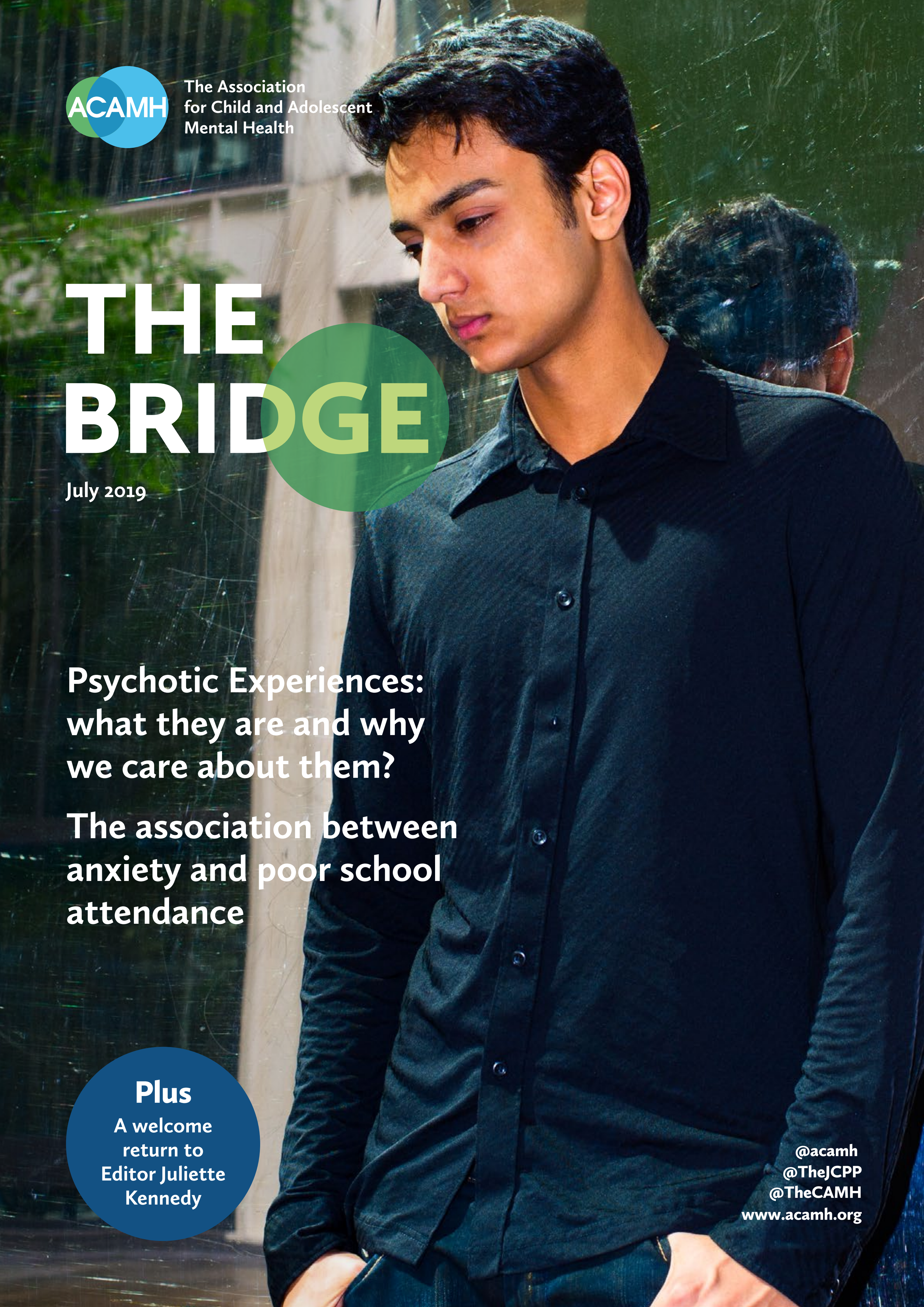
The Association
for Child and Adolescent
Mental Health



THE BRIDGE

July 2019

Psychotic Experiences: what they are and why we care about them?

The association between anxiety and poor school attendance

Plus

A welcome return to Editor Juliette Kennedy

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Editorial

The Bridge Editor, Dr Juliette Kennedy

Welcome to *'The Bridge'*. I would like to thank my colleague Dr Mark Lovell for stepping in as Guest Editor over the last few months. He has been a star! I have been absent for a while as I have needed to look after my own child who has been unwell. Having spent a lot of time on a camp bed in a paediatric ward with young people and their families, some of whom were inpatients for weeks on end and facing huge physical challenges, it has made me wonder a great deal about the elements of psychological resilience in young people. This is a theme for this edition.

Healy et al. report that psychotic symptoms are surprisingly common in children (17%) and adolescents (8%). Their research suggests there is a strong relationship between self-esteem and psychotic experiences and that good self-esteem may be a potentially modifiable resilience factor.

Kelly et al. highlight that resilience is “the ability of young people to cope and effectively adapt to life’s stresses and challenges”. Parents see resilience development in their young people as signifying mental health recovery. Healy et al’s study explores what facilitates this process, and they go on to propose “a theory of youth mental health recovery”.

Finning et al. have undertaken a systematic review to explore the relationship between school absence and anxiety symptoms. They highlight that school plays a key role in children’s development, and that poor attendance is associated with a range of adverse outcomes. Given how commonly we see young people with anxiety-related school refusal in clinical practice, I was surprised to learn that there is a lack of high quality research in this area. The authors remain unsure if there is a causal relationship between anxiety and school absence. More research is needed in this area and in understanding the resilience factors that help young people overcome these difficulties.

I often meet young people who are approaching 18 and in transition and who have coped remarkably with significant psychosocial adversity and mental health challenges.

Price et al. have undertaken a systematic review of qualitative studies of the experience of transition for young people who have a diagnosis of ADHD. Two thirds of young people with this condition continue to experience significant symptoms in adult life that can cause disability in a variety of ways, and yet transition from child to adult services continues to present a major challenge for young people, their families and the clinicians supporting them. Difference in thresholds is a factor that impedes transition and Price et al. highlight that “the lack of healthcare resource and provision for Adult ADHD in the UK had a direct impact on the availability and quality of care for young people with ADHD, leaving them feeling abandoned and unsure how to manage the problems they experience”. It is difficult for young people with ADHD to be resilient if they cannot easily access the medication that helps them to do this, post 18 years. Clearly, appropriate commissioning is important here and as CAMHS clinicians we have an advocacy role for the young people leaving our service.

I do hope you find this edition interesting and helpful.

Dr Juliette Kennedy
The Bridge Editor

The experiences of healthcare transitions between child and adult services for young people with attention deficit hyperactivity disorder: a review of evidence

By Anna Price

Anna Price is a Research Associate in Child Health working on the 'Children and adolescents with attention deficit hyperactivity disorder in transition between children's services and adult services' (CATCh-uS) study at the University of Exeter Medical School. Her wider research interests focus on improvements that can enhance young people's experience of education and health services.

This article is a summary of the paper published in CAMH - Price A, Janssens A, Woodley A. L, Allwood M, Ford T. (2019). Review: experiences of healthcare transitions for young people with attention deficit hyperactivity disorder: a systematic review of qualitative research. Child and Adolescent Mental Health, 24, 113-122. doi:10.1111/camh.12297

Attention deficit hyperactivity disorder (ADHD) is characterised by hyperactivity, inattention and impulsivity. It affects around 5% of children, and can be a long term condition, with research showing that up to two thirds of young people with ADHD will continue to experience symptoms into adulthood. However, many young people with ongoing healthcare needs do not make the necessary transition from child to adult mental health services.

Due to the way mental health services are organised in the UK, the move between services takes place for most young people between the ages of 16 and 18 years. This is a vulnerable stage in young people's lives when many other challenging transitions such as moving educational setting, moving out of home, or starting work are likely to be taking place. This change can be particularly challenging for young people with ADHD because the symptoms of impulsivity, inattention and hyperactivity make managing change difficult.

It is important to improve transition outcomes for young people with ADHD so that they continue to receive the treatment and support that they need. However, little is known about how healthcare transition is experienced by those involved.

Our research team completed a systematic review of qualitative research in order to increase understanding about experiences of transitioning into adult healthcare services for this group. Following a search of five main academic databases, we identified over a thousand articles which potentially contained related research. After screening for relevance, eight studies were included in this review. These were mainly based in the UK, and included reports of transition experiences from clinicians, people with ADHD, and parent/carers. The included studies were assessed for the quality of the research methods used and quality of reporting, with five studies scored as 'good' and three as 'poor'.

An analysis of the data was conducted, leading to five key themes that centred on the following:

- difficulties in transitioning
- hurdles that had to be negotiated in order to transition
- limitations of adult mental health services
- inadequate care
- the impact of transition difficulties

The review revealed that the lack of healthcare resource and provision for Adult ADHD in the UK had a direct impact on the availability and quality of care for young people with ADHD, leaving them feeling abandoned and unsure how to manage the problems they experience.

“There are places you can go as a kid, but not as an adult, it’s kind of swept under the carpet as soon as you reach 18” (Young Person) (Matheson et al., 2013)

The review also identified differences in thresholds between child and adult mental health services – and how bad problems had to be in order to be seen for treatment - which left some young people unable to access adult ADHD services. Parents and carers reported wanting to continue to be involved when the young person transitions, which was often difficult once the young person was in adult care. There was a lack of key information available for young people, such as where adult care services are located, and how to access them.

“A bit vague what's available”(Nurse, CAMHS) (Belling et al., 2014)

“When she gets to 18 is there gonna be somebody there that can talk to us and talk to her? . . . We just don’t know. And it worries you” (Parent) (Swift, Hall, et al., 2013)

The transition process was reported as complex and unsupported, often leaving young people without the care they needed.

“A common experience of our patients is that once they reach 17, 18, they finish with Child Psychiatry and GPs stop prescribing without any preparation, . . . for some of them they experience that as quite traumatic because suddenly they couldn’t take medication” (Clinician) (Wong et al., 2009)

These transition experiences combined with the difficulties that individuals with ADHD are already likely to face, had a negative impact on young people at a time when they were already likely to be struggling to adapt to the increased demands of adolescence and young adulthood.

Our review findings demonstrate a clear need to better serve the healthcare needs of young people with ADHD. ADHD has evidence based treatments available and it is very costly for the young person, their family and their community when they can no longer access treatment. At the moment, lack of supported transition means that too many young people are losing contact with services at a time in their lives when they need support the most. Only limited research was available, and more quality data is needed into healthcare transition experiences including accounts from carers and clinicians. We recently finished a three year research project focussing on experiences of transition, and our findings will be available soon. Please see links below, or visit the CATCh-uS website (**http://medicine.exeter.ac.uk/catchus/**) for details.

Implications for policy and practice:

- NICE guidelines on transition from child to adult healthcare services must be followed to ensure young people with ADHD are able to access adult services.
- The 2018 update to the NICE guidelines on diagnosis and management of ADHD, which includes a new section on *information and support*, ties in with findings from this review: providing young people and their carers with adequate information about what to expect during transition and in adult services is a crucial element of care.
- The current organisational split between child and adult mental health services poses additional challenges for young people with ADHD, because of difficulties with managing change. Therefore, more work is needed to understand and support their needs at transition.

Informational resource:

Since this review was conducted, a map of adult ADHD services has been created, as part of the National Institute for Health Research (NIHR) funded University of Exeter **CATCh-uS** project. This project focuses on what happens to young people with ADHD when they are too old to stay within children’s services. This map has been adopted by the **UK Adult ADHD Network** (UK-AAN) to share information on where services are available for adults with ADHD in the UK. It is available here: **https://www.ukaan.org/adult-adhd-service-map**

For more details, see here: **https://www.acamh.org/blog/adhd-service-map/**

Twitter **#catchusADHD**

A theory of youth mental health recovery

By Mary Kelly

Dr Mary Kelly completed a Bachelor of Arts Degree in Psychology at the National University of Ireland, Galway, a Master's of Science in Occupational Therapy and a Doctorate in Clinical Psychology at the University of Limerick, Ireland. Dr Kelly currently works as a Clinical Psychologist in a lifespan Primary Care based in Kildare, Ireland.

This article is a summary of the paper published in CAMH – Kelly M, Coughlan B. (2019). A theory of youth mental health recovery from a parental perspective. Child and Adolescent Mental Health, 24, 161-169. doi: 10.1111/camh.12300

Mental health disorders have a negative impact on the individual, society and global economy. The prevalence of mental disorders is increasing in young people, and if unaddressed, research has shown that they may develop into severe and chronic illnesses. Despite this, research into youth mental health recovery is limited. To address this gap the researcher aimed to develop a theoretical framework of recovery in youth mental health and identify what facilitates this process. 14 parents of children engaged with the Child and Adolescent Mental Health Service were interviewed in relation to their understanding of youth mental health recovery. The transcripts of these interviews were analysed using the constructivist grounded theory approach.

The emerging theory and model present the following key findings:

- The characteristics of youth mental health recovery identified in the study reflect existing research in that it is a unique and non-linear process. A novel finding in this research was that parents see resilience development in young people as signifying mental health recovery. Resilience is the ability of the young person to cope and effectively adapt to life's stressors and challenges. Resilience involves the young person taking control over their mental health by developing their knowledge of triggers, symptoms, relapse indicators, help-seeking resources and coping skills. Resilience and control develop in parallel with increasing maturity; control is often mediated by parents.
- The theory suggests that due to developmental factors, youth mental health recovery occurs within the ecological context of complex hierarchal interconnected social relationships. The hierarchical order includes the young person, parents, professional services, peers, schools and society respectively. This hierarchy is hypothesised to be based on the parental perspective, and the young person's developmental stage and mental health needs.
- The facilitators to recovery include control, connection and acceptance. The barriers to recovery include powerlessness, disconnection and stigma.
- The theory proposes that connection is of utmost importance in the process of youth mental health recovery due to the significance of social relationships within this developmental stage. Connection is developed through understanding, reassurance, diagnosis and dual support. It allows the young person to experience hope, acceptance, positivity and normality, which are required to develop resilience directly and to gain the confidence to increase control over mental health. Therefore, connection both directly and indirectly promotes youth mental health recovery. An innovative finding reflective of modern societal trends was that social media was a key platform for connection.

The theory reflects elements of existing developmental and recovery research and provides a novel understanding of youth mental health recovery.

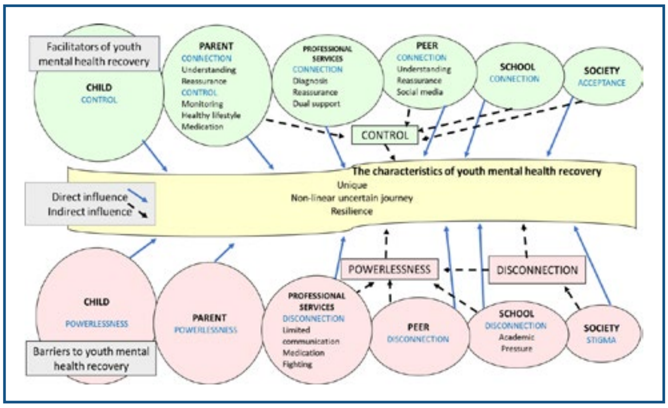

Figure 1. Model of youth mental health recovery

Implications of the current study:

The implications of the study include gaining insight into youth mental health recovery. This insight provides the necessary foundations for promoting youth mental health in clinical, educational and government forums. The present theory emphasises that clinicians need to be aware of, and support, positive connections with young people, parents, professional services, peers, schools and society in youth mental health. The research indicates that youth mental health recovery is signified by the development of resilience, therefore, it appears that clinicians need to focus on resilience-orientated interventions to enhance youth mental health. The research also highlighted the sense of connection achieved through social media. Therefore, social media is positioned as a key forum to promote youth mental health education and policy through broadening the availability of cost effective support services offered to young people.

Areas for future research:

Future research could directly explore young people's personal experiences of mental health recovery to consolidate the emerging theory. The young person's perspective would help reveal areas of overlap and divergence to help develop a holistic model of youth mental health recovery.

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The association between anxiety and poor school attendance

By Katie Finning

Katie Finning is a PhD student at the University of Exeter Medical School, based in the Child Mental Health Research Group. Her PhD is investigation the relationship between emotional disorders in children and adolescents, and absence from school. Her general research interests are around the identification, prevention and treatment of anxiety and depression in children and young people; the role of schools in children and young people's mental health; and the relationship between mind and body health.

This article is a summary of the paper published in CAMH – Finning K, Ukoumunne O. C, Ford T, Danielson-Waters E, Shaw L, Romero De Jager I, Stentiford L, Moore D. A. (2019). Review: The association between anxiety and poor attendance at school – a systematic review. Child and Adolescent Mental Health. doi: 10.1111/camh.12322

School plays a key role in children's development, and frequent absence from school increases the likelihood of a range of adverse outcomes in childhood and later life. This includes poor academic performance, social isolation, economic deprivation and unemployment in adulthood. There are many risk factors for frequent school absence, including factors related to the child and their family, school and community.

Poor mental health has previously been linked to poor school attendance, with anxiety often described as a key risk factor. There are many aspects of the school setting that may cause anxiety, such as separation from parents/carers, social interaction with peers and school staff, and academic stress. This may lead children to avoid school in an attempt to reduce their anxiety, at least in the short-term. Somatic symptoms such as headaches and tummy-aches are also common in children with anxiety, and may further contribute to their absence from school.

We carried out a systematic review to investigate the relationship between anxiety and school attendance. We searched a number of research databases and other sources to identify quantitative studies that reported on the association between anxiety and school attendance. Studies could be from any country in the world, as long as they were published in English and included a sample of school-aged children and/or adolescents. Anxiety had to be measured using a diagnostic tool or by measuring symptoms with a scale or questionnaire. School attendance could be measured and reported in any way.

We assessed the quality of the studies using a tool called the Newcastle-Ottawa Scale, which is commonly used to assess observational research studies, and evaluates things like how participants were selected, how comparable different groups of participants were, and how studies measured their outcomes of interest. We combined results from studies using meta-analysis and narrative synthesis methods.

Our searches identified 4930 articles, and after screening each of these studies against our inclusion and exclusion criteria, 11 studies were eligible and included in the review. These 11 studies were conducted in six countries across North America, Europe and Asia. There was a combined sample size across all 11 studies of 13,056, covering children and young people aged from 5 to 21 years. Two studies included young people in their 20s, but because both of these studies explained that this age range was typical of the education system in their country, they were included.

School attendance was measured in a variety of ways, but for the purposes of this systematic review was grouped into one of four categories: (1) absenteeism, where studies reported overall absence for any reason; (2) excused/medical absences; (3) unexcused absences/truancy; and (4) school refusal, which typically refers to absence from school due to emotional distress. We also included one study that had an extra category of "mixed school refusal and truancy", for children who met criteria for both types of absence.

- **Absenteeism.** Only one study investigated the association between anxiety and overall absenteeism. That study reported a small, positive association. In other words, as anxiety increased, absenteeism increased. However this study was judged to be of poor quality.
- **Excused/medical absence**. Two studies investigated the association between anxiety and excused or medical absences. Both of these found small associations, although neither were statistically significant.
- **Unexcused absence/truancy.** This was the most researched type of absence, with eight studies investigating the association between anxiety and unexcused absence/truancy. Findings from these eight studies were mixed, but suggested an association between unexcused absence/truancy and overall symptoms of anxiety, as well as social anxiety and generalised anxiety disorder specifically.
- **School refusal.** Two studies investigated the association between anxiety and school refusal. One, using cross-sectional data, reported associations between school refusal and separation, social and generalised anxiety disorders, as well as simple phobia. The other, a longitudinal study, found no evidence that baseline anxiety predicted school refusal five months later, although this study had a very small sample (only 19 children with school refusal were included), so it lacked statistical power.
- **Mixed school refusal and truancy.** One study investigated the association between anxiety and mixed school refusal and truancy for children who met the criteria for both of these types of absence. This study found large associations between mixed school refusal/truancy and separation and generalised anxiety disorders, as well as panic disorder.

Findings from our systematic review suggest that anxiety may be associated with absence from school, including overall absenteeism, unexcused absence/truancy, and school refusal. However, we also identified a lack of high quality research in this field as well as little longitudinal evidence. This means that although anxiety and school absence may be related, we do not yet know whether anxiety comes before school absence, or vice versa. Nor do we know whether there is a causal relationship between them. There was also little research that focused on associations between anxiety and overall absenteeism, or excused/medical absences, despite the latter being the most common type of absence both in the UK and internationally. These are key gaps that we believe future research should address.

Key points:

ACAMH touchstone- Education based practice

- Clinical and educational practitioners should be aware that absence from school could be a sign of anxiety.
- Anxiety may not just be linked to "school refusal", but also to unexcused absences or truancy.

ACAMH touchstone- Areas for future research

- There is a lack of high quality evidence in this field, little longitudinal research, and limited evidence relating to associations between anxiety and overall absenteeism, or excused/medical absences. Future research should focus on addressing these gaps.

Improving self-concept in adolescence reduces the risk of psychotic experiences

By Colm Healy, Helen Coughlan and Mary Cannon

Colm Healy is a PhD candidate in the Department of Psychiatry within the Royal College of Surgeons in Ireland. His PhD is investigating psycho-social risk factors and outcomes in young people with psychotic experiences. Colm is particularly interested in the prediction and prevention of psychiatric symptoms in young people.

Helen Coughlan is a social worker by profession, Helen has extensive clinical and academic experience across the public, private and NGO sectors. Helen currently works as a Clinical Research Fellow in the Department of Psychiatry, Royal College of Surgeons in Ireland, and has a particular interest in qualitative research on early adversity and youth mental health.

Professor Mary Cannon is a Professor of Psychiatric Epidemiology and Youth Mental Health in the Department of Psychiatry, Royal College of Surgeons in Ireland and is a consultant psychiatrist in Beaumont Hospital and a Principal Investigator in Trinity College Institute of Neuroscience. Her research interest is in early risk factors for adult mental disorders, with a particular emphasis on psychotic symptoms and disorders.

This article is a summary of the paper published in JCPP - Healy C, Coughlan H, Williams J, Clarke M, Kelleher I, Cannon M. (2019). Changes in self-concept and risk of psychotic experiences in adolescence: a longitudinal population based cohort study. Journal of Child Psychology and Psychiatry. doi: 10.1111/jcpp.13022

Psychotic Experiences: what they are and why we care about them?

Hallucinatory and delusion-like experiences that occur in the absence of a psychotic disorder are generally referred to as psychotic or psychotic-like experiences (PEs). Over the past 20 years, findings from the field of psychosis research have shed new light on the prevalence of PEs among children and adolescents, revealing that about 17% of children and 8% of adolescents report experiences of these phenomena. Although PEs are transient for most young people, research has shown that children and adolescents who report these phenomena are vulnerable to a range of current and later mental health outcomes, including an increased risk of depression, anxiety, psychosis, substance abuse and poorer functioning in daily life.

Risk factors for PEs and why look at self-concept?

The reasons why some children have PEs while others do not are still unclear. However, evidence to date suggests that there is an overlap between risk factors for a wide range of mental disorders and those for PEs. Some of these risk factors are difficult to intervene in. This may be because they are fixed events, such as experiences of abuse. Or, it may be because they are an intrinsic and enduring aspect of a young person's early life experiences, such as living in poverty or being exposed to socio-cultural discrimination. Other risk factors, however, are modifiable and present an opportunity for intervention, potentially even before PE experiences occur. One such modifiable risk factor, which is eminently amenable to intervention, is self-concept.

What is self-concept?

Self-concept (also known as self-esteem) can be defined as the sum of a person's beliefs and knowledge about his or her attributes and qualities. A number of research studies have shown that improving a person's self-concept reduces his or her risk of depression, while reductions in a person's self-concept increase his or her risk of depression. Very little is known about the relationship between changes in self-concept and the risk of PEs.

Aims of the study

We wished to investigate how changes in self-concept between childhood and adolescence (improving or worsening) affected a person's risk of PEs in adolescence. Additionally, we were interested in examining whether changes in specific aspects of self-concept were particularly related to PEs.

How we investigated it

To investigate this, we used data from the Growing-Up in Ireland study. This national study has collected longitudinal data on over 7000 Irish children who were first interviewed at age 9 and followed up at age 13. PEs were measured using the Adolescent Psychotic Symptoms Screener and self-concept was measured using the Piers Harris-II scale. When conducting our analyses, we controlled for differences in demographic characteristics, early stressful life events and reports of other types of psychiatric symptoms between those who reported PEs and those who did not.

What we found

We found that about 13% of adolescents reported PEs. We found that improvements in self-concept between childhood and adolescence was associated with a significant reduction in the risk of PEs. Those with low self-concept in childhood who improved to average self-concept by adolescence experienced a 200% reduction in risk of PEs, while those who improved from low to high self-concept experienced a 500% reduction in risk. We found that improvements in almost all areas of self-concept (happiness, popularity, intellect, anxiety and behaviour) were associated with a reduced risk of PEs. However, for children whose self-concept was high in childhood but had worsened by adolescence, their risk of reporting PEs was significantly increased. Specifically, those who went from high to average self-concept between childhood and adolescence experienced a 270% increase in risk of having PEs and those who went from high to low self-concept experienced around a 600% increase in risk.

Limitations and Future Considerations:

It is possible that low self-concept is in fact a reaction to another event such as a trauma. Trauma has also been associated with PEs so it is possible the self-concept, in part, mediates the relationship between traumatic experiences and PEs.

Implications of this study:

Clinical practice: These results are important as they demonstrate that there is a strong relationship between changes in how children feel about themselves and their risk of PEs. This suggests that interventions aimed at improving self-concept in childhood are likely to reduce the incidence of PEs in adolescence. Additionally, it suggests that it may also be possible to prevent PEs in adolescence by maintaining high self-concept from childhood. This, in turn, could be protective against the negative psychopathological and functional outcomes that are commonly associated with child and adolescent PEs. We suggest that self-concept is a useful 'light touch' target for preventative psychiatry due to its malleable nature. Moreover, based on these findings we see that improving almost *ANY* area of how a child feels about themselves is likely to reduce the incidence of PEs (and, we speculate, in all likelihood a similar effect will be seen for other psychiatric symptoms).

Resilience: Self-concept may be a useful resilience factor for preventing a wide range of mental health problems in young people and self-concept may be a useful broad spectrum target for intervention.

Future scientific enquiries: Intervention studies targeting psychotic experiences should consider measures or treatments to improve self-concept.

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