinicians currently delivering CBT-T with at least six months experience of delivering this treatment. Semi-structured interviews were conducted via Microsoft Teams, using Braun & Clarke's (2006) six-stage thematic analysis to identify themes from the interview transcripts.

Results
Three themes and 10 subthemes were identified. The main themes were: positive experiences of delivering CBT-T, changing experience over time, and challenges in delivery.

Conclusion
Clinicians reported an overall largely positive experience of delivering CBT-T, with some challenges related to treatment delivery identified. Findings are discussed in relation to wider research literature, with recommendations given about how clinicians can be supported with their delivery of CBT-T, and for future research and CBT-T development.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Attrition in cognitive behaviour therapy for eating disorders in routine clinical settings: A systematic review and meta-analysis

AUTHORS
Chloe Hewitt
Chloe Hewitt, Professor Glenn Waller, Molly Cross, Georgia Roling, Dr. Aaron Burgess, Professor Siân Coker

ABSTRACT

Introduction

Cognitive behaviour therapy for eating disorders (CBT-ED) has been found to be an effective treatment across eating disorder diagnoses, however attrition rates are high. This has important implications for recovery-related outcomes, yet despite consistent reporting of high attrition rates, little has been done to explore this further. This review aimed to provide an estimate of attrition rate from CBT-ED in routine clinical settings, also examining potential factors that may moderate this estimate including diagnosis, severity, age, and CBT-ED type.

Methods

Five online databases were searched for relevant studies, with supplementary searches of grey literature also conducted. Full-text screening identified a total of 56 studies, providing 59 CBT-ED conditions, for inclusion in this review.

Results

The overall attrition rate across all studies was 31.22% (95% CI = 7.51-62.17%). Attrition rate varied per diagnosis and was highest for anorexia nervosa samples and lowest for binge eating disorder samples. Differences were found in attrition rate by CBT-ED type, and the effect of age as a moderator varied by diagnosis and CBT-ED type. Eating disorder severity was found to be significant moderator of attrition, with increased severity associated with increased rates of treatment attrition.

Conclusion

The attrition rate from CBT-ED in routine clinical settings is higher than attrition rates from CBT in previous studies of other mental health conditions, and from CBT-ED in randomised controlled trials. Further research is needed to examine why CBT-ED attrition rates are so high to aid with developing an understanding as to what may improve treatment retention in CBT-ED. This could help to identify how more patients can be supported to engage with CBT-ED, with the hope that this would help more patients to go on to recover from their eating disorder.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
A systematic review of the impact of community-based interventions for improving mental health outcomes in deprived neighbourhoods

AUTHORS

Charlotte Humphreys
Charlotte Humphreys, Joanne Hodgekins, Sherifat Oduola

ABSTRACT

Introduction

Residents of deprived areas face inequalities in their mental health and access to treatment. Many of the stressors these residents face often lie without the remit of mental health services. Health policy in England has highlighted the importance of community engagement to ensure sustainable gains in health at the population level. Community-based interventions which attempt to situate treatment in a person's social context have potential benefit for improving mental health and wellbeing. However, there is limited evidence of the impacts of these interventions in deprived communities. This review considers the impact of community-based interventions on mental health specifically in deprived areas.

Methods

Medline, CINHAL, EMBASE, PYSHINFO AND ASSIA databases were searched. This review included a narrative synthesis. Studies were included if they reported mental health outcomes in relation to a community-based intervention were at least 51% of patients lived in a deprived area of a high-income country. A harvest plot approach to narrative synthesis based on the direction of change and not statistical significance was taken as this is suited to combining research with different study designs and outcomes.

Results

26 papers reporting on 21 different interventions in 4 countries were identified.7 categories of community-based interventions were identified including peer mentoring and regeneration projects. No interventions focused on the mental health outcomes of residents with severe mental illness were identified.

Conclusion

https://www.crd.york.ac.uk/PROSPERO/display_record.php?RecordID=385472

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Barriers to Accessing Perinatal Mental Health Care in Sub-Saharan Africa: A Qualitative Systematic Review

AUTHORS
Tammy Hunt
Tammy Hunt, Joanne Peterkin, Ilana Foreman, Joanne Hodgekins

ABSTRACT

Introduction
There is a high prevalence of mental health difficulties in sub-Saharan Africa (SSA), and perinatal women are extremely vulnerable to mental health issues in SSA due to the fragile health systems, high poverty rates, and minimal social safety nets. While barriers to accessing and implementing perinatal mental health (PMH) support have been studied, SSA is underrepresented in this research. This systematic review aims to identify barriers to accessing PMH care in SSA

Methods
A systematic review was carried out across five online databases in June 2023 and February 2024. Studies were included if they focused on women in the perinatal period and/or those involved in supporting women experiencing mental health difficulties in the perinatal period. Eligible studies focused on perceived barriers to PMH care access or implementation in SSA, had a qualitative or mixed-methods design, were published in a peer-reviewed journal, and written in or translated into English. Papers were assessed for quality using the Mixed Methods Appraisal Tool. Data were analysed using thematic synthesis

Results
A total of 13 papers were included in the review, which incorporated 803 participants across six countries; Ethiopia, Kenya, Malawi, Nigeria, South Africa, and Uganda. Main barriers included low mental health literacy, significant stigma, contradictive support, limited resources, screening, formal support, and training, and not involving loved ones. Factors unique to SSA included the lack of PMH policy, pluralism of traditional and biomedical care, stigma faced by adolescent mothers, and the need to integrate PMH into PHC

Conclusion
This is the first systematic review looking at barriers to accessing PMH in SSA alone. Many of the emerging themes, like stigma and limited resources, are also seen in the global literature, which suggests that findings and recommendations of these previous reviews can be applied to PMH in SSA. Factors unique to SSA should be considered when implementing PMH care in the region, particularly when implementation models and

interventions are designed in high-income countries. Further research is needed across more SSA countries so that findings are more representative of the region

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Do people make sentencing decisions under the Vowles Criteria reliably in relation to people with serious mental health problems charged with criminal acts?

AUTHORS
Oliver Maltby
Oliver Maltby, Dr Ian Edwards, and Dr Peter Beazley

ABSTRACT

Introduction
In England and Wales, a person with a mental health condition convicted of a serious crime tends to be given either a custodial sentence or a hospital order (s.37). However, a scarcely used sentencing option called the hybrid order (s.45a) can be used, where the offender is first treated in hospital and then serves the rest of their sentence and is released through the prison system. Along with psychological pre-sentencing reports, the Vowles criteria, from the case law R v Vowles, is used to aid judges in their decisions.

Methods
Using professionals within the Criminal Justice System, randomised in two different groups in an online survey format, the study aimed to explore the use of the Vowles criteria, the effect of diagnosis on decision-making in relation to the Vowles criteria, and whether the diagnosis of the offender or participants' belief about mental health would have an impact on sentencing

Results
Agreeability was high across all four Vowles criteria questions, with no difference in agreeability between the diagnosis groups. Contrary to the pattern of decisions in the real courtroom, participants were most likely to give a hybrid order and least likely to give a custodial order. However, neither the diagnosis in the vignette nor the participant's beliefs about the origin of mental health (environmental versus biological) affected the final sentencing decision.

Conclusion
The overall findings that the majority of participants chose s.45A sentencing is contrary to what is seen in real sentencing scenarios, as only a fraction of those sentenced under the Mental Health Act receive a hybrid order. Research with a sample of English and Welsh judges, especially those who make sentencing decisions on s.37/45A, could give more insight into this discrepancy between experimental and real-life settings.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Attitudes and beliefs towards mental health conditions by legal professionals within the English and Welsh Criminal Justice System (CJS): A systematic review.

AUTHORS
Oliver Maltby
Oliver Maltby, Dr Leila Allen, Dr Eleftherios Kipoulas, and Dr Peter Beazley

ABSTRACT
Introduction
Compared to the general population, a higher prevalence of people with mental health conditions are seen throughout the Criminal Justice System (CJS) process. This includes all areas, from initial arrest to court processing to final sentencing.
Methods
This systematic review aims to explore the attitudes and beliefs of professionals within the English and Welsh CJS towards people with mental health conditions, exploring the beliefs towards specific diagnoses and symptomology, and overall establishing what gaps exist in the current literature.
Results
Solely searching quantitative and mixed methods research, the review highlighted 14 suitable papers based in England and Wales. These papers reported overall positive attitudes and beliefs, but these beliefs tended to be mixed with stigmatising beliefs and misinformation about diagnoses and related behaviours.
Conclusion
The review highlights that more research is required on different professional groups and diagnoses in general within England and Wales, but there are particular gaps among lawyers, judges, probation staff and youth justice workers, whereas, at a condition-specific level, there is limited evidence overall regarding CJS professionals' attitudes towards mood disorders and PTSD.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Clinicians' Perspectives on Retraumatisation during Trauma-Focused Interventions for Post-Traumatic Stress Disorder: A Survey of UK Mental Health Professionals

AUTHORS
Lucy Purnell
Lucy Lucy Purnell, Kenny Chiu, Gita Bhutani Nick Grey, Sharif El-Leithy & Richard Meiser-Stedman

ABSTRACT

Introduction
Concerns regarding retraumatisation have been identified as a barrier to delivering trauma-focused therapy for post-traumatic stress disorder (PTSD). We explored clinicians' understanding of what constitutes potential signs of retraumatisation (PSoR), reported incidences of witnessing retraumatisation, use of (and confidence in) therapies for PTSD, fear of retraumatisation during therapy for PTSD, and whether having witnessed retraumatisation was associated with these variables.

Methods
We surveyed 348 clinicians.

Results
There was variation in what clinicians viewed as PSoR. Retraumatisation was reported by clinicians in 3.4% of patients undergoing trauma-focused therapy for PTSD. A variety of trauma-focused and non-trauma-focused therapies were routinely used, yet 14.4% reported not using trauma-focused therapy. There was a significant negative correlation between participants' highest reported confidence in trauma-focused therapy and endorsement of PSoR (r=-.25) and fear of retraumatisation (r=-.28). Mean fear of retraumatisation was 30.3 (/100; SD=23.4). Participants who had witnessed retraumatisation reported significantly greater endorsement of PSoR (d=.69 [95% CI .37, 1.02]) and fear of retraumatisation (d=.94 [95% CI .61, 1.26]).

Conclusion
Confidence in using therapies for PTSD was varied and related to how clinicians understood retraumatisation. Retraumatisation is uncommon, but there is variability in clinicians' interpretation of what retraumatisation is, and its utility warrants research.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
A Systematic Review and Meta-analysis of PTSD Symptoms at Mid-Treatment During Trauma-Focused Treatment for PTSD

AUTHORS
Lucy Purnell
Lucy Purnell, Alicia Graham, Kenny Chiu, David Trickey & Richard Meiser-Stedman

ABSTRACT
Introduction
There is concern that trauma memory processing in psychological therapies leads to PTSD symptom exacerbation.
Methods
We compared PTSD symptoms at mid-treatment in trauma-focused psychological therapy to control groups. We systematically searched multiple databases and searched grey literature. We included randomised controlled trials involving adults comparing trauma-focused psychological interventions with active non-trauma-focused interventions or waitlist conditions.
Results
Twenty-three studies met our inclusion criteria. We found no evidence of PTSD symptom exacerbation at mid-treatment in trauma-focused interventions compared to control groups (g=-.16, [95% confidence interval, CI, -.34, .03]). Sensitivity analyses with high quality studies (risk of bias assessment ≥ 7; g=-.25; [95% CI -.48, -.03], k=12) and studies with passive controls (g=-.32; [95% CI -.59, -.05], k=8) yielded small effect sizes favouring trauma-focused interventions. At post-treatment, trauma-focused interventions yielded a medium effect on PTSD symptoms compared to all controls (g=-.57; [CI -.79, -.35], k=23). Regarding depression, trauma-focused interventions yielded a small effect size compared to controls at mid-treatment (g=-.23; [95% CI -.39, -.08], k=12) and post-treatment (g=-.45; [CI -.66, -.25], k=12).
Conclusion
This meta-analysis found no evidence that trauma-focused psychotherapies elicit symptom exacerbation at mid-treatment in terms of PTSD or depression symptoms. Instead, this meta-analysis suggests that the benefits of trauma-focused interventions can be experienced through improved depression and possibly PTSD before the conclusion of therapy. However, it is possible that symptom exacerbation occurred before mid-treatment and/or that people who experience symptom exacerbation drop out of studies and so are not included in the analysis.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Service-Related Project

AUTHORS
Riccardo Sacripante
Riccardo Sacripante, Rebecca Jacob, Laura Toplis, Peter Beazley, Lynsey Kelly

ABSTRACT

Introduction
Medical students are vulnerable to mental health difficulties. Contributing factors include stigma, concerns around fitness to practice proceedings, life events, and high levels of stress. Students from ethnic minority groups face institutional and professional racism within the NHS, and racist abuse from patients. The Clinical Student Mental Health Service (CSMHS), developed in 2014, provides NHS mental health support for clinical students. This service evaluation focuses on the routine outcome measures used at CSMHS to assess the effectiveness of psychological treatment; and characterizes service users' demographics compared to the general student population at the Clinical School.

Methods
Demographic data from 144 clinical students who accessed CSMHS were compared to demographic data of 977 students enrolled at the clinical school. Twenty-five out of 144 students completed the outcome questionnaires (PHQ-9, GAD-7, WSAS, CORE-OM) before and after psychological treatment. A within-group design (pre- vs post-treatment) was used to assess whether psychological treatment was associated with improvements in outcome measures via paired samples t-tests. Feedback from students accessing CSMHS was also collected.

Results
Average scores on PHQ-9, GAD-7, and CORE-OM significantly decreased after treatment ($p < 0.001$), while WSAS approached significance after Bonferroni correction ($p = 0.0125$). White medical students represented a majority among those enrolled at clinical school and accessing CSMHS, although students from White Other Backgrounds were overrepresented and White British students were underrepresented at CSMHS. Asian or Asian British students were represented at similar rates in both settings, while students of Black and Mixed ethnic groups were the least represented in both settings.

Conclusion
Students reported lower levels of distress and anxiety with better clinical outcomes after accessing psychology at the CSMHS, confirming that access to psychological treatment was associated with clinical improvement and that the outcome measures were appropriate and sensitive enough to detect clinical change. Students should be encouraged to complete outcome measures once treatment is ended. Although White students represented a majority in both settings, White Other students were more likely

to access CSMHS. Among ethnic minority groups, Black and Mixed ethnicities students were far less likely to be enrolled at the Clinical School and access CSMHS.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
An evaluation and comparison of online and face-to-face Compassion Focused Therapy (CFT) groups in an adult locality mental health team

AUTHORS
Debra Spencer
Renata Zirilli, Calum Hartley, Dave Haggarty

ABSTRACT

Introduction
Emerging evidence suggests that compassion-focused therapy (CFT) is an effective treatment for a wide range of mental health difficulties, and that delivering CFT in a face-to-face group setting works well. This evaluation examined whether the online CFT groups offered by an NHS adult locality mental health team in the East of England were as effective as the service's face-to-face offering.

Methods
The study included data for 60 men and women with complex mental health difficulties, aged 18 to 64 years, who were enrolled onto a CFT group offered by the service between January 2019 and December 2022. Compassion scores were measured before and after completing a CFT group using reliable psychometric tools. The study compared pre- and post-treatment scores and analysed whether treatment outcomes or attendance rates were influenced by the mode of therapy delivery (online or face-to-face).

Results
At the individual level, better outcomes were observed in face-to-face group attendees compared to online group attendees. For the online group attendees, eight of 15 individuals showed changes in compassion levels not explainable by other factors (e.g., measurement error), but only one showed a clinically significant change. Of the eight face-to-face group attendees, post-treatment scores for seven had changed by more than would be expected after accounting for other factors, with four achieving clinically significant improvements. The odds of observing a clinically significant change were 9.33 times higher for the face-to-face group attendees than for online group attendees. Group-level analysis showed no significant differences in treatment outcomes or attendance rates between online and face-to-face groups, although effect size examination suggested a more nuanced picture.

Conclusion

The results presented here reflect data from 23 of the 60 service users enrolled onto a CFT group during the evaluation period and therefore should be interpreted with caution. Nonetheless, these findings contribute to the emerging evidence regarding online psychotherapy groups, specifically online CFT groups offered in NHS settings. It is crucial that the NHS continues to be able to make informed decisions about resource allocation. As such, accruing a robust body of evidence about this newly-emerging method of delivering services is essential.

TOPIC AREA

Adult mental health

PRESENTATION TYPE

Poster

TITLE

Sleep and socio-occupational functioning in adults with serious mental illness: a systematic review

AUTHORS

Aviva Stafford
Sarah Reeve, Sheri Oduola

ABSTRACT

Introduction
Sleep is recognised as a crucial factor influencing mental health and quality of life. Individuals with serious mental illness (SMI) often experience significant sleep problems, which can further exacerbate their symptoms and impact their socio-occupational functioning (SOF). Despite the well-established bidirectional relationship between sleep and mental health, the specific association between sleep and SOF in the context of SMI remains underexplored.

Methods
A systematic review was conducted. Comprehensive searches in PubMed and PsycNet, yielded 832 results. After applying inclusion criteria, 24 studies were included in the narrative synthesis. Data were extracted for analysis, including study characteristics and key findings.

Results
Collectively, studies investigated sleep quality, satisfaction, duration, disturbance, specific disorders, and objectively-recorded sleep parameters across various study designs and assessment methods. Most studies revealed a significant association between the respective sleep problem(s) and SOF in SMI populations.

Conclusion
While limitations such as reliance on primarily subjective measures and the need for randomized controlled trials were identified, the review emphasises the need for sleep assessment and integrated sleep interventions as part of routine SMI care to potentially improve and/or prevent poor SOF.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
Evaluating outcomes of a Compassion Focused Therapy group for mothers under the care of a Perinatal Community Mental Health Team

AUTHORS
Claire Thirkettle
Amanda Best, Jade Claxton, Sian Coker

ABSTRACT
Introduction
New motherhood is associated with multiple changes and role transitions. The internalisation of cultural narratives which idealise motherhood may increase guilt and shame, when new mothers perceive that they are failing to meet these standards. Compassion Focused Therapy (CFT) has been adapted as a model for understanding and alleviating distress during the perinatal period.

Methods
Thirty women took part in the CFT group. Three routine outcome measures were used to measure self-criticism, self-reassurance, fears of compassion and psychological distress, pre/post-group. Service user feedback was collected verbally and via an online questionnaire.

Results
Significant reductions in self-criticism and psychological distress, and significant improvements in the ability to self-reassure were observed. Service user feedback suggested that participants found the group informative and supportive.

Conclusion
Results from the service evaluation suggest that the CFT group appears to be meeting its aims of reducing self-criticism, fears of compassion and psychological distress. Overall, the group has received very positive feedback. It is recommended that the CFT group continues to run, alongside the collection of routine outcome measures and service user feedback.

TOPIC AREA
Adult mental health

PRESENTATION TYPE
Poster

TITLE
A Systematic Review of Studies Using Translated Versions of the Attribution Questionnaire (AQ-27) to Measure Public Stigma Towards People with Schizophrenia.

AUTHORS
Claire Thirkettle
Sheri Oduola, Lucy McEntegart, Peter Beazley

ABSTRACT

Introduction
The Attribution Questionnaire (AQ-27, Corrigan et al., 2003) is a widely used measure of public mental illness stigma. The AQ-27 was originally developed in the USA in the English language, however several translations have since been produced. This is the first review to explore the use of translated versions of the AQ-27 to measure stigma towards people with schizophrenia.

Methods
A systematic review was conducted. MEDLINE, PsycInfo and Web of Science were systematically searched between 2003 and 2024. The COSMIN Study Design Checklist was adapted to appraise the quality of the translation processes. Data were extracted relating to measurement properties (reliability and validity) of the translated measures.

Results
Forty-one studies were identified, spanning fifteen countries and eleven languages. Most studies (n=26, 63.4%) were located in Europe. Twelve original translations of the AQ-27 were identified, of which, four studies were primarily focused on translation and validation of the measure. The Turkish, Italian and Arabic translations were rated highest for methodological quality.

Conclusion
Researchers should consider the quality of the methodology used to develop existing translated versions of the AQ-27 before adopting them, as this may have implications for the validity and equivalence of the measure within the target culture. Translation frameworks are available to support the high-quality translation and cross-cultural adaptation of self-report measures.

5. SOCIAL AND PROFESSIONAL ISSUES

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
DataBlitz

TITLE
Exploring post-qualification research related activity in UK clinical psychologists

AUTHORS
Stevie Burnett
Joanne Hodgekins, Sarah Reeve

ABSTRACT

Introduction
Previous research has consistently found that the modal number of research publications from clinical psychologists is zero. However, the role of the clinical psychologist as a scientist-practitioner means that utilisation of their research skills and engagement with research related activity is broader than solely publications. This study aims to understand the range of research related activities that clinical psychologists are engaged in. Secondary aims are to understand factors related to level of research related activity and barriers and facilitators to future engagement.

Methods
A sample of 159 qualified UK clinical psychologists completed an online survey comprised of self-report questionnaires relating to demographics, research related activities, factors related to research activity involvement, and future barriers and facilitators. Data was analysed using descriptive statistics, univariate analyses, a regression model, and content analysis.

Results
A range of research related activities were reported, with 100% of respondents endorsing at least one research related activity in the past year. Factors associated with higher research activity included attitudes, gender, self-efficacy, resources, and support. Time and resources were reported to be frequent barriers and facilitators.

Conclusion
Clinical psychologists appear to engage in a broad range of research related activities beyond research publication. Several identifiable factors are associated with level of research related activity, although more research is needed to understand the relationships between these variables. There are also several barriers and facilitators such as time and resources to be considered in better supporting clinical psychologists to make use of their research skills.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
DataBlitz

TITLE
The experiences of individuals with a learning disability and co-morbid mental health difficulties, their families, and healthcare professionals of communication with one another during care in mental health services: A systematic review

AUTHORS
Abisoye Sotonwa
Prof Richard Meiser-Stedman, Corrina Willmoth

ABSTRACT

Introduction
Research has evidenced the communication difficulties experienced by families and healthcare professionals and its impact on patient care. This systematic review aimed to explore how individuals with learning disabilities and co-morbid mental health difficulties, their families, and healthcare professionals experience communication with one another during care in mental health services.

Methods
A search of electronic databases was conducted. Studies published from January 1993 until the date the searches were run (October 2023), written in English, and reporting the experiences of communication within mental health services were included. A total of 20 studies comprising 261 participants were included in the review.

Results
Four superordinate themes were revealed: ‘the need for inclusive communication within care’, ‘relating with one another’, ‘empowered vs disempowered’, and ‘delivery of care’.

Conclusion
The adaptation of communication helped improve service experiences. However, a large amount of evidence suggests that service users and their families do not feel informed and listened to, and professionals feel unable to understand and communicate with service users. Thus, highlighting the need for further training of professionals in how to effectively communicate with service users and their families.

TOPIC AREA
Social and Professional Issues

PRESENTATION TYPE
Oral Presentation

TITLE
“She get it…she got me”: An exploration of adults with intellectual disabilities experiences of therapeutic relationships with health professionals in a Community Learning Disability Service

AUTHORS
Bethany Driver
Corrina Willmoth, Richard Meiser-Stedman

ABSTRACT

Introduction
People with intellectual disabilities encounter multiple Health Care Professionals (HCPs) to address a range of needs. Yet, little research has explored the lived experience of therapeutic relationships with HCPs from the perspective of people with intellectual disabilities.

Methods
Six adults with mild to moderate intellectual disabilities were interviewed about their experience of therapeutic relationships with multi-disciplinary HCPs in a Community Learning Disability Team (CLDT). The data were analysed using Interpretative Phenomenological Analysis (IPA).

Results
Three main themes, ‘The Journey to Building Connections’, ‘The Importance of Feeling Held’, and ‘Empowering Independence’, were identified and discussed.

Conclusion
The findings highlight the importance of supporting people with intellectual disabilities to feel safe and empowered within their relationships with HCPs for positive care experiences. This can be supported by clinicians and services adopting a person-centred care approach with a trauma-informed focus. Future research should focus on capturing the diverse experiences of people with severe and profound intellectual disabilities.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
Oral Presentation

TITLE
Increasing Equity of Access for Aspiring Clinical Psychologists from Working Class Backgrounds: A Participatory Action Research Approach

AUTHORS
Sarah St Ledger
Dr Bonnie Teague, Dr Amy Carroll, Piotr Barć, Tiggy Whitton, Beth Robinson, Riley Weston

ABSTRACT
Introduction
Recognition of the lack of diversity within the clinical psychology workforce and the potential impact of this on individuals accessing psychological services has increased in recent years, with initiatives to improve diversity of the clinical psychology profession in terms of ethnicity and gender. However, comparatively little is known about the role of social class within clinical psychology, and the perceived barriers that class may have on working in the profession.
Methods
Four working class undergraduate psychology students took part in a 6-month participatory action research project to explore perceived barriers and develop solutions to increase equity of access onto the Doctorate in Clinical Psychology training course. Students were recruited to the project as 'co-researchers' and as such were involved in all parts of the research process.
Results
Focus groups held throughout the project were thematically analysed in collaboration with co-researchers with 4 main themes emerging from the data: 'The Ivory Tower Syndrome', 'On the Outside Looking in', 'Wrong Side of the River' and 'Building a Bridge'.
Conclusion
Lack of social, cultural, and financial capital, and the intersecting aspects of co-researcher's identities create disadvantage through lack of opportunity and knowledge. Solutions including mentoring schemes and embedding information about the career path within the undergraduate curriculum would provide undergraduates students with the knowledge and skills required to progress after they graduate would work to level the playing field for working class applicants.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
Oral Presentation

TITLE
What do aspiring clinical psychologists from minoritised ethnic backgrounds need from formal mentoring schemes?

AUTHORS
Hana Afrah
Carroll, Amy; Ekebuisi, Nneamaka

ABSTRACT
Introduction
Clinical psychology has traditionally been a White-dominated field, whereby psychologists from Minoritised Ethnic (ME) backgrounds are underrepresented compared to the national population (HCPC, 2023; Office for National Statistics, 2023). To improve the ethnic representativeness of the workforce, NHS-E (HEE, 2021) provided Doctorate in Clinical Psychology (DClinPsy) programs with funding to develop mentoring schemes for aspiring psychologists from ME backgrounds (APMEs). However, there was no prior research on what APMEs in the UK need from mentoring.
Aim: This qualitative study aimed to explore what APMEs need from formal mentoring schemes aimed at supporting successful application to doctOral Presentation clinical psychology training.
Methods
Reflexive thematic analysis (Braun & Clarke, 2012) was selected as the methodological approach to explore participants' mentoring needs. Six qualitative focus groups were carried out with a total of 14 participants.
Results
The data is summarised into four major themes. The first two themes, systemic barriers and support (or lack of), provides the context of participants' mentoring needs, i.e. the 'why' of their needs. The third and fourth themes, support from a mentor and the 'ideal' mentor, summarises what participants need from mentoring, i.e. the 'what' of their mentoring needs.
Conclusion
This study was the first, to the researcher's knowledge, to explore the mentoring needs of UK based APMEs, informing DClinPsy mentoring schemes. APMEs revealed many barriers that they face in their journey towards applying for doctOral Presentation training, which a mentor can support with, and described demographic and character traits they would look for in their 'ideal' mentor. These findings can be used to inform existing or future mentoring schemes for APMEs and will be of relevance to national equality, diversity and inclusion work within clinical psychology.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
Poster

TITLE
The Impact of Stigma and Diagnostic Term on Juror Decision-Making in a Mock Criminal Trial.

AUTHORS
Harriet Holmes
Harriet Holmes, Peter Beazley

ABSTRACT

Introduction

The activation of beliefs and assumptions about a defendant's personal characteristics is just one way in which the juror decision-making process can be impacted by bias. Stigma towards mental health conditions has been subject to considerable research interest, but given the higher prevalence of mental health need in the forensic population, it remains unclear to what extent different diagnoses act to explain offending behaviour and buffer stigma in juries.

Methods

This study therefore sought to address this through a broad replication of previous research conducted jointly by Tremlin (2021) and O'Leary (2021) using an online, between-groups experimental design, to assess the impact of baseline 'juror' stigma and experimental condition (schizophrenia, Borderline Personality Disorder or Complex Mental Health condition) on juror verdicts. Participants were randomly assigned to one of the three conditions and shown a short video trial vignette of a fictional criminal damage case in which the defendant's mental health diagnosis was presented as relevant.

Results

The results did not support the hypothesis that a manipulation in the diagnostic term used would result in differences in guilt ratings but did suggest that baseline levels of stigma were an influential factor in the verdicts mock jurors gave.

Conclusion

Strengths and limitations of the study are discussed, along with the implications for jury selection and clinicians delivering expert witness testimonies in UK criminal courts.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE

TITLE
Resilience and its association with mental health among forcibly displaced populations: a systematic review and meta-analyses

AUTHORS
Rebecca Lane
Rebecca Lane, Dr Hannah Taylor, Dr Fiona Ellis, Dr Imogen Rushworth, Dr Kenny Chiu

ABSTRACT
Introduction
Forcibly displaced populations are at increased risk of mental health difficulties and are growing exponentially. Resilience offers a promising research area to explore how mental health may be improved. However, it remains unclear if, and how, resilience and mental health challenges are associated. This systematic review and series of meta-analyses investigated the relationship between resilience and mental health symptoms among forcibly displaced groups.

Methods
Peer-reviewed studies measuring a statistical association between resilience and mental health among forced migrants were eligible for inclusion. MEDLINE Ultimate, APA PsycInfo and SCOPUS were searched up until January 2024. Random-effects meta-analyses for each identified mental health category were conducted. Study quality was evaluated using the NIH Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies. Pre-registration was with PROSPERO (CRD42023395925).

Results
Thirty-one studies were included in the review (n = 6656). Meta-analyses revealed a significant negative association between resilience and symptoms of post-traumatic stress (k = 13, n = 2446, r = -.15, 95% CI [-0.23;-0.06]), depression (k = 14; n = 2952, r = -.34, 95% CI [-0.41; -0.26]), anxiety (k = 7, n = 1516, r = -.19, 95% CI [-0.27; -0.11]), and psychological distress (k = 10; n = 2712, r = -.29, 95% CI [-0.36; -0.23]). High heterogeneity was observed. In addition, studies recruited relatively small samples, collected data cross-sectionally, and used non-random sampling strategies.

Conclusion
Our findings point to an association between resilience and mental health difficulties in forcibly displaced groups. Directions for future research are discussed.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
Poster

TITLE
Exploring NHS Staff Experiences of Receiving Post-Pandemic Therapy Support from NHS Staff Support Services: A Thematic Analysis

AUTHORS
Hannah Carroll
Imogen Rushworth, Sheryl Parke, Lauren Grainger

ABSTRACT

Introduction
Healthcare staff face significant mental health risks due to the stressful nature of their work (Bria et al., 2012; Hall et al., 2016; Johnson et al., 2018). The COVID-19 pandemic worsened these challenges for staff, leading to increased stress, burnout, and mental health issues (Ahrens, 2021; Aymerich et al., 2022; BMA, 2021; Sun et al., 2021). In response to the worsening of challenges and an increase in mental health issues amongst staff in the United Kingdom, NHS Trusts implemented various support initiatives, including in-house wellbeing services and psychological therapies (Appelbom et al., 2021; Blake et al., 2020; Johnson et al., 2022). However, research on NHS staff support services remains limited and relatively new. Preliminary studies like Petrella et al. (2021) and Smith et al. (2022) have explored mental health symptoms, help-seeking behaviours, and the utilisation of various support services during the acute stages of the pandemic. Olabi et al. (2022) conducted interviews to understand staff experiences with in-house psychological support, highlighting the benefits and also the need for flexible and ongoing mental health investment. Further qualitative studies are therefore needed to explore the experiences of those accessing in-house psychological services, adding to the currently small body of research. Post-pandemic, it is crucial to understand current user experiences, especially considering the evolving landscape of NHS staff support provision.

Methods
This study is a qualitative exploration of the experience of NHS staff who have accessed psychological support provided by their Trust's staff support service. Ten participants from two NHS staff support services were interviewed. Data from the interviews was transcribed and analysed using Braun & Clarke's reflexive thematic analysis (2006).

Results
The views of ten participants were summarised through four key areas; working in the NHS; accessing support; the experience of therapy and wider service reflections.

Conclusion
The stressors that healthcare staff face, such as under-resourced and overstretched services, have a significant emotional and psychological impact. This makes specific and accessible support essential. In-house staff support services are providing hugely valued support with unique advantages over external support services, such as the valued

"colleague to colleague" relationship. However, wider systemic barriers and attitudinal shifts are needed to ensure all staff feel safe accessing these high-quality services.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
Poster

TITLE
Trainee Clinical Psychologists' Experience of Trainers' Self Disclosure within UK-based Doctorate in Clinical Psychology Programmes

AUTHORS
Jess Dobson
Imogen Rushworth, Adrian Leddy.

ABSTRACT

Introduction

Recommendations have been made that trainers on Clinical Psychology Doctorate (ClinPsyD) programmes deliver self-disclosures, with the aim of creating a supportive environment for Trainee Clinical Psychologists (TCPs) to make their own self-disclosures if desired. However, it is not currently known how TCPs experience trainer self-disclosures. This research aimed to fill this gap by exploring TCPs experiences of hearing trainers delivering self-disclosures which involved emotive experiences within the academic element of the ClinPsyD.

Methods

Eleven TCPs were interviewed from training courses across the UK. Data was analysed using Braun and Clarkes thematic analysis (2006) to report key themes across the data.

Results

Four themes were generated detailing these experiences; the impact on the TCP, the impact on the perception of the trainer, the impact on the greater Clinical Psychology profession and potential considerations trainers may wish to consider when delivering self-disclosures. There were mixed reports of the helpfulness of trainer self-disclosures, with some reporting them being helpful whereas others reported them as unhelpful, with the degree of helpfulness being based on individual experiences.

Conclusion

Trainer self-disclosures within the academic element of the ClinPsyD are complex. When trainer self-disclosures are perceived to be helpful, they can have a positive impact on individual TCPs and their training experience. However, when they are perceived to be unhelpful this can have negative impacts such as impeding learning. ClinPsyD programmes should provide a safe space for trainers to reflect on self-disclosures with the aim of making these helpful for TCPs whilst also supporting the wellbeing of trainers.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
Poster

TITLE
Trainee Clinical Psychologists' Perspectives on the Service User and Carer Involvement in Teaching on a Clinical Psychology Doctorate Programme

AUTHORS
Sophie Livsey
Sarah Fish, Sophie Allan

ABSTRACT

Introduction
Service user and carer involvement is required for clinical psychology training (ClinPsyD) programmes in the UK, according to the Health and Care Professions Council and the British Psychological Society, both stipulate the need for involvement in a range of aspects, including the teaching. A previous service evaluation found that involvement in teaching was an area for improvement concerning the SUC involvement in the University of East Anglia (UEA) ClinPsyD programme.

Methods
To more thoroughly explore current trainee perspectives on the SUC involvement in the UEA ClinPsyD teaching, a mixed-methods questionnaire was designed and advertised to all current UEA CLinPsyD. Forty trainees completed the questionnaire. Results were analysed using descriptive statistics and content analysis.

Results
The median rating for the importance of SUC involvement on a scale from 1-10 was 10, with 80% of respondents identifying there had been some impact on their clinical practice due to SUC involvement. Current involvement on the UEA ClinPsyD received a median rating of 6 for service users and 4 for carers using a scale from 1-10 (1 being very poor and 10 being excellent. There were 77 references made to specific 'good examples' of SUC involvement and 84 and 52 references, respectively, regarding the need to increase the frequency of service user and carer involvement. The benefits of the in-person teaching format were referenced 31 more times than those of the online format when SUCs are involved.

Conclusion
The trainees' perception of the importance and impact of SUC involvement in the programme is clear. They have identified a number of good examples of SUC involvement, highlighting its positive influence. However, the trainees also expressed a need for improvement in certain areas, particularly the frequency of involvement and the inclusion of carers. They suggested that more SUC involvement in the form of therapy roleplays would be particularly beneficial for their learning. It was also noted that some SUC involvement has been perceived as inappropriate at times. In light of these findings, several recommendations have been proposed, such as the introduction of more regular evaluation, to enhance the SUC involvement in the UEA ClinPsyD programme.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
Poster

TITLE
How parents of young adults with intellectual disability make sense of their experiences of transitioning from LD CAMHS to LD adult health service: An IPA study

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ABSTRACT
Introduction
Whilst existing literature shows the experience of transitioning in mainstream mental health services, little is known about specialist learning disability services. The following study aimed to explore how parents of young adults, aged 17 to 21, with intellectual disability make sense of their experiences of transitioning from learning disability Child and Adolescent Mental Health Service (CAMHS) to adult Community Learning Disability Team (CLDT).
Methods
Semi-structured interviews were conducted with four parents of individuals diagnosed with a learning disability who were receiving care in the adult CLDT. Transcripts were analysed using interpretative phenomenological analysis.
Results
Three superordinate themes emerged: Impact of transition, parental challenges, and service provision.
Conclusion
The findings highlighted experiences of parents transitioning both through specialist health and social care services. Future research should seek to understand the impact of race on transition and experience of service.

TOPIC AREA
Social and professional issues

PRESENTATION TYPE
Poster

TITLE
A Thematic Analysis of Clinicians Delivering Psychological Interventions in NHS Staff Support Services

AUTHORS
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ABSTRACT

Introduction
NHS Staff Support services have been set up as a response to the COVID-19 pandemic to offer psychological interventions to frontline staff who are struggling with their mental health and wellbeing. This research aims to explore themes derived from clinicians offering therapy in NHS Staff Support services and focuses the unique aspects of their roles, how it feels to provide therapy to healthcare colleagues, addresses the importance of staff having access to support, and considers future developments.

Methods
Nine qualitative interviews were held with clinicians providing psychological interventions in NHS Staff Support services. These interviews were analysed using Reflexive Thematic Analysis.

Results
The analysis highlighted the distinctive aspects of working and proving psychological interventions in Staff Support services. Five major themes emerged, including; Workforce Wellbeing, Supporting the Supporters, Challenges in Staff Support, Team Culture and Future Development.

Conclusion
This study provides valuable insights into the experiences of clinicians working within NHS Staff Support services, including the high demands and stress NHS staff are under, the positives and challenges of supporting staff, the development of a positive team culture, opportunities for professional development and future developments such as commitment to funding and improvements in accessibility, to enable ongoing successful Staff Support services.

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September 2023 to September 2024

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