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Pre-conference workshops

Anxiety disorders in children and adolescents

Ron Rapee, Macquarie University, Australia

For some years we have been conducting the Cool Kids treatment programs for anxious children and adolescents at Macquarie University. Treatment is conducted over approximately 10 sessions and both parents and children attend all sessions for children. A similar but slightly different program, involving some parental input is run for adolescents. The treatment components include education, cognitive restructuring, parent management strategies, approach to feared situations, and rewards. Data from these and similar programs indicate a high degree of success with most children showing moderate to marked change and results maintaining for several years.

In this workshop we will discuss the identification, nature, and treatment of child and adolescent anxiety disorders. Discussion will cover diagnostic criteria, demographic information, interview and psychometric assessment, psychopathology, treatment, and treatment difficulties. We will go over each component of the Cool Kids treatment program and discuss difficulties in application.

Key learning objectives:

At the conclusion of the workshop, participants should be able to:

- Have a broad appreciation for the recognition and psychopathology of child anxiety disorders
- Have a general understanding of treatment programs for the management of child and adolescent anxiety (eg Cool Kids)
- Understand some of the key strategies and techniques to help manage anxiety disorders in young people.

References:

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Mychailyszyn, M. P. (2017). "Cool" Youth: A systematic review and comprehensive meta-analytic synthesis of data from the Cool Kids family of intervention programs. *Canadian Psychology*, *58*(2), 105-115. https://doi.org/10.1037/cap0000101

Working with memories in cognitive therapy for PTSD

Nick Grey, Sussex Partnership NHS Foundation Trust and University of Sussex, UK

This workshop presents the some of the ways that traumatic memories can be addressed within Cognitive Therapy for PTSD (Ehlers & Clark, 2000). This is not limited to 'reliving', but also includes the use of written narratives, timelines/lifelines, imagery rescripting, stimulus discrimination ('deactivating' triggers), and site visits. This work is integrated with focusing on the meanings people have taken from traumatic experiences, to 'update' the memories. The workshop will consider which tool may be best used in which circumstances, and how to adapt these for remote delivery. These tools are important across the range of presentations including Complex PTSD, and for all populations with PTSD including children and young people. The timing of such techniques within treatment will be discussed, including when not to use them.

Key learning objectives:

To know HOW to be memory focused in Cognitive Therapy for PTSD

To know WHEN to be memory focused in Cognitive Therapy for PTSD

References

for free training videos, papers, chapters, worksheets and other resources relevant for this workshop.

Using imagery rescripting and autobiographical memory to change negative and build positive selves

Lusia Stopa, University of Southampton

Cognitive therapy has recognized the role of negative views of self in maintaining distress since its inception (Beck, 1979, 1985). However, traditional verbal techniques aimed at challenging negative self-beliefs do not always effect change at an emotional or *implicational* level (Teasdale, 1999). To intervene effectively, we need a conceptual model that does justice to the complexity of the self as well as recognizing the intimate connection between the self and autobiographical memory, described by Conway (2005) as the database for the self. The links between autobiographical memory and the self are often manifest as images and we can use these to work therapeutically with the self.

This workshop will examine two imagery-based interventions: imagery rescripting and how to access positive views of self through autobiographical memories. Both are trans-diagnostic techniques. Imagery rescripting is a technique that focuses on an early memory to change its implications and meanings for the self. It is effective for a range of disorders (Morina, Lancee and Arntz, 2016) and describes a family of techniques rather than a single method of intervention. In this workshop we will focus on rescripting early memories of bullying using Arntz and Weertman's (1999) three-stage protocol, but we will also discuss other variants. We will also examine how to integrate experimental methods of accessing positive views of the self through autobiographical memories and incorporating these into clinical work.

Key learning objectives
- Understand different ways of conceptualising the self within CBT
- Be aware of the relationship between memory, images and the self
- Know how and when to use imagery rescripting to reduce negative and increase positive views of the self
- Understand how autobiographical memories can be used to activate positive views of self and integrated into therapy

References
Arntz, A., & Weertman, A. (1999). Treatment of childhood memories: Theory and practice. *Behaviour Research and Therapy, 37*, 715-740.
Morina, N., Lancee, J., & Arntz, A. (2017). Imagery rescripting as a clinical intervention for aversive memories: A meta-analysis. *Journal of Behaviour Therapy and Experimental Psychiatry, 55*, 6-15.
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Exposure therapy for eating disorders: Using inhibitory learning methods to get better results, faster

Glenn Waller, University of Sheffield

Exposure therapy has been a relatively overlooked approach in cognitive-behavioural therapy for eating disorders (CBT-ED). However, more recent CBT-ED protocols have been built around exposure therapy, and have shown rapid, positive outcomes. This has been accomplished using more modern approaches to exposure therapy, based on the inhibitory learning model. Inhibitory learning is still not widely known or adopted. However, it is clearly relevant to the need to facilitate early behavioural change, resulting in substantially better outcomes.

This workshop will begin by explaining the role of exposure in treating eating disorders, and particularly the inhibitory learning model. It will then explain and demonstrate how inhibitory learning can enhance our treatment of a wide range of eating disorder symptoms. It will consider why clinicians so rarely use exposure effectively in treating eating disorders, as well as in treating other conditions.

Based on case material, role plays will be used to show how we can use exposure therapy and behavioural experiments based on inhibitory learning principles in order to address:

- changing patterns of eating in order to overcome anxiety and beliefs about weight gain
- overcoming emotional and interpersonal triggers to eating, restricting and other weight control behaviours
- using cue exposure to reduce 'habit'-based binge-eating
- reducing body image disturbance and associated distress

Attendees will be encouraged to bring cases to discuss, to illustrate the flexibility of exposure therapy to the individual case. This can include individuals with common comorbidities (e.g., anxiety disorders, impulsive and compulsive personality traits).

Key learning objectives
1. Explain the central role of exposure therapy in treating key eating disorder symptoms
2. Understanding the difference between traditional and contemporary models of exposure therapy
3. Understanding why clinicians tend not to use exposure therapy
4. Ability to implement the competences and meta-competences needed to deliver exposure therapy based on inhibitory learning principles as a core part of CBT-ED, and more broadly in eating disorders services

References
Becker, C. B., Farrell, N., & Waller, G. (2019). *Exposure therapy for eating disorders.* Oxford, UK: Springer.
Waller, G., Turner, H. M., Tatham, M., Mountford, V. A., & Wade, T. D. (2019). *Brief cognitive behavioural therapy for non-underweight patients: CBT-T for eating disorders.* Hove, UK: Routledge.

Treating mild to moderate PTSD using web-based guided self-help ("Spring" programme)

Neil Kitchiner, Veterans' NHS Wales and Cardiff University

The Nice guidelines (2005) suggested that researchers develop and test a novel guided self-help (GSH) intervention to treat people with mild to moderate PTSD. Our team at Cardiff University, Traumatic Stress Research Group developed a GSH intervention via a PhD candidate (Catrin Lewis). This workshop will describe the methodological framework used for the PhD and present the phase I results. Following the successful PhD (phase I) we collaborated with a healthcare technological web designer who built a prototype GSH website called "Spring" and a "Spring App" and a web based clinician dashboard. The prototype was tested in a phase II randomised controlled trial (RCT) with 40 participants in Cardiff and Vale NHS university health board. The results will be presented and our learning from this study. We developed a final phase III RCT based on a multi-centre design with sites in Wales, England and Scotland with a total of 196 participants taking part in a pragmatic, multicenter non-inferiority trial (RAPID) which compared Spring with CT-PTSD (Ehlers & Clark, 2000) model. The results of this trial will be discussed. The workshop will conclude with our current model for rolling our "Spring" via group online training of psychological therapists across the seven NHS health boards in Wales and fortnight online group supervision of two completed PTSD cases before being signed off as competent to deliver "Spring". The workshop will demonstrate the eight steps

Key learning objectives
- Improve the understanding of the methodological steps required from a phase I to phase III RCT for a complex intervention
- Highlight the partnership needed to take a PhD prototype intervention to a technology company and the development of a novel web based/App
- Understand the complexities of taking results from RCTs to rolling out a novel GSH intervention for mild to moderate PTSD training and supervision programme with NHS psychological therapists

References
Lewis C.E, Farewell D, Groves V, Kitchiner N.J., Roberts N.P., Vick T, & Bisson J.I. (2017) Internet-based guided self-help for post-traumatic stress disorder (PTSD): randomised controlled trial.
Nollett C, Lewis C, Kitchiner NJ, Roberts NP, Addison K, Brookes-Howell L, Cosgrove S, Cullen K, Ehlers A, Heke S, Kelson M, Lovell K, Madden K, McEwan K, McNamara R, Phillips C, Pickles T, Simon N, Bisson J.

(2018). Pragmatic RAndomised controlled trial of a trauma-focused guided self-help Programme versus InDividual trauma-focused cognitive Behavioural therapy for post-traumatic stress disorder (RAPID): trial protocol. BMC Psychiatry. 2018 Mar 27;18(1):77. doi: 10.1186/s12888-018-1665-3.

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Adapting CBT for psychosis to use in acute inpatient settings

Lisa Wood, University College London and North East London NHS Foundation Trust

Cognitive Behaviour Therapy is recommended by NICE guidelines for people with psychosis and can be offered in the acute phase. However, there is less guidance on how to offer CBTp when people are in acute crisis and receiving care from inpatient settings. The acute crisis is an important time to offer psychological therapy as this is when people are in the most need of psychological support; are often as risk to themselves, to or from others, and are experiencing high levels of distress. The average stay on an acute inpatient ward is a month which offers an opportunity to offer a brief, targeted CBTp intervention to focus on supporting the person to manage their crisis, reduce distress, and improve wider inpatient care delivery. To address this need, a culturally competent coproduced CBTp intervention was developed to be used in the inpatient setting drawing upon several sources of information including systematic reviews, relevant psychological theory, core competency frameworks for working with people with psychosis, qualitative interview studies and Delphi studies. This resulted in a modularised CBTp protocol which has been tested in a pilot Randomised Controlled Trial. The goal of this workshop is to give an overview of this protocol and describe its underlying theory.

Key learning objectives

Improve understanding about how CBTp theory can be applied to people experiencing an acute crisis and receiving inpatient care

Improve the ability to assess and formulate acute psychosis, including risk of harm

Consider how a CBTp formulation can be used to inform wider system change and inpatient care delivery

Improve understanding of how CBTp strategies can be used or adapted in an acute inpatient environment

References

Wood L, Williams C, Pinfold V, Nolan F, Morrison AP, Morant N, Lloyd-Evans B, Lewis G, Lay B, Jones R, Greenwood K, Johnson S. (2022) Crisis-focused Cognitive Behavioural Therapy for psychosis (CBTp) in acute mental health inpatient settings (the CRISIS study): protocol for a pilot randomised controlled trial. Pilot Feasibility Studies 10;8(1):205. doi: 10.1186/s40814-022-01160-7. PMID: 36088373

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Integration of emotion regulation and contemplative techniques into psychotherapy

Philippe Goldin, University of California Davis, USA

While Cognitive-Behavioural Therapy and other psychotherapy interventions have been highly successful in treating mood and anxiety disorders. However, there is still room and need to enhance the effectiveness and creativity of how we train awareness of (adaptive and maladaptive) emotions, thoughts and behaviours; set up exposure to feared people and situations and mental states (e.g., uncertainty, physical and emotional pain); expand the scope and depth of emotion regulation skills; and strengthen emotion regulation self-efficacy across intrapersonal and interpersonal relationships. Using a variety of techniques from the

Buddhist contemplative repertoire, we will explore and experience how distinct types of meditation practices can be integrated into psychotherapy with individual, couples and group settings to increase the (a) vividness and salience of emotion awareness, (b) learning of a variety of emotion regulation skills, (c) self-efficacy of emotion regulation skills, and (d) courage to approach (rather than avoid) challenging negative self-beliefs, emotions and situations.

The goal of this workshop is to explore the use and integration of contemplative practices to enhance emotion regulation skills, especially in the context of psychotherapy and in vivo exposure to enhance the effectiveness of our clinical interventions.

Key learning objectives

- Improve emotion awareness and emotion regulation skills in psychotherapy
- Consider how to integrate different contemplative practices into psychotherapy in a culturally and trauma-informed manner
- Improve ability and self-efficacy in implementing emotion regulation skills in order to face difficult emotions more effectively

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Goldin, P & Jazaieri, H (2016). Scientific Investigations of Compassion Cultivation Training. In Seppala, E (ed), *Oxford Handbook on Compassion Science*, Oxford University Press.

A practical introduction to becoming a culturally sensitive supervisor

Margo Ononaiye, University of Southampton

The research focusing on positive outcomes in supervision consistently highlights the importance of the quality of the supervisory relationship (e.g., Holloway, 2016). The supervisory relationship is a significant predictor of supervisee satisfaction, developing an effective learning context, improving rapport, supervisee safety and professional development (Holloway, 2016). Clinicians from ethnically diverse backgrounds are under-represented within psychological services (Turpin & Coleman, 2010) and have reported experiencing racism, feeling guarded, unvalued, and unable to display their true emotions in supervision, which is often with white supervisors (e.g., Davis, 2017). In support, Verkaria, Ononaiye and Phiri (2022) found that culturally responsive supervision was not generally experienced by supervisees from ethnically diverse backgrounds. The results suggested that supervisees felt that their supervision lacked reflection and collaborative discussions on cultural identity which in turn negatively impacted upon the supervisory relationship. This workshop therefore aims to address this imbalance by providing skills to enable the development of culturally competent supervision, which will in turn improve the supervisory relationship and clinical care.

Key learning objectives

By the end of the workshop participants will be able to:

1. Understand the concept of culturally unresponsive supervision and its impact on the supervisory relationship
2. Personally reflect on one's own cultural identity and biases within a safe, learning environment

3. Experience techniques and strategies that will promote cultural responsivity that can be applied in the supervision relationship to build collaboration, rapport, safety, and trust
4. Supervise using the principles of culturally responsive supervision

Treating distress and persistent symptoms in people with physical health conditions: a process focused approach

Trudie Chalder, King's College London, South London Maudsley NHS Trust

Around 15 million people in the UK have a physical health condition which is long lasting ie. diabetes and inflammatory disease. Other serious health problems such as cancer can be treated with curative intent, but patients may be left with poor quality of life due to fear of recurrence and uncertainty.

Anxiety and depression are common and can be associated with difficulties with adjustment and / or may be linked to pre-existing difficulties such as low self-esteem. Impairment (degree of pathology) is not correlated with disability and multi-morbidity is common.

A transdiagnostic model of understanding common, physiological, cognitive, attentional and behavioural responses often perpetuate distress, symptoms, poor functioning and low quality of life.

This workshop focuses on how, illness behaviour, attentional, physiological and cognitive processes can be targeted in therapy to enable people to lead more fulfilled lives.

Key learning objectives:
1. To develop an understanding of the transdiagnostic model
2. To draw on a suite of interventions to target transdiagnostic processes

Key references

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Finding space in tight corners: resourcing ourselves and our clients through mindfulness

Bridgette O'Neill and Pamela Duckerin, Centre for Mindfulness Research and Practice, Bangor University

In NICE's 2022 guidelines for depression in adults, mindfulness features in a menu of psychological and psychosocial alternatives to antidepressants to be offered to people experiencing a new episode of 'less severe depression' and for relapse prevention, with MBCT being presented as an exemplar. NICE also recommends in the workplace that employers should offer all employees (or help them to access) mindfulness, yoga or meditation on an ongoing basis, and where employees have or are at risk of poor mental health and want further support, employers should offer mindfulness training as one option.

This workshop will provide an opportunity to learn about Mindfulness Based Programmes (MBPs) and their relationship to mindfulness informed approaches such as dialectical behaviour therapy and acceptance and commitment therapy. We will provide an overview of the evidence base and share best practice regarding the implementation of MBPs within clinical services and as a support for practitioner wellbeing. A defining feature of MBPs is that the clinician or teacher practises mindfulness themselves and this workshop will

provide an opportunity to explore mindfulness experientially and to consider how to continue with mindfulness as a resource for personal wellbeing as well as how to train as a teacher of MBPs.

Key learning objectives:

Participants will:

- Learn about the development of mindfulness based programmes (MBPs) and their relationship to mindfulness informed interventions.
- Gain an understanding of the current evidence base for MBPs and the potential for bringing mindfulness into clinical work.
- Engage in an experiential exploration of the benefits of mindfulness for our own wellbeing and as a resource within organisations.
- Gain information about how to continue to engage with mindfulness in your own life and as a clinical intervention.

Key references

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Symposia

Climate and Ecological Distress, Emotions and Action

Chair: *Mark Freeston, Newcastle University*

Heatwaves, storms, extreme weather and determinants of psychological responses to climate change messaging

Harriet Fleetwood, Newcastle University; Mark Freeston, Newcastle University

Background: Although the psychology of climate change is a relatively new discipline with emerging methods and measures, the relationship between climate change distress, specifically climate change anxiety, and climate action is relatively well replicated. However, the relationship is not well understood. The aim of this study was to consider the role of climate change messages in understanding this relationship while considering a range of socio-demographic, attitudinal, and dispositional variables.

Methods: Following piloting climate change messages (N = 103) based on extreme weather (heatwave vs storm) and different degrees of uncertainty about climate change and the possibility of mitigating its effects (high versus low), participants were recruited online. They were randomized to one of four conditions. Participants completed sociodemographic, attitudinal, and dispositional and measures before randomization, and then following presentation with the message, they completed a series of questions covering concern for their community, anxiety, perception of the message, hope and engagement, and their sense of the proximity of climate change.

Results: For the full sample (N = 216), significant predictors of climate and environmental action were younger age, a potential access need (reflecting mental health, physical health and neurodiversity), concerns about impacts of climate change and measures to address it, and especially climate change anxiety which accounted for the most variance. Following their exposure to climate change messages emphasising extreme weather (N = 156), predictors of climate anxiety were again younger age, but also concern for one's local community, that the message was negative, and that climate change is proximal. On the other hand, predictors of hope in addressing climate change included a sociodemographic factor, pre-existing optimism that human action can make a difference, and the perception that the message was persuasive.

Discussion: This proof-of-concept study suggests that in a predominantly female, white, and educated sample that climate anxiety and climate action, and response to climate change messages are influenced by demographic factors as well as by individual differences at a dispositional level, and by pre-existing beliefs and attitudes to climate change. The role of climate anxiety cannot be underestimated, but more research is needed in more diverse samples to understand the other factors involved.

Development of the Climate and Ecological Engagement and Distress Scale (CEEDS)
Elizabeth Marks, University of Bath; Katie Overbury, University of Bath; Lois Player, University of Bath; Emily Hawley, University of Bath

Introduction The climate and ecological crises threaten catastrophic collapse of ecosystems. Billions of people are becoming increasingly exposed to the effects, and are experiencing associated psychological distress. Awareness of the loss and threats posed by these crises is causing understandable, complex psychological responses. This eco-distress is a relatively new phenomenon, which requires conceptual development and clarity.
Methods We have clarified the definition of eco-emotions and distress and developed a new scale with which to measure it, across four linked studies. Study One used semi-structured and thematic analysis of interviews with people reporting eco-distress. Three key themes supported the conceptualisation of eco-emotions as multifaceted, and 108 items were identified the new scale. Study Two reviewed key literature to identify additional items. These were all assessed by a team of experts in an online, two-stage Delphi Study. Study Three refined the measure using Exploratory Factor Analysis (EFA). Study Four tested the measure using Confirmatory Factor Analysis (CFA) on an independent sample.
Results An initial pool of 362 items was refined to 88, with expert consensus reducing this to 38 items for the EFA. The EFA gave an 18-item, three factor solution which was confirmed by CFA. Evidence indicated that the scale is robust, reliable and valid.
Discussion The Climate and Ecological Engagement and Distress Scale offers a unique, new perspective these phenomena, highlighting the multidimensional nature of eco-emotions which includes emotional distress, moral outrage, and active hope. The clinical and theoretical implications are discussed.

References
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Understanding young people's climate anxiety in relation to the responses of governments and those in power
Ines Zevallos Labarthe, University of Bath; Elizabeth Marks, University of Bath

Introduction This qualitative study explored how young adults in the UK (19-25) experience government and authorities' responses to anthropogenic climate change. It investigated individual's climate change concerns, and how these related to their perception of the action (or inaction) from those with power to protect societies.
Methods Thirteen semi-structured interviews were conducted and analysed using thematic analysis.
Results Four main themes were identified and support the argument that the experience of climate anxiety is related to both structural climate change and the moral failure of authority to deal with this problem. Moral

distress arises from both witnessing climate-related social injustice resulting from government inaction and a systemic perspective of belonging to a social world where others do not assume responsibility.

Discussion Findings were explored using the theoretical framework of climate anxiety and moral distress, which indicated how a change in the action of leaders and a demonstration by others of genuine care for planetary health could enable young people to experience positive climate emotions like purposefulness, optimism, and hope, which ultimately might support positive systemic climate action.

Reflecting on the Impact of Climate Change on Wellbeing & Behaviour Change: The NEXUS Project
Steve Killick, University of South Wales

The Nexus Project is a group intervention for participants to reflect on their responses to climate change(CC) and how that impacts on wellbeing and behaviour change. It is intended for all adults with an interest in the area from a professional or personal perspective. The project grew from a collaboration between Carl Gough, storyteller, and myself to create arenas for reflective conversations about CC. Such conversations have been identified as important in increasing awareness of CC. It is not an educational or prescriptive session, rather it focuses on creating a safe 'community of inquiry' where CC is seen as a health & wellbeing issue as well as an environmental one.

Personal narratives are used to facilitate pairs and group discussions in the areas of our relationship to the natural world, our emotional, cognitive and behavioural responses to news about CC and our motivations and sense of agency that arises from this. Ideas from ACT and Motivational Interviewing help to guide the conversation to reflect on values, wellbeing and the changes participants want to see. The workshop aims to enhance participants sense of personal agency and to leave them with a sense of realistic optimism for change.

So far, piloting has been with mental health practitioners and it is clear that this area is relevant to this group and there are strong opinions and emotions expressed. Initial evaluations suggest that participants find the discussions both important and interesting and that they achieve the primary purpose of helping participants talk about the complexities and impact of climate change. It has proved a difficult balance holding a neutral stance as facilitator and advocate for change and taking a therapeutic position is helpful. Personal narratives have been effective as a stimulus but we are considering alternatives such as short videos. Our experience so far suggests that the workshops will be useful for organisations particularly educational, health and third sector settings to think and act upon CC.

Autism and Increasing Access to Psychological Therapies (IAPT)

Chair: ***Ailsa Russell,*** *University of Bath*

The effectiveness of primary care psychological therapy services for the treatment of depression and anxiety in autistic people: evidence from national healthcare records in England
Celine El Baou, University College London; Georgia Bell, University College London; Rob Saunders, University College London; Joshua E. J. Buckman, University College London; Will Mandy, University College London; Amber John, University College London; Joshua Stott, University College London

Introduction: Autistic adults have higher rates of anxiety and depression but poorer access to appropriate mental health care relative to non-autistic adults. Addressing this "autism mental health" crisis is a priority of the World Health Organisation (Mandy, 2022). Evidence-based psychological therapies are recommended in treatment guidelines and are made widely available to autistic adults through the Improving Access to Psychological Therapy programme (IAPT; soon to become "NHS Talking Therapies, for Anxiety and Depression"). Evaluating the effectiveness of mental health interventions is also a top research priority of the autism community. However, to our knowledge no study has investigated the effectiveness of evidence-based psychological therapies in large representative samples of autistic adults in routine healthcare settings. Method: This study used the MODIFY database, including electronic health care records of over 2 million individuals who received a course of therapy in IAPT between 2012 and 2019. The study included data from

over 8000 autistic individuals as well as a control group of people without an identified autism diagnosis but similar socio-demographic factors. Outcomes included routine metrics used to evaluate reliable and clinically important changes in IAPT treatments. Subgroup analyses investigated differential effects across a range of pre-specified socio-demographic factors.

Results: Overall, results show that depression and generalised anxiety symptoms decreased for autistic adults after a course of treatment. However, compared to non-autistic adults, autistic adults were 25% less likely to see their mental health symptoms improve (OR: 0·75, 95%CI 0·70 to 0·80), and 34% more likely to see their symptoms deteriorate (OR: 1·34, 95% CI 1·18 to 1·48). The study also found that whilst employment and low levels of social deprivation were associated with better outcomes for non-autistic adults, this was not the case in the autistic group. It was also estimated that autistic adults were currently underrepresented in our cohort, compared to national prevalence estimates.

Discussion: Differences observed in comparison to non-autistic adults suggest that more research is needed to understand (1) whether there may be autism specific factors that could be addressed through adjusting treatment to improve outcomes, (2) how current interventions may be adapted and (3) how to make services more accessible to the autistic population.

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Autism in IAPT: findings from a service audit

Jon Wheatley, Homerton Healthcare NHS Foundation Trust; Migle Jasiuleviciute, Homerton Healthcare NHS Foundation Trust; Lauren Grattage, Homerton Healthcare NHS Foundation Trust; Mirko Cirkovic, Homerton Healthcare NHS Foundation Trust; Ailsa Russell, University of Bath

Introduction: Autism, a neurodevelopmental condition present in 1% of the UK population and characterised by social communication difference and a restricted, repetitive pattern of behaviour, interests and activities, is associated with high rates of co-occurring mental health problems including anxiety and depression. Evidence based interventions for common mental health problems include cognitive behaviour therapy (CBT) and are provided by UK NHS Increasing Access to Psychological Therapy (IAPT) services. There is no specified pathway for autistic people within IAPT, who can benefit from CBT if adapted to meet their needs. The uptake of IAPT services by autistic adults and treatment outcomes are not known.

Methods: Routinely collected data was used to investigate the prevalence and treatment outcomes for autistic adults referred to an IAPT service providing a specialist practitioner model i.e. identified CBT practitioners receiving specialist supervision for their work with autistic clients across a 12 month period (July 2021 – June 2022). Those with an autism diagnosis were compared with those without a diagnosis in terms of rates of attendance, treatment pathways, treatment completion, baseline and end of treatment outcome scores.

Results: Of the 10,043 referrals aged 19-50 years accepted by the service in the 12- month period, 0.4% (n=44) had a confirmed diagnosis of autism. Of these 44, 39 (90.7%) attended assessment only and 62.79% (n=27) attended a minimum of 4 treatment sessions. A higher proportion of the autism group (33.3%) compared to the non-autism group (15.5 %) 'stepped up' from low to high intensity treatment. Rates of treatment completion were equivalent across both groups (>70%). Despite slightly higher scores at baseline on routine outcome measures, rates of recovery in the autism group were overall positive (40.7%) with higher rates (57.4%) for those treated by the autism champions. Although numbers are small, no individual seen by the autism champions dropped out from the service compared to 5 (11%) seen by other practitioners.

Discussion: Autistic adults are not over-represented in IAPT services, and these data are suggestive of reduced uptake. These findings also provide preliminary evidence that supporting specialist autism practitioners within IAPT may be associated with enhanced recovery rates and treatment retention. This is consistent with findings from clinical trials which highlight the added value of adapted

Are autism and ADHD traits associated with performance on a Cognitive Behavioural Therapy skills task?

Megan Payne, University of Bath; Jess Chivers, University of Bath; Ailsa Russell, University of Bath; Kate Cooper, University of Bath

Introduction: Autistic people are more likely to experience mental health problems compared to non-autistic people. Adapted cognitive behavioural interventions show promise in supporting autistic people experiencing anxiety and depression. To engage effectively in CBT, an individual should have skills in identifying, distinguishing, and describing cognitions, behaviours and emotions, also referred to as CBT skills. Such abilities may be influenced by being neurodivergent, particularly having autistic or ADHD traits.
We aimed to understand whether autism and ADHD traits impact on CBT skills task performance. We hypothesised that higher autism and ADHD traits would be associated with lower CBT skills performance.
Methods: In total, a convenience sample of 186 participants, aged 16-30-years-old, were recruited from community settings to complete an online survey.
Participants provided demographic information including their history of diagnoses and/or self-identification with neurodivergent conditions. To assess autism and ADHD traits, participants completed the AQ-10 and ASRS-V1.1 screener.
Participants then completed a novel CBT skills task. In this task, they were asked to read two 100-word vignettes with a fictional account of an individual with a mental health condition (depression and social anxiety). Participants were then asked to identify the subject's thoughts, feelings and behaviours, to indicate whether these could be connected, and to apply this understanding to develop a plan to help reduce the subject's distress. A higher total score indicated greater proficiency in utilising the skills required when engaging in CBT (maximum = 23). The measure had moderate internal consistency (α = .780).
Results: A hierarchical multiple regression revealed a significant negative relationship between AQ-10 and CBT skills task scores.
We did not find support for the hypothesis that ADHD traits would predict lower CBT skills task performance. In fact, there was a significant positive relationship between ASRS-V1.1 screener and CBT skills task scores.
Discussion: Individuals with high autistic traits may experience barriers to effectively engaging in CBT. However, possessing ADHD traits positively impacted on CBT skills. Individuals with high ADHD traits may face barriers at a later stage of CBT. It is recommended that future research explores the identified relationships in greater depth by recruiting participants diagnosed with ADHD and autism.

Developing therapist confidence to adapt CBT practice for autistic people: the impact of training

Ailsa Russell, University of Bath; Megan Crossman, University of Bath

Introduction: Cognitive behaviour therapy (CBT) can be effective in treating co-occurring mental health problems if adapted to meet the needs of autistic people. Autistic people report barriers to accessing psychological therapy including clinicians not being able or willing to adapt their practice. CBT therapists report a lack of confidence to adapt their practice with level of confidence associated with training (Cooper et al., 2018) and many therapists reporting an interest in receiving training (Lipinksi et al., 2021). The aim of the present study was to investigate the impact of a one-day training workshop on CBT therapist confidence.
Methods: Therapists attending four workshops were invited to take part in the study. The workshops were 7 hours in duration and included information about autism, principles underpinning adapted CBT and opportunities for skills practice. A pre-post design was used to investigate changes in scores on the Therapist Confidence Scale (Dagnan et al., 2015) which we adapted to enquire about confidence in working with autistic people. We also used regression analysis to investigate the impact of two therapist factors; prior experience in the field and perceived helpfulness of CBT for autistic people on change in therapist confidence.
Results: Of the 130 therapists who attended a workshop, 67 (51.4%) consented to take part in the study. The majority reported an increase in confidence following the training workshop (mean % increase in confidence=36.4%). Repeated measures ANOVA indicated that there was a significant difference between pre-workshop therapist confidence (M=40.07, SD=10.13) and post-workshop therapist confidence (M=51.93,

SD=7.68), F(1, 51)=127.60, p<.001. Pre-workshop ratings of perceived helpfulness of CBT for autistic clients significantly contributed to post-workshop therapist confidence, adjusted for pre-workshop therapist confidence but prior experience with this client group did not.

Discussion: Training workshops are an effective method of improving therapist confidence in adapting CBT for autistic clients. Perceptions of helpfulness of CBT for autistic clients impacts changes in confidence suggesting that dissemination of the evidence in this field is an important aspect of training.

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The Mental Health Intervention for Children with Epilepsy Programme

Chair: ***Roz Shafran,*** *UCL Great Ormond Street Institute of Child Health*

Principles and Methods for Optimising an Evidence-Based Psychological Treatment for the Mental Health Needs of Children with Epilepsy

Alice Sibelli, Kings College London; Roz Shafran, UCL Great Ormond Street Institute of Child Health; Sophie Bennett, IoPPN, King's College London; Anna Coughtrey, UCL Great Ormond Street Institute of Child Health; Rona Moss-Morris, IoPPN, King's College London; MICE Research Team , UCL Great Ormond Street Institute of Child Health

Introduction. The aim of this presentation is to describe how implementation science methods were used to develop a version of an existing effective psychological treatment for mental health disorders (the Modular Approach to Treatment of Children with Anxiety, Depression or Conduct Problems - MATCH-ADTC) for use in children and young people with mental health needs in the context of epilepsy within routine epilepsy services.

Methods. (a) A literature search was carried out to identify key relevant psychological treatment strategies to address the mental health of children with epilepsy; (b) Iterative focus groups (i.e. six with children and young people with epilepsy; six with healthcare professionals working in epilepsy services) underpinned by normalisation process theory (NPT) were conducted; (c) Plan–Do–Study–Act methods with twelve patients (age 5–18 years; 8 white British; 5 males) were used to make iterative tests of change to the MATCH-ADTC materials; (d) Qualitative patient interviews with eight parents were conducted to explore in depth their views in relation to the treatment received. These methods were undertaken concurrently, with the information yielded by each individual method feeding into the execution and results of the others over the course of one year.

Results. Together, the four methods identified that the following amendments were required to optimise the use of MATCH-ADTC in children and young people with mental health needs in the context of epilepsy: (1) A core module for everyone that provides education about mental health disorders and their relationship with epilepsy, enables a formulation of the maintenance of mental health disorders within epilepsy, separates the child from the disorder and provides links to additional resources. (2) Additional 'interference' modules in keeping with the structure of MATCH-ADTC to be utilised when progress with psychological treatment was being impeded either at the service or patient level: Techniques to address stigma associated with mental health and epilepsy-related stigma; Parental mental health; Transition to adulthood. (3) Additional training and supervision.

Discussion. This multi-method approach to implementation identified potential barriers to implementation from the outset and ensured the voices of the patients, their families and the professionals across the

disciplines were heard. This approach can serve as a model for implementation of evidence-based psychological treatments.

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The Mental Health Intervention for Children with Epilepsy (MICE) Trial Outcomes

Sophie Bennett, KCL Institute of Psychiatry, Psychology & Neuroscience; Roz Shafran, UCL Great Ormond Street Institute of Child Health

Introduction: Mental health difficulties are elevated in children and young people with Long Term Conditions such as epilepsy but many of those in need cannot access evidence-based psychological treatments such as CBT. This talk will present the clinical outcome of a large RCT of an integrated mental health treatment delivered remotely by Health Care Professionals within physical healthcare services for young people with epilepsy.

Methods: The study design was a multi-center, parallel group, blinded, randomized controlled trial including 334 participants aged 3-18 years, attending epilepsy clinics, who met diagnostic criteria for a common mental health disorder. They were randomized to receive a Mental Health Intervention for Children with Epilepsy (MICE) intervention based on MATCH-ADTC in addition to usual care, or assessment-enhanced usual care alone (control). The primary outcome, analysed by intention-to-treat was the parent-report Strengths and Difficulties Questionnaire (SDQ) at six months post-randomization.

Results: At six months the mean (SD) SDQ difficulties for 166 MICE patients was significantly lower than for 168 control patients (p<0.01). MICE also demonstrated significant positive results for the mental health of the parents/carers compared to the control arm.

Discussion: The trial demonstrates that multiple mental health comorbidities can be effectively treated within a singular intervention across a wide range of age groups and in the context of additional diagnoses, including Long-Term Conditions and neurodevelopmental disorders. The presentation will end with a discussion of the implications of the development and evaluation of MICE for the treatment of mental health disorders in the context of other Long-Term Conditions.

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How the experience of young people and their families evolved while participating in the Mental Health Intervention for Children with Epilepsy (MICE) Programme

Isabella Nizza, Birbeck University of London; Jonathan A Smith, Birkbeck, University of London

Introduction: The purpose of the longitudinal qualitative outcome study within the MICE Programme randomised control trial was to gain an in-depth understanding of the evolving experience of participants randomised to the 'MICE' therapy arm of the study.

Method: Participants here were 24 young people and their families, purposively selected following randomisation to the main study, to include female and male participants, of different age groups (below 11 years and 11+), with or without learning disabilities. The young people and/or their families were interviewed in-depth twice: just after randomisation (before the start of therapy) and six months later. The aim of the semi-structured interviews was to gain insight on how the young person's physical and mental health difficulties evolved while they were in the programme, on the experience of the parents with the child and their experience of the therapy. Interviews were analysed using Interpretative Phenomenological Analysis (IPA), initially inductively and longitudinally and then by using a framework derived from the data itself.

Results: Results show great variability in how the young people's physical health evolved and an improvement in the mental health of some young people, in terms of their behaviour and, in some cases, their thinking patterns. The most profound change, however, is apparent in the parents' behaviours and thinking patterns in relation to their child, with many families gaining new understanding of their child's behaviour and new strategies to deal with it.

Discussion: The qualitative results effectively complement the quantitative outcomes and help to shed light on the profound impact that the MICE intervention can have for the families that receive it. The depth of the analytical approach enables the changes experienced by families to be illustrated in a nuanced fashion through a close comparison between idiographic participant quotes at different time points.

Learning from Lived Experience: impacts and underlying mechanisms of inclusive models of peer to peer support for mental health

Chair: *Fiona Lobban, Lancaster University*

Learning from Lived Experience in Mental Health: How and Why
Fiona Lobban, Lancaster University

The need to improve support for mental health is clear, and the fact that there are benefits of involving people with lived expertise in both research and clinical practice is well recognized. However, the challenge, is in finding HOW to share and learn from lived expertise in ways that maximise positive impacts and minimize any harms on everyone involved. In this talk, we will reflect on what is meant by lived expertise, who has it, and how it differs to professional expertise. We will consider current opportunities for people to share their lived expertise, and consider the strengths and limitations of these different models. We will explore in more depth the potential of two relatively new and growing roles: peer moderators of online forums, and living books within a living library. Finally we will reflect on the methodological challenges of evaluating the impacts of lived expertise in health and social care organisations, and describe why a realist approach may be more suitable than a more traditional randomized controlled trial design.

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Reflections on integrating realist theory development and co-design to understand the Living Library approach
Library of Lived Experience (LoLEM) team

The Living Library approach is a flexible and accessible method for sharing lived experience. It draws on an intuitive library metaphor to invite people, or 'readers', to learn from 'living books', who are supported to discuss important aspects of their life experience, or 'stories'. While these events have been held in a wide range of settings, implementation recommendations sensitive to the specific challenges of discussing mental health are limited. This presentation describes a novel integration of realist synthesis and experience-based co-design to explore the living library as a strategy for sharing mental health experiences. We term this

approach the 'Library of Lived Experience for Mental Health' (LoLEM). Our research drew on a range of evidence sources to develop a programme theory to explain the impacts and mechanism for a LoLEM. This proposes that readers may benefit from the humanising effect of direct interpersonal contact and the opportunity to flexibly explore topics of personal relevance with living books. For those sharing their stories, recognition of their expertise by experience can be empowering and exploring their personal narrative can contribute to personal growth. We used this learning to iteratively plan and conduct co-design workshops, exploring issues including how a LoLEM could be made safe to share mental health experiences. This presentation concludes with reflections on how the LoLEM approach could be implemented and evaluated in the context of mental health support, and directions for further research.

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Using Experience Base Co-Design to Create and Implementation Guide for a Living Library for Mental Health

Library of Lived Experience (LoLEM) team

Experience based Co-Design is an approach to improving healthcare services that draws on design theory which first emerged as a participatory action research approach in the early 2000's. Since then there have been numerous international published reports of EBCD across a range of health settings including mental health. This talk reports on the adaption and use of EBCD to work with experts by experience to develop an implementation guide for creating and delivering a living library for mental health in community or NHS settings. The EBCD work took place remotely over 8 months. This allowed participation from lived experience and professional experts from across the country. Learning was captured from each group meeting with a combination of notes and illustrations. This was supported by the group facilitators who were experts in peer-based approaches to mental health. The resulting document was cowritten with group members and drew on their lived experiences as well as their interpretations of the key realist theories around living libraries for mental health developed in the other workstream of this study. The shared expertise of the EBCD group was a great asset for the specific project and the is a crucial resource for the future development of living libraries of this type at scale.

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How relatives of people with psychosis and bipolar make use of an online forum
REACT team

Relatives of people with psychosis or bipolar disorder experience high levels of distress but are typically not offered the support they need. Online peer forums may offer a solution, but knowledge about who uses them, how, and why is limited. This talk will describe online forum use during the Relatives Education and Coping Toolkit (REACT) trial. I will describe who used the forum and why; how sociodemographic factors are associated with participation; the relationship among frequency, type of use, and outcomes; and how the forum was used. A mixed methods approach was used to examine forum use combining quantitative explorations of key sociodemographic characteristics, levels of forum use, and distress and thematic and semantic analyses to understand the reasons for relatives joining the forum and the key topics they initiated. Although only a proportion of REACT participants engaged actively with its forum, they were widely distributed across age and other sociodemographic groupings. Relatives used the forum for information, support, and guidance and to offer detailed information about their experiences. The topics raised highlighted the burden carried by relatives and the potential value of easy-access, moderated, peer-

supported forums in helping relatives to manage the challenges they faced. These findings are discussed in relation to their implications for future research and clinical practice.

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Improving Peer Online Forums for Mental health (iPOF): the role of moderators
iPOF team

People experiencing mental health problems are more often seeking help and support online due to ease of access (anytime, anywhere), low costs and low efforts. Online peer support forums provide a non-stigmatising space where people with mental health problems can receive and provide support to each other, but also receive support from trained moderators, many of whom have lived experience themselves. The role of the moderator is crucial to the safety, quality and clinical value of the forum, yet little is known about the experiences of moderators. The current paper synthesises existing evidence from the literature, interviews with moderators, and forum manuals to develop explanatory theories of: 1) the role of the moderator; 2) the positive and negative impacts of the role on the moderator; 3) and how moderators can be best supported in this role. An overview of how our initial program theories (IPTs) were developed and refined will be presented, along with recommendations for moderator training/support and the clinical implications arising from our findings.

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School-based mental health support

Chair: *Tessa Reardon, University of Oxford, UK*

Student perceptions of school-based mental health support: associations with wider school experience and culture

Emma Soneson, University of Oxford; Simon R. White, University of Cambridge; Emma Howarth, University of East London; Peter B. Jones, University of Cambridge; Mina Fazel, University of Oxford; , ; ,

Background. Offering mental health support within the school setting has the potential to reduce the mental health care gap for children and adolescents, especially if it is contextualised within a wider approach including promotion and prevention strategies. Understanding and integrating students' perspectives can help ensure school-based mental health support is accessible and acceptable to its target population. Methods. Using data from the 2021 OxWell Student Survey linked with aggregate school- and area-level data from the Department for Education and Office for National Statistics, we analysed whether several aspects of school experience and culture were associated with primary and secondary school students' perspectives of school-based mental health support. Outcomes of interest were (1) knowing who provides mental health support at school, (2) perceiving that support as easy to access, (3) intending to access that support, if needed (primary school only), and (4) having prior contact with school-based support (secondary school

only). We used multi-level logistic regression to analyse each of these outcomes separately for primary and secondary school students.

Results. The final analytical sample included 29,061 students (N = 13,509 in primary school and N = 15,552 in secondary school) across 169 English schools. After adjusting for school-level characteristics, individual sociodemographic characteristics, and mental health/wellbeing, several aspects of school experience and culture were significantly associated with positive outcomes. These included greater self-identification with the school community, more positive perceptions of school management of bullying, greater belief that adults at school listen to student opinions, greater ability to ask for help, greater enjoyment of school, and more positive perceptions of school extracurricular activities.

Conclusions. As more UK schools try to support students with mental health difficulties, it is important to learn from student perspectives and consider how various aspects of school experience and culture relate to their perceptions and use of school-based support. To maximise the impact of school-based mental health support, schools should be aware that creating a positive ethos and environment, advocating student agency, and improving the general school experience are necessary components of overall mental health provision.

Identifying and supporting children with anxiety problems through primary schools
Tessa Reardon, University of Oxford; Cathy Creswell, University of Oxford

Systematic screening for child anxiety problems through primary schools and providing support for those children identified as likely to benefit could help maximise access to early interventions. This talk will present findings from 1) a psychometric study that aimed to develop a brief screening tool for child anxiety problems, and 2) the co-design and initial evaluation of procedures for 'identification-to-intervention' for child anxiety problems through primary schools. In the first study, children (n=463) aged 8-11 years recruited from 19 primary schools in England and their parent/carer and teacher each completed a set of candidate screening questionnaire items. In parallel, we administered diagnostic assessments with children and parents to identify children with and without anxiety disorders. Analyses examined the capacity of alternative short child, parent, teacher-report questionnaires to discriminate between children with and without an anxiety disorder on the basis of the diagnostic assessment. We found that neither child nor teacher-report questionnaires were able to identify the presence/absence of an anxiety disorder with sufficient accuracy (sensitivity or specificity <70%). However, several short parent-report questionnaires achieved sensitivity and specificity >75%, including a very brief 2-item measure. Alongside the measure development study, we worked with parents, children and school staff to co-design procedures for administering short screening questionnaires through schools, and offering and delivering a brief parent-led online intervention for children who 'screen positive' for anxiety problems. In an initial evaluation of these 'identification-to-intervention' procedures in 9 primary schools, parent engagement and satisfaction with the online intervention was high, and inbuilt child outcome measures within the online intervention indicated substantial pre-post improvement. With these promising initial findings, we are now evaluating our identification-to-intervention procedures (incorporating the 2-item parent-report child anxiety screening tool developed in the first study) in a large cluster randomised controlled trial in England. A brief overview of the trial design will be presented and the potential for findings to inform future development and evaluation of approaches to screening and delivering interventions through schools discussed.

Managing and minimising anxiety in primary schools through teachers' day-to-day classroom practice.
Helen Manley, University of Oxford; Tessa Reardon, University of Oxford; Cathy Creswell, University of Oxford

Anxiety problems are common in children and can have profound adverse effects on personal, social and academic life. Almost 40% of anxiety disorders emerge before age 14, making primary schools invaluable settings for prevention and early support of child anxiety problems. Despite the impetus and requirement for schools to invest in supporting the mental health needs of children, research indicates that school-based interventions targeting anxiety problems can be costly and difficult to schedule, school

staff lack confidence to deliver them effectively, and outcomes are mixed. It is therefore imperative that primary schools find additional, efficient means to help minimise children's anxiety and to support those who experience difficulties with anxiety. One solution may be for school staff to adapt and enhance their day-to-day practices to better support children with anxiety problems, but research in this area is currently very limited.

Through semi-structured 1:1 qualitative interviews, we explored what primary school staff, parents, and children (n=28) felt were the causes of and contributors to anxiety in the classroom, what school staff can do that may be more or less helpful.

Using reflexive thematic analysis, we found two main contributors to increased anxiety in the classroom: pressure and uncertainty. Findings illustrate how school staff can help to manage and minimise children's anxiety through increasing predictability, cultivating connections, making the space, and providing support to confront moments of challenge. Practical strategies for use in the classroom and potential implications for practice relating to each of these themes are discussed.

Findings from this study are currently being used to guide the development of a practitioner-informed training for school staff. We will present a brief overview of the process of training development and our plans for an initial evaluation of the training.

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Understanding unusual sensory experiences in adolescents: a randomised experimental study of a school-based intervention

Jerica Radez, University of Oxford; Tessa Reardon, University of Oxford; Helen Manley, University of Oxford; Emma Soneson, University of Oxford

Introduction: Research suggests that approximately one in ten young people experience unusual sensory experiences (USE), such as visual or auditory hallucinations. From a cognitive perspective, the way that young people interpret USE (also known as the 'appraisal') determines the impact of these experiences. Negative appraisal, such as perceiving USE as abnormal and threatening, is associated with more distress. In addition, the distress associated with USE can be further exacerbated by other psychological processes, such as thinking flexibility, maladaptive schemas, and anxiety and depression. Our aim was to (a) develop a universal single-session school-based intervention on USE for adolescents and (b) evaluate the effect of the intervention on appraisals of and help seeking intentions for USE.

Method: A randomised controlled experimental design with a one-month follow-up was used to test the effectiveness of the intervention in one school. Students (n = 223) aged 12–13 were randomised by class to a single-session intervention on USE or a control intervention (generic mental wellbeing). Participants completed measures of appraisals of and help-seeking intentions for USE at pre- and postintervention and at one-month follow-up. They also completed measures of schemas, thinking flexibility and anxiety/depressive symptoms at preintervention.

Results: Overall, 190 adolescents completed the main outcome measures at all three points. The intervention on USE led to a significant (p < .05) increase of positive appraisals of USE compared with the control, with effects sustained at one-month follow-up. The intervention on USE did not lead to significantly greater help-seeking intentions for USE (p = .26). Adolescents' schemas were positively associated with appraisals, indicating that adolescents with more positive appraisals of USE reported more positive beliefs about themselves/others/the world. Slow (i.e., more rational) thinking and anxiety/depressive symptoms were associated help-seeking behaviour for USE, indicating that adolescents with slower thinking and lower level of anxiety and depressive symptoms reported being more likely to seek help for USE.

Discussion: Results of this study suggest that a simple, single-session psychoeducational intervention focused on adolescents' appraisals of USE has the potential to lead to positive and lasting changes in appraisals of USE. Due to its brevity and easy delivery, this intervention has the potential to be deliver

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State of the art in CBT and third wave therapies for psychosis

Chairs: *Katherine Newman-Taylor* and *Lyn Ellett, University of Southampton*

Cognitive behavioural therapy for psychosis: Where are we and where are we going?

Katherine Newman-Taylor, University of Southampton; Filippo Varese , University of Manchester, UK; Richard Bentall, University of Sheffield, UK

Purpose: Following its introduction in the early 1990s, cognitive behavioural therapy for psychosis (CBTp) has been evaluated in a large number of clinical trials and is established as a recommended treatment for people with severe mental illness in the British National Health Service and elsewhere in the world. However, meta-analyses point to modest effectiveness for psychotic symptoms compared to treatment as usual or comparison therapies such as supportive counselling. Here, we identify issues impacting the effectiveness of CBTp and possible avenues for future psychotherapy research to improve outcomes.
Method: Scoping review of meta-analyses and narrative review of factors likely to impact the effectiveness of CBTp.
Results: Modest effect sizes from meta-analyses mask heterogeneous outcomes, with some people benefiting greatly and others being harmed by therapy. Common factors such as the therapeutic alliance play an important role in determining outcomes of CBTp and other therapies for psychosis but have been largely neglected by researchers. There is also the promise of improving outcomes by identifying and targeting mechanistic processes that either influence psychotic symptoms (e.g., worry), or are causally implicated in these symptoms (e.g., trauma). Predictors of therapeutic response can also be investigated.
Conclusions: Robust service systems must ensure that people have access to appropriate therapy delivered by qualified clinicians, supported by an educational infrastructure that drives a sustainable training model. However, it is unlikely that all will be equally responsive to the same therapeutic protocols. We can learn from psychotherapy research for anxiety and depression, which is increasingly emphasising the need for therapeutic precision informed by patient characteristics, and personalised therapy tailored to individuals' needs. Precision psychological therapies will require new research strategies and are likely to lead to improved outcomes for people with psychosis.

Acceptance and Commitment Therapy for psychosis: Current status, lingering questions, and future directions

Brandon Gaudiano, Brown University, USA; Eric Morris, Latrobe University, Australia; Louise Johns, University of Oxford, UK

Purpose: Acceptance and Commitment Therapy for psychosis (ACTp) is a contextual behavioural intervention that promotes psychological flexibility by fostering active acceptance, cognitive defusion, values construction and committed action to enhance wellbeing and quality of life. Multiple studies have shown that ACTp is acceptable and efficacious, but questions remain as to its distinction from similar approaches and the conditions under which it would be implemented most effectively.
Method: We will present the current evidence for processes and outcomes of ACTp and summarise the qualitative findings of experiences of clients in ACT programs. We will compare ACTp with other cognitive behavioural therapies and mindfulness-based interventions for psychosis.

Results: ACTp is promising as a pragmatic, process-driven intervention model. Further efforts are needed to investigate psychological flexibility in the context of psychosis with observational, experimental and intervention studies that will inform model scope and treatment refinement. Additionally, research focusing on implementation and dissemination is the necessary next step, including how support persons can be trained in ACTp. Lower intensity and technology-assisted approaches have the potential to reduce barriers to accessing ACTp and extend impact.

Conclusions: Over the last 20 years ACTp has demonstrated meaningful effects in individual and group formats in a range of settings, targeting outcomes such as rehospitalisation, depression, positive symptom distress and impact, and personal recovery. Future work should focus on how best to integrate ACTp with other current evidence-based therapies for psychosis.

Mindfulness for Psychosis: Current issues and future directions
Lyn Ellett, University of Southampton

Purpose: Mindfulness for psychosis therapy and research have grown exponentially over the last 10-15 years. Here, we will provide an overview of the current status of the field, by summarising the current evidence base and outlining key clinical, research and educational priorities.

Method: Scoping review of meta-analyses of mindfulness for psychosis.

Results: Well-controlled and fully powered outcome studies are needed to determine effectiveness and to assess both the impact of group processes and therapy-specific processes or mechanisms of change on key clinical outcomes. Assessment of potential benefits of mindfulness for different stages of psychosis and different populations across the lifespan (such as at-risk groups and older adults) would also be useful. Evaluation of outcomes in routine clinical practice, and by less experienced clinicians is also warranted. Measuring and reporting on safety outcomes is a clear priority, as is ensuring there is adequate training and supervision in place for clinicians delivering mindfulness for psychosis.

Conclusions: Mindfulness is a promising intervention that is emerging as being both safe and effective for people with psychosis. Future research focused on evaluating mechanisms of change and implementation in routine clinical practice should be prioritised.

Trauma therapies for psychosis: A state-of-the-art review
Amy Hardy, King's College London; Nadeen Keen, South London and Maudsley NHS Foundation Trust, UK; David van den Bergen, Parnassia Psycho-Medische Zorg, NL; Filippo Varese, University of Manchester, UK; Eleanor Longden, University of Manchester, UK; Tom Ward, King's College London, UK; Rachel Brand, University of the Sunshine Coast, Australia

Purpose: Traumatic events, particularly childhood interpersonal victimisation, have been found to play a causal role in the occurrence of psychosis and shape the phenomenology of psychotic experiences. Higher rates of Post-Traumatic Stress Disorder (PTSD) and other trauma-related mental health problems are also found in people with psychosis diagnoses compared to the general population. It is therefore imperative that therapists are willing and able to address trauma and its consequences when supporting recovery from distressing psychosis.

Method: This paper will support this need by providing a state-of-the-art overview of the safety, acceptability, and effects of trauma therapies for psychosis.

Results: We will first introduce how seminal cognitive-behavioural models of psychosis shed light on the mechanisms by which trauma may give rise to psychotic experiences, including a putative role for trauma-related emotions, beliefs, and episodic memories. The initial application of prolonged exposure and Eye Movement and Desensitation and Reprocessing Therapy (EMDR) for treating PTSD in psychosis will be described, followed by consideration of integrative approaches. These integrative approaches aim to address the impact of trauma on both post-traumatic stress symptoms and trauma-related psychosis. Integrative approaches include EMDR for psychosis (EMDRp) and trauma-focused Cognitive-Behavioural Therapy for psychosis (tf-CBTp). Finally, emerging dialogic approaches for targeting trauma-related voice hearing will be

considered, demonstrating the potential value of adopting co-produced (Talking with Voices) and digitally augmented (AVATAR) therapies.

Conclusion: We will conclude by highlighting commonalities and distinctions in the therapeutic approaches, directions for future research, and implications for clinical practice.

Meeting the mental health needs of people who experienced maltreatment in childhood, including people who grew up in care

Chair: *Alice Phillips, University of Bath*

ADaPT Trial: Implementing trauma-focused CBT for care-experienced youth with Post-Traumatic Stress Disorder in mental health services across England

Rosie McGuire, University College London; Rachel Hiller, University College London/ Anna Freud Centre; Paula Oliveira, Anna Freud Centre; Davin Schmidt, University College London; Emma Geijer-Simpson, University of Newcastle; Joe Coombes, University of Exeter; Robyn Bosworth, Norfolk and Suffolk NHS Foundation Trust

Introduction: Youth in care are 12x more likely to meet criteria for post-traumatic stress disorder (PTSD) than their peers. However, they are not routinely assessed for PTSD, and even where this diagnosis is recognised, they are often not accessing the best-evidenced interventions. NICE guidelines state that trauma-focused cognitive behavioural therapies (tf-CBT) are the first-line treatment for PTSD, including after more complex trauma. ADaPT is an active implementation trial primarily aiming to understand the complexities and challenges that services face to provide this evidenced-based treatment for care-experienced young people, and how we can support implementation of tf-CBT for these young people in mental health services across England.

Method: We trained over 200 clinicians in tf-CBT, and are conducting questionnaires and focus groups every 3 months. We ask whether they are screening care-experienced young people (defined as currently in care, on a special guardianship order, or adopted) for PTSD, and using tf-CBT where the screening questionnaire (CRIES-8) identifies a young person with significant PTSD symptoms.

We also aim to recruit 40 care-experienced young people (aged 8-18) who are offered tf-CBT, and collect mental health assessments from them every three months, with a view to contribute to the evidence of effectiveness of this treatment for reducing PTSD symptoms and associated difficulties. Young people's views of the treatment (i.e., acceptability) will be collected in post-treatment interviews.

Results: We will present an overview of how PTSD screening and tf-CBT is being implemented for care-experienced young people at participating mental health services. We will also present our initial findings from interviews and focus groups with mental health professionals about their views on the barriers and facilitators to implementing tf-CBT for care-experienced young people within youth mental health services.

Discussion: This project will develop our understanding of the challenges that clinicians and care-experienced young people face during trauma-focused therapy. We also hope to share how services successfully implemented tf-CBT for care-experienced youth, and examples of how these young people view tf-CBT. More broadly, we will discuss challenges that we navigated conducting research with busy clinicians and vulnerable care-experienced young people over the course of their (often turbulent) time in trauma-focused therapy.

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https://www.isrctn.com/ISRCTN38238325

Gaps in mental healthcare for trauma-exposed young people: epidemiological evidence and its implications

Stephanie Lewis, King's College London

Introduction: Despite the emphasis placed on childhood trauma in psychiatry, comparatively little is known about the mental health needs of trauma-exposed young people in the population, and the healthcare provided to affected young people.

Methods: To investigate this topic, we studied 18-year-old participants from the Environmental Risk Longitudinal Twin Study, a population-representative birth-cohort of 2232 children born in England and Wales in 1994-95.

Results: We found that one in three participants reported trauma exposure and one in thirteen experienced PTSD by age 18 years. Trauma-exposed participants, and especially those with PTSD, had high rates of other psychopathology, risk of harm, and functional impairment. However, only one in five trauma-exposed young people and two in five of those with PTSD had seen a health professional for their mental health problems in the past year. On comparing with clinical record data, we estimate that only a minority of young people with PTSD who used health services had their difficulties recognised and diagnosed, and of those, only a minority received evidence-based treatment.

Discussion: This research reveals the high unmet mental health needs of trauma-exposed young people, and highlights major mental healthcare gaps. To reduce these gaps, there is a need to improve accessibility by increasing implementation of effective scalable interventions for trauma-exposed young people.

"I just want someone who won't freak out when I tell them stuff": A qualitative investigation into care-leavers' experiences of accessing mental health support.
Alice Phillips, University of Bath; Sarah Halligan, University of Bath; Rachel Hiller, University College London; David Wilkins, Cardiff University

Introduction: Most young people who grow up 'in care' have experienced abuse, neglect, or family dysfunction. They are five times more likely to be diagnosed with a mental health problem in childhood than the general population. It is imperative that the mental health needs of this group are addressed, to mitigate some of the poor life outcomes which are well-documented in this group (e.g., homelessness, criminal justice system contact, unemployment). There is some evidence that care-experienced people experience structural barriers when accessing mental health support, as well as psychological barriers due to unappealing treatment options or apprehension with discussing past trauma. This research aims to improve our understanding of the barriers and facilitators for accessing mental health support in young people who grew up 'in care'.

Method: With a sample of 9 care-experienced people aged 18-25, we used qualitative interviews and Interpretative Phenomenological Analysis to investigate lived experiences of help-seeking for mental health support. We investigated the entire help-seeking journey, from recognising that external support may be required, through to engagement with mental health support services.

Results: Analysis is still underway but provisionally, themes centre around: (1) personal perceptions of mental health, and openness to talking about past trauma, (2) autonomy versus external pressure to access support, (3) stigma and fear around the reactions of others, and finally, (4) practical, environmental, and personal facilitators for accessing and engaging with support.

Discussion: Final conclusions have not yet been drawn but have the potential to illuminate the structural and psychological barriers for accessing mental health support. This has important implications for social care professionals, as well as healthcare professionals across primary and secondary health services. We describe how current practice can be adjusted to better accommodate the needs of this group, with the aim of closing the current need-provision disparity which impacts this highly vulnerable group of young people.

New approaches to enhancing staff wellbeing for health and social care professionals

Chairs: **Josef Landsberg**, Oxford Health NHS Foundation Trust and **Vicky Sully**, Devon Wellbeing Hub

CBT in the workplace, past, present and future
Vicky Sully, Devon Wellbeing Hub

Vicky Sully will lead us in talking about developments of CBT in the workplace. To do this she will reflect not only her own observations and experiences working as a specialist clinical psychologist for workplace well-

being but also draw on various publications, national initiatives, and research and also include first-hand accounts of those with lived experience.

Vicky will reflect on some of the key moments when CBT research and practice have made major contributions to the wellness of employees in the workplace. This will be discussed in the context of the emergence of IAPT services, the 'thriving at work' government report and the more recent world health organisation and ICD 11 classifications of the term 'burnout'.

Vicky will propose new avenues for CBT researchers to explore; such as developing new ways of formulating with emphasis on the interactional components between environment and the individual. Vicky will also describe the scope there is to define clinical competencies for CBT practitioners working in this field as well as the opportunities for researchers to explore CBT constructs of workplace well-being and create meaningful measures the clinical practice.

This section of the symposium will also include a presentation from a psychological well-being practitioner with lived experience of burnout. They will talk about their reflections of this experience and suggest ways in which PWP's wellbeing can be supported through training and as newly qualified practitioners.

The UpLift Trials: digital health interventions for occupational burnout
Jaime Delgadillo, University of Sheffield; Victoria Laker, Rotherham Doncaster and South Humber NHS Foundation Trust; Amy Southgate, Rotherham Doncaster and South Humber NHS Foundation Trust; Oliver Davis, Rotherham Doncaster and South Humber NHS Foundation Trust; Sarah Keeble, Rotherham Doncaster and South Humber NHS Foundation Trust

Background: Between 10-30% of healthcare professionals experience high levels of occupational burnout, and this increased beyond 50% during the COVID-19 pandemic according to international evidence. The Psychological Health Observatory developed and delivered digital health interventions to support NHS staff during 2020-21.

Methods: The UpLift Trials were two clinical evaluations of the efficacy of digital health interventions for burnout, which included 600 professionals working across 27 NHS and voluntary sector organisations. These interventions involved six online webinars and access to an interactive website designed to support coping skills practice. In Trial 1, participants were randomly assigned to either a CBT intervention or a Job Crafting intervention. In Trial 2, participants were assigned to Job Crafting or waitlist control. In both trials, participants completed measures of burnout (OLBI) at three time-points: (1) before starting; (2) after finishing the 6-week intervention; and (3) 6-months later. A measure of wellbeing (WEMWBS) was completed at time-points 1 and 3. Between-group differences in burnout and wellbeing were examined using analysis of covariance controlling for baseline severity.

Results: In Trial 1, both interventions were associated with improved burnout and wellbeing measures, with a slight advantage favouring CBT at six-months follow-up. In Trial 2, Job Crafting led to improvements in burnout and wellbeing relative to waitlist, with maintenance of improvements at 6 months follow-up.

Conclusions: Brief digital health interventions help to improve burnout and occupational wellbeing.

Can Mindfulness Based Cognitive Therapy for Life help staff build wellbeing and reduce mental ill health in workplace settings? An audit of outcomes from the South West of England.
Barney Dunn, University of Exeter; Yee Chong, University of Exeter; Daniel Kan, University of Exeter; Emma Thom, University of Exeter; Kay Octigan, University of Exeter

Introduction: There is an increasing recognition of the importance of investing in workplace wellbeing initiatives for staff to promote wellbeing and to reduce the burden of mental ill health in the workplace. One approach that can be taken is to offer staff access to mindfulness-based interventions. This talk will present findings of audits evaluating the implementation of Mindfulness Based Cognitive Therapy for Life in the South West of England for staff employed in the NHS, social care or police sector (via NHS wellbeing hubs) and for staff employed in a University setting. MBCT-L aims to develop the capacity to be resilient and thrive in everyday life and has been developed with the general population in mind (see Strauss et al., 2022).

Method and Results: A series of groups have been run for Devon wellbeing hub, Cornwall wellbeing hub, and at the University of Exeter over the past three years. A pre-post evaluation design was used, measuring change in wellbeing and mental health outcomes. Engagement with the intervention, participant views on the intervention, cost of the intervention, and associated value for money were also assessed. Therapist and organisational views on the intervention were also canvassed. These results will be presented, which overall demonstrate MBCT was acceptable to participants, was effective, was affordable, and was likely cost effective, broadly replicating prior trial results purely in NHS settings (Strauss et al., 2022).

Discussion: The ethical and logistical challenges of implementing an individual level wellbeing programme in organisational settings where the route causes of stress and poor mental health are not always being directly addressed and where there is limited willingness to invest in staff wellbeing options in a sustained way will be explored. Learning from therapists about how to maximise benefits from MBCT-L in that context will be shared.

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Developing an intervention to increase compassionate leadership in NHS Talking Therapies Services
Jenny Gravestock, University of Derby, UK

Background: Staff burnout in health and mental health services is a growing problem and one that has been linked to poor outcomes for staff, the service, and for patients (Health and social care committee, 2021). An initial scoping review identified a wealth of research demonstrating a significant association between leadership and staff burnout in mental health clinicians (Gravestock, 2022). The recommendation from the literature is often to provide leadership training to leaders, with a view to support staff wellbeing and reduce burnout. Most of the studies in this review were correlational, with very little experimental, longitudinal, or intervention-based research identified. The review concluded that it would be helpful for services to have access to evidence-based guidance and interventions that have been tested in a real-world clinical setting.

Method: Therefore, the Medical Research Council (MRC) guidance for developing complex interventions (Craig et al., 2008) was used to support the development of a leadership intervention, designed specifically for NHS Talking Therapies services. Phase 1 involved the development of an intervention that was informed by theory, existing research, and stakeholder engagement. A review of the literature was completed exploring three key databases, Psycinfo, Pubmed, and CINAHL. In addition, searches of the first three pages of Google, Google Scholar, and the reference lists of included articles were conducted. The two stage stakeholder engagement included local senior leaders and clinical leaders from NHS Talking Therapies services across the country.

Results: The initial stakeholder engagement and scoping exercise identified Compassionate Leadership as a potential model for the proposed intervention; this guided the literature review. The literature review included 53 articles and allowed for the identification of four key themes regarding barriers to compassionate leadership in clinical practice. A 27-page workbook was developed with a specific focus on compassionate leadership in NHS Talking Therapies.

Future research: Following MRC guidance, phase 2 will involve a feasibility trial to explore whether the intervention is helpful, acceptable, and viable when implemented in a real-world clinical setting. Potential areas of concern will be specifically targeted, and the findings will be used to further develop the intervention.

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New strategy that supports staff wellbeing in NHS talking therapies services
Josef Landsberg, Oxford Health NHS Foundation Trust; Claire Herbert, Oxford Health NHS Foundation Trust

In the face of increased workplace pressures during the pandemic, the NHS Talking Therapy services in Berkshire, Oxfordshire, Buckinghamshire and Milton Keynes worked together on a Model Staff Wellbeing Strategy to maintain good workplace wellbeing and support sustainable services for patients.
The strategy, funded by NHS England and supported by AHSN's Anxiety and Depression Network, sets out how any NHS Talking Therapy service can adopt or adapt the wealth of evidence-based approaches to the needs of its own staff using a range of suggested practical actions. It comprises four strategic aims:
1.   Leading with compassion
2.   Managing collaboratively
3.   Team-working effectively
4.   Belonging for, and by, all
The strategy has been designed by and for NHS Talking Therapy staff, drawing on many workplace conversations with a compassionate approach to service leadership and management that reflects the NHS People Promise and that places "a clear and prevailing emphasis on influencing, managing and leading a workplace towards one which systemically and systematically creates, promotes and maintains good staff wellbeing".
The Model Strategy, launched in November 2022, is accompanied by a series of thematic discussion documents and case study examples from the Thames Valley's Talking Therapy services to inform and inspire any Talking Therapy service. It may also be of interest and relevance to other mental health service workplace settings and wider healthcare services.
References
https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/
https://bit.ly/IAPTwellbeing

Psychological treatments for suicidality and self-harm

Chair: **Fiona Lobban,** *Lancaster University*

Understanding carers' perspectives of supporting friends and family members who have experienced suicidal behaviour
Paul Marshall, Lancaster University

Introduction: Carers often represent important sources of support for people who experience suicidal behaviour and are well placed to contribute to suicide prevention approaches. This talk provides an overview of a PhD research project which used a range of qualitative evidence sources to understand carers' lived experiences in this context, with a particular focus on suicidal behaviour in psychosis.

Method: This talk draws on insights derived from a systematic review of qualitative research into caregiving in the context of suicidal behaviour, a qualitative analysis of peer-to-peer communications on an online forum for carers of people with psychosis and bipolar disorder, and in-depth individual interviews with carers of people with psychosis.
Results: Carers' perspectives are discussed with reference to the concepts of uncertainty and responsibility. Carers experience a disempowering sense of uncertainty around what has caused suicidal behaviour, what they can do to reduce the likelihood of its recurrence, and where to go for appropriate support to mitigate this risk. This uncertainty can act as a barrier to meeting the heavy responsibility for keeping friends and family members safe, a responsibility that is negotiated with health services during and after instances of

suicidal behaviour. The unusual experiences characteristic of psychosis present some carers with additional barriers to understanding and responding to risk.

Discussion: While many carers provide vital support to friends and family members who experience suicidal behaviour, impact on their own wellbeing is significant and their desires for recognition and assistance from health services often go unmet. This talk concludes by reflecting on ways in which friends and family members can be better supported to understand and respond to suicidal behaviour.

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The Mental Imagery for Suicidality in Students Trial (MISST)

Jasper Palmier-Claus, Lancaster University; Paula Duxbury, GMMH NHS Foundation Trust; Jane Moorehouse, GMMH NHS Foundation Trust; Eirian Kerry, GMMH NHS Foundation Trust; Peter Taylor, University of Manchester

Background: Going to university can be a time of significant challenge and stress. There are growing concerns about mental health amongst student populations including suicide risk. Student mental health services have the potential to prevent suicide, but evidence-based therapies are required that fit these service contexts. MISST (the Mental Imagery for Suicidality in Students Trial) aims to evaluate a brief, positive imagery based therapy (Broad Minded Affecting Coping; BMAC) designed for students at risk of suicide. This feasibility trial aims to determine the acceptability of this intervention and the feasibility of evaluating this approach within a larger efficacy trial.

Method: A feasibility randomised controlled trial design, with 1:1 allocation to risk assessment and enhanced signposting plus BMAC, or risk assessment and enhanced signposting alone. Participants are students who have experienced suicidal ideation or behaviour in the past three months. Assessments take place as baseline, 8, 16 and 24 weeks. A subset of participants are being interviewed to provide a more in depth investigation of their experiences of the therapy and being in the trial.

Results: In this talk we will present preliminary data from this ongoing trial including baseline sample characteristics and initial feasibility data. Initial data arising from the qualitative interviews will also be presented where available.

Discussion: The talk will consider the potential impact of this research within the wider landscape of brief psychological interventions for student mental health and suicide prevention.

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Development and articulation of the 'Prevention of Suicide Behaviour in Prison: Enhancing access to Therapy' (PROSPECT) logic model

Rebecca Crook, University of Manchester; Charlotte Lennox, Division of Psychology and Mental Health, University of Manchester, UK; Dawn Edge, Division of Psychology and Mental Health, University of Manchester, UK; Sarah Knowles, Knowledge Mobilisation Centre for Reviews and Dissemination, University of

York, UK; David Honeywell, School of Criminal Justice, Arden University, UK; Yvonne Awenat, Division of Psychology and Mental Health, University of Manchester, UK; Daniel Pratt, Division of Psychology and Mental Health, University of Manchester, UK

In the 12 months to December 2021 there were 86 self-inflicted deaths in custody recorded in England & Wales, a 28% increase from the previous 12 months (Ministry of Justice, 2023). The relative risk of death by suicide in male prisoners across the world is about 3-6 times that of the general population (Fazel et al, 2016). PROSPECT is a programme of work comprising four distinct but interrelated Work Packages that aims to increase access to a Cognitive Behavioural Suicide Prevention therapy (CBSP; Tarrier et al, 2013) for men in prison who are at risk of suicide. Based on evidence from the pilot trial (Pratt et al, 2015) delivery of CBSP needed to be refined to meet the complex needs of patients in prison. CBSP is a complex intervention being delivered by healthcare professionals within a prison environment, as such, it also required a logic model to articulate how the intervention is perceived to bring about its outcomes.

Stakeholders with relevant experiences of delivering psychological interventions in a prison environment, or with lived experience of accessing mental health care in prison were interviewed. The integrated-Promoting Action on Research Implementation in Health Services framework (Harvey and Kitson, 2016) was utilised to identify how CBSP needed to be tailored for implementation in prison, by exploring four key factors: facilitation, innovation, recipients, and context. The MRC framework for developing and evaluating complex interventions also guided our approach.

The PROSPECT logic model (V.1) and corresponding programme theories were produced to understand potential barriers and facilitators to implementing CBSP in the prison environment. The logic model and related theories of change include information around five areas that need to be considered for successful implementation: Trust, willingness and engagement; Readiness and ability; Assessing the participant and building a formulation; Therapists delivering the 'change work' stage of CBSP, face-to-face in the prison environment; and Integration and onward care.

These outputs are now being used to implement the intervention in the multi-site randomised control trial (Work Package 3) of the PROSPECT programme. The logic model is being evaluated as part of the concurrent process evaluation (Work Package 4), where findings will produce the next iteration of the model and related programme theories on how to implement a talking therapy for men in prison who are at risk of suicide.

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Relational Approach to Treating Self-Harm (RelATe): A Feasibility Study of Cognitive Analytic Therapy for People who Self-Harm

Isabel Adeyemi, Greater Manchester Mental Health NHS Foundation Trust; Stephen Kellett, Rotherham, Doncaster, and South Humber NHS Foundation Trust

Introduction: Self-harm is a significant clinical concern given the association with distress, and subsequent risk of emotional difficulties and suicide. Accessing psychological help for people who self-harm can often be challenging. There is a need for brief, evidence-based interventions that target self-harm that can fit into community-based psychology services. Cognitive Analytic Therapy (CAT) is a widely used relational approach that has real potential as an intervention for people who self-harm. Whilst research so far supports CAT as a treatment for a variety of mental health difficulties, research into its suitability for adults who self-harm is still preliminary. A key next step is to ascertain whether larger clinical trials of CAT for adults who self-harm could be feasibly undertaken. The primary aim of this project is to ascertain the feasibility of evaluating an 8-session CAT intervention for adults (aged 18 years and older) who self-harm within community mental health services. Key feasibility uncertainties will be resolved concerning recruitment, attrition, definition of Treatment As Usual (TAU), trial design and assessment.

Method: Adults (aged 18 years and older) who have experienced three or more episodes of self-harm in the past year will be recruited from community mental health services, including stepped care and psychotherapy services, in Manchester and South Yorkshire (Rotherham, Doncaster, South Humber). Following a baseline assessment, participants will be randomly allocated to receive CAT plus TAU or TAU alone. There will be follow-up assessment at 12 weeks and 18 weeks post-randomisation. Information on engagement with therapy, attrition, and safety will be recorded throughout. Qualitative interviews will also be undertaken with participants and other key stakeholders (service managers, clinicians) to further investigate feasibility and implementation issues.

Results: The trial has opened to recruitment. This talk will outline the rationale for the trial and provide preliminary results pertaining to feasibility.

Discussion: RELATE will ascertain the feasibility of evaluating brief CAT as a intervention for adults who self-harm. The results will help us determine if a larger definitive trial is warranted, as well as informing the design of this trial.

Community Outpatient Psychotherapy Engagement Service for Self-harm (COPESS): A feasibility trial
Pooja Saini, Liverpool John Moores University; Peter Taylor, University of Manchester; Caroline Clements, University of Manchester; Anna Hunt, Liverpool John Moores University; Catherine Mills, Mersey Care NHS Foundation Trust; Mark Gabbay, University of Liverpool

Background: People who self-harm (SH) are at high risk for future suicide and often suffer considerable emotional distress. Depression is common among people who SH and may be an underlying driver of SH behaviour. Readily accessible brief talking therapies show promise in helping people who SH, but further evaluation of these approaches is needed. The Community Outpatient Psychological Engagement Service for Self-Harm (COPESS) is a brief talking therapy intervention for depression and SH. This study aims assess the feasibility of conducting a trial of the COPESS intervention in a community setting in relation to participant recruitment and retention.

Method: This study was a mixed-method evaluation of a single-blind randomised controlled trial (RCT) will determine the acceptability and safety of the COPESS intervention, for people with depression who self-harm. People were randomised 1:1 to receive either COPESS plus treatment-as-usual (TAU) or TAU alone. Individuals aged >16 years who had depression and self-harmed in previous six months were included. Recruitment took place via GP practices.

Results: Findings indicated that COPESS was both acceptable and feasible. Primary care and COPESS therapists based in a mental health trust reported the intervention fitted and complemented existing services, and patients reported that they favoured the rapid, self-harm focused, person-centred approach of the intervention. Qualitative interviews were completed with participants, therapists, and primary care staff.

Conclusions: All progression criteria were met supporting further evaluation of the intervention in a full-scale clinical effectiveness trial. COPESS has potential as a brief primary-care based intervention for those struggling with SH.

Low intensity psychological interventions for eating disorders: where are we and where should we be going?

Chair: *Emily Davey, UCL Great Ormond Street Institute of Child Health*

Bringing CBT-based guided self-help back onto the menu for treating eating disorders
Glenn Waller, University of Sheffield

Guided self-help for eating disorders (GSH-ED) is recommended as the first-line therapy for most individuals with non-underweight eating disorders (NICE, 2017). However, it is rarely offered in an evidence-based way that is flexible to the patient's response, as recommended. Given the need to deal with very substantial waiting lists, it is appropriate to reconsider the use of low-intensity interventions such as guided self-help as a viable option. This presentation will begin by presenting the outcomes of a randomised controlled trial,

demonstrating the value of an updated version of CBT-based GSH-ED relative to individual therapy. It will then detail how that therapy is now being rolled out in two national training programmes.

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A Guided Digital Self-Help Form of Enhanced Cognitive Behaviour Therapy
Rebecca Murphy, University of Oxford; Charandeep Khera, Newcastle University; Emma Osborne, University of Oxford; Christopher Fairburn, University of Oxford

Unfortunately, only a minority of people with eating disorders receive psychological treatments and this treatment gap has increased post-pandemic. Programme-led treatments, where the intervention is delivered by the programme rather than the therapist (self-help), offer the opportunity to increase access to treatment. Digital versions of these programmes can provide additional benefits in terms of personalisation and engaging interactivity.

Digital CBTe is a novel self-help programme, available as a smartphone app and website, for people with bulimia nervosa and binge eating disorder. It is closely derived from Enhanced Cognitive Behaviour Therapy (CBT-E) for eating disorders and its associated printed self-help programme (Overcoming Binge Eating). This digital programme has been adapted to the needs of individuals with these disorders through usability testing and has been through several iterative cycles of development.

A recent proof-of-concept study of the latest version of Digital CBTe, accompanied by brief supportive sessions from a non- specialist ("guidance"), has shown that it is well accepted and appears to have a positive impact on binge eating and other eating disorder psychopathology. The addition of guidance appears to improve adherence and outcome compared to its delivery in pure self-help form, although further studies are needed to evaluate the clinical and cost effectiveness of this treatment.

Guided self-help for recent onset binge/purge eating disorders: Use and outcomes in the FREED Network
Karina Allen, South London and Maudsley NHS Foundation Trust; Ulrike Schmidt, King's College London; Katie Richards, King's College London; Lucy Hyam, King's College London; Regan Mills, King's College London

Introduction: Guided self-help CBT (GSH) is the recommended first-line treatment for bulimia nervosa and binge eating disorder. Guided self-help seems particularly well-suited to early intervention, as it may facilitate rapid access to care and be sufficient to promote full recovery in patients with recent onset symptoms. Despite this, GSH has not been systematically studied in early intervention eating disorder samples. First episode Rapid Early intervention for Eating Disorders (FREED) is an early intervention model for 16-25 year olds with an eating disorder of <3 years duration, which has been rolled out to all NHS-England eating disorder services. This study aimed to (a) evaluate the use of GSH in FREED services and (b) examine outcomes from GSH in FREED patients. Method: Data were drawn from 47 FREED services. There were 4,700 FREED patients assessed from June 2018-January 2023, with 1,898 (40%) meeting criteria for a binge/purge eating disorder (bulimia nervosa, atypical bulimia nervosa, binge eating disorder, purging disorder, or a related Other Specified Feeding or Eating Disorder) and thus being eligible for GSH. Of these 1,898 patients, n=944 (50%) started treatment by March 2023 and were included in this study. Results: 17% of FREED patients with a binge/purge eating disorder were offered GSH (n=163/944), vs. 24% offered CBT-T (n=225) and 52% (n=488) a longer form of CBT for eating disorders (CBT-E/CBT-ED). Patients offered GSH had a significantly higher mean Body Mass Index at baseline than patients offered CBT-T or CBT-ED, and a significantly greater number of mean binge eating episodes. There were no significant baseline differences in age, waiting time for treatment, purging episodes or global Eating Disorder Examination-Questionnaire scores. Treatment non-completion was low across all groups (~20% non-completion). Mean binge eating episodes/month reduced significantly with GSH, with a large effect size, and with similar effects to CBT-T and CBT-ED. There were high rates of missing data for questionnaire outcomes, but improvements were similar

across GSH, CBT-T and CBT-ED. Fewer than 5% of GSH patients were stepped up to a longer form of CBT. Discussion: Guided self-help shows positive effects in this sample of emerging adults with a recent onset binge/purge eating disorder. Outcomes appear comparable to longer forms of CBT. Greater use of GSH may support timely access to evidence-based eating disorder treatment.

Improving programme-led and focused interventions for eating disorders: an experts' consensus statement
Emily Davey, UCL Great Ormond Street Institute of Child Health; Roz Shafran, UCL Great Ormond Street Institute of Child Health; Eating Disorders Consensus Consortium

Objective: Eating disorders are associated with significant illness burden and costs, yet access to evidence-based care is limited. Greater use of programme-led and focused interventions that are less resource-intensive might be part of the solution to this demand-capacity mismatch.
Method: In October 2022, a group of predominantly UK-based clinical and academic researchers, charity representatives and people with lived experience convened to consider ways to improve access to, and efficacy of, programme-led and focused interventions for eating disorders in an attempt to bridge the demand-capacity gap.
Results: Several key recommendations were made across areas of research, policy, and practice. Of particular importance is the view that programme-led and focused interventions are suitable for a range of different eating disorder presentations across all ages, providing medical and psychiatric risk are closely monitored. The terminology used for these interventions should be carefully considered, so as not to imply that the treatment is suboptimal.
Conclusions: Programme-led and focused interventions are a viable option to close the demand-capacity gap for eating disorder treatment and are particularly needed for children and young people. Work is urgently needed across sectors to evaluate and implement such interventions as a clinical and research priority.

The role of sleep in preventing and improving adolescent mental health difficulties.
Chair: **Rebecca Rollinson,** *Norfolk and Suffolk NHS Foundation Trust, UK*

Sleep as a target for improving mental health in young people; examining the causal relationship
Faith Orchard, University of Sussex

There is increasing evidence that sleep plays a crucial role in youth mental health. This presentation briefly outlines three recent studies which provide support for a potential causal relationship between sleep, anxiety and depression in young people.
First, a longitudinal study from the ALSPAC cohort will present evidence that sleep disruption in mid-adolescence is a significant predictor of anxiety and depression in later adolescence and early adulthood (Orchard et al., 2020).
Data were explored from a subset of participants (aged 15 years) who completed self-report measures of sleep patterns and quality, and anxiety and depression (N = 5,033). Results showed that a range of sleep variables at age 15, including total sleep time on school nights, predicted the severity of anxiety and depression symptoms and the diagnoses of anxiety and depressive disorders at age 17, 21 and 24 years.
Second, two meta-analytic studies will be presented examining whether psychological sleep interventions can have benefits for anxiety (Staines et al., 2022) and depression (Gee et al., 2019).
Gee et al. (2019) carried out a systematic search for randomised controlled trials (RCTs) of non-pharmacological sleep interventions that measured depression symptoms as an outcome. Forty-nine trials (n=5908) were included in a random effects meta-analysis. Results indicated that sleep interventions had a moderate effect on depression, and a large effect in participants with mental health problems.
Staines et al. (2022) conducted a systematic search to identify all RCTs investigating non-pharmacological sleep interventions which included anxiety symptoms as an outcome. Forty-three RCTs (n = 5945) were included in a random effects meta-analysis model. This study also revealed a moderate effect on anxiety.

However, both reviews revealed a substantial lack of research with young people, highlighting the importance of more work evaluating the effect of sleep interventions on mental health in young people. Finally, the presentation will provide an overview of a recently funded research project which will conduct a pilot RCT of a CBT-informed sleep workshop, with a view to improve both sleep and depression. The study will also collect data on potential cognitive mechanisms that may underpin the relationship between sleep and depression, helping to further understand the nature of a possible causal relationship, and how best to improve sleep and mental health for young people.

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Developing an online single session intervention targeting sleep in young people: User experiences

Maria Loades, University of Bath; Ananya Maity, University of Bath; Angela Wang, Rutgers University; Melissa Dreier, Rutgers University; Faith Orchard, University of Sussex; Jessica Hamilton, Rutgers University

Introduction: Sleep problems are prevalent in young people. Addressing these is important as sleep problems are associated with daytime sleepiness, poor daytime functioning and reduced academic performance, as well as mental health problems. Cognitive behavioural therapy for insomnia (CBT-I) has been found to be effective at reducing sleep problems and mental health symptoms, including depression (Zetterqvist et al., 2021). Nevertheless, issues with accessibility and engagement remain. For example, in Zetterqvist et al's (2021) trial for internet-based CBT-I, participants attended an average of just over half of the sessions. Thus, there is a clear need for more accessible, brief interventions for young people with sleep problems. Brief, single session interventions (SSI) can be just as effective for as longer interventions (Schleider et al., 2021; Schleider & Weisz, 2017).

Method: We developed an online SSI for young people self-identifying as having sleep problems, based on behavioral principles within CBT-I and structured according to B.E.S.T. principles (Schleider et al, 2020). We explored the user experience of the prototype SSI in a small sample of young people (n = 11, 16-19 year olds in the UK), who were interviewed using think-aloud techniques. Data was analysed with reflexive thematic analysis.

Results: Participants found the intervention helpful for sleep. Four themes were generated - 'Educative: Learning, but more fun', 'Effortless: Quicker and Easier', 'Personalization: Power of Choice', and 'Positivity: Just Good Vibes'. The theme 'Educative: Learning, but more fun' encompassed two sub-themes 'Opportunity to Learn' and 'Aesthetics and Learning'. These themes reflected participants' views that the intervention was educative, personalised, solution-oriented and easy to use, but could incorporate more graphics and visuals to aid in learning and could be made more effortless and positive through modifications to its design.

Conclusions: Findings convey the importance of ensuring educative well-designed content, personalization, a positive tone, and ease of use while designing interventions targeting young people's sleep and mental health. They also indicate areas for further developing the intervention.

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Supported digital treatment of sleep for children referred to specialist child and adolescent mental health services (CAMHS).
Paul Stallard, University of Bath

Introduction: Poor sleep and insomnia are common amongst adolescents with mental health problems. However, sleep problems are rarely directed treated within specialist child and adolescent mental health services (CAMHS) and the benefits of improving sleep on adolescent mental health are not well documented.
Method: Adolescents, aged 14-17 were offered a six session, digital, supported cognitive behaviour therapy for insomnia (CBTi). Digital sessions were augmented by brief (up to 15 minute) weekly support calls from a trained Sleepio coach designed to maintain engagement, signpost content, explain techniques and facilitate implementation. In the first study, the intervention, Sleepio, was offered to 39 adolescents attending specialist CAMHS alongside their mental health intervention. In the second, 75 adolescents accepted by CAMHS were offered Sleepio before receiving a mental health intervention.
Results: CBTi was acceptable, programme completion rates were good, and resulted in post-intervention improvements in mood and sleep and reductions in anxiety. In the second study, 55% of those who completed Sleepio did not require any further mental health interventions from CAMHS.
Conclusions: Although these pragmatic studies had methodological shortfalls these results are encouraging. Given the significant demands upon specialist CAMHS, these results suggest that supported digital CBTi might offer a novel, acceptable and an effective way of improving the sleep and mental health of adolescents.
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Training non-expert practitioners to deliver a sleep intervention in NHS youth mental health services: a service evaluation
Rebecca Rollinson, Norfolk and Suffolk NHS Foundation Trust; Amber Cole, Norfolk and Suffolk NHS Foundation Trust; Brioney Gee, Norfolk and Suffolk NHS Foundation Trust and University of East Anglia; Ioana Tofan, Norfolk and Suffolk NHS Foundation Trust; Adam Graham, Norfolk and Suffolk NHS Foundation Trust; Tim Clarke, Norfolk and Suffolk NHS Foundation Trust

Introduction: Young people accessing mental health services have a high risk of concurrent sleep difficulties that often exacerbate mental health difficulties and can hinder engagement with available support. Sleep difficulties are often unrecognised and untreated in routine services however. Following a successful pilot (Rollinson et al., 2021), this study reports on a program of work to embed a sleep intervention within a secondary care, youth mental health service across two counties.
Method: Eleven assistant psychologists working across eight youth mental health teams were trained and supervised to deliver a six session, 1:1 sleep intervention (The Better Sleep Programme). The intervention is based on CBT for insomnia approaches but adapted to be appropriate for young people with mental health difficulties. Most sessions (88%) were delivered remotely. Outcome measures reflecting insomnia (Insomnia

Severity Index), psychological distress (CORE and RCADS) and personal goals (Goal Based Outcome Measures) were collected at baseline, session 3, final session and 4 weeks post-intervention.

Results: A high referral rate was seen (222 referrals in an 11 month period), with a high take-up of the intervention (82.82%) and high intervention completion rates (70%). High insomnia severity was seen at baseline (ISI mean 20.47, SD 3.68) alongside poor sleep efficiency (56.36%, SD 17.23). Outcomes for the 56 young people (average age 19.2 years) that completed the intervention and all measures, showed statistically and clinically significant improvement across all measures. Sixty-eight per cent, (n=38) no longer met clinical threshold for insomnia on the ISI by the end of the intervention.

Conclusions: The high acceptability and engagement rates and high baseline scores reflect the level of need for sleep work in this clinical population. The clinical outcomes reflect the potential impact and feasibility of providing this intervention at scale. A brief outline will be shared of a program of work that is underway within Norfolk and Suffolk NHS Foundation Trust that seeks to improve access to effective help for sleep across the wider youth mental health system.

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New approaches to mental health treatment development: Accelerating the testing of new therapies

Chair: *Chris Taylor, Pennine Care NHS Foundation Trust & The University of Manchester*

Efficient trials designs in mental health: opportunities and challenges

Richard Emsley Department of Biostatistics and Health Informatics, Institute of Psychiatry, Psychology and Neuroscience, KCL

Patients and the NHS need better and more cost-effective randomised trials. These are the 'gold standard' way of seeing if a new treatment works or not, and take years of effort involving lots of patients and funding. However, around half of trials fail to show that the new treatment is better than what it is being compared with. In cancer, this problem has been recognised. They use trial designs which test multiple treatments, and find out quicker answers to more questions. These 'efficient trials' are able to involve patients at a faster rate and to improve the chances of patients receiving a treatment that works. In mental health, the whole toolbox of trial designs is not being used. Sometimes there are valid reasons for this, but sometimes it is simply that researchers do not know about them – this talk will expand on the concept of 'efficient trials' in mental health, and present the opportunities and challenges to using these.

Accelerating the development of a psychological intervention to restore treatment decision-making capacity in patients with schizophrenia-spectrum disorder: a multi-site, assessor-blinded, pilot Umbrella trial (the DEC:IDES trial)

Paul Hutton, School of Health & Social Care, Edinburgh Napier University & NHS Lothian

Introduction: Evidence-based psychological interventions to restore and support the treatment decision-making capacity ('capacity') of people with psychosis are lacking. Our aim was to accelerate their development by conducting, for the first time in mental healthcare, the feasibility, acceptability and safety of running an 'Umbrella' trial. This involved running, concurrently and under one multi-site infrastructure ('DEC:IDES'), multiple randomised controlled 'interventionist-causal' trials, each of which were designed to examine the effect on capacity of improving a single psychological mechanism.

Methods: We did 3 assessor-blind randomised controlled pilot trials to assess the effect on capacity of people with psychosis (aged 18-65 and judged to lack capacity) of 6 sessions of manualised psychological therapy designed to address either self-stigma, low self-esteem or the jumping-to-conclusions (JTC) bias, when compared to an attention control (6 sessions of collaborative assessment alone). Interventions were

based on cognitive therapy and metacognitive training. After assessment, participants were allocated to a trial depending on their presenting mechanism(s), and then randomly allocated to treatment or control. Post-treatment and follow-up assessments were at 8 and 24 weeks. Primary outcomes were feasibility of recruitment and data retention rates on the MacArthur Competence Assessment Tool-Treatment (MacCAT-T; planned primary outcome for a future trial) at end-of-treatment. Effect sizes (Hedges' g) with 95% confidence intervals (CI) were calculated for all outcomes. Safety was comprehensively assessed. DEC:IDES was pre-registered (clinicaltrials.gov, NCT04309435).

Results: From Jan 2021 to Oct 2022, 57 participants were recruited, with 60 randomisations to treatment or control (3 people took part in 2 trials). 25, 23 and 12 individuals participated in the self-stigma, JTC and self-esteem trials, respectively. MacCAT-T completion rates were 88%, 78% and 75%. No assessors were unmasked. Efficacy and safety outcomes will be presented.

Discussion: The findings demonstrate the feasibility of performing an Umbrella trial in a mental health context. Wider application could accelerate intervention development for other mental health conditions. Results suggest many people with psychosis are willing and able to collaborate with professionals to try to regain their capacity to make their own treatment decisions.

Demonstration of a leapfrog trial as a method to accelerate treatment development in mental health
Simon Blackwell, Ruhr-Universität Bochum; Felix Schönbrodt, Ludwig-Maximilians-Universität München, Germany; Andre Wannemüller, Ruhr-Universität Bochum, Germany; Marcella Woud, Ruhr-Universität Bochum, Germany; Jürgen Margraf, Ruhr-Universität Bochum, Germany

Introduction: Given the scale of the global mental health burden we need much more time- and resource-efficient methods for the development, testing, and optimization of mental health treatments. The 'leapfrog' trial design (Blackwell et al., 2019) is a newly-developed simple Bayesian adaptive trial design with potential to accelerate treatment development. We aimed to conduct a first leapfrog trial to provide a demonstration and test feasibility (Blackwell et al., 2022).

Method: The leapfrog design was applied to a cognitive training intervention aiming to reduce anhedonia, imagery cognitive bias modification (CBM), delivered via the internet over 4 weeks. Ongoing sequential Bayesian analyses were used to eliminate and replace arms, or to promote them to become the control condition based on pre-specified Bayes factor and sample size thresholds. The trial started with 3 arms (a control condition and 2 imagery CBM variants), and 2 further arms (additional imagery CBM variants) were added as the trial progressed. The trial was pre-registered at clinicaltrials.gov (NCT04791137).

Results: At the end of the trial (N = 188 randomized participants), one version of the imagery CBM remained as the 'winner', i.e. the version most successful in reducing anhedonia, following sequential elimination of other trial arms. All features of the leapfrog design were successfully implemented and no feasibility issues identified.

Discussion: The study demonstrates feasibility of the leapfrog design and provides a foundation for its broader adoption as a means for more rapid development and optimization of treatments in mental health such as CBT.

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The use of a novel umbrella trial methodology to deliver randomised controlled trials of psychological interventions in psychosis: opportunities and challenges
Amanda Woodrow, Ediburgh Napier University & NHS Lothian

Psychological intervention development is often a lengthy process with significant associated costs. The adoption of novel methodologies such as umbrella trials represent opportunities for significant cost and time savings. Umbrella trials involve running concurrent parallel RCTs within one trial infrastructure, reducing the resource required for setup and ongoing trial conduct, as well as enabling participants to be screened for multiple inclusion criteria within single assessment sessions. Two recent umbrella trials involving adults with psychosis have been conducted in Scotland and England, and this presentation will discuss the advantages and challenges of operationalising umbrella trial designs in multi-site studies.

Personal recovery and functioning across the lifespan in bipolar: psychological factors and therapy innovations

Chair: **Steven Jones,** Lancaster University

What influences personal recovery in the moment? An experience sampling study
Barbara Mezes, University of Liverpool

Background: Personal recovery (PR) is distinct from the concept of 'clinical recovery', which solely focuses on symptom reduction and relapse prevention. PR is an idiosyncratic process emerging from the unique experience of a service user and it includes components, such as accepting mental health problems and living a meaningful life despite the challenges caused by the condition. PR has been described as a journey with ups and downs. This fluctuation may be especially existent for people with bipolar disorder (BD), where residual symptoms often persist and negatively affect individuals' abilities to adapt to day-to-day living. Research to date, has shown that certain psychosocial factors play important roles in personal recovery in BD both concurrently and longitudinally. However, it is not yet known whether these factors also influence individuals' experiences of PR in-the-moment. Methods: Experience Sampling Methodology was used, which allows getting an 'in-the-moment' account of individuals' subjective experience and contextualising this in terms of psychological, social, and environmental factors. Thirty-six participants with confirmed research diagnosis of BD took part in an experience sampling study, where participants were asked to complete a set of questionnaires ten times a day for a seven-day period. Results: Fluctuation in personal recovery and associations between PR and mood, activity related and social stress, positive and negative self-appraisals, and response style to depressive mood will be presented. Conclusion: Future research directions and clinical implications, i.e. potentials to use of ESM methodology in clinical practice, will be outlined.

What are the core features of personal recovery in bipolar?
Steven Jones, Lancaster University; Zoe Glossop, Lancaster University

The bipolar recovery questionnaire (BRQ) was developed a decade ago to provide a quantitative tool to assess people's experiences of personal recovery. The measure was co-developed with experts by experience and explicitly designed to tap into people's subjective perception of their personal recovery. Previous research has shown that BRQ explains unique variance beyond that captured by measures of symptoms or functioning alone. Although BRQ has been adopted internationally in a range of outcome studies in bipolar, it is still unclear what the core aspects of recovery are within this measure and how these might interrelate. This talk will report on a network analysis of data from 394 people with bipolar collected across four outcome studies. It will highlight the network structure of personal recovery based on BRQ including key items, communities and primary nodes within the data. The results of this work will discussed with respect to understanding of personal recovery in bipolar and implications for theory and practice.

Psychosocial Predictors of High Functioning in Bipolar Disorder
Nadia Akers, University of Manchester

The Bipolar Disorder (BD) literature has predominantly focused on impaired social and occupational functioning. However, there is evidence to suggest that a proportion of people with bipolar are functioning at a higher level, although this is little understood. Despite consideration of mood, clinical and demographic characteristics with respect to functioning impairment, there is a gap in the literature regarding how these factors might predict higher functioning and changes to functioning level over time. This presentation will outline a study which aimed to increase understanding of how social and occupational functioning varies over time in people with a diagnosis of BD and identify potential psychosocial determinants of functioning trajectory. A large longitudinal dataset of 304 euthymic individuals with a BD diagnosis was used for analysis, originally collected in a randomised controlled trial assessing the effect of group psychoeducation compared to group peer support. Although there was a range of functioning within the sample, overall, the group was functioning well. Clinical characteristics were not seen to predict functioning, however people with fewer fluctuations in mood were seen to display a more stable trajectory of functioning over time. Additionally, certain demographic characteristics were seen to be associated with higher functioning and a stable trajectory of functional level over time, which will be discussed. This presentation aims to highlight the potential for individuals with a diagnosis of BD to maintain successful and stable functioning alongside their mood experiences.

What does it mean to age well with bipolar disorder? A qualitative study using photo elicitation
Aaron Warner, Lancaster University

Introduction: There is a lack of research qualitatively exploring the experiences and needs of older adults with bipolar disorder. Consequently, our knowledge of what is important to this group as they age and how best to support them is limited and needs to be addressed. This study explores what is important to older adults with bipolar disorder and what contributes to them ageing well in later life.
Methods: Older adults with bipolar disorder took photographs of aspects of their lives they felt represented ageing well. They then completed audio-recorded photo elicitation interviews to explore what it meant to age well with bipolar disorder in detail. Data was analysed using reflexive thematic analysis.
Results: 17 participants met the criteria for bipolar disorder I or II. The analysis resulted in four key themes to ageing well with bipolar disorder: 1) Lifelong learning – referring to how participants accumulated a wealth of knowledge about bipolar disorder and used this to maintain stability in later life 2) Finding where you belong – relating to how participants prioritised finding new communities, utilised family support and refined their support networks over time to age well 3) Recognising your value and worth – which involved participants using their strengths and experiences to support others 4) Continuity of support – older adults with bipolar disorder highlighted the benefits of continuous support that allowed them to be actively involved in their treatment.
Conclusions: Participants ageing with bipolar disorder identified unique challenges indicating that services require adaptation to meet their needs and support them to age well. Findings suggested that services should provide continuous care that allows this group to actively engage with their treatment, build upon their strengths, and develop meaningful connections with professionals. This approach may enhance the support offered to older adults with bipolar disorder and reduce the inequalities they experience.

Recovery focused therapy for older people with bipolar disorder
Elizabeth Tyler, University of Manchester

Despite increasing evidence for the effectiveness of individual psychological interventions for bipolar disorder, research for older adults is lacking. Recovery focused therapy for older adults with bipolar disorder (RfT-OA) is a 14-session individual intervention, tailored to meet the specific needs of this client group. It was adapted through a review of current literature in the area and consultation with service users. Once adapted, RfT-OA was tested out using a parallel two- arm randomised controlled treatment design to determine the feasibility and acceptability of RfT-OA plus treatment as usual (TAU) compared with TAU. Participants (N=39) were recruited in the North-West of England via primary and secondary mental health services and through

self-referral. Participants in both arms completed assessments at baseline and then every 12 weeks during the 48-week follow-up period. The presentation will focus on the development of the RfT-OA intervention and the findings from the research trial.

The evidence base and developing guidance for the delivery of psychological interventions in Wales

Chair: *Andrea Gray, Improvement Cymru, Public Health Wales*

Matrics Cymru: Guidance for Delivering Evidence-Based Psychological Therapy in Wales: Development and Learning
Jane Boyd, Cardiff and Vale University Health Board; Benna Waites, Aneurin Bevan University Health Board

Matrics Cymru is the result of collaborative working between service user and carer representatives of the National Mental Health Forum, Psychological Therapies Management Committees of the seven health boards in Wales, Welsh Government, the National Psychological Therapies Management Committee and Public Health Wales. Its aim was to provide guidance to help build effective, equitable and accessible psychological therapy services across Wales. Matrics Cymru is based significantly upon the work of the Scottish Matrix. It incorporates learning from the Improving Access to Psychological Therapies programme in England and standards from the Royal College of Psychiatrists/British Psychological Society collaboration in relation to service delivery.
It is a structured guide to assist planning and delivering evidence-based psychological therapies within local authorities and health boards in Wales, including commissioned third sector and independent sector services. Matrics Cymru sets national standards across six key elements of service delivery to support education, training and workforce development alongside evidence tables that offer guidance on the safe and efficient delivery of effective, evidence-based care. It also provides guidance for capacity management, workforce re-design and advice on governance issues and its implementation was supported by a national plan for delivery.
This presentation will describe the development of the guidance and lessons learning both during its production and subsequently.

Matrics Cymru: Service user voice and choice
Rhiannon Thomas, Service User represenatative

Matrics Cymru defines psychological therapies in the following way:
'Psychological therapies are treatments and interventions that are derived from specific psychological theories and formulated into a model or treatment protocol. Psychological therapies are delivered in a structured way over a number of sessions by a suitably qualified practitioner, with informed consent from the service user or where a service user lacks capacity to consent to therapy, it may be contracted on their behalf after an assessment of what is in their best interests.
Psychological therapies help people understand and make changes to their thinking, behaviour, feelings or relationships in order to relieve distress and to improve their functioning, wellbeing and quality of life and are mediated by the therapeutic relationship. The quality of the relationship between therapist and service user is an essential component in the delivery of effective psychological interventions'.
Matrics Cymru has a dedicated appendix titled 'Service user perspective on therapeutic relationships', this appendix concludes:
'Relationship is crucial to therapy. Upon it, hinges whether a client chooses to stay in or leave therapy, whether they are able to disclose sensitive issues to the therapist and whether they are able to be open both about their relationship with the therapist and whether they are making progress or getting worse.
Relationship is implicit in most models of therapy and the evidence from research to date does show significant difference in outcome as a result of key relationship factors. Some maintain that the power of the

relationship is even more important than the technique. For service users, therapist match is essential. The two most critical factors they raise are 1) a therapist who 'gets it' and 2) feeling safe.'

This presentation will explore the value and importance of service user voice and choice and their benefits for both service users and practitioners.

Matrics Plant: Importance of Developmental and Contextual Factors in the Delivery of Psychological Interventions for Children and Young People in Wales
Caroline Roberts, ABUHB

Matrics Plant is designed for practitioners working in psychological services for children, young people and families to assist in the development, planning and delivery of a Wales wide approach to providing psychological services to this population.

This requires an evidence-based theoretical framework to guide the provision of a range of interventions, in addition to the delivery of direct therapeutic interventions. Matrics Plant does not recommend specific models of service - accepting that models may vary and change over time. There are a number of organising principles for services which recognise that children and young people:
• Live in their own specific circumstances
• Have their own developmental needs
• Have differing levels of control over their lives and/or ability to seek support
• Should receive appropriate and proportionate psychological services based on distress/need rather than always requiring a mental health or other diagnosis
• May be best helped by services working with the people that the child or young person spends time with as well as offering individual work with them when this is needed.

For the purposes of this document, psychological interventions are defined in the following way:
Psychological interventions are purposeful courses of action driven by a formulation which itself will be based on an assessment of need and informed by one or more psychological theories. The formulation should consider where in the child or young person's system an intervention can be most effective for improving psychological resilience and wellbeing. As such, evidence-based psychological interventions encompass a wide range of courses of action including:
• Targeted training to upskill key members of a child or young person's system
• Network consultation to support the development of a shared framework for understanding and responding to the child or young person's specific presentation
• One off or ongoing consultative support to an individual or specific team
• Intervention with main carers/parents
• Intervention directly with child or young person.

This presentation will outline the principles of Matrics Plant, highlighting the importance of considering developmental and contextual factors in service design as well as service delivery.

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The Matrics Cymru Leadership and Infrastructure Project (M-CLIP): Development and piloting of a Methodology to Update and Expand the Matrics Cymru Evidence Tables
Liz Andrew, Aneurin Bevan University Health Board; Neil Roberts, Service User represenatative

The Matrics Cymru Evidence Tables, published in 2017, were developed by experts in Wales, based on available clinical guidelines and knowledge of the existing literature to provide an accessible summary of the evidence base for specific psychological interventions for particular disorders or presentations. These tables were also developed with the aim of providing practitioners, service leads, commissioners and service users with recommendations with due consideration of severity of difficulty and need, intensity of intervention required and the level of evidence supporting specific recommendations. A Matrics leadership and

infrastructure project group was initiated, in part, to develop and pilot a proportionate and inclusive process for updating the evidence tables. This methodology was informed by procedures used in the development of rigorous treatment guidelines, such as NICE and SIGN, involving focused literature searches and literature appraisal and the development of recommendations; giving particular consideration to level of need, benefits vs harms, intervention impact, feasibility and limitations of the literature and the intervention. This presentation will describe the development of the methodology, and our pilot experience of using it with groups of local clinical and academic experts, as well as experts by experience, in order to update tables related to PTSD, bulimia, common mental health problems during the perinatal period, and to develop new tables on Open Dialogue, perinatal psychosis, and emotion regulation difficulties. We will describe how collaboration with NHS Education Scotland contributed to this process. We will present examples of these new tables. We will discuss some of the achievements of this process, alongside some of and challenges that arose. Finally, we will discuss considerations for continuing this process.

The impact of social inequalities on psychological health and treatment outcomes

Chair: *Richard Thwaites, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust*

Neighbourhood socioeconomic deprivation worsens outcomes from trauma therapy: Preliminary results from a single NHS Talking Therapies (IAPT) service.
Thomas Richardson, University of Southampton; Jaime Delgadillo, The University of Sheffield; Colm Ellis-Nee, Talking Change, Solent NHS Trust,; Tanya Smart, Talking Change, Solent NHS Trust; Olivia Ferrie, University of Southampton; Ellenor Gray, Mental Health Recovery Teams, Solent NHS Trust; Leon Hubbard, Cardiff University

Background: Employment and housing situation impacts outcomes for therapy for depression (Buckman et al., 2022). A systematic review concluded that socioeconomic deprivation increases risk of dropout from psychological therapy, though there were few studies on this (Firth et al., 2021). A previous analysis of NHS Talking Therapies services (formerly IAPT), analysed data for 44,805 people finding lower neighbourhood income and higher crime rates predicted more severe symptoms of depression and anxiety post-treatment, and needing more sessions to recover (Finegan et al., 2020). However, there has been no research examining the impact of such deprivation on Post-Traumatic Stress Disorder (PTSD) symptom severity and treatment outcomes.
Methods: An audit of existing data from a single IAPT service in a city with high levels of deprivation was conducted. Those who had consented for data to be used for audit were included. Postcode was used to obtain data from the English Indices of Deprivation database for overall deprivation and subdomains of income, employment, health and disability, crime rate, housing and living standards. These were split into high or low deprivation deciles. Outcomes on the PCL-5 measure of PTSD symptoms pre and post treatment were analysed for 150 service users.
Results: There was no impact of neighbourhood deprivation measures on risk of dropout from therapy for PTSD, and no impact on PTSD symptoms severity at assessment and the start of treatment. However, at last measure of PTSD symptoms post-treatment, PCL-5 scores were significantly higher for those from more deprived areas, higher unemployment rates, poorer health and disability indices, and a non-significant trend for those in highest crime areas. There was no impact for housing or living standards on post treatment scores. In multiple regression analyses controlling for pre-treatment PCL-5 scores, those in the highest deprivation decile areas, lowest employment rates, poorest health and disability deciles had achieved significantly less reduction in PTSD symptoms post-treatment. There was a non-significant trend for higher scores post-treatment for the lowest income decile.
Conclusions: Those from more deprived neighbourhood do not benefit to the same extent from psychological therapy for PTSD. More intense input may be required for those living in deprived areas. Given the small sample size in a single city, this finding needs to be replicated with a larger sample.
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The role of socio-economic deprivation in explaining neighborhood and service effects in psychological intervention outcomes

Nick Firth, University of Sheffield; Michael Barkham, The University of Sheffield, UK; Jaime Delgadillo, The University of Sheffield, UK; Andrew Bell, The University of Sheffield, UK; Alicia O'Cathain, The University of Sheffield, UK

Introduction: There is a substantive evidence base showing that psychological treatment effectiveness varies systematically between therapists (a therapist effect), as well as emerging evidence for service/organisation effects. Our previous research suggested that apparent service effects could be confounded with neighbourhood effects, potentially representing social clustering in relation to socioeconomic or ethnic factors.

This project had two broad aims. First, it aimed to simultaneously estimate the size of neighbourhood effect, service effect, and therapist effect (before and after adjustment for a range of variables) on clinical outcomes including post-treatment severity, recovery, and dropout. Second, it aimed to understand the extent to which socioeconomic factors might explain these clustering effects.

Method: The project used retrospective data from patients receiving individual (1:1) interventions. The dataset included 55 IAPT services, around 10,000 practitioners, 20,000 neighbourhoods and around a million patients. Data were analysed using 4-level cross-classified multilevel modelling analyses.

Results: We found significant clustering of outcomes according to neighbourhoods, services, and therapists. Magnitudes of effect varied according to the type of clustering, the type of outcome, and by treatment step (high intensity vs low intensity). A shared effect of socioeconomic and baseline severity variables was able to independently explain most of the neighbourhood clustering effect and a notable proportion of the service effect in our model.

Discussion: This study found notable neighbourhood clustering in addition to service and therapist clustering. Socioeconomic factors are implicated in explaining clustering effects particularly at the neighbourhood level, although complex relationships between deprivation and baseline severity need to be investigated further to better understand the mechanisms of effect.

The first publication from this project can be found at https://doi.org/10.1037/ccp0000784

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Mental health outcome inequalities in IAPT services: An investigation of the minority stress hypothesis
Saiqa Naz, University of Sheffield; David Saxon, University of Sheffield; Jaime Delgadillo, University of Sheffield

Aim: Evidence shows ethnic minority communities have lower access to treatment and poorer recovery rates in Improving Access to Psychological Therapies (IAPT) services. Some research suggests this may be explained by socioeconomic deprivation, but other hypotheses suggest that it may have to do with sociocultural factors. This study intended to examine whether there is evidence of a minority stress effect – where the

mental health of people from ethnic minorities (EM) may be influenced by living in neighbourhoods with low or high minority ethnic density. Method: Using multilevel modelling, healthcare records of 130,857 patients who had accessed Low and High Intensity psychological therapies across 16 IAPT services were analysed whilst controlling for socioeconomic deprivation. Patient-level depression (PHQ9), anxiety (GAD-7) and functioning (WSAS) outcomes measures were linked to neighbourhood ethnic density data. Results: Overall we found evidence that patients from specific EM groups (Black Caribbean, Black (other), Pakistani, Bangladeshi, White - other) had more severe anxiety and depression symptoms after treatment, relative to white British patients. These differences were statistically significant after controlling for socioeconomic deprivation and employment status. There was some support for the minority stress effect, but only relevant to patients from Black Caribbean, Black- other and White – other backgrounds. Conclusions: There is evidence of mental health inequalities related to ethnicity, which is not fully explained by socioeconomic variables.

"It's been quite a poor show" - Exploring whether practitioners working for Improving Access to Psychological Therapies (IAPT) services are culturally competent to deal with the needs of Black, Asian, and Minority Ethnic (BAME) communities
Afsana Faheem, University of Bath

Cultural competency is a core clinical skill. Yet, psychological therapists may be inadequately trained to deal with the needs of service users from Black, Asian and Minority Ethnic (BAME) backgrounds. This can lead to dissatisfaction with mental health services, disengagement from therapy, and poorer treatment outcomes when compared to the White British population. The aim of this study was to explore whether practitioners working for Improving Access to Psychological Therapies (IAPT) services are culturally competent to deal with the needs of diverse communities. Semi-structured interviews were carried out with a range of practitioners, from early career Psychological Wellbeing Practitioners (PWPs) to senior Cognitive Behavioural Therapists (N = 16). Reflexive Thematic Analysis (RTA) was used to analyse the data, guided by a six-phase process to produce a robust pattern-based analysis. Overall, three themes were generated; (1) encountering cultural dissonance within therapy; (2) challenges in making cultural adaptations to therapy; and (3) identifying cultural competency needs. Out of sixteen participants, only nine therapists received one day formal training throughout their therapeutic career, whilst seven reported receiving no cultural competence training at all. Overall, it appears that there is an urgent need and desire for therapists to be offered cultural competency training so that they can better serve BAME communities. Clinical implications and future recommendations are made.

Developing our Understanding of Intolerance of Uncertainty

Chair: *Layla Mofrad,* CNTW NHS TRUST

Patterns of intolerance of uncertainty, separation anxiety, and negative affectivity in emerging adulthood: A latent profile analysis in an Italian sample
Gioia Bottesi, University of Padua, Italy; Sara Iannattone, University of Padova, Italy; Silvia Spaggiari, University of Padova, Italy; Daniela Di Riso, University of Padova, Italy

Introduction: Intolerance of uncertainty (IU) has been widely studied in relation to anxiety and Negative Affectivity (NA). This notwithstanding, separation anxiety has often been overlooked in IU research. Moreover, no study has assessed IU, separation anxiety symptoms, and NA jointly so far. These constructs may become very relevant during the delicate phase of emerging adulthood, which is characterized by new developmental challenges. However, research on this topic is still scarce. Therefore, this study aimed to identify psychological profiles based on IU, separation anxiety symptoms, and NA in a group of Italian non-clinical emerging adults. The relation between profile membership and some psychological and psychosocial characteristics was also investigated.

Method: 868 young adults (73% women) aged 18-26 years (M = 22 ± 1.87) entered the study. They completed a socio-demographic survey and self-report tools assessing IU, separation anxiety symptoms, personality traits, and state depression and anxiety symptoms. Subgroups exhibiting distinctive patterns of IU, separation anxiety symptoms, and NA were identified using latent profile analysis. To deepen disparities in psychological and psychosocial features by profile, analyses of variance and chi-square tests were performed.

Results: Three specific profiles were detected, respectively with high, low, and moderate levels of the variables considered. In each profile, IU, separation anxiety symptoms, and NA had a consistent trend. The three profiles differed in state anxiety and depression levels. Furthermore, associations between profile membership and sex and having spent infancy with both parents were found. Specifically, the "high-level" profile showed significantly higher state anxiety and depression levels and had the greatest proportion of women and people who had not spent infancy with both parents.

Discussion: These findings suggest that IU, separation anxiety symptoms, and NA can co-occur in emerging adults, highlighting the importance of transdiagnostic interventions. Young adults with elevated levels of the above variables may be at higher risk of developing internalizing problems, which may undermine their struggle to build their own identity and life. From a preventive standpoint, specific attention should be paid to young women and those who spend their infancy without one or both parents, as they may be particularly vulnerable.

When the body signals unsafety: Intolerance of Uncertainty and Eating Disorders
Jessi Komes, Newcastle University; Rachel Brown, Newcastle University; Shiva Mokhtari Azad, Newcastle University; Evie Sbardella, Newcastle University; Josie Wood, Newcastle University; Mark Freeston, Newcastle University

Introduction: Previous research suggests a link between eating disorder (ED) symptoms and intolerance of uncertainty (IU). IU can be conceptualised as a felt sense of unsafety which is registered through awareness of interoceptive signals (IA). The role of IA has been recently highlighted in relation to EDs and is constantly shaping how we live in and experience the world through the body (embodiment). The quality of experiences of embodiment has been linked to ED symptoms, in terms of disrupted body connection and discomfort, restricted agency and passion, and self-neglect or harm. This study examined whether the relationship between IU and ED symptoms is serially mediated by IA and embodiment. The roles of BMI and Binge eating behaviours - as a proxy of loss of control – were also examined as potential moderators.

Methods: A community sample of 285 adults (50% aged over 30, 85% cisgender female, 96% white British, 24% meeting diagnostic criteria for ED and 7.4% reporting to feel extremely fat) completed the survey which included self-report measures of IU, ED symptoms, experience of embodiment and interoceptive awareness . The Inventory of Differential Interoceptive Awareness (IDIA) has four subscales - noticing, listening and trusting in relation to both positive and negative internal states, as well as unsafety which is the perception of the body as alien or unfamiliar.

Results: Regression analyses indicate that there was no significant direct effect between IU and Eating disorder symptoms. This relationship was entirely mediated by the serial paths through IDIA unsafety and the experience of embodiment.

Discussion: The findings of this initial study reveal the potential importance of body-based experiences to understand the relationship between IU and eating disorder symptoms. This highlights the need for treatment approaches which focus on people's body sense and interoceptive abilities in order to shape a safe enough inner world from which the outer world can be navigated with embodied agency enabling expression of the self in ways other than through eating disorders symptoms.

Difficulties in concentration and anxiety: Does intolerance of uncertainty provide a link?
Mark Freeston, Newcastle University; Matthew Cant, University of Manchester; Riynad Abduldaim, Newcastle University; Molly Brown, Newcastle University

Background: Intolerance of uncertainty (IU) is now well established as a transdiagnostic factor across anxiety disorders, OCD, PTSD, eating disorders and potentially depression. The role of IU in autism has also been examined extensively over the last decade. However, relatively little is known about IU and other presentations such as ADHD where difficulties in attention may make the world a more uncertain place. This study examines features of ADHD and autistic spectrum alongside specific self-reported difficulties in concentration also known as cognitive disengagement syndrome (previously known as sluggish cognitive tempo). These difficulties include disengagement or decoupling of attention as reflected in difficulties with staring, daydreaming, mental confusion, or fogginess, withdrawal, and sleepy appearance, as well as associated generally hypoactive behaviours.

Method: A battery of screening instruments and self-report measures was administered online to a general population sample. Together with a measure of IU and behaviours related to IU, participants completed screens for ADHD, autism and cognitive disengagement syndrome as well as measures of panic disorder, social anxiety, generalized anxiety disorder, OCD and depression. The final sample consisted of 323 participants (71.5% women, 79.1% White, 47% in employment, mean age = 29.9). The data were examined both categorically and dimensionally and are presented using graphical approaches and network analysis.

Results: Cognitive disengagement overlapped more with the inattentive rather than the hyperactive features of ADHD. Both dimensional and categorical approaches showed varying strength and distance of linkage within the cluster of ADHD and cognitive disengagement features and within the anxious and depressive features together as well as between the two groups. The positioning of IU varied according to whether dimensional or categorical approaches were used.

Discussion: This study extends traditional approaches to developmental and clinical psychopathology by considering simultaneously features associated with neurodiverse functioning and symptoms of common mental health problems. It also considers the potential role of IU as a construct that may help understand the relationship between the two.

Testing the acceptability and feasibility of a novel intervention to manage uncertainty distress in rheumatic conditions.
Sarah Kay, Tees, Esk & Wear Valleys NHS Foundation Trust; Helen Aylott, Newcastle Hospitals NHS Foundation Trust, UK ; Lauren Mawn, Newcastle Hospitals NHS Foundation Trust, UK; Molly Brown, Newcastle University, UK; Mark Freeston, Newcastle University, UK

Background: Uncertainty is a natural component of chronic illness but can be associated with psychological distress and adjustment difficulties. Uncertainty management interventions have been shown to successfully reduce perceived uncertainty and associated distress but to date have rarely considered individual differences in capacity to tolerate uncertainty. The role of intolerance of uncertainty (IU) in anxiety is well established and has been shown to be modifiable. This study, based on the Uncertainty Distress Model (Freeston et al. 2020), sought to develop and pilot a novel treatment intervention combining interventions to reduce perceived uncertainty with those aimed at increasing tolerance of uncertainty in people experiencing chronic illness.

Method: The aim of the study was to establish the acceptability and feasibility of the intervention. Six participants with a diagnosis of rheumatological conditions and associated distress were recruited. The study followed a single case experimental design. Acceptability was assessed by treatment completion rates and participant evaluation. Primary outcome measures were idiosyncratic daily diaries of salient uncertainty concerns. Secondary outcome measures included measures of mood, illness uncertainty and intolerance of uncertainty.

Results: All participants recruited to the study completed the intervention and reported benefit. Feasibility and acceptability aims were met as evidence by attendance rates, daily diary completion rates and therapist session monitoring forms. In post-treatment evaluations, participants identified 1) increased awareness of uncertainty and its impacts 2) reductions in certainty seeking behaviours and 3) increased ability to sit with uncertainty. Results on the primary and secondary outcome measures will be presented at the conference.

Discussion: This study offers the first test of a novel intervention to target uncertainty distress in those with chronic illness. The results provide preliminary evidence that the intervention is both feasible and acceptable. Addressing the uncertainty associated with a fluctuating condition that varies in its impact, severity and response to treatment provides a psychological approach that goes beyond informational care and self-management. Further research is needed to continue to develop and evaluate this new treatment intervention both within this population and other long-term conditions.

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Experiences of a Making Friends with Uncertainty Group Intervention

Layla Mofrad, CNTW NHS TRUST; Mark Freeston, University of Newcastle; Jessi Komes, University of Newcaslte; Gioia Bottesi, University of Padua; Sarah Kay, Tees, Esk and Wear Valleys NHS Foundation Trust

Introduction: The Making Friends with Uncertainty (MFWU) Group is a 6-session transdiagnostic intervention for people with anxiety disorders. Intolerance of Uncertainty (IU) is an underlying process in the maintenance of anxiety. The intervention consists of psychoeducation about uncertainty and interoception, identifying behavioural responses to uncertainty, experiential uncertainty exercises under low stakes conditions, and an invitation to participants to increase their use of low stakes uncertain experiences in everyday life to build tolerance to uncertainty. In this study the group was offered to two sets of patients on the waiting list for Cognitive Behaviour Therapy in a tertiary specialist psychological therapy service in the North East. Two earlier evaluations in primary care have supported the utility of the group (Mofrad et al, 2020) and this qualitative evaluation develops our understanding of how participants perceive and experience the intervention in a specialist setting.

Method: Data collected so far is from two iterations of the intervention in this setting. Data was collected following the final session of the group. They were transcribed and analysed using reflexive thematic analysis.

Results: In the data collected so far there are strong themes of universality despite the participants having a range of different anxiety disorders and other comorbid conditions and the sense that 'I am not alone'. Participants have experienced a sense of safety in the group. They have noticed parallel experiences with other people corroborating the transdiagnostic nature of IU, but also how their responses to situations unrelated to their anxiety disorder share some of the same behavioural patterns and processes, linking to other findings that IU is trans- situational. Some people were deeply sceptical at the outset, a standpoint that was welcomed, but changed their mind as the group progressed. Facilitators were able to reflect on their own experiences of uncertainty and used the principles of MFWU to understand their own responses to the group.

Discussion: MFWU encourages a reflective and curious stance in participants through identification and linking of processes in different situations and people to participants own experience of their specific anxiety disorders. The applicability of MFWU to the facilitators allowed for them to share experiences and develop a different power dynamic where everyone was able to experience experience and reflect.

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Talking about bipolar disorder and borderline personality disorder: Applying innovative large-scale language analysis approaches to lived experience

Chair: ***Steven Jones,*** *Lancaster University, UK*

A Corpus Linguistic Based Classification of Risk-Taking Behaviours in Bipolar using Lived Experience Interviews

Daisy Harvey, Lancaster University; Steven Jones, Lancaster University; Paul Rayson, Lancaster University; Fiona Lobban, Lancaster University

It is estimated that there are over 1 million people living in the UK with bipolar; "a severe mental illness characterised by significant and sometimes extreme changes in mood and energy". Statistics demonstrate that bipolar can have a devastating impact on people with lived experience (PWLE) as well as their families, with respondents to the Bipolar Commission Survey (2022) reporting out of control debt, homelessness, sexual assaults, and the feeling of being criminalised.

This present study involves a multi-method exploration into the lived experience of risk-taking in bipolar to develop a representative charting of this data, collected through qualitative interviews and a Likert-item survey task. Although risk-taking behaviour is often part of the clinical presentation of BD, "very few studies have formally assessed risk-taking propensity in these patients" and "our knowledge of risk-taking behaviour in people with bipolar is still scant". Examples of risky behaviours that are typically cited in the academic and diagnostic literature include overspending, hypersexuality, and dangerous driving. By using empirical evidence from lived experience we hope to provide empirical evidence for the type of behaviours PWLE engage in and how support could be provided to better manage these risks.

The main objectives of this study are: 1. Develop a classification/ charting of the risky behaviours that are described by people with bipolar based on lived experience.

2. Compare the charted behaviours described by lived experience to those currently acknowledged in the literature.

3. Identify areas where further support is needed for managing risky behaviours as well as issues associated with stigmatisation.

Results for this study are forthcoming and will report quantitative data from the survey task as well as corpus linguistic analysis of the interview transcripts.

Integrating health research, natural language processing, and corpus linguistics to analyse peer online support forum posts on personal recovery in bipolar disorder

Glorianna Jagfeld, Lancaster University; Fiona Lobban, Lancaster University, UK; Paul Rayson, Lancaster University, UK; Steven Jones, Lancaster University, UK

Introduction: Personal recovery (PR) is of particular value in bipolar disorder (BD) where symptoms often persist despite treatment, but so far has only been studied in researcher-constructed environments (interviews, focus groups). Support forum posts can serve as a complementary naturalistic data resource to understand the lived experience of PR.

Method: A systematic review synthesised qualitative evidence on PR in BD from interviews and focus groups. Natural language processing methods automatically identified users of the online discussion forum Reddit with a self-reported BD diagnosis and analysed their characteristics and posting behaviour. Corpus linguistics determined significantly overused words in PR-relevant vs. non-relevant posts, which were then coded via qualitative framework analysis.

Results: The review resulted in the first framework for PR in BD, POETIC (Purpose & meaning, Optimism & hope, Empowerment, Tensions, Identity, Connectedness). The Self-reported BD Diagnosis (S-BiDD) dataset comprises 21M posts by 20K users. They are mainly young or middle-aged US-based adults with an almost equal masculine-feminine gender distribution that often report additional MH comorbidities. Moreover, Reddit users with a self-reported BD diagnosis who exhibit more intense emotions in their posts, are more likely to post in MH support subreddits. Experiences in 4.5K PR-relevant online posts by 2K users mainly focussed on three POETIC domains: Purpose & meaning (particularly reproductive decisions, work), Connectedness (romantic relationships, social support), Empowerment (self-management, personal

responsibility). The analysis confirmed the validity of the POETIC framework, but highlighted PR issues that only came up online.

Discussion: This project was the first to analyse naturalistic data on PR in BD. Indicating the key areas that people focus on in PR when posting freely and the language they use, provides helpful starting points for formal and informal carers to understand the concerns of people diagnosed with BD and to consider how best to offer support.

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Characterising Social Dysfunction in Borderline Personality Disorder Through the Analysis of Natural Language

Charlotte Entwistle, Lancaster University; Ryan Boyd, Obelus Institute

Introduction: Borderline personality disorder (BPD) is characterised by severe interpersonal dysfunction; the severity of which is underscored by its association with extremely negative outcomes among people with BPD, including engagement in self-harm and suicide attempts. Despite the severity of the consequences of social dysfunction in BPD, the underlying nature of such dysfunction remains poorly understood. Accordingly, the present study adopted a behavioural approach to more objectively describe the social-cognitive contributors to interpersonal dysfunction in BPD.

Method: Participants (N = 530) completed an online survey comprising validated self-report measures of BPD features and other problematic interpersonal traits (i.e., psychopathy, narcissism, and Machiavellianism – the "Dark Triad"), as well as a writing prompt where they were asked to share their personal thoughts and beliefs about relationships. Computerised language analysis methods were used to quantify various psychosocial dimensions of participants' writing, which were incorporated into a principal component analysis.

Results: Analyses revealed four core social dimensions of thought: 1) Connectedness/Intimacy (socially connected and affiliative language); 2) Immediacy (self-focused, present-tense, action-orientated language); 3) Social Rumination (time-orientated, past-tense, non-positive language); 4) Negative Affect (negative emotive, angry language). All four dimensions significantly correlated with BPD features in intuitive ways, some of which were specific to BPD. In particular, the association with Social Rumination was found to be exclusive to BPD, suggesting that this dimension may differentiate social dysfunction in BPD from social dysfunction in other problematic interpersonal constructs.

Discussion: Computational analysis of natural language has allowed for the identification of fundamental social-cognitive components that provide novel insights into the nature of interpersonal dysfunction in BPD. More broadly, this study highlights the value of natural language analysis to explore fundamental dimensions of personality disorder. Our findings provide paths to new research questions surrounding the origins, trajectory, and treatment options for BPD.

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Exploring young people's lived experiences of mental health: Translating research into practice

Chair: **Nina Higson-Sweeney,** *University of Bath*

University students' opinions on support for self-harm

Bethany Cliffe, University of Bristol and University of Southampton; Paul Stallard, University of Bath; Zoe Stokes, Oxford Health NHS Trust

Introduction: Self-harm is highly prevalent among university students but few seek help for it. Barriers to help-seeking often include stigma, long waiting lists and difficulties disclosing self-harm. To understand how best to support students who face difficulties accessing support, this study explored students' perceptions and experiences of different interventions for self-harm, including digital interventions.

Methods: Semi-structured interviews were conducted over videoconferencing software with 25 students who had experience of self-harm thoughts and/or behaviours. Reflexive thematic analysis was used to understand the data.

Results: Students typically understood self-harm as private, secretive and stigmatised. Barriers to seeking support therefore related mostly to disclosing self-harm, however, issues of access were also discussed. Preferences for support were varied with some wanting the personal connection available through professional support, and others preferring the anonymity and convenience of digital interventions such as smartphone apps. Apps were perceived as beneficial for those unable to access support in other ways, or as a useful adjunct to therapy. When accessing interventions, participants mostly wanted support to develop alternative coping mechanisms and to address the issues underlying self-harm. This has implications for the outcomes evaluated in research and clinical practice, and students also suggested that relying on instances or frequency of self-harm may not accurately indicate 'recovery'.

Discussion: Participants shed light on some issues associated with current outcomes used in self-harm research and provided suggestions for alternatives. In particular, acknowledging an individual's broader wellbeing and their coping skills were emphasised. The heterogeneity of students who self-harm was identified as they had varying preferences for support. This highlights the importance of ensuring that there are options available to students to cater for their support needs.

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'Who will I become?' Possible selves and depression symptoms in adolescents.

Emily Hards, University of Bath; Ting-Chen Hsu, University of Bath; Gauri Joshi, University of Bath; Judi Ellis, University of Reading; Shirley Reynolds, University of Reading

Background: Adolescence is an important period for the development of the possible self. It is also a time when depression is prevalent. The cognitive theory of depression (Beck, 1967) proposes that a negative view of the future is a key feature of depression. It is also suggested that future-oriented treatment strategies in cognitive behavioural therapy may be helpful in depression. However, little is known about how adolescents envisage their future (i.e., possible) self, or if the content is associated with affect. The aim of this paper is to describe how adolescents describe their 'possible self' and examine the relationship between the valence of the possible self and depression in adolescents.

Method: Young people (n = 584) aged 13-18 years were recruited and completed measures of depression symptoms (the Mood and Feelings Questionnaire) and the 'possible self' (a variant of the "I Will Be Task"). Possible selves were coded for content and valence as per Hards et al (2020).

Results: Despite depression severity, the most common possible selves generated by adolescents were positive and described interpersonal roles. The valence of the possible self was associated with depression severity but only accounted for 3.4% of the variance in severity.

Conclusion: The results support the cognitive model of depression. However, adolescents with elevated symptoms of depression were able to generate positive, possible selves and therefore may remain somewhat 'hopeful' about their future despite clinically significant depression symptoms. Treatment approaches which

focus on changing negative future thinking through cognitive behavioural therapy approaches may not be appropriate for this population.

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"People didn't really understand why I was tired because I was just depressed": Exploring adolescents' lived experiences of fatigue in depression

Nina Higson-Sweeney, University of Bath; Kate Cooper, University of Bath; Barney Dunn, University of Exter; Maria Loades, University of Bath

Introduction: Adolescent depression is a prevalent and disabling condition, but current psychological treatments are only moderately effective. One way to improve outcomes is to further our understanding of adolescent depression and our capacity to target the most frequent and problematic symptoms. One such symptom is fatigue, with preliminary findings in adolescents suggesting it is common, highly disabling, and has the potential to interfere with adolescents' engagement in psychological therapies for depression. Despite this, fatigue is poorly understood and often left unaddressed by treatments provided in routine mental health services. Therefore, the current study aimed to explore adolescents' lived experiences of fatigue in depression, from the perspectives of a mixed clinical and community sample.

Methods: 19 UK-based adolescents aged 14-18 years old (M = 16.16, SD = 1.01) with elevated symptoms of depression took part in remote semi-structured interviews. Data was analysed using reflexive thematic analysis, which generated three themes.

Results: Theme 1, 'fatigue is a complex concept', explores adolescents' understanding of fatigue as a dynamic, complex symptom, which has mental and physical components. Theme 2, 'trapped in a cycle of fatigue', considers the reciprocal relationship between fatigue and other depressive symptoms, and how a subsequent lack of energy affects adolescents' engagement in everyday activities. Theme 3, 'stigma as a barrier to help-seeking', highlights adolescents' reluctant to seek help for fatigue due to experience stigma, and the perception that fatigue is not serious enough to discuss with clinicians.

Discussions: Findings from this study highlight the complexity of fatigue within adolescent depression, and some of the challenges that might present in clinical practice. This presentation will consider implications regarding the conceptualisation, identification, and treatment of fatigue within adolescent depression, with a specific focus on how these implications may be implemented in practice.

How do young people who have tried to access Child and Adolescent Mental Health Services (CAMHS) view it?

Maria Loades, University of Bath; Grace Perry, University of Bath; Christina Davies, Oxford Health NHS Foundation Trust; Muhammad Noor, Oxford Health NHS Foundation Trust; Emma Soneson, University of Oxford; Mina Fazel, University of Oxford

Introduction: Adolescence in a critical developmental stage of life during which there is a high incidence and prevalence of mental health problems. Yet, relatively little is known about adolescents' experiences of attempting to access support from Child and Adolescent Mental Health Services (CAMHS). Our systematic review of published literature from the UK over an 11-year period (2011-2022), which we supplemented with searches for relevant papers internationally and in the grey literature, highlighted a clear there for further research in this field. In particular, studies which include not only the views of adolescents who have

accessed services and those accessing them currently, but also those who have either disengaged or never been referred is needed, and there is a particular lack of data from the adolescents themselves.
Method: We therefore used quantitative self-report data collected from the OxWell Student Survey, a large-scale online cross-sectional survey of children and young people in educational settings to examine what factors are associated with different outcomes of seeking help from CAMHS, and what factors are associated with perceptions of helpfulness following CAMHS contact. Participants were adolescents in secondary schools and further education colleges who participated in the 2021 administration of the survey and who responded affirmatively to having ever tried to ask for support for a mental health problem from CAMHS.
Results: 663 participants indicated that they were currently accessing CAMHS or had done so in the past, 70.4% of whom were female, 15.7% male and 13.9% gender not specified. Of these, 53.0% scored above the threshold for probable depression and/or anxiety on the RCADS. 296 participants were currently receiving CAMHS support. Only about a third (31.3%) of participants reported that CAMHS support was quite/very helpful, and one quarter (24.2%) indicated that CAMHS support was not helpful at all.
Conclusions: Whilst the quantitative nature of our data means that we are unable to probe for detailed reasons and explanations, our findings suggest that a significant minority of adolescents who try to access CAMHS support do not find it helpful at all. This indicates the need to find ways to better meet the support needs of adolescents who are struggling with their mental health which are credible, relevant and helpful to them and meet them where they are at.

Considering the role of funders in prioritising lived experience in youth mental health research
Faith Orchard, University of Sussex

Funding bodies can play a vital role in ensuring that lived experience is prioritised in research. This presentation will outline two projects that have stemmed from funding calls where lived experience was placed at the centre of the work, and will consider how this approach can help to translate research into practice.
The first project is a special interest group funded by Emerging Minds on adolescent depression (ADvaNCE). The ADvaNCE group aimed to use lived experience views alongside other stakeholders to steer future research on the treatment of adolescent depression. The group obtained young peoples' opinions about the priorities of research in adolescent depression, with a focus on improving treatment outcomes, and then conducted workshops with stakeholders to develop testable hypotheses. The activities highlighted that young people would prefer to receive support when they are first experiencing symptoms, i.e. early intervention. The wider stakeholder group also suggested that it would be useful to have a suite of interventions targeting a range of key difficulties as part of the depression experience, e.g. lifestyle habits, cognitions, so that individuals can access interventions relevant to their personal experience. The findings were published (Pile et al., 2022) and have supported the development of targeted research projects.
The second project is a Wellcome Trust commission investigating the 'Active Ingredients' of effective interventions for anxiety and depression in young people. The project explored self-evaluation as a key experience of depression and its treatment. We undertook a systematic review of the relationship between self-evaluation and depression in adolescents, as well as focus groups of young people with lived experience. The findings were combined to produce a scoping review (Orchard et al., 2021). Being able to compare the literature with the lived experience views helped to identify conflicts between the research field and real-life experience, such as how research simplifies self-evaluation as being 'negative' and 'positive', whereas the experience is much more nuanced.
As funding bodies can be influential in what research is undertaken and the methodology that is used, it is crucial that lived experience continues to be encouraged in funding applications. This will also help to influence later stages of the research process such as the inclusion of lived experience views in publication and dissemination.
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Connecting research and practice for children with long term conditions: An Implementation Symposium

Chair: *Roz Shafran, UCL Great Ormond Street Institute of Child Health*

Innovations in practice: Preparing to roll out low intensity CBT in paediatric hospitals

Anna Roach, UCL Great Ormond Street Institute of Child Health; Isabella Stokes, UCL/UCLH; Sophie Bennett, UCL Great Ormond Street Institute of Child Health; Isobel Heyman, UCL/Addenbrookes; Roz Shafran, UCL Great Ormond Street Institute of Child Health

Despite children and young people (CYP) with long term conditions (LTCs) having significantly elevated mental health needs, accessing evidence-based psychological support remains difficult. One way in which the barriers to accessing care have been addressed is through the introduction of low intensity CBT (LICBT). LICBT has been shown to be effective for CYP with mental health needs in the context of LTCs, however there remains a significant implementation gap leaving many CYP awaiting treatment.

One model of delivering LICBT to families with LTCs is locating a 'drop-in centre' within a paediatric hospital, offering support at point of need with limited waiting time. This model was shown to be effective (Catanzano et al., 2021) and is now being implemented at different hospitals across the country. Before the project was rolled out at new sites, it was important to understand best approaches to implementation. A rapid realist review was conducted exploring the barriers and facilitators to implementing brief and low intensity psychological interventions to CYP (Roach et al., 2023). Ten interventions from nine papers, including 371 CYP, were included and data extraction was informed by Normalisation Process Theory. Studies identified organisational demands, lack of implementation strategy and stigma as barriers to implementation, and clear training and plans for implementation as facilitators.

As identified in the review, clear and effective training is a vital part of successful implementation. Two days of hybrid training on LICBT was delivered to non-mental health professionals at new sites. Attendees were introduced to LICBT strategies for anxiety, depression and challenging behaviour. A brief questionnaire and evaluation form were completed exploring attendees' understanding of the topics covered and their views of the training (usefulness, relevance, preparedness). Thirteen attendees completed the questionnaire before and after the training. Total scores significantly increased from pre- to post-training. Qualitative feedback indicated the majority found the training highly relevant to their work and enjoyed the hybrid model. These findings support the acceptability and effectiveness of two-day hybrid training as part of enabling a paediatric hospital workforce to deliver psychological support for CYP with LTCs.

This talk will explore outcomes from the rapid realist review, focusing on the training days and their evaluation.

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Optimising the implementation of evidence in children and young people's mental health: A qualitative analysis informed by the i-PARIHS Framework

Holly Bear, University of Oxford; Tim Clarke, Norfolk and Suffolk NHS Foundation Trust; Catherine Reeve, University of Oxford; Georgia Naughton, McPin Foundation; Tanya Mackay, McPin Foundation; Sarah Shenow

Introduction: Mental health difficulties in children & young people (CYP) are rising. Evidence-based practices (EBP) developed & evaluated through research represent a potential solution to supporting these CYP. However, often, the process of implementing EBP can be complex & slow. As a result, many CYP do not receive the interventions that could improve their mental health. Although existing research has highlighted several barriers across this system, a coherent, theory-driven account of implementation barriers from multiple perspectives (clinical, research, commissioning), along with practical recommendations to optimise the implementation of EBP, is lacking. To address this, we designed a programme of mixed-methods research called the 'Bridging the Gap Project' which broadly aimed to optimise the implementation of EBP in CYP mental health settings in the UK. The qualitative study presented here forms part of the wider 'Bridging the Gap' Project. This qualitative study aimed to better understand the barriers & facilitators of implementing evidence-based practice in CYP mental health settings. Method: We used in-depth semi-structured interviews to explore participants' views & perspectives of the implementation of evidence-based practice (EBP) in children & young people's (CYP) mental health settings. Interviews were conducted with 14 professionals, including researchers, clinicians, & commissioners, working in the field of CYP mental health in the UK. Results: We identified a number of evidence-related, contextual, & facilitation barriers which impede the implementation of evidence in 'real world' practice. The implementation challenges were complex yet often ubiquitous across settings, spanning, research, clinical & commissioning contexts (e.g., evidence is flawed & inaccessible; resource constraints; & lack of implementation specific roles). Although many challenges were common across, others were unique to particular settings (e.g., lack of funding to support implementation research in academic settings & research being inaccessible to those in clinical & school settings). Discussion: Although the process of translating research into practice is challenging, we identified a set of practical recommendations for ways in which implementation practices can improve. These include: 1) Prioritising intervention & implementation evaluation in 'real world' naturalistic contexts & 2) Increasing the accessibility of evidence.

Families matter: Involving the wider family in implementing low intensity CBT

Sophie Bennett, UCL Great Ormond Street Institute of Child Health, Kings College London; Matteo Catanzano, UCL Great Ormond Street Institute of Child Health; Anna Roach, UCL Great Ormond Street Institute of Child Health; Holan Liang, Great Ormond Street Children's Hospital; Isobel Heyman, UCL Great Ormond Street Institute of Child Health; Lucy Project, UCL Great Ormond Street Institute of Child Health; Roz Shafran, UCL Great Ormond Street Institute of Child Health

Children with long-term conditions (LTCs) and their families are at greater risk of developing emotional and behavioural problems compared with their physically healthy peers. This psychological impact on carers and siblings is important to understand in order to better inform how best to support the wider family. Findings will be presented from a single-arm trial assessing the impact of a drop-in centre to address mental health needs of carers and siblings of children with LTCs (Bennett et al., 2021).
The drop-in centre accepted self-referral and supplemented existing provision by offering a suite of interventions, including single sessions, signposting or referral to appropriate services, a diagnostic assessment and/or guided self-help. Baseline data was collected and follow ups conducted at 6 months. Sibling mental health was measured using the Parent Reported Strengths and Difficulties Questionnaire and the Pediatric Quality of Life. Parental mental health was measured using the PHQ9 and GAD7.
Data from this study will be presented on 18 siblings and 148 carers. Sibling mental health symptoms decreased significantly (d = 0.84), as did carer anxiety (d=0.38) and depression (d=0.28).

This study points to the value of incorporating the wider family in implementation of CBT for young people with mental health needs in the context of LTCs. Assessing and providing a brief treatment to address the mental health needs of carers and siblings of children with comorbidity may bring important benefits.

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The colour of progression: clinical advances in addressing ethnic inequality

Chair: *Margo Ononaiye, University of Southampton*

Hard to reach or seldom heard? Actively addressing ethnic inequality in IAPT/NHS Talking Therapies
Rani Griffiths, Berkshire Healthcare Foundation Trust

The BAME Positive Practice Guide (BAME PPG, 2019) clearly outlines the need for culturally sensitive and responsive therapists, services and ways of working to better meet needs of under-represented ethnic minoritised groups. However, progress in this area has lacked pace (NHS Health and Race Observatory, 2022). Application of the BAME PPG, including its embedded audit tool, is varied across services. Issues around access to services are often attributed to ethnic minoritised communities themselves being "hard to reach" rather than "seldom heard". It is essential IAPT services are active to progress in meeting needs of underrepresented, disadvantaged, and vulnerable ethnic groups. Commitment is required to provide care that is accessible, safe, culturally responsive, and truly for us all (Beck & Naz, 2019). This presentation identifies steps taken by Berkshire Talking Therapies service to improve access for underrepresented ethnic minoritised groups, utilizing the BAME PPG audit as a starting point. The 2021 census data shows some areas of Berkshire to have higher than national averages of diverse ethnic populations. Slough is predominantly populated by those from ethnic diverse backgrounds with White British only representing 24% of the local population yet accounting for 45.3% of referrals into Slough Talking Therapies in 2020. Service initiatives to increase visibility to local under-represented communities are presented including amplifying patient voices, outreach, engagement and targeted action. In this talk I will give examples of developing relationships and working in partnership with local diverse communities, voluntary sector services and grassroots community organisations to increase racial inclusion and help fill the gap of ethnic heath inequality. This initial learning is then used to highlight good practice, make suggestions to support development of more ethnically equitable IAPT services and understanding what we can do to accelerate inclusivity. The journey to true race equality is rocky, but the destination is beautiful!

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Psychological Wellbeing Practitioner Outreach Work: Benefits, learning and looking forward
Faithful Odusote, Solent NHS Trust, UK; Kamila Klejny, Solent NHS Trust, UK; Ranya Al-Nassery , Solent NHS Trust, UK; Emma Ford , Solent NHS Trust, UK; Miriam Simmons-Dauvin, Solent NHS Trust, UK; Sapna Vohra, Solent NHS Trust, UK ; Anastasia Lungu-Mulenga, Solent NHS Trust, UK

A Low Intensity CBT led Diversity Project within Talking Change IAPT/NHS Talking Therapies service completed a service evaluation (2019). After reviewing the audit tool of the BAME Positive Practice Guide

(Beck et al., 2019), it was identified that few members of racially minoritised groups were using the service and service users were not reflective of the community served. For example, the percentage of referrals for people from Asian or Asian British backgrounds was 2.6% (Portsmouth population 5.8%). Additionally, people of the global majority had lower recovery rates than the service average. People from Asian or Asian British (37.5%), Black or Black British (48.4%), Mixed (45.3%) and Other Ethnic groups (51.1%) recovered less often than the average service recovery rate (56.8%). These findings are in line with other research which showed that in England, members of racially minoritised communities who experience mental health difficulties were less likely to access therapy, experienced poorer outcomes in therapy and were more likely to report negative experiences in therapy, compared to racial majority (Harwood et al., 2021; Baker 2021).

To gain further understanding of barriers to access and feedback on the Talking Change service, individual and group interviews were held by the Solent NHS Trust Community Engagement Team with Asian or Asian British, Black, African, Caribbean or Black British community members. A total of 108 community members were interviewed, 56 who had previously accessed NHS Talking Therapies/IAPT and 52 who had not.

In response to this feedback, the Step 2 led project team delivered 7 targeted low-intensity CBT workshops, with adapted NICE guideline recommended treatment materials, to Chat over Chai, a multi-cultural community group, both remote and in person. Additionally, bespoke cultural awareness and culturally sensitive therapy training for all staff was provided.

As Psychological Wellbeing Practitioners we will discuss the outcomes, our learning from building partnerships with community organisations, how we adapted the delivery of the workshop materials and the next steps for the Diversity Project including working in collaboration with the community engagement team for further outreach and engagement.

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Culturally competent CBT training and supervision
Mallika Sharma, Buckinghamshire New University

BAME Positive Practice guide was released in 2019 which focussed on recommendations for services. In 2020 when BABCP commissioned an independent diversity audit and the audit posed many questions around inclusion. BABCP then released the statement of intent which included many initiatives from the association. Advance HE has also focussed on equality, diversity and inclusion. Hence the anti-discriminatory work picked up momentum in higher education and the CBT training courses started these discussions around inclusion and diversity. In no time this started becoming a tick box exercise as trainers did not have any guidance on how to make CBT training and supervision culturally competent. Some staff would strongly agree with this change whereas other were still reluctant. Psychological Professions Network South East Equality, Diversity and Inclusion Steering Group provided support in this area and produced an audit tool which supported to keep track of the progress in this area. Having the first-hand experience of the speaker's own journey through higher educational institutes some barriers came in the way e.g. cooperation of other colleagues, reluctance from trainees, burnout for the person who is dedicated to EDI, time pressure etc.

Moving through many institutions and becoming a course director of CBT training programmes has been a tough journey as a lady of colour. The speaker will provide insight into their own experience and shed light on the changes made to the CBT training. The speaker has revised the entire curriculum and rewrote programme specification, module descriptors, assignment briefs and marking criteria's nicely incorporating

racial equity in the training. Special attention has been paid to staff and student recruitment and the taught material is fully embracing the diversity of different cultures. Training sessions for the teaching and supervising staff have been arranged. Trainers and supervisors might benefit from the ideas of embedding racial equity and cultural competence into CBT training. Each step in the right direction allows you to see further in that direction (Tom Ziglar) so this is an ongoing journey for all of us.

Meaningful therapy for ethnically minoritized communities; the need to provide a better experience for true progression
Deepak Dhuna, Sanctuary Wellbeing

In an increasingly multicultural UK, populations continue to move through various life experiences requiring support for their mental health. Services have historically strived to offer support to all, but may have struggled to provide meaningful and appropriate care for ethnically minoritized communities for a range of reasons (Faheem, 2023). Numerous research has isolated elements such as the need for culturally adapted therapy, inequalities in accessing care, lower recovery rates and poorer clinical outcomes etc. There are various attempts to provide an overview and recommendations to improve the experiences of ethnically minoritized communities (Beck et al, 2019), however there are key elements which previously may have remained unconsolidated which are helpful to synthesize, and add to, within this body of research.
This presentation reviews the literature and hopes to make recommendations that address various stages of mental health provision, considering years of work within mental health services to ensure recommendations are grounded in realism. We start with exploring access to services, the role of cultural assessment on entry into a service, the creativity of psychoeducation, multilingual/interpreter working, and focused supervision/SPSR. We delve deeper into cultural adaptations within CBT which are not universal and discrete, but are nuanced and bespoke. We finally look at meaningful evaluation of the efforts made. The hope is that the approach of working through each stage of the therapeutic process results in a more meaningful experience for ethnically minoritized communities and leads to a truer sense of progression. This essential learning hopes to benefit all by improving the experiences of care for ethnically minoritized communities within services

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Self-criticism across the family system: an exploration of how self-criticism, and interventions addressing this, are experienced by young people with mental health difficulties and their parents
Chair: **Olivia Harris,** *Oxleas NHS Foundation*

Self-criticism and compassion focused therapy – what's happened so far.
Olivia Harris, Oxleas NHS Foundation

Introduction. Self-criticism refers to a particular style of self-to-self relating whereby an individual displays harshly judgmental and critical attitudes towards themselves. When someone has had less early life experiences where they felt relationally safe and soothed, particularly if they have felt rejected or negatively viewed by others, they may be at risk of developing more self-critical ways of responding to themselves (Gilbert, 2010). Self-criticism has been found to be associated with a range of mental health difficulties, and predict worse mental health symptoms, as well as worse treatment outcomes. Compassion focused therapy (CFT) is an intervention which looks to strengthen our soothing emotional system, and facilitate more

compassionate self-to-self relating, thus reducing self-criticism and associated feelings such as shame (Gilbert, 2010). CFT has been shown to be effective and acceptable to those with a variety of different mental health presentations within clinical services. Research around CFT has also shown that tackling self-criticism can result in improvements in a variety of mental health symptoms.

The research on self-criticism and compassion focused therapy has primarily taken place within an adult population. However, we might hypothesise that children and young people (CYP), due to their unique developmental stage, are a population who are at high risk of self-criticism (Gilbert & Irons, 2009). In addition, research has shown that the experience of parenting a young person with mental health difficulties can place parents at risk of stigma, shame and criticism, both from others and themselves (Eaton et al., 2020). Thus, being able to effectively work with self-criticism is important within child-focused services to ensure that CYP and their parents are receiving effective support.

Method and discussion. This series of talks within this symposia will look to explore the question of how self-criticism affects CYP and parents, and give specific examples of different ways it can be worked with within child focused services. This first presentation will set the scene, by summarising existing research on: self-criticism – it forms and role in mental distress; compassion focused therapy; and our current understanding of self-criticism and compassion within the field of child and adolescent mental health. I will particularly draw out current gaps within this population, and areas that require further research and development.

Using Compassion Focused Therapy (CFT) in a children's social care setting to work with self-criticism across the family systems
Binita Agrawal, Royal Borough of Greenwich Children's Services

Introduction: In 2018, Greenwich Children's Services introduced a government funded innovation project, SafeCORE (compassion, openness, responsibility, engagement), to intervene at an early stage to meet the needs of families who would otherwise not receive a service. In the first two years of implementation, the project specifically targeted situational couple violence. In its third year, the criteria was extended to meet violence from children and adolescents to parents. SafeCORE utilises a combination of compassion focused therapy ideas and systemic principles to work with families in a more collaborative way.

Compassion Focussed Therapy (CFT) was initially developed by Paul Gilbert to improve the mental health of people in therapy. In particular, it addresses some of the harmful effects of shame, self-criticism, and other social threats/traumas that undermine people's ability to feel safe, to socially trust, and to experience wellbeing. CFT is an evolution-informed biopsychosocial approach that was developed for people who have significant problems with shame and self-criticism, often linked to difficult early life backgrounds. Self-criticism is a common block to self-compassion and is associated with higher levels of negative emotions, which can maintain emotional distress and suffering. In SafeCORE, the Compassion-Focused approaches are used to create the conditions of safeness and compassion at the outset. These conditions are cultivated biologically (in our bodies), psychologically (using attention, imagery, cognition), and socially (our self/other relationships). This provides a better chance for effective engagement with shame and self-criticism based sufferings.

Method and Discussion: This talk will look at the development and practice framework of SafeCORE and the interventions used to help address the self-criticism across the family systems.

From Self-criticism to Compassion: The Lived Experience Of Parents and Caregivers of Emotionally Dysregulated Adolescents
Alisa Pearlstone, Expert by Experience (Oxleas)

Self-criticism among the parents and caregivers of emotionally dysregulated adolescents is a multi-factorial phenomenon, and is part of the wider mental health burden of caring for this patient population. Research shows that parents and carers are affected by stigma, self-criticism and self-blame, leaving them with unique support needs that have only been recognised relatively recently, leaving gaps in current services (CICFS, 1999; Townsend et al., 2021). Chronic sorrow is well documented among parents of children with disabilities

and chronic illness but only reported anecdotally among parents of mentally ill children. Self-blame and shame can be exacerbated through unhelpful responses from others, including family, friends, schools and even mental health services.

The result of the distress experienced by this often overlooked group can serve to exacerbate the suffering of their children too, as has been captured well in Alan Fruzetti's transactional relationship model, in which emotionally dysregulated children express themselves inaccurately and in ways that may increase parents' emotional dysregulation, in turn impairing parents' own ability to accurately express (Mendenhall et al., 2011). Vulnerabilities impact susceptibility to emotional dysregulation in this model and shame, self-criticism and chronic sorrow all have the potential to increase these caregiver vulnerabilities. Hallmark behaviours associated with emotional dysregulation, such as self-harm, present caregivers with credible reasons to feel significantly distressed, fearful and hypervigilant. The lack of knowledge and skills to face the exceptionally challenging situations that their children's dysregulated behaviours create leaves parents also feeling ashamed, powerless and overwhelmed.

In this talk, I will talk about my own lived experience of parenting an emotionally dysregulated adolescent and explore the roots of parental self-blame and shame. I will move on to explore how a pilot programme to support parents like me, Family Connections, was shown to have a transformative effect on parents' relationships with themselves, their children and other stakeholders, reducing self-criticism, increasing self-compassion and confidence. I will present qualitative research, conducted by Oxleas CAMHS, on the impact of this programme, which uses DBT-derived psychoeducation and support to nurture compassion, for the self and the wider family, while teaching mindfulness and DBT skills.

Self-criticism and compassion focused informed treatment – examples and experiences from child-focused services.
Julie Melrose, Oxleas NHS Foundation

Introduction. The period of transition as young people move from children to adolescents is characterised by lots of changes, including an increased sense of self-identity and an elevated importance of peer relationships. These changes can have an impact on how children and young people (CYP) relate to themselves, and have been suggested to increase the risk of shame and self-criticism in this population (Gilbert & Irons, 2009). There is a well-developed evidence base showing shame and self-criticism to be maintenance factors for a variety of mental health difficulties, and that compassion focused therapy (CFT) techniques can be effective in alleviating mental distress related to these processes (Millard et al., 2023). However, there is a less research exploring how self-criticism is experienced by CYP specifically, or case studies showing how CFT can be used creatively to meet the particular needs of this population. Given the unique life stage that CYP are at, child-focused services (such as CAMHS and social care) operate differently to adult services, where a lot of the studies on CFT have been completed. In addition, we know from exploring other psychological phenomenon such as depression, that the qualitative experience of the same phenomenon can be very different across CYP and adults. Thus, this talk will explore this research gap, by giving specific examples of how these well-established concepts and interventions can be translated to the CYP population, and be understood in the context of their unique needs.

Methods and results. This talk will begin with three short case-presentations, showcasing three different examples of how CFT has been used within child and adolescent work. This will highlight the different ways that CFT principles can be used and adapted to meet the unique needs of this population. A short audio recording will then be played which is constructed from conversations with children and young people. This will capture the voice and perspectives of young people on their experiences of self-criticism, and how these experiences have or have not changed within their treatment journey.

Discussion. A reflective discussion will then take place between the four presenters of this symposium, looking at the key themes and questions raised not only within this talk, but across the symposium. The discussion then will be opened up to an interactive discussion, continued with contributions and questions from the audience.

Recent developments in mental imagery: a transdiagnostic perspective

Chair: *Julie Ji, University of Plymouth*

A taxonomy of intrusive mental images in clinical disorders: what can "non-veridical" images tell us about the nature of human memory?
Lusia Stopa; Soljana Çili, University of the Arts London

Intrusive mental images associated with autobiographical memories or depicting imagined scenes are common in psychological disorders. Although there is a growing body of literature on their contribution to psychopathology and their role in therapy, to date there have been limited attempts to categorise the different types of images that patients experience. In this article, we present a taxonomy which ranges from veridical to non- veridical intrusive images. We highlight the fact that many types of images consist of a blend of veridical and imagined details. After presenting some of the main explanations for the existence of blended and non-veridical images, we reflect on what the evidence on the content and origin of intrusive images tells us about the nature of human memory. We argue that it supports the idea of memory being constructive and briefly discuss what this means for clinical and non-clinical settings in which intrusive images have to be evaluated and used.

The role of mental imagery in non-suicidal self-injury - an ecological momentary assessment investigation
Julie Ji, University of Plymouth; Michael Kyron, University of Western Australia; Penelope Hasking, Curtin University; Lisa Saulsman, University of Western Australia; Ashleigh Lin, University of Western Australia; Emily Holmes, Uppsala University

Non-suicidal self-injury (NSSI) is a prevalent behaviour in young people that can become repetitive and difficult to relinquish. While it is known that NSSI is reinforced by short-term emotional rewards and preceded by strong urges, the cognitive factors underpinning NSSI remains poorly understood. This talk will present preliminary findings from an intensive ecological momentary assessment (EMA) study investigated the frequency and content of NSSI-related mental imagery and NSSI urge and behaviour. N = 43 young people aged 17-24 reporting 5+ episodes of NSSI behaviour over the past 12 months received survey prompts seven times a day over 14 days via the mobile phone app SEMA3. Cross-sectional and cross-panel lagged analyses showed that mental imagery of NSSI actions and emotional benefits occurred during high NSSI urge, with greater frequency and vividness of imagery predicting greater increases in urge and likelihood of behavioural impact. Findings suggest mental imagery is not simply an epiphenomenon of NSSI urge, and may constitute a cognitive driver of NSSI.

Reducing anhedonia via generation of positive mental imagery vs. positive verbal thoughts: an experimental investigation
Simon Blackwell, Ruhr-Universität Bochum; Angela Rölver, University Hospital Münster, Germany; Jürgen Margraf, Ruhr-Universität Bochum, Germany; Marcella Woud, Ruhr-Universität Bochum, Germany

Introduction: Generation of positive imagery has been suggested as a means to reduce anhedonia, via improving the extent to which people can imagine upcoming events and activities as potentially enjoyable or rewarding. Several studies have now indicated that repeated practice in generating positive imagery can reduce anhedonia amongst individuals with depression (e.g. Blackwell et al., 2015; Westermann et al., 2021). However, the design of these studies has not excluded the possibility that the effects of the interventions have simply been due to repeated generation of positive thoughts, rather than generation of positive thoughts that are specifically imagery-based. The current study therefore aimed to test whether generation of positive imagery led to greater improvements in anhedonia than generation of positive non-imagery thoughts.

Method:A sample of 54 participants with at least low levels of anhedonia or low positive affect were randomized to complete one week of an imagery-based or verbal-based picture-word computerised training (adapted from Holmes et al., 2008). The training stimuli were ambiguous photos of everyday scenes, always paired with a positive caption. In the imagery condition, participants were instructed to generate mental images that combined the picture and word caption, whereas in the verbal condition participants were instructed to combine them to form sentences. Participants completed a first training session on the computer in the lab then 4 more over the course of the week at home before returning to the lab. Two weeks later participants completed a set of follow-up questionnaires online.

Results: Participants in the imagery condition showed greater improvements in anhedonia (as measured via the Dimensional Anhedonia Rating Scale) from pre to post-training than participants in the verbal condition. Results for other outcome measures (other measures of anhedonia, positive affect, and depression) showed a similar pattern of results, albeit without statistically significant differences between the groups.

Discussion: The study provides support for the proposal that positive imagery can provide a route to improve anhedonia, and that generation of imagery in particular (as opposed to positive thoughts in general) is important for these effects. This has both theoretical and clinical implications for understanding the role of imagery in anhedonia and its treatment.

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Functional imagery training for anxiety reduction

Jackie Andrade, University of Plymouth; Angela Aricatt, University of Plymouth, University of Plymouth, UK; Danny Chapman, University of Plymouth, UK; Cordelia Finch, University of Plymouth, UK; Chelsie Pearce, University of Plymouth, UK; Linda Solbrig, University of Plymouth, UK; Ben Whalley, University of Plymouth, UK

Introduction: Safety behaviours contribute to anxiety maintenance. We present evidence from an intervention that motivates increased engagement and reduced avoidance behaviours. Functional imagery training (FIT) is a form of motivational interviewing (MI) that uses mental imagery to amplify motivation, develop and rehearse behavioural solutions, and build self-efficacy. FIT trains participants to use imagery for self-motivation by making intervention delivery as transparent as possible, drawing attention to imagery benefits in-session, and encouraging and reflecting on imagery practice between sessions. Participants in Solbrig's (2019) weight loss trial of FIT versus MI anecdotally reported spontaneously applying FIT techniques to mental health problems. We will present qualitative evidence on acceptability of FIT for anxiety reduction, followed by results from a pre-registered pilot trial of FIT versus MI (https://osf.io/6gu57/?view_only=bb0650e5e36d45448612d8232dcb3a35).

Method: Undergraduate participants reporting high anxiety were randomised to FIT or MI after completing baseline measures of anxiety (GAD7), motivation and self-efficacy. Each condition involved 4 weekly individual sessions lasting 60:30:15:15 minutes. Participants completed follow up measures 3 weeks after the 4th session.

Results: Linear mixed models gave a medium effect size of 0.45 favouring FIT over MI for anxiety reduction (mean change in GAD7 total = -6.12 for FIT, -4.28 for MI). Motivation and self-efficacy increased more in FIT than MI.

DiscussionQualitative and quantitative data combined show benefits of personalised, goal-related mental imagery for reducing anxiety. FIT seems to be operating indirectly by motivating engagement rather than avoidance, and directly by boosting mood and self-efficacy.

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Using imagery-based techniques to reduce depression in young people: Rescripting the past and generating a positive future

Victoria Pile, King's College London; Patrick Smith , King's College London; Jennifer Lau, Queen Mary University of London

Introduction. Innovation is urgently needed for school-based early interventions for depression. Harnessing emotional mental imagery to (1) reduce the impact of negative imagery and (2) enrich positive future imagery could be a valuable therapeutic approach. Here, we describe the co-development of these two protocols and how they have been applied to target depression in young people (age 16-18). This includes themes emerging from the reported images and case studies. Given that there is some therapist concern about using imagery techniques, we highlight any reported negative consequences of engaging in either technique.

Methods. The two protocols were co-developed in a series of iterative steps. Co-design included consulting YP and adults with lived experience, parents of YP with lived experience, teachers, and clinicians. Overall, more than 60 people with lived experience were involved. 37 young people with high symptoms of depression completed the two protocols. Thematic analysis was used to identify the themes within the generated images. First, two researchers familiarized themselves with the descriptions of the negative images and generated themes. Themes were reviewed and then images independently categorized with high agreement (95% for negative images). Indicators of therapeutic harm and risk were monitored throughout the research.

Results. The two protocols were successfully developed, each with three main stages. Acceptability of the overall intervention was high and the intervention indicated clinical promise in terms of reducing symptoms of depression and anxiety. For imagery rescripting, three themes were identified: failure, interpersonal adversity, and family conflict or disruption. For positive future imagery generation, initial analysis identified themes of: fulfilment or sense of purpose; academic achievement; belonging or connection; freedom; and gaining status. There were no indicators of harm and no increase in risk across the course of the trail.

Discussion. We propose that imagery rescripting and generating positive future imagery are acceptable and potentially effective tools for early intervention in depression, and ones that are significantly underutilized in current practice. All participants were able to generate and manipulate a negative as well as a positive image and there were no reported long-lasting negative consequences of either protocol. A fully-powered trial is needed to further test these approaches.

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Chair: *Chloe Chessell, University of Oxford*

Utilising Patient and Public Involvement and Engagement to Increase the Acceptability of Brief CBT for Adolescent OCD
Polly Waite, University of Oxford; Paul Salkovskis, University of Oxford; Sasha Walters, University of Oxford; Marie-Louise Klampe, University of Oxford

Previous work (Bolton et al., 2011) has demonstrated that brief CBT (5 sessions), supplemented by therapeutic workbooks, is as effective as more traditional length (12 session) therapist-delivered treatment for adolescents with OCD. However, as was typical at the time, the treatment was developed with very limited patient and public involvement or engagement (PPIE) and was delivered through trial conditions which may not directly translate to routine child and adolescent mental health services. To be able to implement the treatment within routine clinical services, it is crucial that it acceptable to young people, their families and the clinicians delivering the treatment. In this symposium, I will discuss the process of working with young people, parents and clinicians to adapt and develop the workbooks/materials (Klampe, Walters, Waite, & Salkovskis, in preparation) and a consideration of implementation issues in order for the treatment to be acceptable and deliverable in routine services.
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Implement-team: Parent-Delivered CBT for Child Anxiety Problems in Primary Schools – an implementation case study
Tim Clarke, NSFT / N&W ICB; Natalie Brown, Nebula Federation; Brioney Gee, NSFT; Jon Wilson, NSFT; Julie Young ,UEA

Introduction:The incidence of anxiety difficulties in children is rising alongside the negative impact on a child and family's life in many domains. There is also reduced capacity and increased demand for child mental-health services, so we must find new potential solutions to increase access to evidence-based interventions. School pastoral staff represent a possible opportunity to skill up in evidence-based anxiety interventions. As this group are often well trained, supported and know the school children, their families, and their needs well, we decided to explore how they may be able to be trained in and implement an evidence-based intervention, parent-delivered CBT for child anxiety problems.
Method:This mixed-methods implementation case-study utilised implementation research principles to optimise the translation of this intervention to be delivered by pastoral staff in a group of federation primary schools as part of a service evaluation project. We trained and supervised pastoral staff alongside monitoring clinical and implementation outcomes. Guided by implementation science frameworks we developed an implementation strategy with the schools to optimise the implementation context. The participants were 12 parents/carers and 5 pastoral staff.
Results:There were positive trends for reduced anxiety and significant reductions on the impact of anxiety in their child/family's life. All 12 families moved towards at least one of their goals with 8 reaching reliable change. In terms of implementation factors, all facilitators were either fully or mostly adherent to the intervention components in all sessions. They felt confident delivering the intervention and following the training, ongoing supervision and completion of sessions now see this as an integral, normal, and sustained part of their role.

Discussion:Parent-delivered CBT can be delivered by pastoral staff and given the right implementation context is an acceptable, clinically useful, and helpful approach. Parents/carers found the intervention and resources acceptable and easy to follow and overall it had a positive impact. Implementation facilitators were explored to optimise implementation culture in the context of these schools. Clear expectations, strong school leadership, high quality training and supervision were identified as key facilitators and have led to its ongoing sustainability. The results of this study have led to a successful funding application to expand the roll-out further.

Lessons learned from the implementation of a brief online, therapist guided, parent-led CBT intervention for child anxiety problems in UK mental health services.
Chloe Chessell, University of Oxford; Cathy Creswell, University of Oxford

Introduction: Anxiety problems frequently begin during childhood (Solmi et al., 2022) and are associated with a range of negative impacts (Asselmann et al., 2018). Moreover, less than 3% of families who seek support for childhood anxiety problems access evidence-based treatment (i.e., Cognitive Behavioural Therapy, CBT; Reardon et al., 2020). Recently, there have been increasing efforts to develop and evaluate brief CBT treatments to help increase access to evidence-based support for affected families (e.g., Crawley et al., 2013; Thirlwall et al., 2013; March et al., 2018). Brief, online therapist guided, parent-led CBT appears to be a promising way to help increase access to treatment (Hill et al., 2022; Green et al., 2023). This presentation will focus on the implementation of a brief, online therapist guided, parent-led CBT intervention, known as OSI (Online Support and Intervention for child anxiety problems), in routine practice in mental health services across the UK.
Method: Thirty-four NHS trusts/organisations were offered the use of OSI in their routine clinical practice for free from August 2022 to December 2023. A series of service evaluations have been set up to examine the clinical outcomes and usage of OSI in routine clinical practice.
Results: Descriptive and statistical analyses of the clinical outcomes (i.e., change in children's anxiety symptoms, interference, functioning, and goal-based outcomes) and usage of OSI (i.e., parents' engagement with OSI) across mental health services will be presented. Implementation science frameworks will be used to identify the key facilitators (e.g., continued training for OSI clinicians) and barriers (e.g., high staff turnover) to implementing OSI in routine mental health services.
Discussion: The lessons learned from the implementation of OSI in routine clinical practice to date will be discussed. Specifically, key strategies to continue using to facilitate the implementation of OSI will be identified, as well as any adaptations to our existing implementation plan to help maximise the adoption of OSI in routine clinical practice.

The acceptability, engagement, and feasibility of mental health apps for marginalised and underserved young people: A systematic review and qualitative study
Holly Bear, University of Oxford

Introduction: Smartphone applications ('apps') could offer an opportunity to deliver mental health and well-being resources and interventions in a scalable, cost-effective and potentially personalised manner, particularly for those who experience the greatest barriers to accessing healthcare. However, very few apps have been successfully implemented, and consensus on implementation measurement is lacking. Furthermore, young people from marginalised and underserved groups face numerous and unique challenges to accessing, engaging with, and benefitting from these apps. The aim of this research was to better understand the acceptability (i.e., perceived usefulness and satisfaction with an app) and feasibility (i.e., extent to which an app was successfully used) of mental health apps for underserved young people. A secondary aim was to establish if adaptations can be made to increase accessibility and inclusivity apps for these groups. Method: We conducted two sequential studies, consisting of a systematic literature review of mental health apps for underserved populations, followed by a qualitative study with underserved young males (n = 20, mean age = 19 years). Following the PRISMA guidelines, an electronic search of five databases

in 2021 yielded 11,539 results. After an initial title and abstract and subsequent full-text screening, 11 articles met eligibility criteria. Results: Included studies targeted a range of vulnerabilities, including homelessness, physical health conditions, those residing in low- and middle-income countries, and sexual and gender minorities. Establishing and maintaining user engagement was a pervasive challenge across mental health apps and populations, and dropout was a reported problem among nearly all the included studies. Positive subjective reports of usability, satisfaction, and acceptability were insufficient to determine users' objective engagement. Discussion: Despite the significant amount of funding directed to the development of mental health apps in recent years, there have been few attempts to develop or adapt interventions to meet the unique and heterogeneous needs of diverse groups of young people. Before the widespread adoption and scaling-up of mental health apps progresses further, greater understanding is needed of the types of services young people themselves prefer (standard vs digital) followed by more rigorous and consistent demonstrations of acceptability, effectiveness and cost-effectiveness.

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Look who's talking: Adapting CBT Self-Practice & Self-Reflection to support Racially Minoritised Therapists & Communities

Chair: *Richard Thwaites, Cumbria IAPT service, UK*

Therapists' lived experience and culturally adapted CBT: Theoretical and practical implications arising from a novel Self-Practice / Self-Reflection programme for CBT therapists from racially minoritised groups

Alasdair Churchard, University of Oxford

It is widely acknowledged that CBT must do more to address issues related to racism. An underacknowledged aspect of this is support for CBT therapists from racially minoritised backgrounds, as this group of therapists experience multiple challenges related to prejudice and discrimination. In order to meet this need a novel Self-Practice / Self-Reflection (SP/SR) programme has been developed specifically for CBT therapists from racially minoritised groups. This talk will give details of the theoretical background to the development of this programme and the practical changes required to make it culturally sensitive. The SP/SR programme was co-produced with a wide range of therapists and psychologists from racially minoritised backgrounds; as such it provides a well-developed example of how the lived experience of people from racially minoritised backgrounds can meaningfully be integrated into CBT.

This talk will include the theoretical background to why CBT has struggled to incorporate therapists' ethnic identities, including therapists of white British ethnicity. This will draw on previous work in the area of culturally adapted CBT (e.g. Beck, 2016; Williams, 2020) but also more general CBT theory (e.g. Bennett-Levy, 2019; Moorey, 2014). The talk will also detail the significant adaptations required to allow the SP/SR programme to address issues related to racial minoritisation. Among other adaptations this includes the development of a novel longitudinal formulation, drawing on existing work by Rathod et al. (2015) and Steele (2020), and applying a strengths-based CBT focus to work with people from racialised minorities (Hays, 2009; Kuyken et al., 2011). The learning from this is relevant to the development of culturally adapted CBT in general, as it relates to for example how to include ethnic identity and intersectionality in formulation and how to address experiences of racism in CBT interventions.

Self-Practice/Self-Reflection for CBT therapists from minoritised ethnic backgrounds: A multiple baselines single case experimental study.

Sakshi Shetty Chowdhury, University College London

Introduction: Cognitive Behavioural Therapy and its use within mental health provision in the UK is often critiqued for its acceptability to people from minoritised ethnic backgrounds, together with issues of access

for these groups. Alongside calls for structural reform, the provision of culturally responsive CBT has also been recommended. However, existing research highlights that therapists often feel under-equipped to work with ethnically diverse populations. Further, there is often little support that is provided to CBT therapists from minoritised ethnic backgrounds, who may face experiences of racism and discrimination within and outside of their professional roles, as well as shoulder the responsibility of leading on the provision of culturally-responsive practice within their workplace.

In response to the above, a novel Self-Practice/Self-Reflection programme was developed, to provide a supportive space for therapists from minoritised ethnic backgrounds to reflect on their ethnicity and how it relates to their professional and personal selves, as well as develop skills in working with ethnicity in their practice.

The current research project aimed to quantitatively evaluate the impact of this programme, specifically in relation to therapist skill in working with clients who are from minoritised ethnicities, as well as their own ethnic identity development and wellbeing.

Method: Outcomes from 6 participants are considered, using a multiple-baselines single case experimental design. Measures were developed and adapted for this evaluation and weekly outcomes were collected over the course of the programme. Outcomes will be analysed using visual and statistical analysis.

Results: The researcher is currently in the process of analysing the data. The results will be presented in relation to the overall impacts of the programme and a consideration of individual outcomes, relating to therapists skills in working with ethnicity, as well as therapists own ethnic identity development and wellbeing.

Discussion: A discussion of the findings of this study will be presented, which will aim to extend the literature around therapist skill development and the provision of culturally responsive CBT, as well as around the support for therapists from minoritised ethnic backgrounds. This project also hopes to lend itself to the quantitative research base around SP/SR programmes and transcultural applications of CBT, of which there has been comparatively less.

Race in Reflection-Race identity & Me Workshops-New Narratives in CBT
Leila Lawton, South London & Maudsley NHS Trust

The DSM-5 refers to racial trauma in the context of PTSD yet provides no formal diagnostic category. Phiri and colleagues provide CBT culturally adapted frameworks, though there is no formally recognised model (Rathod, Phiri & Naeem, 2019). Williams HEART Racial Trauma Protocol highlights advances in cultural CBT adaptations for racial trauma (Williams et al, 2022). Life events and racial identity can impact self-efficacy, self-perceptions, and motivation. Westernised diagnostic classifications do not consider the implications of repeated race-based injustices and white supremacy. CBT models and formulations can also be adapted to centre difficulties within the context of whiteness, racism, and societal context (Naz., Gregory & Bahu, 2017, Williams, 2020). The Race Identity & Me (RIM) workshops provide culturally adapted CBT interventions for Racial Trauma (combination of psychoeducation, intervention, and reflective spaces). The collective development of workshop content took place prior to William's protocol publication yet is promising in its correlation with the intervention strategies. RIM workshops demonstrate CBT anti-oppressive psychotherapy. Method-Five iterations of eight weekly online sessions of RIM workshops were delivered. One iteration included Health & Social Care staff. Six of the eight sessions focused on psychoeducation, adapted formulation and intervention, the final two sessions reviewed key learning in support of staying well plans. In addition to NHS Talking Therapies MDS, we used validated measures; Everyday Discrimination Scale, Multi-Group Ethnic Identity Measure – Revised (MEIM-R) and Heightened Vigilance Scale. The scales were selected to assess ongoing impact of race related stressors and ascertain and assess impact on positive racial identity development and its link to self-efficacy. Feedback forms were administered every session.

Results-Themes derived from inductive thematic analysis of qualitative data from feedback forms demonstrate both value, need and effectiveness of the workshops. Hypothesis for conceptualising racial battle fatigue were made.

Discussion-A discussion of the findings of this pilot will be presented. Implications for future research using Williams Racial Trauma protocol across NHS Talking Therapies Sites will also be discussed along with how to work towards national, formal recognition of evidence-based treatment for racial trauma and sustainable infrastructure for its dissemination.

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Expanding the route to BABCP-Accreditation on Clinical Psychology Doctoral Programmes

Chair: **Paul Salkovskis,** *The Oxford Institute of Clinical Psychology Training and Research, The Oxford Centre for Psychological Health, The Oxford Cognitive Therapy Centre*

Improving access to CBT across services: The role of psychologists in delivering NHS policy
Adrian Whittington, NHS England and Health Education England

We have come a long way in expanding access to evidence-based psychological therapies in the English NHS in the past 15 years. We have much further to go. Current NHS policy in England supports further expansion of evidence based psychological therapies across services for adults with anxiety and depression, psychosis, bipolar disorder and 'personality disorders', all age eating disorders, specialist perinatal mental health, and children and young peoples' mental health. A large proportion of the expansion required is for CBT - as it is recommended by NICE as a first line treatment across all of these pathways.

We have a highly complex and diverse group of professions contributing to delivering this expansion in CBT, including multiple psychological professions. The psychological professions workforce includes psychologists, psychological therapists and psychological practitioners. To implement the policy ambitions for psychological therapy expansion these groups will need to work in synergy to enable more of those who could benefit to receive CBT. It is therefore important that more psychologists are able to demonstrate that they meet a recognised multi-professional marker of CBT competence (BABCP accreditation). This will enable these "dual accredited" psychologists to deliver CBT within multi-professional expansion programmes, and once suitably qualified to join those supervising multi-professional colleagues providing CBT.

To support this development Health Education England (now part of NHS England) has invested in supporting more clinical psychology training programmes to develop BABCP Level 2 Accredited training pathways. We expect to see significant growth in these pathways over the next three years, which courses will implement alongside the wider training that psychologists receive in other therapeutic approaches, system level work and leadership. In this way, a future cadre of psychologists will emerge who can authentically take up roles among the architects of further expansion of CBT across professions.

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The development of clinical psychology doctoral BABCP accredited training pathways: a national CBT top up training programme.

Sarah Lack, Oxford Institute of Clinical Psychology Training and Research

British Psychological Society (BPS) standards for the accreditation of doctoral programmes in clinical psychology include equipping trainees with the ability to implement CBT and ensuring supervisory resources for meeting CBT competence for all trainees. However, for decades there has been variation in availability of supervised CBT placements. In 2021 HEE invited all clinical psychology doctoral programmes in England to bid for funding to support supervisors to gain BABCP accreditation. 21 courses pooled their funding into a national consortium, led by the Oxford and Exeter courses and c. 12 supervisors per course participated in the training. This talk describes the design of a CBT top up training programme to enable 250 supervisors of trainee clinical psychologists to meet the BABCP Minimum Training Standards (MTS 2012, 2022). It considers data from a preliminary evaluation including results of a needs assessment, comparison of pre and post CTSR scores, comparison of pre and post self-reported CBT competence according to those identified by Roth and Pilling (2008), the content of supervisor reports and the number of participants meeting MTS requirements by the end of the training. The overall aim is to disseminate the extent to which the training has succeeded in improving CBT competence amongst 250 supervisors of UK trainee clinical psychologists. It is hoped this will result in improved consistency of supervised CBT placements for trainee clinical psychologists in the UK. The information in this talk may also provide guidance to courses who will continue to support supervisors to become BABCP accredited beyond the end of the consortium project.

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Development of the National CBT Top Up Training Programme: A Pilot Evaluation from the Perspective of Participants enrolled on the Programme
Lucy Hale, University of Surrey; Mica Rivers, University of Surrey; Aneisha Patel, University of Surrey; Lindsay Barr, University of Surrey; Mary John, University of Surrey; ,

Introduction: This presentation builds on the first and second presentations in this symposium (Whittington & Lack, respectively). Considerable funding has been awarded to clinical psychology doctorate courses to provide Cognitive Behavioural Therapy (CBT) 'Top Up' training to qualified Clinical Psychologists between 2022-2024. This will provide a route for Clinical Psychologists to gain BABCP accreditation by providing opportunities to support them to meet the BABCP Minimum Training Standards. The Oxford Centre for Cognitive Therapy are collaborating with the University of Exeter to lead a consortium to provide the CBT Top Up Training Programme. There are several main aspects to the programme: CBT teaching / workshops, CBT supervision, CBT theory-practice assessment and CBT clinical competency assessment. This evaluation provides an opportunity for qualified Clinical Psychologists accessing the CBT Top Up Training Programme to share feedback on their experiences of different aspects of the programme. Areas evaluated include experience of teaching, supervision, and assessment.
Methods: Purposive sampling was utilised to recruit participants. Online surveys consisting of a series of multiple-choice questions and opportunities for qualitative feedback were used to gather feedback. General experiences of teaching, assessment and supervision were explored in addition to helpful and challenging aspects in relation to these elements of the programme. Descriptive analyses were used to examine the quantitative data. Qualitative feedback was analysed using content analysis.
Results: Preliminary descriptive analysis of the data collected so far (n=244 respondents) revealed positive experiences of those accessing the taught elements of the CBT Top Up Training Programme. All respondents were at least satisfied with the overall quality of the workshops attended with 85% (n=208) reporting being 'very' or 'extremely' satisfied in this regard. 77% (n=188) of respondents reported feeling 'very' or

'extremely' satisfied at being better equipped to work clinically with the client group or population relevant to the workshop attended. Data collection remains ongoing. The results with regards to all three aspects of the programme will be presented and commented on.

Discussion: The implications of the preliminary results of these three initial evaluation projects are discussed in relation to the ongoing delivery and development and the CBT Top Up Training Programme.

Five Years On: Reflecting on the Experiences of Trainee Clinical Psychologists in relation to opportunities around their CBT practice on the Clinical Psychology Programme at the University of Surrey
Lucy Hale, University of Surrey; Mary John, University of Surrey

Introduction: In recent years, the Doctorate in Clinical Psychology (PsychD) at the University of Surrey has been actively engaging in the Cognitive Behavioural Therapy (CBT) expansion agenda. Accredited with the BABCP since September 2018, the specialised CBT pathway on the programme provides a set of integrated academic and clinical learning experiences as a route to meeting the BABCP minimum training standards for Level 2 accreditation. Trainees who complete this optional specialist pathway are eligible to apply to become BABCP accredited practitioners on graduation from the PsychD. Whilst all trainees at Surrey receive over 200 hours of CBT teaching, those following the pathway complete additional academic assignments and a further 200 hours of supervised clinical practice with BABCP accredited placement supervisors. Presented here are two pilot evaluation projects exploring trainee experiences in relation to (i) the implementation of a specialised CBT pathway and (ii) trainee experience of CBT practice more generally whilst on the University of Surrey PsychD programme.

Methods: Focus groups were utilised in both evaluations to explore (i) the experiences of trainees from the first cohort to pursue the pathway (n = 7; see Daley, Hale & Patton, 2022) and (ii) the experiences of trainees in their first year of training using CBT (n=7; see Rodwell, Kent & Hale, 2023). Thematic analysis was conducted to analyse the data collected.

Results: Three key themes were identified in the initial evaluation of the pathway (Daley, Hale & Patton, 2022): 'experience of University', 'experience of placement' and 'emotional experience'. The second evaluation (Rodwell, Kent & Hale, 2023), revealed three overarching themes: 'the influence of placement supervisors', 'applying CBT to complexity', and 'personal reluctance to apply the approach' (CBT). Results highlight the importance of supervisors' CBT background, teaching that focused on the structure (of CBT) and trainees' reactions to CBT.

Discussion: The implications of the results from these two initial evaluations are discussed in relation to ongoing pathway development and the CBT expansion agenda more generally. An update of ongoing and future evaluation work is presented.

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Teaching an old dog new tricks or teaching grandma to suck eggs? Progress and challenges accrediting new-old Clinical Psychology CBT courses. Rachel Handley, University of Exeter & Ministry of Defence.
Rachel Handley, University of Exeter

Teaching an old dog new tricks or teaching grandma to suck eggs? Progress and challenges accrediting new-old Clinical Psychology CBT courses. Rachel Handley, University of Exeter & Ministry of Defence.

The British Psychological Society stipulates that CBT must be one of two main therapeutic modalities taught on every Doctoral Clinical Psychology (DClinPsy) programme and Clinical Psychologists have led the development of and conducted the research underpinning the majority of CBT models taught on accredited

CBT programmes today. Despite this, few DClinPsy programmes have been accredited by the BABCP and a minority of qualified Clinical Psychologists have pursued BABCP accreditation.

The funding and support for DClinPsy programmes to fully accredit or develop level 2 accredited pathways has led to a significant increase in activity in this area. This talk will report current data on the BABCP accreditation of DClinPsy programmes. It will describe the opportunities and challenges for programmes that both informed the Top Up Training proposal and continue to present for programmes going through this process. It will also consider related opportunities and challenges for BABCP course and individual accreditation processes.

Working with complexity and the space between primary and secondary care in IAPT

Chair: **Thomas Richardson,** *University of Southampton*

Is Bipolar worked with in IAPT, and what are the views of staff and service users? Results from a linked staff and service user survey and freedom of information request.

Thomas Richardson, University of Southampton, UK; Kim Wright, University of Exeter, UK; Rebecca Strawbridge, Kings College London; Jon Wheatley, Homerton Healthcare NHS Trust, UK; YeeHin Chong, University of Exeter

Background: NHS Talking Therapies (formerly IAPT) tend to exclude those with Bipolar Disorder. Despite promising results from the IAPT Serious Mental Illness demonstration sites for Bipolar (Jones et al., 2018), there has been no national roll out of such an approach. This is despite 30% of those attending NHS Talking Therapies Services potentially having undiagnosed Bipolar, but doing equally well from standard interventions (Strawbridge et al., 2022). Bipolar UK has called on greater access to NHS Talking Therapies Services for those with therapy, and more training for staff (Goodwin, 2022).

Methods: As part of a nationwide service evaluation we surveyed 139 members of the public with Bipolar and 113 staff working in NHS Talking Therapies Services to assess experiences and views of therapy for those with Bipolar within IAPT. A freedom of information request of 46 services was also conducted.

Results: 61% of those with Bipolar had heard of IAPT / NHS Talking Therapies, and 49% had tried to access therapy through these services, but only 19% had received therapy there with 28% being specifically told they could not be seen due to having Bipolar. For 29% of those who had been referred, this was prior to a formal Bipolar diagnosis. 63% of staff reported that those with Bipolar were eligible for their service in some circumstances, mainly to work on comorbid anxiety, PTSD or if there was not a formal diagnosis yet. Only 15% of staff routinely screened for Bipolar in initial assessments. 17% had worked with anxiety in Bipolar, 5% PTSD and 15% current depression. 30% felt those with Bipolar had worse outcomes and 26% felt they were more likely to be re-referred in the future. 68% had not received any training about working with Bipolar and 48% were keen to work more with Bipolar.

30% of trusts did not offer treatment for bipolar at all, 52% offer treatment for another presenting issue (e.g., anxiety) and 4% offered treatment for bipolar specifically. Only 28% of Trusts reported screening for bipolar, and 26% reported offering training to staff.

Results from a one-day training session showed 94% of staff felt more confident and 83% more keen to work with Bipolar.

Conclusions: Bipolar per se is not usually treated within NHS Talking Therapies/IAPT, though comorbid issues are often worked with. Service users report finding this helpful, but staff have concerns and training may help improve skills and confidence. Routine screening for Bipolar may be warranted.

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ARMS in IAPT: How common are psychotic-type experiences in people accessing primary care mental health services, and what is the impact on their recovery?
Katherine Newman-Taylor, University of Southampton; Tess Maguire, University of Southampton; Elizabeth Graves, Southern Health NHSF Trust, UK; Emma Bayford, Solent NHS Trust, UK; Grace Addyman, Isle of Wight NHS Trust, UK; Tania Smart, Solent NHS Trust, UK; Emily Gosden, Isle of Wight NHS Trust, UK

Introduction: Up to a third of people who access primary care IAPT services report 'at risk mental states' (ARMS), and a third of people with ARMS go on to develop psychosis. People with ARMS typically seek help for anxiety and depression, but may not report their unusual experiences. Furthermore, IAPT services do not routinely screen or take account of ARMS, leaving these experiences undetected and not addressed in therapy. Despite clinicians' willingness to work with a degree of complexity in primary care, therapists have limited understanding of the needs of this group or how best to support them.
Method: We report on an observational longitudinal study of people accessing IAPT services for depression and/or anxiety, who also report ARMS. We also outline a linked feasibility trial of augmented CBT (emphasising attachment/relational factors) for this group.
Results: We describe prevalence data for people accessing IAPT services with ARMS, sociodemographic and clinical features of this group, and recovery rates compared to people without ARMS. We also outline the augmented CBT, training package, and preliminary data from the feasibility trial.
Discussion: Many people with ARMS access and meet the criteria for primary care IAPT services, and do not meet criteria for dedicated ARMS or secondary care services. This group do benefit from psychological interventions in primary care but may have particular needs. If we can support people to report these experiences at assessment, and then adapt psychological interventions for anxiety and depression to take account of ARMS and linked attachment/relational factors, we may be able to meet the needs of this population early and effectively.

Focused CPD workshops to support Talking Therapies service therapists to tailor depression and anxiety treatments for clients with personality difficulties: Emerging findings
Laura Warbrick, University of Exeter

NHS Talking therapies services (formerly IAPT) are effective, but not optimised – with around 50% of clients not reaching recovery, and approximately 30% not reliably improving. In the context of heightened levels of severity and complexity than the service was originally designed to manage, it is important to identify client characteristics which are prognostically important, and tailor care to accommodate these needs. One cluster of characteristics known to predict poorer outcomes in Talking Therapies services are difficulties managing emotions, relationships and sense of self – often experienced in the context of adverse early life experiences. 'Personality difficulties' is one term used to describe these experiences falling at the milder end of the ICD-11 personality disorder spectrum. Evaluations of routine outcome data show personality difficulties are highly prevalent within Talking Therapies services and are linked to poorer outcomes in step 3 or mixed samples. This talk will review emerging findings from a programme of work examining how to better meet these clients need in talking therapies services. Preliminary analyses exploring the association between personality difficulties and treatment outcomes in Step 2 care will be presented.
One approach to improving care for these groups is to upskill the existing workforce to tailor care to accommodate these additional difficulties. Ongoing projects developing and evaluating Continuing Professional Development (CPD) workshops to improve care for Talking Therapies clients with personality difficulties will be introduced. Preliminary feedback from separate high-intensity and low-intensity CPD workshops evaluating feasibility and acceptability of the workshops will be reviewed.
Ongoing work evaluating how workshops may lead to sustained changes in attitudes and practice will be discussed, as well as whether this leads to improved clinical outcomes for clients with personality difficulties.

Recommendations for practice, including routine evaluation of CPD and implications for clinicians attending CPD workshops will be outlined.

Mechanisms underlying suicidal experiences and the effect of a suicide focussed cognitive therapy for people with psychosis: CARMS (Cognitive AppRoaches to coMbatting Suicidality)

Chair: *Gillian Haddock, University of Manchester*

Working with psychosis and suicide: preliminary findings from the CARMS randomised controlled trial evaluating cognitive behavioural suicide prevention therapy
Gillian Haddock, University of Manchester; Kamelia Harris, University of Manchester; Daniel Pratt, University of Manchester; Patricia Gooding, University of Manchester

Introduction: Suicide is a leading cause of death and people experiencing psychosis are at increased risk of dying by suicide. The development of new therapies to reduce suicidal thoughts and behaviours is a priority for mental health services. The Cognitive AppRoaches to coMbatting Suicidality (CARMS) project investigated the effectiveness of cognitive behavioural suicide prevention therapy (CBSPp) for people experiencing suicidality and psychosis. This paper will present some preliminary data on engagement in therapy, acceptability, and effectiveness.
Method: CARMS was a two-armed randomised controlled trial comparing CBSPp plus treatment as usual (TAU) with TAU alone. Therapy was delivered over 6 months in up to 24 sessions. Participants were recruited from NHS mental health services, were 18 years old or more, were experiencing a non-affective psychosis and were experiencing suicidal thoughts, plans, and/or attempts in the three months prior to recruitment to the trial. We assessed multiple mental health outcomes at baseline, 6 and 12 months, recorded therapy attendance, therapeutic alliance and the level of formulation achieved during therapy.
Results: 292 people took part in the trial; 149 received CBSPp plus TAU. The impact of the intervention on suicidal thoughts will be described. With regard to therapy attendance, a median of 16 out of 24 sessions offered were attended although the range was large. A small number of people attended no sessions. The level of formulation achieved during sessions was variable, but a large majority of participants were able to discuss and formulate difficulties with regard to suicidal thoughts and acts in sessions. Therapeutic alliance was good and comparable with other trials of CBT for psychosis.
Discussion: CBSPp was acceptable and there was a suggestion it was effective for those who engaged in therapy. Although talking about suicide was difficult and sometimes distressing, therapy attendance, alliance and formulation suggested it was a welcomed approach. Taken together with findings from qualitative work, there is value in further research to examine how CBSPp can be optimised to meet service user needs and become available to those people who want it.
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Acceptability of a suicide-focused psychological therapy for people who experience psychosis
Kamelia Harris, University of Manchester; Patricia Gooding, University of Manchester; Yvonne Awenat, University of Manchester; Gillian Haddock, University of Manchester; Daniel Pratt, University of Manchester; Sarah Peters, University of Manchester

Objectives: Suicide is a leading cause of death globally. In 2019 in the UK, there were 5,691 suicide deaths. People with mental health problems are most vulnerable to suicidal experiences. Individuals who experience psychosis are at an increased risk of suicide death. Psychological therapies can alleviate suicidal thoughts, plans, and attempts. Therapies need to be effective, but also acceptable, to recipients and those delivering

them. The study used the Theoretical Framework of Acceptability (TFA) to investigate views on the acceptability of a suicide-focused CBT for people experiencing non-affective psychosis (i.e., CBSPp).
Design: Qualitative study using semi-structured interviews.
Methods: Individuals with experience of non-affective psychosis, suicidal thoughts, plans and/or attempts were recruited from NHS community mental health services across North-West England. Interviews were conducted with participants who were randomised to receive therapy as part of a randomised controlled trial. Interviews were audio-recorded and transcribed verbatim with participants' consent. Data were deductively analysed using an adapted version of the TFA, and inductively analysed using thematic analysis. An expert by experience group of individuals with experiences of psychosis and suicidality was involved in the study design and dissemination.
Results: Interviews (Mean = 45 minutes) were conducted with 21 participants. Data were organised into six themes: 1. Affective attitude, 2. Burden, 3. Alliance, 4. Intervention coherence, 5. Perceived effectiveness, and 6. Self-efficacy. No evidence was found found for two of the original TFA themes, namely Ethicality and Opportunity costs. There was strong evidence for the Affective attitude and Alliance themes. Overall, CBSPp was perceived as being acceptable and beneficial for wellbeing and understanding experiences of suicidality and psychosis.
Conclusions: Talking about experiences of suicide was difficult and sometimes distressing. However, it was perceived to be useful for understanding mental health experiences. In order for an intervention to be acceptable, therapists need to ensure that clients' understanding of the therapy aims aligns with expectations of effectiveness. It is also important for stakeholders to invest in building strong therapeutic relationships. Future research will benefit from examining therapists' experiences of delivering therapy through different modes, such as online and telephone.

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The dynamic interplay between interpersonal relationships and suicidal experiences in people with non-affective psychosis: findings from the CARMS (Cognitive AppRoaches to coMbatting Suicidality) project

Patricia Gooding, University of Manchester; Kamelia Harris, University of Manchester; Sarah Peters, University of Manchester; Gillian Haddock, University of Manchester

Suicidal experiences include thoughts, urges, compulsions, plans, attempts and death. They are often unpredictable, and signify immense psychological pain, despair and distress. Suicidal experiences are more frequent in people with severe mental health problems compared to the general population. Non-affective psychosis is considered to be a severe mental health problem. It is important to understand the pathways which underpin suicidal experiences from psychosocial perspectives in order to develop robust mechanistic models which form the foundations for suicide-focused psychological interventions. Perceptions of social isolation, loneliness, and interpersonal relationship problems can lead to suicidal experiences. Key psychological models include perceptions of denuded social support. However, the ways in which appraisals of relationships with others lead to suicidal experiences in people with non-affective psychosis, are poorly understood. This presentation will elucidate work from the CARMS project which contributes to redressing this gap. It describes convergent findings using quantitative and qualitative analyses from people with non-affective psychosis and recent suicidal experiences. Although perceptions of defeat (e.g., "I feel that I am one of life's losers"), being trapped (e.g., "I have a strong desire to escape from things in my life") and hopelessness (e.g., "I might as well give up because there is nothing I can do about making things better for myself") are strong predictors of suicidal thoughts and acts, the ways in which perceptions of social relationships with friends, family and others affect defeat, entrapment and hopelessness are insufficiently understood. The first set of findings is based on a longitudinal design spanning a year. They elucidate mediational pathways involving appraisals of different types of social relationships and defeat, in particular,

which led to suicidal ideation over twelve months. The second set of findings is based on cross-sectional interview data. A complex dynamic is illustrated by themes of i. mattering "if I kill myself who's going to miss me", ii. connectedness "socialising is a part of everything really, you can't be alone all the time", and iii. sharing "and with friends and my boyfriend there's just no understanding". Implications for the development of psychological interventions which focus on complexities between interpersonal relationships and suicidal experiences will be discussed.

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Working with suicide: perspectives from experts-by-experience

Zach Howarth, University of Manchester; Yvonne Thomas, University of ManchesterUniversity of Manchester; Bradley Boardman, University of Manchester; Patricia Gooding, University of Manchester; Gillian Haddock, University of Manchester

The CARMers are a group of people with lived experiences of suicidality and severe mental health difficulties including psychosis. Their name was chosen because the members have been working on the CARMS trial (Cognitive AppRoaches to coMbatting Suicidality) since 2016. In fact, they have collaborated with academics, therapists, practitioners, and undergraduate and postgraduate students at the University of Manchester since 2006. The input of the CARMers has spanned all stages of the research process. In this presentation, four aspects of the suicide research work undertaken by the CARMers will be described. First, it is important to comment on which aspects of understanding suicidal experiences are important from the perspective of the CARMers. This includes an understanding of what it is like to wake up every morning with 'suicidality' being very much present, not feeling understood or connected, and feeling as though people with severe mental health problems do not matter. How can these thoughts and feelings be countered, neutralised or simply lived-with in ways that genuinely mean something to the people living those experiences? Second, CARMers' experiences of contributing to all aspects of the research process are probed. These encompass brainstorming of ideas; input into the design of studies, for instance, identifying where qualitative work seems needed; deciding on participant eligibility criteria; probing the meaningfulness and interpretation of analyses; disentangling complex ethical issues; developing recruitment and creative dissemination strategies; and training researchers, therapists, and students in how to talk about suicide and how to not be scared of those conversations. It is important to unpick these research strands and to highlight which aspects of research seem especially important to EBEs, what deserves more attention, and why and how that should be achieved. Third, an exploration is offered of what it meant to the CARMers to be trusted with making decisions on large projects, such as CARMS. Following on from that, and finally, reflections are described capturing what it has meant to be involved in this work more personally, not only as individuals, but as a group of people who have felt an emerging and ever-growing kinship. With this in mind, the ways in which the methods and ethos of PPIE can apply to future research and service provision in the area of mental health and suicidality are discussed.

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Supporting parents with severe mental health problems

Chair: **Sam Cartwright-Hatton,** *University of Sussex*

Parenting with an eating disorder: maternal experiences and support needs
Laura Chapman, University of Sussex; Sam Cartwright-Hatton, University of Sussex; Kathryn Lester, University of Sussex

Introduction: Eating disorders are serious, complex, and highly stigmatised disorders. Many adults accessing treatment are parents, and studies suggest that eating disorders may disrupt parenting. In addition, the children of parents with eating disorders are at greater risk for the development of a range of difficulties. This qualitative study sought to broaden and extend current understandings of the lived experiences of mothers with a range of different eating disorder diagnoses.
Method: We conducted semi-structured online interviews with 18 mothers living in the UK, USA, and Australia. Participants were mothers to one or more children aged two years or older, had received a lifetime diagnosis of one or more eating disorders, and reported experiencing symptoms since becoming a parent. 14 of the 18 participants reported having received one or more additional mental health diagnoses.
Results: Data were analysed using an inductive approach to reflexive thematic analysis. Four major themes with subthemes were identified. These were: parenthood as double-edged sword; the eating disorder impacts parenting; blame and burden; and seeking support. The results of the thematic analysis along with anonymised quotes from study participants will be presented.
Discussion: The lived experiences of mothers suggest that a complex, bidirectional relationship exists between eating disorders and parenthood. Not only can parenthood impact eating disorders in both positive and negative ways, but eating disorders can also impact parenting, in a range of ways that extend beyond the domains of food, eating, and the body. In addition, parents with eating disorders can face unique barriers to accessing treatment, and there is a pressing need for the development of tailored, non-judgemental support options for parents with eating disorders and their families.

Women's and staff perceptions and experience of the IMAgINE study
Anja Wittkowski, The University of Manchester

Introduction: Dr Anja Wittkowski will use the example of the IMAgINE feasibility study findings to discuss the acceptability and the perceived benefits of offering a parenting intervention like Baby Triple P to mothers admitted to a Mother and Baby Unit (MBU) for severe mental health problems. Although MBUs offer a range of therapeutic interventions, they do not routinely offer more structured parenting interventions. The Triple P Positive Parenting Programme for Baby consisted of eight sessions, with the final four being delivered over the telephone following MBU discharge.
Method: This multi-site, parallel-group, single-blind pilot randomised controlled trial compared the intervention with usual care versus usual care in mothers recruited from two MBUs in England. Clinical outcomes including maternal parenting competence, bonding and mental health outcomes were assessed at baseline, post-baseline/intervention (10 weeks) and six-month follow-up. Apart from quantitative data collections, participants and MBU staff were also interviewed about their experiences and perceptions of this particular intervention, its acceptability and how it might have brought about a positive change for mothers and their infants. Interview data were analysed using Framework Analysis.
Results: Analysis of all interview data (n=20) revealed that mothers and MBU staff experienced the study procedures as well as this particular intervention as feasible, acceptable and suitable for a severe mental illness context within a MBU setting. More importantly, women reported positive changes in terms of their

own emotion regulation, their understanding of baby behaviours and their confidence in their parenting abilities. Staff also commented on noticing differences in mothers interacting much more positively with their babies.

Discussion: Despite this being a feasibility study, this was the first trial of a parenting intervention in this particular setting. As part of this presentation Anja Wittkowski will highlight what benefits a parenting intervention could offer to mothers and their infants being supported within perinatal mental health settings.

How can we best support parents with bipolar?
Steven Jones, Lancaster University

Parents with BD find that the ups and downs of mood that they experience make parenting very challenging particularly regarding provision of consistent support and guidance for their children. Parents with BD want parenting support, but worry they might lose access to their children if they disclose this to their clinicians. Accessible, flexible, and confidential online parenting support is a way to provide this without adding to worries parents already have. Children of parents with BD often have emotional and behavioural problems, which can lead to severe mental health problems, including BD, as they grow up. Parents need support to help their children flourish, which may help parents themselves feel better as well, with wider benefits for society. This talk will briefly review work by our team in demonstrating the feasibility of online support for these parents and will introduce the current Integrated Bipolar Parenting Intervention (IBPI) study. This is a national NIHR funded definitive clinical and cost-effectiveness study. We are recruiting parents with bipolar with children aged 4-10 and comparing IBPI with treatment as usual at 24 and 48 weeks. The primary clinical outcome is child emotional and behavioural problems at 24 weeks with additional outcomes exploring parenting, parental mood and family coherence. Economic measures will assess cost effectiveness from the perspective to both child and parent outcomes. The talk will describe the rationale for this study, the updating of the intervention in partnership with parents with bipolar and will report on trial progress through the recruitment period.

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'Parenting Intervention for Parents with Psychosis in In Adult Mental Health Services: An acceptability and feasibility trial (The PIPPA study)
Lynsey Gregg, University of Manchester; Anja Wittkowski, The University of Manchester

The majority of people with psychosis are also parents. Research shows that caring for children alongside coping with psychosis can be extremely difficult. Mental health symptoms and medication side effects can reduce parental responsiveness, and interfere with important family routines. Parenting interventions have the potential to improve outcomes for both parents and children, and possibly preventing the intergenerational transmission of mental illness, but they have not properly evaluated in parents with psychosis. We report on the design of the first study to evaluate an evidence-based parenting intervention for parents with psychosis.

We describe a randomised control trial (RCT) that aims to assess the feasibility of introducing and evaluating a parenting intervention within adult mental health services, exploring whether parents with psychosis will engage with it sufficiently and what additional support they may need to derive benefit.

The self-directed version of the Triple P Positive Parenting programme plus treatment as usual (TAU) will be compared to TAU alone. Parents with psychosis (n=75) will be recruited from two mental health trusts in

North-West England and allocated in a ratio of 2:1 (intervention:control) optimising information collected on Triple P.

Participants randomised to the intervention arm will choose their preferred version of Triple P, i.e. online or workbook, ensuring delivery in the most accessible format. Parents will be supported to complete the programme by care-coordinators over a 15-week-period.

A process evaluation, informed by qualitative interviews with parents in the intervention arm, adult mental health practitioners and the children of participants, will identify barriers to trial recruitment, engagement with and adherence to the intervention, implementation within services and trial retention. We will also establish the 'promise' of the intervention on clinical outcomes including parental mental health, parenting stress and child behaviour. Our early focus on identifying barriers and facilitators of successful implementation will allow for rapid adoption should Triple P be determined effective and cost-effective in future.

Parenting and psychosis: An experience sampling methodology study investigating the inter?relationship between stress from parenting and positive psychotic symptoms
Jess Radley, Kings College London; Jane Barlow, University of Oxford; Louise Johns, University of Oxford

Introduction:Around a third of people diagnosed with a psychotic disorder are parents. The symptoms of psychosis can, at times, make it more difficult more parents to meet their children's needs and cope with the daily demands of parenting. The stress-vulnerability hypothesis posits that stress can trigger psychosis in those with a pre-existing vulnerability. The demands of parenting can place individuals under stress and for those who experience psychosis, parenting stress may exacerbate psychotic symptoms. This study, therefore, examined the bidirectional relationship between stress and psychosis in parents with psychosis. It included negative affect as a mediator of this relationship as well as investigating a range of other psychosocial factors as covariates. It also examined whether stress from parenting had stronger association with psychosis than non-parenting stress.

Methods: The study used a within-participants repeated measures design, using experience sampling methodology (ESM). ESM is a self-report surveying technique completed over an intensive longitudinal period. Participants completed six surveys a day, for 10 days. The same questions were presented at each survey, which took on average 2 minutes to complete. Participants also completed measures on demographics, social support, child behaviour, parenting self-efficacy and coping at the beginning of the study. Participants were eligible if they had a child aged between 2 and 16 who lived with them. Study phones alerted participants to complete surveys by beeping at semi-random intervals over 10 days. Multi-level modelling was used with surveys at Level-1 and participants at Level-2. Predictor variables were time-lagged in order to infer directionality.

Results: Thirty-five parents with psychosis took part. Parenting stress was found to predict psychotic symptoms, and this relationship was mediated by negative affect. The reverse direction was also confirmed. Few of the additional psychosocial factors were found to have a significant impact on the models' estimations. Parenting stress was not found to have a larger impact on psychosis than other sources of stress.

Discussion: This study provided further evidence of the bidirectional relationship between stress and psychosis in the context of parenting. Further research should explore if parenting stress plays a unique role in predicting psychotic symptoms by comparing parents and non-parents with psychosis.

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Parenting from the ward: A novel intervention for parents in hospital
Abby Dunn, University of Sussex

Introduction: Of the 16,500 adults receiving psychiatric inpatient care in the UK at any time, at least a quarter are parents. Psychiatric hospitalisation causes the parents to be separated from their children, with the potential to disrupt the parent-child relationship. Children whose parents are hospitalised are at risk of impaired outcomes including housing instability and neglect, as well as behavioural and psychological difficulties, which are liable to further compromise a parent's mental health. A systematic review was carried out to identify methods of intervening to support these parents and their children. Subsequently, a brief targeted intervention was developed and delivered within acute inpatient services.

Method: A systematic review of English and German literature to identify interventions delivered to parents (children <18years) who were hospitalised in psychiatric inpatient care.

A brief manualised intervention for parents (children 2-11) receiving inpatient psychiatric which was develop using a participatory evaluative approach. Subsequent initial feasibility testing of the intervention within one large NHS mental health trust is ongoing.

Results: Eight papers were included in the eventual review of which one described an intervention which was delivered in the UK and seven were delivered in Germany. Few offered robust evidence of efficacy.

A flexible four-session intervention was developed which focuses on supporting parenting identity and fostering connection with the parenting role and with children. Preliminary feedback is positive.

Discussion: Parents who are hospitalised want their parenting identity to be engaged with. To date there has minimal engagement with the parenthood of acute of mental health patients in the UK. Initial evidence suggests that a novel intervention focused on parenthood and promoting parent-child connection, delivered within acute mental health care, is well received by parents and without heightened distress.

LGBTQ+ mental health: Recent developments in theory, research and clinical interventions

Chair: **Katharine Rimes,** *Institute of Psychiatry, Psychology and Neuroscience, King's College London*

Childhood gender nonconformity, sexual orientation, abuse and PTSD: A prospective birth-cohort study

Anna-Sophie Warren, Royal Holloway; Katharine Rimes, King's College London; Kimberley Goldsmith, King's College London

Introduction: Retrospective reports of childhood gender nonconformity (CGN) have been found to be associated with increased rates of childhood abuse and post-traumatic stress disorder (PTSD) in adulthood. As retrospective reports may be biased or incorrect, prospective studies are needed.

Methods: Using data from the UK ALSPAC birth cohort, this study prospectively investigated the associations between gender-typed behaviour in childhood (parent-rated at 30, 42 and 57 months; child-rated at 8 years), abuse in childhood or adolescence (parent-reported before 11 years; retrospectively self-reported at 22 years), and symptoms of PTSD (self-reported at 23 years). It was also assessed whether abuse mediated any relationship between CGN and PTSD symptoms, and whether sexual orientation (self-reported at 15 years) contributed to these relationships.

Results: For females, more parent-rated gender nonconforming behaviour (i.e. more masculine-typed behaviour) at 30, 42 and 57 months were each associated with mother reported abuse, self-reported physical/psychological abuse, and/or self-reported sexual abuse. More nonconforming parent-rated behaviour at 30 months only was associated with more PTSD symptoms at 23 years in females. This association was mediated separately by each type of abuse. Self-reported physical/psychological abuse remained a significant mediator when controlling for sexual orientation, however the strength of the association was reduced.

In contrast, self-rated gender-typed behaviour in males and females, and parent-rated gender-typed behaviour in males, were not associated with abuse or PTSD symptoms. Minority sexual orientation was associated with higher PTSD scores and self-reported abuse for females only. In females, mediation of the relationship between CGN and PTSD by sexual abuse was no longer significant once controlling for sexual orientation.

Discussion: In conclusion, childhood gender nonconformity in females may increase the risk for adult PTSD symptoms, possibly mediated by childhood abuse. In females, mediation of the relationship between CGN and PTSD by sexual abuse may be particularly relevant for sexual minority individuals. Prevention, detection and early intervention approaches are required.

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Evaluating a LGBTQ+ Wellbeing group intervention: Impact of Covid-19 and who benefits most
David Hambrook, South London & Maudsley NHS Foundation Trust

An 8 session LGBTQ+ Wellbeing group was initially designed and piloted in 2017. Since then, more than 150 service-users have attended the group. We recently published some preliminary findings regarding the acceptability, feasibility and potential efficacy of the intervention from its initial iterations prior to the start of the Covid-19 pandemic (Hambrook et al., 2022; Lloyd, Rimes & Hambrook, 2021). This presentation will provide an updated evaluation of the group, including a discussion of how the group was adapted during the Covid-19 pandemic and what impact this may have had on how helpful the group has been for participants. We will also discuss potential barriers to engaging with the intervention among some groups within the local LGBTQ+ community.

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Dialectical Behaviour Therapy for Gender and Sexuality Diverse Young People; The Experiences of Young People and DBT Therapists.
Jake Camp, South London and Maudsley NHS Foundation Trust & Kings College London; Andre Morris, South London & Maudsley NHS Foundation Trust; Helen Wilde, South London & Maudsley NHS Foundation Trust; Patrick Smith, King's College London; Katharine Rimes, King's College London

Introduction: Gender and sexuality diverse (GSD) young people are at increased risk of suicidal and non-suicidal self-harm. Dialectical Behaviour Therapy (DBT) is a third-wave cognitive-behavioural therapy evidenced to reduce self-harm and improve emotion regulation. Early research suggests that DBT may be a potentially applicable intervention for GSD individuals experiencing psychological distress, particularly associated with societal oppression and prejudice. However, scant research has investigated whether DBT meets the unique needs of GSD young people or the experiences of these groups in standard DBT. Therefore, this presentation seeks to present: 1) the experiences of GSD young people in a DBT programme and their perception of important treatment targets, and 2) DBT therapists' perceived areas of improvement and strengths of using DBT to support GSD young people. Methods: qualitative interviews were utilised with GSD young people within a national (UK) DBT programme for adolescents and DBT therapists recruited via snowball sampling. Data were analysed using Reflexive Thematic Analysis. Results: 14 GSD young people and 14 DBT therapists participated. The results suggest that GSD young people generally found DBT to be a safe space for GSD-associated difficulties, however that space could be improved by therapists supporting with the integration of said difficulties; that identity confusion and self-acceptance, support managing prejudicial reactions by others, and efforts to improve connection with similar others were important treatment targets;

and young people provided a number of recommendations for how DBT skills could be used to support them with difficulties associated with gender and sexuality diversity. Findings from interviews with DBT therapists further support recommendations for supporting GSD young people within a DBT framework. Both GSD young people and DBT therapists emphasised the importance of balancing, dialectically, supporting GSD individuals to cope with stressors related to their minoritised status while also empowering them to advocate for their needs and shape wider socio-political contexts where possible. Discussion: findings are discussed in the context of the DBT model and how these findings could be applied to wider psychological interventions seeking to optimise support for GSD young people.

Centralising intersectional context for LGBTQ+ people: it's not just in your head
Brendan Dunlop, University of Manchester; James Lea, University of Manchester

Introduction: The mental health and well-being of LGBTQ+ people needs to be understood within a socio-political and cultural context.In this talk, an intersectional, social and system-based framework for understanding the mental health and well-being of LGBTQ+ people is presented, for practitioners within this field to consider LGBTQ+ mental health experiences and challenges within context.
Methods: Starting with a consideration of the current landscape of understanding, pivotal theories and understandings within the field are outlined. The need for a framework that centralises intersectionality and broader systemic considerations is presented.
Results: The framework provided has an explicit focus on four key features: (1) intersectionality, (2) institutions, policies and laws, (3) people and groups and (4) social stories.
Discussion: Consideration of each of these 'circles of influence' can help practitioners to understand the multi-layered and intersectional experience of LGBTQ+ folk and allows for an understanding of potential intervention at both an individual and systemic and societal level.
Use of such a framework in practice goes above and beyond what is currently available by centralising the role and impact of such wider systemic variables through an intersectional lens. The framework can be applicable worldwide given its flexibility to consider and apply pertinent policies, laws, people, groups and social stories within a particular country or culture. There is a need to evaluate this framework in practice, and to obtain practitioner and client perspectives on the elements that may or may not be acceptable within a cognitive behavioural therapy, and beyond.
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How can adult mental health professionals support clients who are parents?

Chair: *Sam Cartwright-Hatton, University of Sussex*

Preventing the intergenerational transmission of eating disorders: maternal experiences and support needs
Laura Chapman, University of Sussex; Kathryn Lester, University of Sussex; Sam Cartwright-Hatton, University of Sussex

Introduction: Studies indicate that the children of mothers who have eating disorders are at an increased risk of a range of difficulties, including the development of eating disorders themselves. This qualitative study explored maternal experiences around being a parent with an eating disorder, including the perceived impacts of having an eating disorder on children and family life.
Method: 18 mothers living in the UK, USA, and Australia took part in semi-structured online interviews. Participants were parents to at least one child aged two years or older, had received a lifetime diagnosis of

one or more eating disorders, and had experienced eating disorder symptoms since becoming a parent. Of the 18 mothers who participated, 14 reported having at least one additional non-eating disorder mental health diagnosis.

Results: Data were analysed using an inductive approach to thematic analysis. Five themes relating to the perceived impacts of a parental eating disorder on children, and intergenerational transmission were identified. These were: perceived impacts; breaking the cycle; managing risks; communicating about eating disorders; and support needs.

Discussion: For mothers with eating disorders, fears that their children will too go on to develop eating disorders are salient. These fears may be heightened for mothers of daughters, and as children approach adolescence. In the context of their own experiences of growing up, and being acutely aware of the food, shape and weight-related messages their children may be being exposed to, mothers with eating disorders employ a range of strategies designed to support the development of healthy relationships with food and the body in their children. Clinical implications and directions for future research are discussed.

Putting the Raising Confident Children course (for anxious parents) online. Researcher and PPI Experiences.
Abby Dunn, University of Sussex; Chloe Elsby-Pearson, University of Sussex, Sussex Partnership NHS Foundation Trust

Introduction: The Raising Confident Children Course is a two-session intervention designed to help anxious parents to raise confident children. This evidence-based programme is delivered within NHS primary care to parents with anxiety who have children aged 2-11. In a randomised controlled trial, it was associated with a 16.5% reduction in the likelihood of a child developing anxiety.

However, access to the face-to-face version is limited to those treated within one NHS Trust. Given the high prevalence of parental anxiety, there was potential in developing a version of the course which could be disseminated more widely. The digital version of the Raising Confident Children course was designed to replicate the content of the original group-based intervention, while utilising the tools available as an online format. In nine, twenty-minute modules, parents learn skills and techniques which support them to raise confident children in the context of their own anxiety.

Methods: Reflective description by the Trial Manager and PPI Researcher on the process, challenges, and opportunities of digitising a face-to-face mental health intervention. Key learning from the delivery of a subsequent large-scale RCT n=1800 will be offered. Personal insights will be presented on the shift from research participant to researcher.

Results: Findings include the potential for distress and stigma in unsupported interventions versus face-to-face, the need for critical engagement with assumptions about recruitment, and differing patterns of engagement and attrition.

Discussion: Converting face-to-face interventions for digital delivery can increase access, however researchers should engage critically with their assumptions when they do so. Embedding the voice of lived experience is essential to the development of appropriate intervention and effective trial delivery.

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Improving support for children of parents with mental illness in schools - teachers' perspectives

Scott Yates, De Montfort University; Lina Gatsou, Leicestershire Partnership NHS Trust

Introduction: Parental mental illness (PMI) is a significant public health issue affecting families, and presents challenges to family functioning and the health and wellbeing of all family members. Children of parents with parents with mental illness (COPMI) are at higher risk of poorer emotional, social and educational outcomes. Despite an increased focus on mental health of young people in schools, there is little current work exploring the experiences and support needs of COMPI in schools.

Method: We present findings from a project aiming to raise awareness of PMI amongst teachers and other school staff and to provide training and resources to enable schools to support COPMI and their families. Staff from 80 schools in the Midlands have attended the programme, which also provides follow-up supervision. Twenty semi-structured qualitative interviews have been conducted with school-based professionals following attendance at supervision sessions. These have been analysed using thematic analysis.

Results: Staff across schools in the study were aware of significant complex issues for COPMI in their schools and for their families, but they lacked training and resources to provide support. Staff also identified, however, a lack of available referral pathways or joined-up services, which meant that despite their lack of training and resourcing, they were providing de facto primary mental health support to pupils who had parents with mental health challenges – and sometimes to parents as well. There was a consensus that the impact of covid and lockdown had presented additional challenges for families, and also interrupted the continuity of support provided by schools that families had come to rely on. None of the staff in our sample reported receiving any supervision for the complex cases they were supporting.

Despite these challenges, staff reported increased awareness of the impacts of PMI and increased confidence in working with children and families. The provision of resources for universal and targeted distribution and supervision for case reflections were particularly valued.

Discussion: The findings illustrate the importance of raising awareness of the impacts of PMI across schools, developing resources for children, young people and families, providing training and supervision for school-based staff who work with family mental health challenges, promoting help-seeking and improving the linking in of schools with referral pathways.

Family Stories; investigating trauma-informed narratives, and sustaining responsive parenting.
Emma Maynard; Wendy Sims-Schouten, University College London; Nikki Fairchild, University of Portsmouth; Amy Warhurst , University of Winchester

Dr Emma Maynard, Lecturer in Child & Family Health, King's College London
My current role is a Lecturer in Child & Family Health at King's College London, researching and teaching about complex family environments and safeguarding. Prior to joining academia in 2010 I had a social care career where I developed local services including integrated early help support. Essentially, I now research and teach about what I used to do!

The Family Stories project is a two-phased IPA study which explored lived experience of a total of 24 parents. All parents (23 mothers and 1 father) had experienced children's social care or early help support due to concerns about their child's well-being and safety. In particular, parents illuminated the nuanced ways in which they adopted newly learnt parenting strategies and gained parenting self-efficacy; resulting in a safer environment for their child. They describe social barriers such as stigma, fear of services, and the disapproval communicated by agencies, especially schools, which they negotiated on route to their preferred future. Alongside parenting per se, parents described their own challenges. Their stories of domestic violence, mental illness, previous child abuse and family breakdown, were peppered throughout their narratives as they made sense of experience. The findings have recently been published in the journal Families, Relationships & Societies (Maynard et al, 2023), focusing on a proposed model for enabling families to sustain positive change in complex family environments. Further publications are in progress, and work is ongoing to develop routes to impact through a co-production approach with the parents. In this presentation, the voices of these parents and their insights about what has helped transform their lives will

be central to the discussion about what really matters when power, fear, and trauma surround expectations of change.

Developing the Psychological Professions Workforce in Primary Care

Chairs: *Miranda Budd, Lancashire & South Cumbria NHS FT and Debbie Nixon, Lancashire & South Cumbria NHS FT*

Associate Psychological Practitioners working in Primary Care: Role Development and Impact
Miranda Budd, Lancashire & South Cumbria NHS FT; Gita Bhutani, Lancashire & South Cumbria NHS FT

Introduction: In 2020, a Health Education England funded feasibility study focused on Psychology graduates delivering mental health prevention and promotion in General Practice. A parallel HEENW project was developing the (Trainee) Associate Psychological Practitioners (T/APPs) role.

Given that a third of GP appointments involve a mental health component and the estimated cost of mental health in General Practice is £2.36 billion, there is a clear need for a proactive approach. With both demand and need for mental health practitioners (MHPs) across Primary Care Networks (PCNs), there are workforce supply challenges.

Following positive results, the mental health prevention and promotion service was scaled up and 24 Psychology graduates deployed to PCNs across the Lancashire and South Cumbria footprint. The service aim is to provide a universal and targeted mental health prevention and promotion in community and General Practice settings.

Methods: Evaluation utilised both quantitative and qualitative measures. This included pre and post psychometric measures of depression, anxiety, resilience and wellbeing and patient experience questionnaires. Users of the service could access up to 4 wellbeing sessions and a follow-up appointment 4-6 weeks later. Service evaluation also included feedback from T/APPs and General Practice staff.

Results: For each outcome measure, paired sample t-tests were completed to evaluate change. Clinically and statistically significant improvements between sessions one to four were found and these were maintained at follow-up. Anxiety and depression scores reduced, wellbeing and resilience scores improved.

97% of GP staff stated the addition of a T/APP had a positive impact on their service. 78% of the T/APPs said they would recommend the role to other psychology graduates. Qualitative analysis revealed positive feedback categories of: accessibility of support; type of support; patient benefit and PCN benefit. The more constructive areas of feedback related to integration of the role and limitation to support.

Discussion: This project outlines the development and deployment of a new psychological practitioner role into PCN settings. With evidence of both demand and supply for this new workforce, which does not denude from other workforce streams, and positive results of early impact, there is a rationale to support further growth. Learning from the initial two years has contributed to refinement of the service delivery model.

Associate Psychological Practitioners: Programme Development for Training Psychology Graduates in Clinical Practice Roles
Mark Roy, University of Central Lancashire; Kathryn Gardner, University of Central Lancashire

Introduction: To address the workforce supply challenges, a pilot project supported by HEENW developed a new role with an associated educational component. The University of Central Lancashire's Trainee Associate Psychological Practitioner 12-month programme was adopted as the pilot programme with a cohort 1 start date of January 2021.

Methods: Seven core competencies were identified from the Job Description. The competency development model of training draws upon psychology graduates' existing knowledge, experience and transferable skills. A tripartite system of: course curriculum and coursework assessment; job role experience; and clinical supervision supports competency development. Induction frontloads curriculum delivery. Over 12 months the balance is 1 day / week curriculum delivery: 4 in service role. Trainees systematically document clinical activity and reflective experiences. Competency evaluation is recursive with formative feedback to recognise

growth and areas of need, and to implement supportive changes. The curriculum focusses on core clinical skills, paired with job role specialisation e.g. context and population. In cohort 3 we have adopted a population specific module to accompany the core transferable competencies module.

Results: Three cohorts have been recruited, 50 in phase 1 (2021), 90 in phase 2 (2022) and approximately 70 in phase 3 (2023) In cohorts 1&2 training provision was a 120 credit Postgraduate Diploma, in cohort 3 we moved to 60 credit Postgraduate Certificate, aligning with national benchmarking and similar Band 4 psychological practitioner training roles. The programme has a continuous impact evaluation project running in parallel, covering a range of impacts (clinical, economic, and academic trainee experience). The programme has expressions of interest from Trusts outside the pilot area as well as outside traditional NHS services.

Discussion: As a proof of concept the programme has had considerable success and is now looking towards growth, development, identity and sustainability. From an initiative addressing regional workforce issues, to extend outside the NW we are working towards accreditation. The programme is also moving to population focussed variations. There is work to share its USP within clinical and academic communities. Finally, in relation to sustainability there is a focus on the development of a flexible CPD package to support sustainable practitioner growth and development.

Associate Psychological Practitioners in Primary Care: Modelling the Impact
Kathryn Gardner, University of Central Lancashire; Fiona Lord, Lancashire & South Cumbria NHS FT; Miranda Budd, Lancashire & South Cumbria NHS FT

Introduction: The NHS Long-Term Plan (2019) and People Plan (2020) recognise the need for an increased supply of an appropriately skilled and motivated workforce, to meet predicted demand and improve outcomes for the population. These included a significant increase in the numbers of mental health (MH) services staff.

Within MH there are workforce challenges with vacancies at 9.7% for all MH staff. In the NW, MH vacancies in June 2022 were 3,530. This, with rising demand, put significant pressure on services and has a negative impact upon care. Innovative new roles and new ways of working are required to expand the psychological workforce.

In 2021/22, MH Practitioners were included in the 'Additional Roles Reimbursement Scheme' which supports MH staff recruitment into PCNs, paving the way for a new PCN based psychological workforce, the Associate Psychological Practitioners (APPs). We aimed to model the impact of the APP role in Primary Care in terms of additional capacity to provide mental health care and the impact on General Practitioner (GP) capacity within the sector.

Methods: Workforce experts of the NHS Workforce Repository and Planning Tool (WRaPT) team modelled future state scenarios of APPs working across all Primary Care Networks (PCNs) within a region, and the associated change on the baseline workforce. Modelling was based on Lancashire and South Cumbria, a large geographical area in North-West England that includes 41 PCNs. Assumptions included identifying the patient population and workforce in scope, documenting the activity undertaken by APPs, and considering the future state scenarios.

Results: The model demonstrated the following:
• One APP (if placed across a PCN) could free up at least 1,665 GP appointments within one year, leading to potential cost savings.
• Up to 48 people could benefit from attending Group Sessions and Wellbeing over the course of a year with one APP working with another primary care role.
• Having one APP in each of the 41 PCNs in Lancashire & South Cumbria could provide over 50,000 brief intervention appointments of 45 minutes each

Discussion: The APP workforce can support enhanced GP capacity. These findings can be used to underpin decision making in respect of training future cohorts of APPs and contribute to wider workforce planning in primary care. The assumptions will be reviewed – using further data to build up strong assumptions is key to the ongoing validation of the modelling assumptions.

Psychological Professions in Primary Care: Where Next?
Miranda Budd, Lancashire & South Cumbria NHS FT; Gita Bhutani, Lancashire & South Cumbria NHS FT; Debbie Nixon, Innovation Agency

This project has demonstrated that there is a supply of psychology graduates who can offer solutions to the workforce challenges in mental health and primary care. Applications for these training roles have been significantly oversubscribed. The success rate of training is similar to other graduate level programmes. The contribution of the new workforce in primary care has been welcomed by primary care networks and practices. In addition, preliminary workforce modelling has indicated that the role can enhance GP capacity and support cost effective solutions.

There has been much interest regionally around extending these roles into other settings. Consideration of this is important in a system that focuses on a pathway development approach rather than transferability of skills. Clarity around scope of practice is essential in determining the potential of the role to meet workforce challenges in other settings. Supervision is key to ensuring that practitioners operate within their scope of practice.

It is, however, also important to address career development for these new practitioners.   Opportunities such as senior roles providing supervision can extend the model by providing a tiered approach to workforce development. In addition, the development of pathways into further training which can include roles in primary care as well as psychological therapy training are also important in meeting the challenges of the required workforce expansion in both sectors.   Psychological practitioners in all sectors also should be able to access opportunities to develop to ensure meaningful and satisfying roles to support retention within the NHS.

The implications of the development of this new role will be outlined and the potential opportunities and challenges in contributing to meeting the workforce expansion requirements for the NHS.

Exploring the social and environmental determinants of mental ill health.

Chair: *Jasper Palmier-Claus, Lancaster University*

The Mouth Mattters in Mental Health Study: A feasibility trial.
Jasper Palmier-Claus, Lancaster University; Eirian Kerry, GMMH NHS Foundation Trust; Chris Lodge, Lancaster University

Background: Severe mental illness (e.g., psychosis) is associated with poor oral health outcomes compared to the general population. Attending a dentist may enable prevention and treatment of oral health problems. However, people experiencing mental health difficulties often struggle to attend routine dental appointments. Link work interventions attempt to help people to navigate and bridge the gaps between services. They use cognitive-behavioural therapy informed techniques to overcome barriers like demotivation and anxiety. This presentation will outline the Mouth Matters in Mental Health Study, a feasibility randomised controlled trial evaluating the acceptability and feasibility of a link work intervention to help people with severe mental illness to access dental care.

Methods: The authors will present a feasibility randomised controlled trial with two arms: Treatment as usual or treatment as usual plus a link worker intervention. The link work intervention will consist of six sessions with a support worker over nine months. Participants will be with a secondary care mental health service at the point of referral and have not attended a routine dental appointment in the past three years. 84 participants will be recruited from three NHS Trusts and assessed at baseline and after nine months. A subset of participants and stakeholders will be invited to complete optional qualitative interviews.

Results: Results will be terms of feasibility and acceptability criteria, and will concern recruitment of participants, completion of assessments, and adherence to the intervention. The authors will present the design of the trial and any preliminary findings at this conference.

Discussion: The project aims to combine the areas of mental health and dental research. The presentation will include consideration of the wider context and how research in this area is relevant to the field of mental health.

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What does blue do for you? Experiences of blue space and wellbeing in the lives of people with severe mental health difficulties

Kim Wright, Exeter University; Samantha Eden, University of Exeter; Anna Hancox, University of Bath; Danielle Windget, University of Exeter; Rose Johnston, University of Bath; Zoe Glossop, University of Bath; Sarah Bell, University of Exeter

Time spent in or near blue space – from coasts and beaches to lakes and rivers – can provide opportunities for physical activity and may also enhance mental health and wellbeing. The majority of research into the benefits of blue space for mental health have focussed individuals with anxiety or depression. There has been limited examination of what blue spaces or aquatic encounters might offer for those who have been diagnosed with what are sometimes termed severe mental health difficulties, such as bipolar disorder, schizophrenia or other psychotic conditions. Lifestyle-based interventions, including those that can form part of an individual's self-management, are an important adjunctive offering to pharmacological and psychotherapeutic treatments as they are often relatively low-cost and accessible, and can be disseminated on a large scale through public information campaigns. Alongside physical activity, diet, and other lifestyle variables, nature exposure appears worthy of further exploration in this population, particularly given reports that it can play a role in supporting mental health and wellbeing amongst people experiencing common mental health difficulties. In this presentation, we report the findings of a qualitative study that examined meanings and practices of blue care in the lives of 19 people with bipolar disorder, schizophrenia or psychosis, through one-to-one, online, semi-structured interviews. We discuss how the accounts given by our participants both reflect concepts in the existing literature, and offer new ways to understand how blue spaces could be capitalised upon to support people experiencing bipolar disorder or psychosis.

The enemy within: Mental health in Welsh former coal mining communities, analyses of geo-linked survey data

Christopher W Saville, Bangor University

Introduction: The importance of structural influences on mental health is increasingly recognised by clinical psychology. One such example sits on the doorstop of the conference: the decline of the Welsh coal industry in the second half of the 20th century. I use large-scale survey data (N=180,462), linked to geographical data on the local closure of coal pits to examine how geography's association with mental health varies as a function of age.

Methods: Data from all waves of the Welsh Health Survey (2003/4-2015) were aggregated and linked to data on the history of coal mining in respondents' neighbourhoods of residence. Linear mixed effects models were fitted, predicting self-reported mental wellbeing as a function of period of local pit closure, respondent age, and their interaction, with and without adjustment for sex, and socio-economic status.

Results: Living near a former coal pit was associated with poorer mental health. This association was stronger for older respondents than those born in the 80s and later, but is also present when considering only the youngest respondents.. This association remained after adjustment for sex and socio-economic status.

Discussion: The decline of the Welsh coal industry has left a legacy of poorer mental health in former mining communities. The impact appears to be greater for generations of people who experienced the decline of the industry as adults, than those born in the 1980s and later. Economic shocks, such as this, have long-lasting health consequences which require intervention on both the clinical and policy levels.

Experiences of alcohol use among ethnic minority groups with a mental health problem
Jo-Anne Puddephat, Lancaster University; Millissa Booth, Lancaster University; Juliana Onwumere, King's College London; Ross Coomber, University of Liverpool; Jayati Das-Munshi, King's College London; Laura Goodwin, Lancaster University; ,

Introduction: It is known that alcohol and mental health problems co-occur, including non-drinking. However, experiences of alcohol use among individuals with a mental health problem are not well understood, particularly among ethnic minority groups. It is also known that ethnic minority groups may be less likely to seek help for their mental health and/or drinking. This study aimed to use qualitative methods to understand i) how alcohol is used among ethnic minority groups who have a mental health problem, ii) how alcohol was used before ethnic minority groups received support for their mental health, and iii) how alcohol use has changed since receiving support for their mental health.

Methods: Twenty-five semi-structured online/telephone interviews were conducted with ethnic minority groups who i) had a diagnosis of a mental health problem, ii) either currently drank at hazardous and above levels or previously drank alcohol, iii) were engaged with mental health organisations, and iv) lived independently in the community. Framework analysis was used to explore participant's accounts of their previous and current alcohol use to explore changes in their drinking habits over time.

Results: Four overarching themes were developed; "understanding of mental health problems and implications on drinking behaviour", "cultural expectations on mental health and alcohol", "drinking motivations", and "reasons for changes in drinking habits". These themes describe how the lack of recognition of mental health problems within the family and community had implications on both the participant recognising their own symptoms and preference to manage their mental health on their own. While ethnic, religious and gender expectations from the family and community influenced the way in which alcohol was consumed and used to cope, particularly before participant's sought help for their mental health. Engaging in formal support was key in participant's either making reductions in their drinking or stopping altogether though our analysis also indicates the potential implications of social exclusion from the community and lack of recognition of drinking on a lack of subsequent changes in drinking.

Discussion: This study is one of the first to explore patterns of alcohol use, including non-drinking, across ethnic minority groups. This study suggests the importance of cultural expectations and the role of healthcare professionals in addressing alcohol use and mental health.

CBT in Acute Settings

Chair: ***Craig Steel,*** *Oxford Health NHS Trust & University of Oxford*

The feasibility and acceptability of a stepped model of psychological interventions in acute mental health settings
Katherine Berry, University of Manchester

TULIPS (Talk, Understand and Listen for InPatient Settings) is a large multi centre RCT of a psychological intervention to improve patient access to psychological interventions in acute mental health settings. The psychological intervention involves three levels. 1) formulation for all patients; 2) nurse-led CBT-informed interventions; 3) interventions delivered by experienced psychological therapists focused on understanding the reasons for admission and relapse prevention.   Follow up data collection for the trial is ongoing.

However, data relating to uptake and delivery of the intervention will be presented which demonstrates what psychological interventions are feasible to deliver within the acute mental health inpatient settings. Preliminary findings from semi-structured interviews with patients and ward staff involved in the study will also be presented.

What are the key components of CBT for psychosis when delivered in inpatient settings? A Delphi study of therapist's views
Lisa Wood, University College London

Cognitive Behaviour Therapy for psychosis (CBTp) is the psychological therapy recommended for people with psychosis and can start in the acute phase. However, there is not consensus on how CBTp should be delivered in an acute mental health inpatient setting. This study aimed to gain consensus from therapists on how CBTp should be delivered in this context. A two stage Delphi study was conducted to establish consensus on what the core components are of inpatient CBTp from the perspective of therapists who are experts in the field. Forty-five therapists took part in two rounds of rating statements on the areas of engagement and feedback, assessment and model, formulation, change strategies, homework and principles and values. A final list of 114 statements were included, which were rated as essential or important by ≥80% of respondents. The delivery of inpatient CBTp is dependent on several adaptations to traditional CBTp including indirect work, being more flexible with session content and delivery, and making adaptations to the restrictive environment. These recommendations could inform training, competency frameworks, and delivery of CBTp in inpatient settings.

Developing a Core Outcome Set (COS) for inpatient psychological therapy trials
Pamela Jacobsen, University of Bath

Core outcome sets are defined as an agreed, standardised collection of outcomes which should be measured and reported, as a minimum, in all trials for a specific clinical area. Use of core outcome sets improves evidence synthesis across different trials and ensures that the views of service users and carers are represented in trial outcomes. Core outcome set development for mental health trials currently lags behind other health areas. Our aim is to develop a Core Outcome Set (COS) for psychological therapy trials conducted in acute mental health inpatient services, including input from all key stakeholder groups: service users, informal carers, healthcare professionals, researchers/trialists, and end users of research. We will report on the completed first stage of the study, which was to generate a long list of possible outcomes, based on a systematic review of existing literature, an online survey and qualitative interviews with service users.

Bringing Cognitive behavioural and psychological knowledge to the wider inpatient mental health system
Megan Wilkinson-Tough, University of Bath

Psychologically-informed multi-disciplinary care is important to provide all inpatient service users with a care that is therapeutic, trauma informed and delivered in the least-restrictive way. Inpatient psychological therapists can impact the care given by non-psychological staff who have significantly greater contact with inpatient service users through a range of methods including training, supervision, team formulation and systems design. We will present data from the evaluation of a team formulation process within an acute inpatient mental health service which assessed multi-professional knowledge, confidence, motivation and understanding pre and post team formulation. Findings of a subsequent care records audit of the implementation of plans developed in team formulations and staff experience of the formulation process will also be discussed. Additionally, evaluation of two inpatient training programmes will be briefly presented, evidencing the impact that working with inpatient multidisciplinary staff can have on the psychological awareness within the service.

Open Papers

IAPT and Primary Care

Face-to-face versus video Cognitive Behavioural Therapy: Comparing outcomes for anxiety and depression within an NHS Talking Therapies service
Alie Garbutt, Northumbria University, UK

Introduction: Early research supports video Cognitive Behavioural Therapy (CBT) as an effective alternative to in-person delivery (Fernandez et al., 2021; Matsumoto et al., 2021), but there is limited data on outcomes in routine clinical practice. Following the COVID-19 pandemic, Improving Access to Psychological Therapies (IAPT) services offered video CBT to maintain remote service provision. This study explores whether there are differences in outcome between in-person and video CBT in routine practice.
Method: Data from an IAPT service was analysed as part of a clinical audit. Data was extracted for patients who completed a course of CBT for depression and generalised anxiety disorder in a 6-month period pre- and post-onset of the pandemic (N=452).
Results: ANCOVA results indicated no differences in patient outcome between video and in-person delivery. Regression analysis indicated that delivery method did not predict outcome. Beyond pre-treatment severity, the only significant predictor for symptoms post-treatment was overall number of CBT sessions, with more sessions associated with better outcomes.
Discussion: The findings suggest that video and in-person CBT may be equally effective. This has important implications, as remote healthcare remains necessary post-pandemic (Holmes et al., 2020), and may promote accessibility and inclusivity for those who cannot or choose not to access in-person treatment (Branley-Bell & Talbot, 2020; Lamb et al., 2019).

Comparison of outcomes across low-intensity psychological interventions for depression and anxiety within a stepped-care setting: A naturalistic cohort study using propensity score modelling
Katherine Young, Amwell, UK

Introduction: Low-intensity cognitive behavioural therapies for anxiety and depression are offered in a range of modalities in NHS services. However, the comparative effectiveness of these different care modalities is not well understood. In this study, we compared the effectiveness of three low-intensity interventions: guided self-help bibliotherapy (GSH), internet-delivered cognitive behavioural therapy (iCBT) and psychoeducational group therapy (PGT).
Method: Four years of routine clinical data from an NHS IAPT service in England were used for this naturalistic, observational cohort study of treatment for mild-to-moderate depression and anxiety. Analyses were conducted on data from 21,215 patients across three treatment groups (GSH=12,896; iCBT=6,862; PGT=1,457). Propensity score analyses compared the effectiveness of the three treatments, accounting for treatment allocation bias in non-randomised designs.
Results: Analyses demonstrated greater average treatment effects (ATE) for iCBT, compared to either GSH or PGT for symptoms of depression (ATEs=1.26, 1.71), anxiety (ATEs=1.17, 1.90) and functional impairment (ATEs=0.86, 1.86).
Discussion: Results demonstrated that iCBT was the low-intensity modality with the largest overall treatment effect. Future analyses might examine disparities in treatment benefit across different demographic groups to best understand which interventions work best for whom.
(Full ref: Palacios et al., 2022 https://doi.org/10.1111/bjop.12614)

Exploring engagement with between-session work for Low Intensity Cognitive Behavioural Therapy (CBT) delivered in Talking Therapies, for anxiety and depression services
Mia Bennion, University of Manchester, UK

Between-session work (BSW) makes up a substantial amount of the therapeutic activities which take place during CBT, acting as the vehicle to translate skills learnt in sessions into adaptive cognitive and behavourial changes in everyday life. While critical in both low and high intensity CBT, given the shorter treatment sessions and reduced practitioner input involved, engagement with BSW is particularly essential in LI interventions such as those usually initially offered in Talking Therapies, for anxiety and depression services. Several meta-analyses have shown when clients engage with BSW, treatment outcomes are enhanced. Yet the extent of between-session engagement can be determined by various circumstances and characteristics, this is evident by the reported variable and suboptimal engagement with BSW. For example, a recent study expressed difficulties completing BSW were reported in 75% of the telephone-based LI CBT sessions (Haller and Watzke, 2021).

Previous results exploring predictors of between-session engagement have been inconclusive, therefore we are conducting qualitative research exploring Talking Therapies (Step 2) client and practitioner attitudes and experiences regarding BSW. Study findings will be presented and compared with previous findings. By seeking to understand what, how and why factors affect between-session engagement, findings can inform and aid equal opportunity for clients to engage with BSW, thus enhancing clinical and economic outcomes.

Implementing Internet-Delivered Cognitive Behavioural Therapy for Depression and Anxiety in Routine Care: the Creation of a Research and Practice-Informed List of Implementation Strategies
Daniel Duffy, Amwell

Introduction: Implementing internet-delivered CBT (iCBT) for depression and anxiety in primary care settings remains an ongoing challenge. The current research presents an overview of 3 studies that sought to identify evidence-based strategies to support iCBT implementation.

Method: Findings from two studies were synthesised to inform the development of 31 strategies associated with implementation success; a mixed methods systematic review of iCBT literature for depression and anxiety in adults to identify relevant implementation insights, and a qualitative study of the experience of stakeholders (patients, commercial iCBT representatives, service providers) involved with iCBT implementation in primary care (IAPT). A panel of experts with implementation and research experience (N=9) were then recruited to participate in a 2-round delphi study, and provided consensus on the importance of each identified strategy.

Results: 24/31 strategies achieved consensus in round two, with highest ranking strategies relating to goals for iCBT usage, organisational culture and effective care pathways. Lower ranking strategies pertained to individual therapist goals for iCBT, creating online training resources and training to address negative biases.

Discussion: This work presents a curated list of iCBT-relevant implementation strategies that can be used pragmatically as a guide for future implementations of iCBT in healthcare or as the basis for testable implementation research hypotheses.

Development of a written LICBT Problem Solving intervention for Sunni Muslims in English and Arabic languages.
Hind Alharbi, University of Exeter

Introduction: Previous research (e.g. Alhadi, Algahtani & Salem, 2012) has highlighted several barriers that prevent members of Black, Asian and Minority Ethnic communities from accessing evidence-based psychological therapies such as CBT. In particular research demonstrates has that Muslims are at a significant disadvantage when using mental health services (Mir et al, 2015). Therefore, there is a particular need for a culturally adapted intervention for people with Islamic beliefs.

Methods: The MRC Framework was adopted to inform the development of LICBT intervention to meet the unique needs of Sunni Muslims and maximise acceptability. Following a systematic review to inform an interview schedule (Alharbi, Farrand & Laidlaw, 2021) 23 qualitative interviews were undertaken with Sunni Muslims in Riyadh and London to consider adaptations to enhance intervention acceptability with thematic analysis used to derive the main themes.

Results: Barriers appeared in four levels: Individual- Islamic- Cultural- Provider with respect to accessing CBT for Sunni Muslims in Riyadh and London. Accordingly, a LICBT Problem Solving intervention was culturally adapted by including Quranic verses and hadiths of the Prophet Muhammad, in addition to discussing Islamic concepts that the Muslim community linked with psychological problems.

Conclusion: With adaptations undertaken to recognise the influence of Islam and the Islamic culture, LICBT represents an acceptable evidence-based psychological

Adult Mental Health

Mindfulness-Based Cognitive Therapy (MBCT) and Mindfulness-Based Stress Reduction (MBSR) in the treatment of Post-Traumatic Stress Disorder (PTSD): A literature review
Carolina Wagner, Coventry University

Introduction: Previous reviews have concluded that whilst mindfulness-based interventions reduce PTSD symptoms through fear extinction and cognitive restructuring, further research is needed. The aim of this report is to systematically review existing literature about the association between standardized mindfulness-based interventions and PTSD with the aim of identifying implications for practice and recommendations for future research.

Method: The CINAHL Complete, PsycINFO, Medline, and PsycArticles databases were searched, looking for full-text articles from 2018 up to march 2022.

Results: There was a significant improvement in PTSD symptoms in MBCT participants, even if some experienced a high increase at baseline. MBSR participants with moderate to severe trauma symptoms showed a greater reduction in symptoms whereas mild trauma symptoms at baseline showed slightly higher symptomatology at the end of treatment.

Discussion: From the results, MBCT, MBSR, and their variations seem to tackle different domains of the diagnosis. Whilst MBSR is associated with improvements in terms of attentional difficulties, MBCT facilitates the connection between dysfunctional cognitive concepts and avoidant behaviours that maintain the symptomatology. Nevertheless, the active components of MBCT or MBSR that have an impact on symptom reduction are undetermined. Future studies will be enhanced by monitoring the change in underlying mechanisms attached to the practice.

Virtual Care in East London IAPT Services: Improved Outcomes but Limited Access during Covid-19 Pandemic
Ben Wright, University of London, Honorary Consultant Psychiatrist ELFT,

Introduction: In response to the Covid pandemic, the four East London IAPT services shifted to providing psychological care virtually. The study aims to evaluate the impact of virtual care on recovery rates and access to treatment.

Method: The study used routinely collected data from IAPTus to evaluate the outcome of referrals for the four IAPT services. The data was used to explore the engagement and recovery rates of patients who received virtual care during the pandemic.

Results: The study found an overall increase in the recovery rate, and that the proportion of appointments attended and completed increased from 73% to 77%. This resulted in an increase in the number of appointments per treatment episode and improved recovery rates. The recovery rates for PTSD treatment were not significantly different from trauma-focused CBT, but the recovery rates for EMDR showed a significant increase. However, the study also found that only 84% of people presenting to the service had access to appropriate technology and private space, leading to one in seven referrals being excluded from care.

Discussion: The study concludes that virtual care was associated with improved outcomes, but the impact on access to treatment was less positive. Specific approaches are needed to care for those who are digitally

excluded. The study highlights the need for ongoing evaluation of virtual care and developing strategies to address the digital divide.

Implementing digital mental health interventions at scale: One-year evaluation of a national digital CBT service in Ireland
Siobhán Harty, SilverCloud Health

Evidence-based technology-enabled psychological interventions can provide cost-effective, accessible, and resource efficient solutions for addressing mental health issues. This study evaluated the first year of a supported digital CBT service provided by the national health service in Ireland.

A retrospective, observational study examining data from the service between April 2021 to April 2022 was conducted. Data on referrals, account activations, user demographics, programme usage, user satisfaction, and pre-to-post clinical outcomes measured by the PHQ-9 and the GAD-7 were analysed.

There were 5,298 referrals and 3,236 (61%) account activations within the year. The majority of users were female (72.9%), white Irish (85.6%) and aged between 18-44 years (75.4%). For users that had completed the intervention, significant reductions in both anxiety ($p < .001$) and depression ($p < .001$) with large effect sizes (Cohen's $d > 0.8$) were observed. User satisfaction ratings were also very high, exceeding 94% for overall satisfaction.

Efforts to improve the representation of male and older adult users are warranted. However, overall, the results demonstrate how digital CBT can be provided at scale and lead to symptom reductions with large effect sizes for patients seeking help for depression and anxiety. The findings support the continued use and expansion of this service in Ireland, and the more widespread implementation of similar services in other public healthcare settings.

Investigating the psychometric properties of the culturally-adapted Adverse Childhood Experiences measure for South Asian people (ACE-SA)
Sonya Rafiq , University of Manchester

In the UK research suggests that people from South Asian backgrounds report higher rates of certain mental health problems compared to White British people (Kirkbride et al., 2012). In White British populations, higher rates of adverse childhood experiences (ACEs) such as sexual abuse, physical abuse or emotional abuse has been found to increase the risk of developing mental health problems. However, there is a lack of studies investigating ACEs among South Asian people. Additionally, the questionnaires used to measure exposure to childhood adversities have been developed using Western/European populations. The questionnaires do not take into account the social and cultural background of South Asian people (Fernando & Karunasekera, 2009). Therefore, the prevalence of childhood adversities among this group may be underreported as the socio-cultural background of an individual influences how they interpret and understand ACEs. The research team developed a culturally-adapted Adverse Childhood Experiences measure for South Asian people (ACE-SA) using a mixed methods approach.

The aim of this study was to investigate the psychometric properties of the ACE-SA. Over 400 participants from South Asian backgrounds completed an online battery of self-report measures (ACE-SA, GAD-7, PHQ-9, WHO-5, etc.). Specifically the construct validity (using exploratory factor analysis), predictive validity and test-retest reliability was investigated. The findings will be discussed and compared.

Parents and Schools

Cognitive behavioural therapy for perinatal anxiety: Preliminary pre-post and follow-up outcomes from a randomized controlled trial
Briar Inness, Department of Psychology, Neuroscience and Behaviour, McMaster University

Introduction: Anxiety disorders (ADs) affect 1 in 5 perinatal women. Practice guidelines recommend non-pharmacological interventions as first-line treatments for perinatal ADs, but few well-established interventions exist. Cognitive behavioural therapy (CBT) is a first-line psychological treatment for ADs in the general population but its efficacy for perinatal ADs remains unclear. Methods: Perinatal participants with a principal AD were randomized to a CBT (n=12) or psychoeducation (PE; n=12) group for perinatal anxiety. Participants completed measures assessing anxiety (State-Trait Inventory for Cognitive and Somatic Anxiety) and accompanying symptoms (e.g., worry, depression) at baseline and post-treatment. Those in CBT completed measures at 3-months follow-up (ClinicalTrials.gov ID: NCT05510752). Results: One CBT and four PE participants discontinued treatment. Pre- to post-treatment reductions in anxiety, worry and depression symptoms occurred for those in CBT and PE but no time by group interactions were observed. The CBT group experienced a significant decrease in anxiety, worry and depression symptoms from post-treatment to follow-up. Results from an additional 12 participants will be reported at the time of presentation. Discussion: CBT and PE may both be effective treatments for perinatal ADs, however, drop-out rates were higher in PE, which may suggest lower patient satisfaction. Preliminary results should be interpreted with caution given the small sample size.

Developing a CBT based intervention to support parents/carers of young people who self-harm
Faith Martin, Cardiff University

Introduction: Parents/carers of children and young people (CYP) who self-harm experience significant distress. Systematic reviews have indicated the emotional, physical, and social impact on parents/carers, and have highlighted the need for interventions to support parents. We aimed to specify the contents and create an initial version of a CBT based intervention for this population.
Methods: Systematic literature reviewing provided an overview of evidence based needs and potential psychological variables maintaining distress for parents/carers. Parents/carers were invited to comment on existing information leaflets (n=27), be interviewed (n=8, plus two CYP and two health professionals), attend co-design workshops to specify intervention content and design (n=14). A draft intervention was created and tested.
Results: In addition to information for parents/carers about CYP self-harm and how to support their CYP, a clear need around addressing self-critical thinking and encouraging self-care behaviours was revealed. Techniques to identify and reduce self-critical thoughts were incorporated, with intervention to address unhelpful beliefs about self-care and increase behavioural activation. 7/12 parents were retained in the intervention, feeding back the relevance of content and areas for improvement.
Conclusions: The importance of attending to these psychological processes in parents/carers of CYP who self-harm was apparent. Further intervention development is now required.

An adolescent-parent dyad study on paranoia in adolescents: Environmental risk (adverse life events and bullying), parenting stress and family support
Jess Kingston, Royal Holloway

Introduction: Paranoia describes exaggerated fears that others intend to cause one harm with recent research suggesting approximately 20% of adolescents experience these beliefs on a weekly basis. Exposure to adverse life events and/or bullying are important environmental risk factors for paranoia. The extent to which others, especially parents, are available to help a young person cope with stressful situations may offset this risk.
Methods: A cross-sectional adolescent-parent dyad design (n=142 pairs) was used to test whether an adolescent's perception of being supported by their family and/or the parent's perception of stress and burden (versus warmth) in their parenting role moderated the association between environmental risk and adolescent paranoid beliefs.
Results: Moderation analysis indicated that adverse life events were significantly associated with adolescent paranoid beliefs when parents reported low warmth/high stress and burden in their parenting role. Conversely, at low and moderate levels of parental stress, adverse life events were unrelated to paranoid

beliefs. Bullying was strongly associated with paranoia, with no moderation effects. The adolescent's perception of support within their family had no moderating effects.

Conclusions: The focus of prevention should shift beyond just families of adolescents who are experiencing psychosis and/or have high "at-risk" profiles, to families of adolescents exposed to adverse life events.

Baseline characteristics for Brief Educational Workshops in Secondary Schools Trial (BESST) - a school-based cluster randomised controlled trial of open-access psychological workshop programme for 16–18-year-olds

Stephen Lisk, King's College London

Introduction: Despite the growing burden of mental ill-health in adolescents, significant barriers to help-seeking exist. The Brief Educational Workshops in Secondary Schools Trial (BESST) is a 4-year cluster-RCT assessing the clinical- and cost-effectiveness of an exciting self-referral CBT-based psychological workshop programme (DISCOVER) for 16–18-year-olds. It is a day-long workshop comprising psychoeducation, teaching and practice of CBT methods, with goal-setting and follow-up telephone calls. This interactive programme was developed in collaboration with a Teenage Advisory group.

Method: Four regions of England (London, Manchester, Bath and Northampton) were included. The trial was presented to all 6th Form students in each school, using co-produced presentations. Presentations were structured to engage underserved groups including boys, using results from focus groups with adolescent boys. Students were encouraged to self-refer into the study if they wanted help for stress. Primary and secondary outcome measures were assessed at 3- and 6-month follow-up.

Results: 15 MHST services were trained to deliver the workshops and 57 schools participated. 900 students enrolled, with 71% female and 48% non-white. A third (35%) exhibited symptoms of depression at baseline on the MFQ. Interestingly, students reported high distress on the WEMWBS

Discussion: If found to be effective, these workshops could be scaled up and rolled out across all schools in the UK.

Co-CAT: Child Anxiety Treatment in the context of COVID-19

Emily Whitaker, University of Oxford Emma Brooks, University of Oxford, Lucy Taylor, University of Oxford

Child and Adolescent Mental Health Services (CAMHS) and associated children's mental health services (from here on 'CAMHS'), face major challenges in meeting the need for psychological therapies among referred children (Reardon et al., 2018). Child anxiety problems are a common reason for referral to CAMHS and there is great potential for remote, digital interventions to increase efficiencies and address other potential barriers to accessing psychological treatment.

A multi-site, randomised controlled non-inferiority trial was conducted to evaluate the clinical and cost-effectiveness of a brief parent-led CBT online programme for child anxiety problems (OSI) compared to treatment as usual and to examine families' and clinicians' experiences of OSI.

444 families with a child aged 5-12 years old with a primary problem of anxiety were recruited from 33 services across England and Northern Ireland.

This open paper will present the results and consider whether OSI provides a potential solution for efficient psychological treatment for child anxiety disorders in CAMHS. We will also reflect on our experiences of running this rapid, high quality evaluation and application of online interventions within CAMHS with a view to promoting much needed further digital innovation and evaluation in CAMHS settings.

Protocol paper: Taylor, L. et al. (2022) https://doi.org/10.1186/s13063-022-06833-5

Professional Issues

What are the factors impacting progression towards accreditation post Cognitive Behavioural Psychotherapy training in the Republic of Ireland

Eileen Fitzharris Cahill, HSE/TCD

In the Republic of Ireland the regulation and accreditation of CBT psychotherapists is soon to change as CORU Irelands multi professional health regulator takes responsibility for regulation of psychotherapists. Whilst CBT is growing in popularity and use within mental health care, there is a perceived gap between the numbers of professionals who practice CBT, and those whom are registered with IABCP/BABCP and CBPI as accredited professionals. This study sought to explore what are the factors which influence whether recent CBT graduates progress towards accreditation post CBT training in the Republic of Ireland and to identify what barriers and enablers existed in this. An explorative qualitative study using an anonymous online survey to gather data was conducted using Qualtrics software. The sample consisted of recent CBT graduates from two training colleges. All CBT graduates in the last 5 years were invited to participate in the study with programme coordinators serving as gatekeepers. 24 responses were received.
Data was subsequently analysed using thematic analysis (Braun & Clarke, 2006). A number of themes were identified in relation to perspectives on accreditation, training related accreditation factors and accreditation body related factors. These will be further discussed in the context of the changing regulatory landscape and professional, training, accreditation body and political factors that arose. No Irish literature was identified on this specific topic.

ACTIONS (Accelerating Cognitive Therapy Implementation On a National Scale)
Cordet Smart, Exeter University

The UK must meet increasing mental health demand. Consequently, alternative support models being explored. This includes the feasibility of delivering low intensity therapeutic interventions through digital means (computerised Cognitive Behavioural Therapy) with the support of Health Coaches. This would free up step two therapists to meet the demand for psycho-educational groups and guided self-help, where their specific skills are essential.
This study aimed to evaluate the effectiveness of cCBT delivered by Health Coaches to people with mild to moderately severe depression and/or anxiety.
This was a repeated measures mixed methods design. 18 of 30 participants have been recruited through primary care (completion April 2023). Participants complete 7 sessions of Beating the Blues plus one relapse session, supported by Health Coaches. They complete multiple measures including sessional GAD7 and PHQ9, and qualitative coaching feedback.
We have demonstrated clinical and statistical differences in CORE 10, GAD7 and PHQ9 scores, greater for those of higher symptom severity. Full analysis will be reported as a multi-level model capturing individual and demograohic change. Qualitative analysis informed by Interpretative Phenomenological Analysis (IPA) informed thematic analysis will support interpretation.
Results are discussed in the context of understanding the boundary between cCBT possibilities with and without therapist support, and EbE perspectives.

CBT Training from within: Lessons in developing in-house training for a psychologically informed workforce
Tamsin Speight and Stephanie Hastings, Betsi Cadwaladr University Health Board

In 2017, the Welsh Government published Matrics Cymru. This document set out a plan to improve access to psychological therapies in Wales which included a need for all mental health staff to have training in a psychological model, such as CBT. The Betsi Cadwaladr University Health Board (BCUHB) Psychological Therapies Team have been providing CBT training to deliver Matrics Cymru and the later publication of Matrics Plant (2020) for children and young people, as there is very limited access to training for the BCUHB workforce in both Adult and Children's Mental Health services. The aims of the Psychological Therapies Training Team is to enhance the psychological wellbeing of the population of BCUHB by ensuring that BCUHB staff have the necessary training and supervision in the use of evidence-based psychological therapies to

enable them to deliver high quality and effective interventions. The discussion will include an overview of the this training and a recent evaluation of the Bangor University level 6 module that teaches staff to use the Unified Protocol, a CBT informed transdiagnosic manual. The recent survey and interviews of traniees in 2022 has shown that the availablity of this training and supervision delivered by BABCP accredited members, is beneficial to both the service-users and staff who have completed the training. This demonstrates that there is a need to continue with providing this training and to develop BABCP accredited courses in the future.

The Importance of Historical Knowledge in CBT with Clients from Minoritised Ethnicities
Alasdair Churchard, University of Oxford

There has been much focus in recent years on how to make CBT more culturally sensitive, but one area that has not had sufficient attention is how to integrate historical knowledge into CBT. The broader literature on cultural competence emphasises the importance of historical awareness (e.g. Sue et al., 2019), but there are no well-developed theoretical frameworks which conceptualise the place of history within CBT interventions. This is a significant gap as historical experiences of racism will have an impact on patients from minoritised ethnicities seeking therapy, and if therapists do not have sufficient historical awareness they will probably be less able to offer culturally sensitive therapy. This open paper will explore why historical knowledge is important in CBT with people from minoritised ethnicities, drawing on the existing knowledge base about the importance of history in CBT with people of all ethnicities (Laidlaw, 2016). It will be clinically relevant as it will suggest some steps clinicians can take to improve their historical knowledge and their use of this in therapy. Examples will be given of how to incorporate historical awareness into assessment, formulation and intervention. The focus of this paper is theoretical as there is a paucity of empirical research in this area. The paper will describe the types of research projects which would help develop an evidence base, for instance vignette studies and tests of the relationship between historical knowledge and cultural competence, and how research could lead to better integration of clients' histories into clinical practice.

Therapeutic Techniques and Innovations

Rapid Access Psychological Therapies Reduce Mental Health Symptoms in Healthcare Staff Working in Intensive Care Settings Throughout the Covid-19 Pandemic.
JP Corrigan, Belfast Health and Social Care Trust

Introduction. The Covid-19 pandemic has had a negative impact on the psychological wellbeing of healthcare staff who report clinical levels of distress (Greenberg et al 2021). Delivery of psychological therapies to these staff is likely to be an important factor to facilitate mental health recovery.
Methods. Psychological therapy was delivered to healthcare staff who were experiencing mental health symptoms as a result of working within intensive care during the pandemic. Screening was offered within 2 days of referral and therapy 2 weeks later. Clinical levels of depression, anxiety, and PTSD were assessed pre and post therapy (PHQ-9, GAD-7, PCL-5). Trauma focused cognitive behavioural therapy (TFCBT) and/or eye movement desensitization and reprocessing therapy (EMDR) were provided. Sickness absence was also assessed.
Results. 60 staff members completed psychological therapy between May 2021 and April 2022. For pre and post therapy measures, 48% of participants moved from moderate or severe to mild levels on the measure of anxiety (Gad-7). 62% moved from moderate/severe to mild on the measure of depression (PHQ-9). 75% moved from moderate/severe to mild on the measure of PTSD (PCL-5). Regarding sickness absence, 97% of those availing on sickness absence had returned to work by the time they had completed therapy.
Discussion. Results suggest that a rapid access treatment facilitates mental health recovery for staff and may facilitate return to work within a short timeframe.

Increasing access to psychological therapy on acute mental health wards: Talk, Understand and Listen for InPatient Settings (TULIPS)

Katherine Berry, University of Manchester

Introduction: People with severe mental health problems rely on inpatient mental health care at times of crisis, but patients have limited access to evidenced-based therapies, such as Cognitive Behavioural Therapy in these settings.

Methods: We used expert consensus methods to develop an intervention to improve patient access to psychological therapies in inpatient settings. The intervention is being evaluated in a large randomised control trial where 34 wards (with over 1,500 staff and patients) are randomised to receive the intervention or usual care. We are assessing the impact of the intervention on serious incidents (violence, aggression and self-harm), patient well-being, staff burnout and ward atmosphere. We are also carrying out ethnographic observations and interviews to understand barriers and facilitators to implementation.

Results: The intervention we developed involved three levels: 1) formulation for all patients; 2) nurse-led CBT-informed interventions; 3) CBT-informed interventions with psychological therapies focused on understanding the reasons for admission and relapse prevention. The trial is ongoing but data relating to uptake and retention in the study will be presented along with results from the qualitative research.

Discussion: The research has practice implications as it identifies solutions to overcoming barriers to delivering CBT in inpatient environments that are derived from data and currently being evaluated in real world settings.

A new perspective on depression: targeting specific subtypes to deliver better outcomes

Clare Hurley, ieso, UK

Existing diagnostic approaches do not capture the underlying heterogeneity and complexity of psychiatric disorders such as depression. This research uses a data-driven approach to define fluid depressive states and explore how patients transition between these states in response to cognitive behavioural therapy (CBT). Item-level Patient Health Questionnaire (PHQ-9) data were collected from 9891 patients with a diagnosis of depression, at each CBT treatment session. Latent Markov modelling was used on these data to define depressive states and explore transition probabilities between states. Clinical outcomes and patient demographics were compared between patients starting at different depressive states. A model with seven depressive states emerged as the best compromise between optimal fit and interpretability. States loading preferentially on cognitive/affective v. somatic symptoms of depression were identified. Analysis of transition probabilities revealed patients in cognitive/affective states do not typically transition towards somatic states and vice-versa. Post-hoc analyses also showed patients who start in a somatic depressive state are less likely to engage with or improve with therapy. Understanding how different symptom profiles respond to therapy will inform the development and delivery of stratified treatment protocols, improving clinical outcomes and cost-effectiveness of psychological therapies for patients with depression.

Using Behavioural Activation and Self-compassion to Cope with Academic Worry

Junwen Chen, Australian National University, Australia

About 25-40% of students experience academic worry (e.g., maintaining regular study activity or taking tests) related to anxiety, depression, and poor academic achievement. This study investigated the effectiveness of two brief interventions, behavioural activation (BA) and self-compassion (SC), on academic worry in college students. Two potential mechanisms underpinning academic worry were also examined: experiential avoidance (EA) and intolerance of uncertainty (IU). University students with moderate levels of academic worry were randomly allocated to a BA (n=45), SC (n=45), or a control condition (n=44). Interventions consisted of two 45-minute sessions including BA components (e.g., activity scheduling) and SC induction. The control condition engaged in an online health-related program. Academic worry, general worry, IU, and EA were assessed at pre- (T1), post-intervention (T2), and at 3- (T3) and 6-month (T4) follow-ups. Cross-lag panel analyses showed that both interventions effectively reduced academic worry, general worry, EA, and IU

from baseline to post-intervention and the effects were maintained at 3-month follow-up for EA. T2 IU and T3 EA significantly mediated the effects of the two interventions on T4 academic worry. No significant mediation effects were found for general worry. Findings provide evidence supporting the effectiveness of the two brief interventions for academic worry and the proposed IU and EA as important constructs underlying academic worry.

Paediatrics

Addressing an unmet need for mental health services within paediatric hospitals
Anna Roach, UCL - Institute of Child Health, UK

Children and young people (CYP) with long term conditions (LTCs) are likely to develop mental health symptoms yet there remains a need to improve access to evidence-based mental health interventions in hospitals. A mental health drop-in centre delivering low intensity CBT (LICBT) was shown to help CYP with LTCs. This study aimed to implement the drop-in centre model at other hospitals.

Training on LICBT interventions was delivered to paediatric clinicians. A brief questionnaire measured its effectiveness. Data have been collected to characterise families accessing the drop-in service so far, and how the service has been implemented at different sites.

13 attendees completed the LICBT training questionnaire, and the sign test showed total understanding significantly increased from pre-training (M = 24.77) to post-training (M = 33.62). Since November 2022, 75 referrals have been received from 5 hospitals and 40 families have completed baseline measures. The current sample is made up of CYP with a mean age of 14.86 and a range of LTCs. The service has been set up differently across the hospitals.

It is possible to effectively train pre-existing hospital staff in LICBT and implement a drop-in mental health service at paediatric hospitals. There is significant demand for this service and CYP living with different LTCs are accessing and utilising the service provided. Implementation at different hospitals requires flexibility and consideration of local cultural and staffing needs.

Children and Young People with Long COVID - comparing those seen in a specialist clinic with a non-hospitalised national cohort: a descriptive study
Fiona Newlands, UCL, Great Ormond Street Institute of Child Health

Introduction: Post-COVID services have been set up in England to support children and young people (CYP) living with Long COVID. This study aims to (1) describe the characteristics of CYP aged 11-17 seeking treatment from a Post-COVID service and (2) to compare characteristics of these CYP with those taking part in the UK's largest study of Long COVID in CYP (CLoCk).

Method: The same questionnaires were used for CLoCk and at referral to the Post-COVID service. 209 CYP were referred to the Post-COVID service between May 2021 and August 2022, and 112 completed the questionnaire. Demographics, health pre and post COVID-19 and the impact of infection were described and compared to CYP with a confirmed SARS-CoV-2 infection from CLoCk (n=3,065).

Results: Demographic characteristics were similar across the two groups. Almost all CYP from the Post-COVID service (91.6%) met the Delphi definition of Long COVID compared to 25.6% of CLoCk CYP (p<0.001). Post-COVID service CYP reported more problems with daily functioning on all domains of the EQ-5D-Y indicating a poorer health-related quality of life. 77.1% reported feeling sad or worried compared to 40.8% of CLoCk CYP (p<0.001).

Discussion: CYP attending Post-COVID services have more symptoms and are more severely affected by their symptoms than CYP from a national cohort study. Evaluation of short and long-term outcomes of interventions by clinical services can help direct future treatments for this group.

Brief intervention for children and young people with chronic physical illnesses: Session by session trajectories of change

Laila Xu, UCL Great Ormond Street Institute of Child Health

Background: Children and young people (CYP) with chronic physical illnesses have elevated mental health difficulties, yet treatment access is difficult. Brief CBT delivered within paediatric settings may increase accessibility. Such brief CBT should include session-by-session measurement which can improve and predict clinical outcomes, lead to greater satisfaction of care, allow trajectory of change analysis and establish optimal session length for reliable improvement and adequate response.

Aim: To describe session-by-session change in CYP with comorbid physical and mental health difficulties receiving brief CBT. We hypothesised that CYP would show reliable improvement across measures.

Method: 38 CYP (mean age = 11.7; 42% female) attending a drop-in centre within a paediatric hospital received brief CBT for common mental health disorders (e.g., guided self-help for anxiety) and completed Goal Based Outcomes (GBOs) and the session-by-session Strengths and Difficulties Questionnaire (SDQ SxS) every session.

Results: 47% reported reliable improvement in GBOs by session 4 and 100% by session 8. Fewer (5.9%) showed such improvement in SDQ SxS, with all those improved reporting this by Session 4.

Conclusion: Reliable improvement in SDQ SxS and GBOs differ in reported time-point and frequency. More than one SxS measure may be needed to fully understand clinical progress and the minimum session length for adequate response.

Delivering Acceptance and Commitment Therapy remotely for children and young people with neurological conditions: experiences of Clinical Psychologists

Katie Powers, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

The benefits of remotely delivered therapy have become increasingly recognised particularly for improving access to people living in underserved areas and for those who struggle to attend face-to-face appointments due to cognitive, psychosocial, or physical impairment and geographical constraints. This study describes the experiences of Clinical Psychologists delivering ACT remotely to young people (aged 11 to 24) with experience of a brain tumour or Tuberous Sclerosis Complex. Clinical Psychologists who were trained to deliver ACT via videoconferencing were invited to take part in virtual interviews. The semi-structured interview guide drew on experiences of ACT training, supervision, remote delivery, and perceived impact of ACT. Interviews were analysed using inductive thematic analysis. Five Clinical Psychologists were interviewed. Interview data were coded into broad themes around the experience of delivering ACT, engaging with remote systems, perceived impact of ACT on the participants, and the adaptability of ACT to meet the varied needs of individual participants. Clinical Psychologists viewed remotely delivered ACT as an appropriate, acceptable, and feasible intervention for this population that would be generalisable to everyday clinical practice. We will present reflections on the delivery of ACT via this medium and how remotely delivered psychosocial therapies might be optimised in the future.

Mechanisms

Self-regulation of ventromedial prefrontal cortex using real-time fMRI neurofeedback

Bianca Oltean, Kings College London

Anxiety disorders are common, highly co-morbid, and associated with high socioeconomic costs to society. Treatment guidelines for anxiety disorders advocate psychological therapy in the first instance, with recent adjunct personalised treatments showing increased efficacy, i.e. adding neurofeedback. This pilot real-time fMRI neurofeedback (fMRI-NF) study uses an fMRI task targeting the ventromedial prefrontal cortex (vmPFC), the main regulator of anxiety networks in the brain.

Sixteen participants completed 4 sessions of fMRI-NF training over a 9 day interval. The experimental group received real-time feedback consisting of a video-clip of a rocket that had to be flown into the solar system.

STAI & BAI, emotional face recognition & resting state connectivity has been acquired in order to measure progressive improvement in fMRI-NF learning.

Reductions in anxiety were reported on STAI-T & BAI ratings, while the fMRI-NF successfully recruited vmPFC along a wider network of brain regions. The ROI analysis on the facial emotional processing task showed increases in activity in bilateral amygdala, cerebellum and insula. In the connectivity analyses, we found increases in functional connectivity between L and R amygdala.

The vmPFC is a viable target for fMRI-NR showing changes in brain activity commensurate with anxiety reductions. Engaging wider distributed brain areas suggests that fMRI-NF may be operating at a circuitry level than regional level.

Experiences of Imagery in Obsessive-Compulsive Disorder: An Interpretative Phenomenological Analysis
Hannah Wedge, Aneurin Bevan University Health Board/Cardiff University

Objectives: There has been limited research into how people with OCD experience mental imagery, despite imagery being a defining criterion for OCD diagnosis. This study aimed to explore people's experiences of and reactions to imagery in OCD.

Design: This research employed a qualitative, phenomenological design using semi-structured interviews. An expert-by-experience was involved in the study design.

Method: Eight adult participants with OCD diagnoses were purposively sampled from mental health services and interviewed about their experience of imagery. Interviews were transcribed verbatim and analysed using IPA. A reflexive log and audit trail were kept throughout the research process to ensure quality.

Results: Six superordinate themes were found: OCD imagery is multisensory, detailed, and vivid; OCD imagery is uncontrollable and spontaneous; OCD imagery is elaborated upon; OCD imagery involves past memories and future fears; People respond to OCD imagery as if it is real; Therapy shifts OCD imagery.

Conclusions: This study highlights the intensity of OCD-related imagery experienced by people with OCD and the significance of this imagery for their everyday lives. Images relating to past experiences and images of future fears were identified, suggesting a reconciliation of previous findings. Implications for clinicians seeking to understand and work with people with OCD are discussed.

Maladaptive Cognitions in Bipolar Disorder: The Relationship with Mood Symptoms.
Thomas Richardson, University of Southampton, UK

Introduction: Maladaptive cognitions appear to be associated with the severity of mood symptoms in bipolar disorder (BD), but findings are mixed and generally cross-sectional in design.

Method: This study (n=331) explored the associations between maladaptive cognitions and mood symptoms in BD over time (3 months), and the potential mediating effect of self-compassion cross-sectionally. Dysfunctional attitudes, maladaptive perfectionism and maladaptive metacognitions were explored separately with depressive and manic symptoms, and with current mood state in BD.

Results: The results showed maladaptive metacognitions to be the only significant predictor of depression at 3-month follow-up (β = .31, p <.001), with no relationship to mania over time. Cross-sectionally, self-compassion partially mediated the relationship between all maladaptive cognitions and depression, with higher dysfunctional cognitions and lower self-compassion predicting increased severity of depressive symptoms. Only the relationship between dysfunctional attitudes and mania was partially mediated by self-compassion, however, the relationship was weak and suggestive that higher self-compassion predicted increased mania.

Conclusion: Maladaptive metacognitions were predictive of future depression severity, therefore, further exploration of metacognitive therapy for BD should be explored. Furthermore, self-compassion was shown to partially mediate the relationship between negative cognitions and mood.

Adult attachment, anxiety symptoms and prospective mental imagery
Gavin Clark, Newcastle University

Adult attachment dimensions have been found to be associated with various anxiety-related symptoms and behaviours. Heightened attachment anxiety may be hypothesised to lead to increased likelihood of experiencing intrusive prospective mental imagery (IPI), a variable associated with anxiety. The relationship between attachment and IPI was investigated in three separate studies (total N=692) which recruited adults from the general population to participate in an online study hosted on Qualtrics. Across studies, attachment anxiety demonstrated moderate-to-large associations with IPI whilst attachment avoidance demonstrated small associations with IPI. IPI was found to mediate the relationships between attachment anxiety and worry, anxiety symptoms and reassurance-seeking. A single study (N=260) investigated participants' generation of prospective imagery and found attachment anxiety predicted perceived vividness of imagery for negative attachment-related and general negative events, and perceived likelihood of negative imagined events occurring. Both attachment dimensions were negatively associated with vividness and perceived likelihood of positive attachment-related imagery. Finally, attachment anxiety and level of IPI predicted frequency of general and attachment-related negative imagery experienced by participants. The results suggest that mental imagery may play an important role in the relationship between attachment orientation and anxiety symptoms and behaviours.

Psychosis and Bipolar Disorder

Components of Emotion Regulation Flexibility and Psychosis: cross-sectional and longitudinal study
Catherine Bortolon, Université Grenoble-Alpes, Laboratoire interuniversitaire de Psychologie (LIP/PC2S), France

Introduction: Emotional dysregulation is a central feature of psychosis (Liu et al., 2020). In a series of studies, we sought to advance the knowledge on emotion regulation in psychosis by adopting Bonanno and Burton (2013)'s emotion regulation (ER) flexibility approach, which is
conceptualized as a multi-componential construct involving context sensitivity, repertoire, and feedback responsiveness.
Method: In the first study, 401 participants completed 4 scales assessing the multi-components of ER flexibility and psychosis-proneness. In the second study, we included clinical samples. In the last study, 250 participants completed the same questionnaires at baseline and three months later.
Results: Across all studies, Cue Absence (Context sensitivity) was associated with the positive dimension of psychosis-proneness. Cross-sectionally, Enhancement of emotional expression (Repertoire) was associated with the negative dimension. Our longitudinal study indicated that besides Cue Absence, Suppression of emotional expression (Repertoire) predicted the positive dimension. Moreover, Cue absence predicted Negative symptoms.
Discussion: Our results suggest that emotional context insensitivity is the most relevant component of regulatory flexibility in the case of positive. Thus, the disruption in this first step might already exist in those prone to psychotic experiences and further disrupt the other steps of emotion regulation contributing to the psychotic (-like) experiences.

Virtual Reality Supported Therapy for Negative Symptoms: A Pilot Randomised Controlled Trial
Matteo Cella, King's College London

Background: Negative symptoms are common in people with schizophrenia and linked to poor functioning. This study aims to develop and evaluate a novel Virtual Reality (VR) assisted Therapy for the Negative Symptoms of schizophrenia (V-NeST) and assess its feasibility and acceptability.
Method: A single blind randomised controlled study with two conditions: V-NeST plus treatment-as-usual (TAU) vs. TAU alone involving people with schizophrenia. Assessments is at baseline and 3-month post-randomisation. The primary outcomes are client therapy goal achievement and negative symptoms. Acceptability is evaluated using interviews analysed qualitatively. Feasibility parameters are also assessed.

Results: Thirty participants were recruited in the study. Four participants dropped-out of the study (i.e., two in each condition). Those attending therapy attended 75% of the sessions offered. The main outcomes completion was over 80% and the study procedures feasibility was good. Participants' feedback suggested the therapy was acceptable and considered valuable. There was indication of positive changes in the study outcomes associated with V-NeST.

Conclusion: Psychological therapies for negative symptoms can benefit from using engaging and immersive digital technologies such as VR. The acceptability and ease of use is appropriate for people experiencing debilitating negative symptoms. Further studies should continue to develop this approach and formally evaluate its efficacy.

What are the Lived Experiences of Communication Processes of Individuals Living with Psychosis
Eileen Fitzharris Cahill, TCD/HSE

This study sought to explore the phenomenology of people living with psychosis's experience of the process of communication and how that process affects their self-esteem and sense of self. Semi structured qualitative interviews were conducted with a sample of participants attending outpatient mental health settings within a mental health catchment area. Six people were interviewed, four males and two females. They all identified as Irish. Interviews were transcribed verbatim and analysed using thematic analysis to identify central themes within and among participants. Four main themes were identified: Impact of Psychosis on Communication, selective Communication, Interpersonal Experiences and Validation in Communication. A number of sub themes and sub-subthemes were identified in relation to each theme. Findings from the study support that people with psychosis do experience some cognitive deficits in communication. However, these can be related to the experience of some of the symptoms of psychosis and medication to treat these, and their impact on the communication cycle. This may be a transient process rather than a definitive one and is subject to change depending on a variety of factors. People living with psychosis experience a number of difficult interpersonal experiences which can have a profound impact on sense of self and resulted in many negative self-evaluations. Validating interpersonal experiences are vital. Mental Health Professional can support this.

Homelessness and ideas of persecution: A mixed-methods questionnaire study examining persecutory beliefs and the role of safety behaviours in unstable housing.
Ashley-Louise Teale, University of Bath

Mental health difficulties are highly prevalent in the homeless population (Gutwinski et al., 2021). Fears of harm from others (persecutory beliefs) may perpetuate people's difficulties with unstable housing. The aim of this study was to investigate whether persecutory beliefs in people who experienced homelessness, contain housing-based concerns and trigger safety behaviours (e.g., avoiding their landlord, confronting neighbours, moving out of their home). The impact and relevance of such beliefs and behaviours were examined. Further aims were to investigate what support the person a) received and b) would have liked to receive. We will present findings from the 23 individuals with experience of both homelessness and persecutory beliefs, who participated in the mixed-methods questionnaire. Data on the content or type of persecutory beliefs, any identified safety behaviours and experiences of service input will be discussed. It is hoped that this study will help to inform understanding of the experience of persecutory beliefs in this highly marginalised group and improve service provisions offered.

Behavioural Medicine

Cognitive-behaviour Therapy for survivors of Acquire Brain Injury presenting with severe neurocognitive deficits and neurobehavioural difficulties

Sirous Mobini, Aspire Clinical Psychological and Neuropsychological Services Ltd & University College London, St Neots Neurological Centre, Elysium Healthcare

Introduction: Acquire brain injury (ABI) survivors often present with significant neurocognitive and neurobehavioural deficits. Methods: This presentation is based on a series of brain injury survivors presenting with anxiety, depression, anger and impulsivity, and adjustment difficulties who received community-based brain injury rehabilitation. These patients presented with moderate to severe neurocognitive deficits dominated by attention, memory and dysexecutive difficulties. A combined adapted CBT and cognitive rehabilitation approach was used to treatment mood and behavioural difficulties in these patients either face-to-face or remotely due to COVID restrictions. A number of clinical measures were used to assess mood, impulsivity, anger and behavioural problems at pre- and post-treatment phases. Five ABI survivors received 15-20 sessions of brain injury rehabilitation and CBT in the community-based rehabilitation setting. Results The patients reported improvements in their anxiety, depression, anger and impulsivity resulting in adjusting better with their difficulties.   Post-treatment measures significant reductions in mood difficulties, impulsivity and anger. Moreover, these improvements were also reported by the families of the brain injury survivors.
Discussion: Given neurocognitive deficits in the survivors of brain injury, it is important to incorporate the cognitive rehabilitation into empirically-based psychotherapies such as adapted CBT in their treatment.

Pre-post evaluation of a virtual group intervention for people living with Long COVID
Samuel-James Fall, Gloucestershire Health & Care NHSFT - Post-Covid Syndrome Service

Introduction: Long COVID is recognised as having a pervasive physical, psychological and neuropsychological impact, requiring a holistic, integrative approach to rehabilitation. In the absence of evidenced treatment, we designed a complex 6-session, MDT led, biopsychosocial informed virtual group to promote the self-management of physical/cognitive fatigue, breathlessness, stress and relapse prevention with CBT techniques used to support engagement in self-management behaviours. This study evaluates the efficacy of the group intervention.
Method: Over 6 months, 88 patients were referred and attended the group. Baseline and follow-up (2 weeks post-intervention) measures were: Modified Fatigue Impact Scale, depression (PHQ9), anxiety (GAD7), wellbeing (SWEMWS), Self-efficacy for Managing Chronic Disease and quality of life (EQ5D-5L), in addition to a qualitative evaluation form.
Results: 74 individuals completed the group - 10% attrition rate. Pre-post comparisons were significantly different (Cohen's d>0.5) for depression, wellbeing, self-efficacy and EQ5D-5L, but not fatigue or anxiety. Qualitative evaluation identified key themes that shaped participants experience of the group: 'Barriers & Facilitators', 'Shared Experiences and 'The Future'.
Discussion: This study provides preliminary evidence to support virtual, MDT, CBT informed interventions to improve key outcomes. Qualitative observations indicate a need for an individualised, solution focused approach to managing fatig

Internet-delivered cognitive behavioural therapy for depression and anxiety among breast cancer survivors in Ireland and the UK: Results from a randomised controlled trial
Selin Akkol Solakoglu, Amwell

Depression and anxiety are common psychological problems among breast cancer survivors. However, many cannot access evidence-based psychological therapy. Although internet-delivered cognitive behavioural therapy (iCBT) has proven effective in reducing depression and anxiety, such interventions in cancer survivors are limited. This study evaluated the effectiveness of a 7-module guided iCBT on depression and anxiety, quality of life, fear of recurrence, active and avoidant coping, and perceived social support in breast cancer survivors in Ireland and the UK (Akkol-Solakoglu & Hevey, 2023). 72 participants were randomised to iCBT or treatment-as-usual (TAU). The primary outcome was the Hospital Anxiety and Depression Scale total score (HADS-T). Both groups completed the measures at baseline, post-intervention, and 2-month follow-up. A

linear mixed model was used to compare groups. Although non-significant, iCBT group had lower HADS-T scores than TAU at post-intervention. This difference was statistically significant at 2-month follow-up (Hedge's g= -0.94). No significant group-by-time interaction effects were found for quality of life, fear of recurrence, active coping, avoidant coping, and perceived social support. The intervention adherence was acceptable; 52.8% (n= 28) completed all modules. Guided iCBT intervention demonstrated its preliminary effectiveness for depression and anxiety in breast cancer survivors. These findings suggest the value of conducting a larger trial.

Wait-list control study of a digital CBT informed self-management intervention for Long COVID
Faith Martin, *Cardiff University*

Long-COVID refer to ongoing illness (at least three months) following acute COVID-19 infection with symptoms that include breathlessness, fatigue, and reduced functioning sometimes linking to high levels of anxiety and low mood. There are currently no identified curative treatments and prognosis remains uncertain. Supporting people to manage the impact of the condition is then crucial. Owing to high levels of fatigue, digital interventions that can be accessed at the person's convenience have a major advantage. There is a lack of evidence of the impact of these interventions on patients' outcomes. We conducted a wait-list controlled study of the digital "HOPE" intervention, a CBT informed self-management program. Baseline and end of intervention measures were mental wellbeing, fatigue, depression, anxiety, self-efficacy and loneliness. 91 patients were allocated to intervention (n=47) or wait-list (n=44). 34 were retained in the intervention and completed outcomes, with 39 retained in the control group. Per-protocol ANCOVA analysis found only depression scores were significantly different at follow-up between the groups. No retention bias was observed based on baseline characteristics. Limitations are considered, including the need to include a longer term follow-up as there may be a delay in patients implementing strategies. Further, adaptations to intervention are suggested.

Skills Classes

Therapist schemas: What they are, why they matter and what we can do about them
Jason Roscoe, University of Cumbria

Who is this skills class aimed at?
Maladaptive therapist schemas affect all clinicians regardless of their level of experience. The class is therefore aimed at anyone practicing CBT especially those responsible for training and supervising. It is important for therapists, trainers and supervisors to be able to recognize maladaptive schemas early, to be able to formulate their origins, maintaining factors and consequences and to have the tools to assist therapists in modifying them.

Scientific Background:
The effectiveness of CBT is influenced by the beliefs, emotions and behaviours of the individual therapist that is delivering these interventions Collectively, these represent therapist schemas which often, silently guide the formulations we use, choice of intervention and engagement with CBT theory. Surprisingly little research has been conducted on how these schemas influence practice or engagement in supervision and training yet problems such as therapist and supervisory drift and role transition resistance are commonly found in samples of everyday CBT practices. A recent scoping review indicates that practical resources are required to help normalize and overcome the challenges posed by unmanaged therapist schemas (Roscoe & Taylor, pending publication).

Key Learning Objectives:
By the end of the class, participants will be able to:

Understand common therapist schemas, where they present and their potential consequences if left unaddressed

Reflect on their own schemas and how these influence their practice and their behaviour as a supervisor and supervisee

- Identify the signs of maladaptive schemas during training and supervision
- Formulate their origins and potential maintenance factors
- Apply bespoke cognitive-behavioural interventions to assist therapists in challenging these schemas

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Delivering effective outcomes for Hindu Clients presenting with Depression & Anxiety

Mallika Sharma, Buckinghamshire New University
Deepak Dhuna, University of Sheffield

Who is this skills class aimed at?
The skills class would be interesting to all those invested in culturally sensitive/adaptive therapeutic work, and all those passionate about equal access.
Clinicians/Researchers interested in working with clients within a psycho-spiritual framework, and developing novel research streams
Trainees/Trainers/Supervisors who are committed to culturally competent therapy, supervision and training
Service's invested in providing quality treatment and improved access / better treatment outcomes.

Scientific Background:
CBT theory and practice was developed in the west to be used with its populations, however as the population in Britain is becoming more diverse (Census, 2021), it is incumbent on us to adapt the approach to meet the needs of our society. Asian IAPT clients showed significant disparity in the use of services, completing treatment, reliable recovery and overall full recovery (Baker, 2018). These gaps are unexplained by social demographic variables, migration history or language barriers (Bhavsar et al., 2021). Culturally sensitive therapy embedded within the services may lead to sustainable long-term benefits. The awareness of the culture, engagement and adjustment in therapy is a significant part of the adaptation process (Naeem et al, 2015), as suggested by many advocating the need for adaption Hinton & Patel (2017), Bhargav, Kumar and Gupta (2017). There is growing knowledge on religion informing the adaptions, and the focus of this skills class will focus on Hindus accessing mental health support. Hinduism appears to be the world's oldest religion and is practiced by around 1.2 billion people globally. On closer inspection, and being the followers of Hinduism as well as being trained in Western CBT, the speakers are able to draw their own understanding of the religion to create the roots of modern CBT as Hinduisms ancient theory, sacred texts and current day practice align well to CBT e.g. CBT in the Mahabharata (Angiras, 2020).

Key Learning Objectives:
In this skill class the speakers will explore how this spiritual framework informs the engagement, assessment, formulation and treatment phases within depression and anxiety. The use of metaphors, parables and conceptualisation embedded within Hinduism become key in engaging populations in a salient way which directly acknowledges their experience of life. This skill class will aim to provide an empowering space in which the audience will be able to enhance their understanding in adapting CBT for Hindu clients. By the end of the class, participants will be able to:

1. Recognise an awareness of Hindu Perspective regarding mental health.
2. Engage Hindu clients in therapy and appraise the efforts needed to be made.
3. Construct a culturally sensitive formulation of Depression & anxiety for these clients.
4. Revise the CBT treatment for depression/anxiety for Hindu clients to achieve better outcome.

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Working with Self-States across disorders: a future direction for CBT

Fiona Kennedy, GreenWood Mentors Ltd
Helen Kennerly, Oxford University/OCTC

Who is this skills class aimed at?
Clinicians and researchers who wish to take CBT forward by focusing on working with identity and coherence of self, across all disorders.

Scientific Background:
Philip Bromberg, the psychoanalyst, writes "health is the ability to stand in the spaces between realities without losing any of them—the capacity to feel like oneself while being many". Having an unstable or contradictory sense of self involves having an internal world where one is at war or one keeps changing without control in response to events. This is associated with many mental health problems, including anxiety, OCD, depression, cPTSD, eating disorders, BPD, and DID. CBT has always focused on negative self-evaluation as a central part of formulation, but this has been concerned with out opinions about ourselves ('me-self')rather than our lived experience of existing in the world ('I-self'). This class looks at Beck's and Young's different concepts of schemas and self and shows how by focusing our work on parts or aspects of the self (self-states) we can produce meaningful formulations and significant clinical change. It also introduces dissociation as a key set of processes that can maintain difference and conflict between internal parts. The therapeutic aim is to help the client create a coherent self: developing a compassionate perspective with acceptance, awareness and control/choice over diverse and different parts of the self.

Key Learning Objectives:
develop a CBT understanding of self-states as a concept
assess and formulate self-states (we will provide copies of our new scale, the D-ISS)
understand how to work with self-states using basic techniques from CBT, ACT, DBT and CFT

References:
Beck, A.T. (1996). Beyond belief: A theory of modes, personality, and psychopathology. In Salkovskis, P. M. (ed.). Frontiers of Cognitive Therapy. London: Guilford.
Bromberg, P. M. (2009), Multiple self-states, the relational mind, and dissociation: A psychoanalytic perspective. In: Dissociation And The Dissociative Disorders: DSM-V And Beyond, ed. P. F. Dell & J. A. O'Neil. New York: Routledge, pp. 637-652.

Brewin, C. (2023) Identity – A critical but neglected construct in cognitive-behaviour therapy. Journal of Behavior Therapy and Experimental Psychiatry 78, 1-6 101808.

DBT (Dialectical Behaviour Therapy) skills training for Neurodivergent individuals (focus on ADHD and autism)

Marie Wassberg, Private Practice
Dr Stephanie Capon, NHS Adult secondary mental health services; Jemma Hill, Looked after Children's Team/ASD pathway

Who is this skills class aimed at?
We welcome clinicians with no prior DBT/DBT-A experience.

Scientific Background:
DBT could be considered as third wave CBT tailored to the needs of those who experience intense emotions and engage in life threatening behaviours. Due to its efficacy with high-need, "difficult-to-treat" clients, DBT has gained widespread attention. The DBT treatment programme, where the Skills Training is an essential part, was developed by Marsha Linehan for the treatment of BPD. Since then, there have been numerous studies exploring and validating this approach for different populations.
The term "neurodivergent" describes differences between individuals, in how the brain functions, learns and processes information which captures a range of presentations e.g. ADHD, autism, dyslexia. Some common difficulties associated with being neurodiverse incl deficits in social interaction, communication, the ability to identify and regulate emotions.
The DBT goal is to help people "build a life worth living", to reduce destructive behaviours and raise functional levels. The DBT teaches skills on how to regulate emotions, tolerate distress, and enhance relationships. The skills are highly applicable to the difficulties experienced by many neurodiverse individuals.

Researches suggest that neurodiversity is associated with increased mental health difficulties. Given the disproportionate prevalence of mental health difficulties amongst the neurodivergent population, it is prudent that we consider how to meet the needs and adapt approaches developed for the neurotypical population.

Key Learning Objectives:
1. Participants will have an understanding of the 5 skill modules central to DBT: Core Mindfulness (the skills that underpin all DBT skills and practice), Distress Tolerance, Walking the Middle Path, Emotion Regulation and Interpersonal Effectiveness, and the research underpinning their use with neurodiverse populations.
2. Participants will have increased awareness and knowledge of adaptions to the skill teaching of DBT to improve usefulness and accessibility of skills to neurodiverse populations.
3. Participants will have an increased understanding of why incorporating the families and social networks of those with neurodiversity in treatment is useful and have practical suggestions of how to do this.

References:
1. Linehan, M. (2014). DBT Skills Training Manual
2. Rathus, J. and Miller, A. (2015). DBT Skills Manual for Adolescents
3. Mazza, J. J. and Dexter-Mazza, E. T. (2016). DBT Skills in Schools (DBT STEPS-A

Beginning private practice: What you know, what you don't know, and what you think you don't know but you do

Linda K Berkeley, Nightingale Therapy

Who is this skills class aimed at?
Provisionally or fully accredited CBT therapists, PWP therapists, and trainees; any BABCP members who want to begin private practice or are curious about private practice in the future.

Scientific Background:
Some CBT therapists have considered private practice but have concerns about how they would manage this. There is much to consider, e.g., your reasons for wanting to offer private therapy, what you hope to achieve, whether to work in private practice part-time and continue in an NHS post, setting up and running a business, marketing, fee policy, and practice focus to name only a few. This can all be quite daunting, and it is not suggested this is an easy process. To the contrary, therapists might want to begin planning six months or more before their business opens. It is a process anyone can make sense of that begins with believing in themselves and what they have to offer clients.
The reality of budgeting constraints has meant that NHS psychological interventions are sometimes restricted to fewer sessions than the private sector can offer, the high demand for services sometimes means less flexibility in appointment times, and the inevitable waiting lists. Anecdotally, there are services where clients may wait up to two years to see a fully accredited CBT therapist and the situation in CAMHS can be more acute in some areas. IAPT services were set up to treat those with mild to moderate anxieties and depression. There are people who fall through a gap in the system or are not receiving "the full dose" of therapy. Perhaps private practice may provide a back-up resource, though sometimes limited to those who can afford it.

Key Learning Objectives:
1.   To help those considering or already in private practice focus their thinking on some of the basics of beginning and/or growing their business.
2.   Understand some basic first steps to beginning private practice and what must be considered.
3.   Develop the confidence to explore the possibilities further.

Key elements of the workshop:
Personal values, what are you expecting from private practice – your goals, what are you offering, the three people you need in your practice, premises, personal safety/risk, fees/payment, GDPR and documents you need to provide to clients, record keeping and tax, potential expenses, and marketing. We shall also discuss self-care, the need to self-protect against burnout, and why supervision gains a further layer of importance when working independently.

References:
Clark, D. M., Layard, R., Smithies, R., Richards, D. A., Suckling, R., & Wright, B. (2009). Improving access to psychological therapy: Initial evaluation of two UK demonstration sites. Behaviour Research and Therapy, 47, pp. 910 – 920.
Clerkin, C. (2017). Getting started in private practice. [Live workshop]. Bristol, United Kingdom.
Gerber, M. E. (1995). The e-myth revisited: Why most small businesses don't work and what to do about it. New York: Harper Collins Publishers.

Three Ways to Change Your Mind: A Framework for Cognitive Restructuring

Stirling Moorey

Who is this skills class aimed at?
This workshop is aimed at any cognitive behaviour therapist who is interested in developing their ability to help clients evaluate their thoughts and beliefs. It will be of relevance to novice therapists who may feel challenged by the range of cognitive techniques available and uncertain about when and where to apply them, and more experienced therapists who wish to explore some of the assumptions that are implicit in cognitive restructuring. The framework presented can be particularly helpful

Scientific Background:
The philosophy underpinning CBT has not been investigated in any detail. This workshop, although very practical, draws on philosophy of science concepts, more specifically the epistemological assumptions behind cognitive techniques. Different types of cognitive therapy and different cognitive techniques refer to truth from different perspectives: rational and empirical, pragmatic and constructivist positions. Understanding this can help us choose which techniques to use in particular situations.

Key Learning Objectives:
1. To have an understanding of how different schools of CBT (e.g. Beckian, REBT, meta cognitive therapy and constructivist CBT) refer to the truth in different ways.
2. To be aware of the three different perspectives underpinning cognitive techniques: the rational-empiricist model, the pragmatic model and the constructivist model.
3. To be able to select interventions on the basis of the client's receptivity e.g. at any given time a client may be resistant to the idea their thoughts are distorted (rational-empiricist model) but willing to consider that they my be unhelpful (pragmatist model).

References:
Moorey,S. (in press) Three ways to change your mind: an epistemic framework for cognitive interventions. Behavioural and Cognitive Psychotherapy.
Clark, D. A. (2013). Cognitive Restructuring. In The Wiley Handbook of Cognitive Behavioral Therapy (pp. 1–22). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118528563.wbcbt02
Murguia, E., & Díaz, K. (2015). The philosophical foundations of cognitive behavioural therapy: Stoicism, Buddhism, Taoism, and Existentialism. Journal of Evidence Based Psychotherapies, 15(1), 37–50.

DBT for DID (Using techniques from Dialectical Behaviour Therapy to treat Dissociative Identity Disorder)

Fiona Kennedy, GreenWood Mentors Ltd UK
Marie Wassberg, GreenWood Mentors Ltd UK

Who is this skills class aimed at?
All CBT therapists who feel de-skilled when faced with dissociative identity disorder-type presentations; You do not need to be a DBT therapist to benefit from this skills class.

Scientific Background:
Dissociative identity disorder (DID)has been a controversial diagnosis historically, leading to a gap in training for CBT therapists and treatment for clients with this presentation. The key features of DID include a subjective sense on the clients part of being many separate selves sharing one body - sometimes even external "othered" self-states can appear as external figures 'haunting' the client. This fragmentation originates in early childhood and involves severe developmental trauma such that a coherent self is never formed. The presentation is often misdiagnosed as psychosis, BPD/EUPD or schizo-affective disorder. The incidence of DID in the general population is around 1%. The cognitive theory of dissociation was developed in part to formulate the development and maintenance of dissociated self-states in DID and the WDS (Wessex Dissociation Scale) to measure this. This class will briefly explain the theory of dissociated self-states. the focus of the class will be on the usefulness of techniques from DBT to help structure the therapy, along with adaptations from the authors' work. These include commitment work, identifying target behaviours, mapping the system and working with an internal 'group'. A client with lived experience will contribute a video and her therapist will be the co-presenter.

Key Learning Objectives:
To have a CBT understanding of DID, especially dissociated self-states
To know some assessments for DID
Be able to 'map the system' of self-states
Know how to carry out commitment work with the group of self-states
Identify and reduce 'target behaviours' of the DID client
Increase skills and adaptive behaviours of the DID client
Work towards increased awareness, acceptance, control and coherent self

References:
Kennedy F.C. & Thomas S (2009). Under-identification of personality disorder among in-patient mental health service users: Implications for CBT therapists. The Cognitive Behaviour Therapist, 1, 55–66.
F. Kennedy, H. Kennerley and D. Pearson (Eds.). (2013). Cognitive Behavioural Approaches to the Understanding and Treatment of Dissociation. London; New York, NY: Routledge.
Kennedy, F. & Pearson, D. (2020). Integrating CBT and Third Wave Therapies: Distinctive Features (CBT Distinctive Features). London: Routledge.

Combining ACT and moral philosophy to enable forgiveness and compassion

Richard Bennett, University of Birmingham
Dawn Johnson, Think Psychology

Who is this skills class aimed at?
Therapists who work with people struggling with issues relating to blame, self-criticism, and forgiveness. This will frequently include those who have experienced domestic and other forms of abuse.

Scientific Background:

Many people, particularly those who have experienced abuse, find it hard to forgive themselves or others. At its most extreme, their fusion with blame leads to them to become overwhelmed by unwanted emotions like guilt, shame, or anger. Ideas from moral philosophy can be useful in promoting more compassionate and forgiving responses.

This workshop, suitable for practitioners at any stage of their journey in learning ACT, will focus on integrating key principles from moral philosophy into their ACT practice. It will incorporate some didactic teaching and experiential exercises that draw on determinist and utilitarian concepts, inviting participants to consider how these schools of thought might frame a contextual behavioural approach to moral questions that arise in the therapy room.

It will build toward a live demonstration of how to use these principles in a therapeutic interaction, following which delegates will have the opportunity to ask questions and practice the technique demonstrated.

No previous knowledge of moral philosophy will be assumed.

Key Learning Objectives:
- Integrate some key principles of moral philosophy within a contextual behavioural approach to forgiveness
- Assess the utility of applying the aforementioned principles in their own lives, or in the lives of the people to whom they offer services
- Undertake a compassion-focussed perspective-taking intervention to help themselves or others to defuse from blame

References:
Harris, S. (2012). Free Will. New York, NY: Free Press
Tirch, D., Schoendorff, B., & Silberstein, L. R. (2014). The ACT Practitioner's Guide to the Science of Compassion: Tools for Fostering Psychological Flexibility. Oakland, CA: New Harbinger Publications.
Yadavaia, J.E., Hayes, S.C, & Vilardaga, R. (2014). Using ACT to increase self-compassion: a randomized controlled trial. Journal of Contextual Behavioral Science, 3, 248-257

Knowing and Believing: Enhancing client (and therapist) belief change using experiential interventions

Vickie Presley, Coventry University

Who is this skills class aimed at?
This interactive and experiential skills class is aimed at CBT therapists and supervisors who want to enhance their practice by utilising client emotions more effectively as part of the change process. Clinical examples will be used to contextualise learning about emotional processing in CBT, whilst therapy-interfering beliefs about emotions (clients' and therapists') will briefly be considered.

Scientific Background:
Whilst the cognitive-behavioural approach is widely supported by the evidence base across different psychopathologies, research tends to lack investigation into the effectiveness of specific cognitive-behavioural strategies (Bennet-Levy et al., 2004). There is, however, evidence that those interventions that lack an experiential component are less effective than those that do (Bennet-Levy, 2003). For example, belief change has been found to be more effective when utilising behavioural experiments (i.e., testing a belief via active experimentation) as opposed to utilising verbal or written evaluation methods only (Bennet-Levy, 2003; McManus et al., 2011). One explanation for these findings is that interventions which incorporate an experiential component (and therefore emotional activation) allow the client to process information at a deeper 'implicational' level (Teasdale, 1997), rather than at an intellectual or rational level which may be less effective in facilitating change (Bennet-Levy, 2004). Essentially, cognitive-behavioural intervention should aim for a unification of 'head and heart', whereby the client not only sees an alternative perspective, but also believes it.

Key Learning Objectives:
Learning outcomes:
1. To improve understanding of the significance of emotions in CBT treatment
2. To be able to apply this understanding in practice in order to resolve the 'head / heart' incongruence experienced by many clients
3. To consider client and therapist beliefs about emotions that may impede this process in therapy

References:
Bennett-Levy, J. (2003). Mechanisms Of Change In Cognitive Therapy: The Case Of Automatic Thought Records And Behavioural Experiments. Behavioural and Cognitive Psychotherapy, 31(3), 261-277. doi:10.1017/S1352465803003035
McManus, F., Van Doorn, K., & Yiend, J. (2011). Examining the effects of thought records and behavioral experiments in instigating belief change. Journal of Behavior Therapy and Experimental Psychiatry, 43(1), 540-547. https://doi.org/10.1016/j.jbtep.2011.07.003
Teasdale, J. D. (1997). The relationship between cognition and emotion: the mind in place in mood disorders. In D. M. Clark & C. G. Fairburn (Eds.), The science and practice of cognitive behaviour therapy (67-93). Oxford University Press.

Personalising CBT interventions using modular approaches

Sophie Bennett, KCL IoPPN
Roz Shafran, UCL Great Ormond Street Institute of Child Health

Who is this skills class aimed at?
Those familiar with delivering evidence based CBT protocols and who want to learn how to personalise these, for example to working with particular client groups or those presenting with more than one mental health difficulty. The workshop will provide examples from those with chronic illness, but the principles are broadly applicable to a range of client groups across the age range. There is some evidence that personalisation may enhance adherence and engagement in therapy.

Scientific Background:
Modular treatments, in which therapists and/or clients can select the elements of protocols most suited to their presentation and needs allow protocolised, standard interventions to be delivered flexibly, allowing for patient variation. Decisions regarding which modules or elements are used may be based on clinical judgement, patient choice, data from outcome measurement or a combination. For example, the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct problems (MATCH ADTC) combines modules for four common mental health problems for children and young people, allowing treatment of more than one area of difficulty. This accounts for the high rates of co-occurring mental health difficulties in children and young people seen in clinical practice. A therapist 'dashboard' containing scores from weekly measurements of goal progress and symptoms together with a flow-chart/algorithm guides module choice. The MATCH-ADTC intervention is inherently personalized but has also been modified to suit different contexts, for example within the context of physical healthcare services. Modular interventions have also been used to address other difficulties, such as loneliness in young people.

Key Learning Objectives:
By the end of the class participants will be able to apply what they have learnt in the class to their everyday practice when working with clients who present with more than one mental health difficulty, with a particular focus on working on those with chronic physical illnesses.
Learning Objectives: By the end of the class, participants will be able to:
1.   Understand the ways in which CBT may be personalised to address the specific needs of clients
2.   Understand the principles behind modular interventions

3.   Know when to consider using a modular approach and the advantages and disadvantages of this
4.   Know how to use a modular intervention
5.   Use measurement and clinical judgement to inform decisions about 'switching' between modules

References:
Bennett, S. D., & Shafran, R. (2023). Adaptation, personalization and capacity in mental health treatments: a balancing act?. Current Opinion in Psychiatry, 36(1), 28-33.

Chorpita, B. F., & Weisz, J. R. (2009). MATCH-ADTC: Modular Approach to Therapy for Children with Anxiety. Depression, Trauma, or Conduct Problems.

Käll, A., Shafran, R., Lindegaard, T., Bennett, S., Cooper, Z., Coughtrey, A., & Andersson, G. (2020). A common elements approach to the development of a modular cognitive behavioral theory for chronic loneliness. Journal of Consulting and Clinical Psychology, 88(3), 269.

Shafran, R., Bennett, S., Coughtrey, A., Welch, A., Walji, F., Cross, J. H., ... & Moss-Morris, R. (2020). Optimising evidence-based psychological treatment for the mental health needs of children with epilepsy: principles and methods. Clinical Child and Family Psychology Review, 23(2), 284-295.

How to set up and run a library of lived expereince for mental health in your organisation

Fiona Lobban, Lancaster University
Steve Jones, Lancaster University; Chris Lodge, Lancaster University; Paul Marshall, Lancaster University

Who is this skills class aimed at?
In this workshop, participants will be invited to explore the concept of a living library as a way to enhance the sharing of lived expertise to support mental health within their own workplace.   This workshop is particularly suited for people working at any level, in any organisation where they can see value in staff, service users, or carers learning from people with lived experience of managing mental health difficulties.

Scientific Background:
In a living library, "readers" are people invited to select living "books" from a catalogue of synopses (provided by the books) and have a conversation. During this, the living books share their stories, and the readers are encouraged to ask questions about things that matter to them. Readers could be people seeking support for their own mental health challenges, carers and staff seeking to improve their understanding and support skills, or the general public. The aim is to facilitate dialogue that can inform, educate, and challenge our preconceptions, and change the way we think. Books, readers and librarians have equal status, have the right to decline to answer any question, and may end the conversation if they wish.
A living library for mental health, draws on evidence of the importance of peer to peer support and can overcome many limitations of existing involvement frameworks.

Key Learning Objectives:
In this workshop we draw on the findings of our NIHR funded study in which we developed a programme theory and implementation guide for how to run a living library, to support workshop participants to consider if and how they would set up and run a library of lived experience in their own work contexts.

Learning Objectives: By the end of the class, participants will be able to:
1. Understand the purpose of a Library of Lived Experience for Mental Health (LoLEM), and the resources required to set this up.
2. Adapt a LoLEM implementation guide to fit their specific context / organisation
3. Identify key barriers and facilitators to delivering a LoLEM
4. Have a clear plan for how to evaluate the impacts of a LoLEM for books, readers, and librarians in their own context.

References:

Kwan, C. K. (2020). A qualitative inquiry into the human library approach: facilitating social inclusion and promoting recovery. International Journal of Environmental Research and Public Health, 17(9), 3029.

Chung, E. Y. H., & Tse, T. T. O. (2022). Effect of human library intervention on mental health literacy: a multigroup pretest–posttest study. BMC psychiatry, 22(1), 1-8.

Sen, R., McClelland, N., & Jowett, B. (2016). Belonging to the library: humanising the space for social work education. Social Work Education, 35(8), 892-904.

Lobban, F. Marshall, P., Barbrook, J., Collins, G., Foster, S., Glossop Z, Inkster, C., Khan, H., Jebb, P., Johnston, R., Lodge, C., Powell, S., Machin, K., Michalak, E., Rycroft-Malone, R., Slade, M., Whittaker, S., Jones, S., Designing a Library of Lived Experience for Mental Health (LoLEM): Protocol for integrating a realist synthesis and Experience Based Co-Design approach. (under review BMJ Open)

The Library of Lived Experience Implementation Guide. Available on request (c.friedrich@lancaster.ac.uk) or soon to be available to download from https://www.lancaster.ac.uk/health-and-medicine/research/spectrum/research/living_library/

Panel Discussions

Access to CBT in the 5 Nations: What is happening in each nation and what can we learn from each other?

Convenor: Louise Waddington, South Wales Clinical Psychology Programme
Chair: Paul Salkovskis, Oxford Institute of Clinical Psychology Training and Research
Discussant: Helen Macdonald, BABCP
Speakers: Adrian Whittington, HEE; Andrea, Grey Welsh Gov; Anne Joice, NHS Exec Scotland; Brian Fitzmaurice, IABCT (Dublin); Colin Hughes, IABCT (Belfast)

This roundtable was previously accepted for the 2020 conference in Cardiff.

The aim of this roundtable discussion is to learn about access to high- quality CBT in each of the 5 nations (England, Ireland, Northern Ireland, Scotland and Wales) and to share ideas for overcoming barriers and finding opportunities. A representative from each nation will present a brief summary of the current situation in terms of access to therapy, including barriers overcome, opportunities identified, and challenges currently faced. This will be followed by a wider discussion with representatives from clinical services, training programmes, service users, commissioners and policy developers, and the BABCP. The discussion will focus on what we can learn from each other's experiences and how we can move forward in providing increased access to evidence-based therapies.

We would like to invite representatives of each of the five nation and a BABCP rep and at least one service user which would take us over the usual numbers.

Racial Equity in CBT? Are we there yet? The destination for Reflexive Practice & modes of transport for its arrival

Convenor: Leila Lawton, South London & Maudsley NHS Trust
Chair: Margo Ononaiye, University of Southampton
Discussant: Annette Davis, South London & Maudsley NHS Trust
Speakers: Richard Thwaites, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, UK; Leila Lawton, South London & Maudsley NHS Trust; Shah Alam, East London NHS Foundation Trust; Rani Griffiths, Richmond & Berkshire NHS Foundation Trust; Daniela Zigova, Bromley Healthcare

Reflexive practice in CBT has been proven to aid critical self-reflection and self-interrogation of a therapist's relationship with race, power and privilege. This creates opportunities for the development of cultural humility, refinement of clinical practice, supervision and therapeutic alliance. However, consistency and accessibility for reflexive, reflective spaces may vary across services and private practices.

A number of contributing factors may have led to the vehicle for equity in CBT and other psychological professions picking up pace in the last 10 years. Social media has helped amplify race related disparities in mental health, the BABCP's empirical Positive Practice guide for racialised communities created fresh momentum. Seni's Law and Advancing Mental health Equalities policy, were directly informed by deaths linked to racism. The panel debate whether these spaces are optional or integral. How is safety cultivated whilst examining the role of intersectionality in both collective and individual introspection? CBT has shown commitment to developing cultural humility in training, how does reflexive practice inform this? Are these spaces widely accessible?

Considering the different modes of travel; the panel review challenges and potential need for specific spaces dictated by 'race'.

We open up a dialogue on the utility of separate spaces for white and racially minoritised therapists vs. one reflective space for everyone. Is there a need to explore whiteness as much as the "other" racialised identities? The panel consider task, function and responsibility in reflexive spaces. With reference to Nimisha Patel and Harshad Keval's (2018)ideas for decolonising and addressing Whiteness within teams and institutions.

The Panel include key contributors in the development of Self-Practice & Self Reflection with experience of facilitating reflective spaces across various settings and teams. They comprise of CBT Therapists, Psychologists, Psychological Wellbeing Practitioners and a member with lived experience.

The discussion will conclude with recommendations for potential research routes to bridge the gaps in the road. Inviting attendees to contribute and refine ideas to shape proposed infrastructure for CBT and reflexive Practice's continual growth.

A significant proportion of the time allocated will be for audience feedback.

Where is neurodiversity/neurodivergence in CBT?

Convenor: Natasha Hickmott, Co-chair BABCP neurodiversity SIG, Everyturn Mental Health
Chair: Benjamin Ford, BABCP neurodiversity SIG committee member, Staffordshire and Stoke on Trent Wellbeing Service (IAPT), UK
Discussant: Benjamin Ford, BABCP neurodiversity SIG committee member, Staffordshire and Stoke on Trent Wellbeing Service (IAPT), UK
Speakers: Kate Cooper, University of Bath, UK; Sarah Watts, Staffordshire and Stoke on Trent Wellbeing Service (IAPT), UK and Staffordshire University, UK; Emma Crouch, University of Surrey, UK; Natasha Hickmott, Co-chair BABCP neurodiversity SIG, Everyturn Mental Health

This panel debate aims to explore ways in which CBT research, clinical practice, training and service provision is recognising, understanding and supporting neurodivergence (eg ADHD, autism, dyslexia, post stroke brain injury etc) within different settings and roles and what more would be helpful and how this might be done. Neurodiversity describes the natural variation in human cognitive processing, whilst NHS services work to a medical model based on identification of individuals' deficits and a diagnosis is given when these deficits meet the stated criteria which suggest significant difference in cognitive processing, or neurodivergence, from typical individuals. For neurodevelopmental neurodivergent conditions, such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia, development coordination disorder (DCD) to name just a few, identification and diagnosis of individuals' differences and needs were based on research and diagnostic criteria which were often male orientated. As awareness and understanding of these conditions has grown there appears to have been an increase in recognition of neurodivergence, both across the lifespan, and sexes. However, there remain significant populations for whom there are barriers to diagnosis. Additionally, these, often much misunderstood, conditions are still associated with large amounts of culturally embedded stigma and myth, which may negatively impact engagement with services, research, diagnosis and effective treatment, either to support management of neurodivergent conditions, or mental health issues, which are commonly co-morbid. Neurodivergents also frequently experience challenges accessing and completing clinical training as well as career development. The debate will focus on exploring how neurodiversity is perceived, understood and supported across academic, CBT training and CBT based clinical settings with

additional consideration of intersectionality within these. Discussion will be encouraged that highlights what is working well, areas where there is more to be done and how this might be facilitated to enable equity within neurodiversity and neurodivergence for service users, trainees, supervisors, research participants and academics, CBT clinicians in practice and wider health services.

The aim is to have five panel members in total, including at least one neurodivergent CBT therapist, or service user.

Embedding EDI principles in PWP training: exploring the challenges and opportunities in student engagement and next steps moving forward

Convenor: Elizabeth Ruth, University of Bradford
Chair: Elizabeth Ruth, University of Bradford
Speakers: Lorraine Fourrie, University of Bradford; Palvisha Iqbal, University of Bradford; Elizabeth Ruth , University of Bradford; Liz Kell, University of Central Lancashire; Eleanor Vialls, University of Reading; Nakita Oldacare, University of Reading

With the increased awareness towards Equality, Diversity, Inclusion as well as working towards a culturally competent workforce, the teaching team at the University of Bradford has recognised the need for a panel discussion to highlight potential barriers as well as solutions to student engagement levels while teaching Module 3 of the PWP training course.

Often additional EDI training, workshops and CPD events are focused on clinical settings and is only provided after the training year has ended. However, teaching the importance of the client's protected characteristics (Equality Act, 2010) and understanding the skill set needed to become competent clinicians begins in the teaching year and more specifically in module three. Therefore, if there are challenges and difficulties of engagement, there is a chance that this will have a cascading effect on clinical practice within IAPT as a whole. If we can change the way that we teach and support trainees to engage with and understand their own social graces (Burnham, 1993), pre-existing biases and gaps in knowledge, we could potentially grow a more robust and reflective workforce that can more easily engage and demonstrate culturally competent treatment. This would set a good foundation for further development once qualified.

The PWP teaching team at the University of Bradford noticed a significant difference in student engagement while teaching Module 3. During lectures this was demonstrated through a reluctance in providing feedback and comments, a reduction in questions asked, limited examples offered and a noticeable difference in interacting with the teaching team throughout. The students had a noticeable shift in morale and attitude compared to other teaching modules.

The panel discussion would aim to further understand the experiences of University teaching teams across the UK, to not only bring to light the challenges but to start a discussion on how to make positive changes to student engagement and take forward key learning points. The panel will invite reflections and questions from panel members as well as audience members. Some of the proposed questions include:

• What differences, if any, in student engagement have other teaching teams/students noticed during the teaching of Module 3
•What are the factors that might impede engagement i.e., a diverse teaching team, social graces, previous experience
•How do we teach trainees to become more self-aware and reflective on Module 3 topics

Innovations and advances in training psychological practitioners/therapists in CYP-MH. An update of the CYP-IAPT initiative.

Convenor: Catherine Gallop, Exeter University
Chair: Markku Wood, Northumbria University
Discussant: Lili Ly, UCL/Anna Freud
Speakers: Mike Turnbull, Northumbria University; Susanna Payne, KCL; Jessica Richardson, KCL; Jonathon Parker, Exeter University; Clare Devanney-Glynn, Northumbria University

The CYP-IAPT initiative has become a cornerstone for the development of the CYP psychological workforce in England, having now trained 1000's of therapists and practitioners across the country. However the workforce needs to continue to expand to meet the increasing demands and the diversity of need across the country.

This panel discussion will discuss innovations in education and research in the area of CYP-MH and CBT. The presenters will discuss new programmes that include experts with lived experience training others to support parents, managing similar difficulties in new co-delivered CPD courses. In addition the with discuss the progress and challenges from an EDI perspective and outline how the widening access agenda is being implemented. Related to these, the findings from evaluations and action research which covers a breadth of topics supporting CYP, including Low Intensity CBT approaches.

Posters

Children and Young People

The content and delivery of modular CBT for anxiety, depression and disruptive behaviour
Mariam Shah, University College London; Rowan Bhopal, University College London; Jake Dudley, University College London; Paige Kolasinska, University College London; Angel Shittu, University College London

Many children and young people (CYP) attending mental health services meet diagnostic criteria for more than one mental health and/or neurodevelopmental disorder. Modular cognitive behaviour therapy can treat multiple mental health disorders using a single protocol, while maintaining fidelity in a flexible way. The Mental Health Intervention in Children with Epilepsy (MICE) trial investigated the efficacy of a modular intervention to treat common mental health disorders in CYP with epilepsy in a Randomised Controlled Trial (n = 334). This paper presents systematic reviews of a subsample of recorded therapy sessions to understand the therapy content (n=166 randomised to the MICE treatment arm). This includes the mean numbers of sessions, which treatment modules were used and how often, how many participants had co-morbidity, and how many of these received multiple treatment modules. Such questions can inform clinical practice regarding whether a) using only one module can generalise to improve symptoms in co-occurring mental health disorders vs. those who may benefit from use of modules for other mental health disorders and b) how the treatment was delivered flexibly in practice (e.g., how standardised examples were modified to account for the presence of autism or intellectual disability, or different age groups). The findings are contextualised by the current demand for children's mental health services and need for treatments suitable for this population.

A randomized controlled trial of a group CBT intervention for young people with parental depression treatment optimization: Skills for adolescent Wellbeing (Swell) Trial Protocol
Jac Airdrie, Cardiff University; Victoria Powell, Cardiff University; Olga Eyre, Cardiff University; Daniel Michelson, Kings College London; Rhys Bevan-Jones, Cardiff University; Francis Rice, Cardiff University

Introduction
Adolescent depression is common and associated with poor long term outcomes. Early preventative interventions are crucial. A previous study found a group CBT-based intervention was effective at preventing depressive episodes in young people at increased risk for depression, but only when their parent was not depressed. This study aims to test the effectiveness of an online group CBT (gCBT) intervention in preventing adolescent depression, whilst optimizing depression treatment for parents who are currently depressed.
Method
400 adolescents with a history of, or subthreshold depression and a parent with a history of depression will be randomised to receive online gCBT or treatment-as-usual (TAU). Parents of adolescents will receive 12

weeks of depression treatment optimization(as per NICE Guidelines)prior to the young person being randomised .
Results
The primary outcome will be adolescent time to event of a major depressive episode. Psychosocial outcomes at 9 month follow-up will also be compared between groups. Mediators between group allocation and outcome will be explored and an embedded mixed-methods process evaluation will be conducted.
Discussion
The results of this study will help inform whether an online gCBT intervention is more effective than TAU at reducing onset of depression in adolescents at risk of depression. It will also help understand the potential importance of parent treatment optimization and shed light on relevant mechanisms of change.

'Who will I become?' Possible selves and depression symptoms in adolescents.

Emily Hards, University of Bath; Ting-Chen Hsu, University of Bath; Gauri Joshi, University of Bath; Judi Ellis, University of Reading; Shirley Reynolds, University of Reading

Adolescence is an important period for the development of the possible self. It is also a time when depression is prevalent. The cognitive theory of depression (Beck, 1967) proposes that a negative view of the future is a key feature of depression. It is also suggested that future-oriented treatment strategies in cognitive behavioural therapy may be helpful in depression. However, little is known about how adolescents envisage their future (i.e., possible) self, or if the content is associated with affect. The aim of this poster is to describe how adolescents describe their 'possible self' and examine the relationship between the valence of the possible self and depression in adolescents. Young people (n = 584) aged 13-18 years were recruited and completed measures of depression symptoms and the 'possible self'. Possible selves were coded for content and valence. Despite depression severity, the most common possible selves generated by adolescents were positive and described interpersonal roles. The valence of the possible self was associated with depression severity but only accounted for 3.4% of the variance in severity. The results support the cognitive model of depression. However, adolescents with elevated symptoms of depression were able to generate positive, possible selves and therefore may remain somewhat 'hopeful' about their future despite clinically significant depression symptoms.

Evaluating Mental Health Support in Primary Schools in England

Chloe Hooper, University of Oxford, UK; Tessa Reardon, University of Oxford, UK; Samantha Pearcey, University of Oxford, UK; Elizabeth Hindhaugh, University of Oxford, UK; Laura Hankey, University of Oxford, UK

Schools play a key role in promoting and supporting children's mental health. Government guidance continues to evolve but detailed guidance on exactly what 'good practice' looks like and how best to evaluate current practice is limited. This study aims to 1) develop a framework to describe and evaluate current practice related to promoting and supporting mental health in primary schools in England, and 2) apply this framework to survey responses on school activities related to promoting and supporting mental health collected from primary schools participating in a large randomised controlled trial (MYCATS, Reardon et al 2022). To develop the framework, we 1) separately coded relevant government guidance and a subset of school survey responses, and for each refined and organised codes into themes; 2) used these two initial coding frameworks to develop a single framework that can be used to describe and assess the extent and quality of activities in schools. We are now applying this framework to all baseline school survey responses collected in the MY-CATS trial (95 schools). Analysis is ongoing (to be completed by June 2022), but it is clear that the extent and quality of activities varies considerably across schools. Findings will provide insight into current practice in primary schools and help inform guidance for schools on implementing and assessing 'good practice' related to promoting and supporting children's mental health.

Link to MYCATS abstract: tinyurl.com/mrxum7he

Feasibility Randomised Controlled Trial of Being a Parent-Enjoying Family Life: a novel, peer-led group parenting interventions for parents with significant emotional and interpersonal difficulties.

Ellie Baker, King's College London; Patrick Smith, King's College London; Jordan Troup, King's College London; Crispin Day, King's College London

Evidence-based group-format parenting interventions for parents with significant emotional and interpersonal difficulties, including personality disorders diagnoses, are limited. This poster presents a two-arm parallel group feasibility Randomised Controlled Trial (RCT) of Being a Parent (BaP)-Enjoying Family Life, a novel, targeted peer-led intervention. Parents (N=77) who experience significant emotional and interpersonal difficulties and have concerns about their child's, aged 2-11 years, behaviour were recruited through clinical and community pathways. 66 parents were randomised to receive either BaP-Enjoying Family Life or the universal Empowering Parents Empowering Communities group intervention. The primary outcomes were the feasibility (recruitment, retention and fidelity) metrics for running a fully powered RCT, and intervention acceptability. Secondary self-report and observational clinical outcomes, collected pre- and post-intervention and at 6-month follow up, include child behavioral difficulties, parenting, parent wellbeing and reflective function, and an observational assessment of the home environment. Initial findings show sufficient participant identification(>60% of consenting participants eligible, 66 parents randomised) and retention (post-intervention retention >65%) based on pre-determined feasibility criteria. Remaining intervention acceptability, fidelity and evaluation of pre- post- clinical outcomes will be available in Summer 2023.

Intolerance of Uncertainty, Social Rejection, and Social Anxiety-Related Features: A Preliminary Study in a Nonclinical Group of Italian Adolescents

Gioia Bottesi, Department of General Psychology, University of Padova, Italy; Sara Iannattone, Department of General Psychology, University of Padova, Italy; Giorgia Casano, Department of General Psychology, University of Padova, Italy; Alessandra Farina, Department of General Psychology, University of Padova, Italy; Gioia Bottesi, Department of General Psychology, University of Padova, Italy

The peer group is crucial to adolescent development; thus, Social Rejection (SR), encompassing behaviors ranging from social exclusion to complete rejection, can negatively impact youth's mental health. However, some individual tendencies, such as Intolerance of Uncertainty (IU) and social anxiety-related features, may affect how people experience SR. This study aimed to investigate the predictive role of such factors on the unpleasant feelings resulting from an experimentally induced condition of SR in a nonclinical group of adolescents. 117 Italian teenagers (54% girls) were involved (Mean age = 17.04 ± .80 years; 16-19). Self-report tools assessing IU and anxiety symptoms were administered along with the Cyberball task to manipulate SR. Multiple linear regressions were conducted to test whether IU and social anxiety symptoms predicted perceived control, self-esteem, and sadness after SR. IU was a negative predictor of control (β = -.19, p = .043), whereas social anxiety symptoms were negative and positive predictors of, respectively, self-esteem (β = -.19, p = .047) and sadness (β = .81, p < .001). High IU levels may reduce perceived control in social exclusion situations, promoting distress and sense of helplessness. Moreover, socially anxious adolescents may be more vulnerable to experiencing negative feelings following SR. Therefore, IU and social anxiety-related features may be valuable targets of interventions to prevent the detrimental effects of SR in adolescence.

Parent-led cognitive behavioural therapy for Japanese children and parents: A single-arm uncontrolled study

Sho Okawa, Chiba University, Japan; Honami Arai, Tokyo University, Japan; Hideki Nakamura, Chiba University, Japan; Shin-ichi Ishikawa, Doshisha University, Japan; Cathy Creswell, University of Oxford, UK; Eiji Shimizu, Chiba University, Japan

Introduction: Parent-led cognitive behavioural therapy (CBT) is a low-intensity treatment in which parents acquire CBT skills to support their children with anxiety disorders. Although previous studies support its effectiveness in Western countries, no study has examined the feasibility of parent-led CBT in Eastern countries. This study aimed to examine the feasibility of parent-led CBT in a Japanese sample. Method: Ten children with anxiety disorders and their parents completed the program. Participants were assessed at three time-points (pre-, post-, and one-month follow-up) using a diagnostic interview for anxiety disorders, child- and parent-report measures for anxiety, depression, parental behaviour, and parental anxiety. Results: 40% of children were free from their primary diagnoses immediately post treatment and 70% of children at the one-month follow-up. The effect size for change in disorder severity, child anxiety symptoms, and child depression symptoms were consistent with those found in Western trials. Moderate increases were also found in parental autonomy behaviours. Discussion: These results support the feasibility of parent-led CBT for anxiety disorders in Japanese children. The study information is publicly available (Okawa et al., 2023). Reference: Okawa, S. et al. (2023). Guided parent-delivered cognitive behavioural therapy for Japanese children and parents: A single-arm uncontrolled study. Behavioural and Cognitive Psychotherapy, 1-6.

The presentation of normative separation anxiety and separation anxiety disorder in 5-8 year old children in England

Elizabeth Hindhaugh, University of Oxford, UK

Difficulty separating from parents is normative in young children when it falls within a certain range of fear and interference with the child's and the family's lives. Outside of this range, however, it becomes separation anxiety disorder (SAD), with the earliest average age of onset of any of the anxiety disorders (Shear et al., 2006). The Anxiety Disorder Interview Schedule for children, parent interview (ADIS-P) is the most widely-used tool for assessing anxiety disorders in young children, however the standard guidance provides limited detail on how to assign clinician severity ratings (CSRs) for specific anxiety disorders, particularly for younger children. This study analyses clinical notes and CSRs taken from 450 ADIS-P assessments for 5- to 8-year-olds in England, gathered as part of the MY-CATS anxiety prevention trial (Reardon et al., 2022). We used matrix analysis to systematically review and organise notes related to separation anxiety disorder symptoms and interference, and to produce descriptions of the typical presentations of normative separation anxiety(not meeting diagnostic criteria), and SAD across subclinical (CSR 1-3), clinical mild-moderate (CSR 4-5) and clinical moderate-severe (CSR 6-8) groups. The findings of this study will help to provide more detailed guidance for those assigning separation anxiety CSRs for 5-8-year old children and describe common clinical features of this disorder at varying levels of severity.

Further development and feasibility randomised controlled trial of a digital programme for adolescent depression, MoodHwb

Anna Gray, Division of Psychological Medicine and Clinical Neurosciences, Cardiff University, Wales; Rhys Bevan-Jones, Division of Psychological Medicine and Clinical Neurosciences, Cardiff University, Wales; Sally Merry, Faculty of Medical and Health Sciences, University of Auckland, New Zealand; Paul Stallard, Department for Health at the University of Bath, England; Elizabeth Randell, Centre for Trials Research, Cardiff University, Wales; Bryony Weavers, Division of Psychological Medicine and Clinical Neurosciences, Cardiff University, Wales

Introduction: A digital programme, MoodHwb, was co-designed with young people experiencing or at high risk of depression, parents/carers, and professionals, to provide support for young people with their mood and wellbeing. A preliminary evaluation study provided support for the programme theory and found that MoodHwb was acceptable to use. The present study aims to refine the programme based on user feedback, and to assess the acceptability and feasibility of the updated version and study methods.
Methods and analysis: Initially, this study will refine MoodHwb with the involvement of young people, including in a pre-trial acceptability phase. This will be followed by a multi-centre feasibility randomised

controlled trial comparing MoodHwb plus usual care with a digital information pack plus usual care. Up to 120 young people aged 13-19 years with symptoms of depression and their parents/carers will be recruited through schools, primary mental health services, youth services, charities, and voluntary self-referral in Wales and Scotland. The primary outcomes are the feasibility and acceptability of the MoodHwb programme (including usage, design, and content) and of trial methods (including recruitment and retention rates), assessed two months post-randomisation. Secondary outcomes include potential impact on domains including depression knowledge and stigma, help-seeking, wellbeing and depression and anxiety symptoms measured at two months post-randomisation.

Cognitive Processes in Adolescent Panic Disorder: Examining the Applicability and Specificity of the Cognitive Model of Panic to Young People with Panic Disorder

Amy McCall, University of Oxford; Laura Turpin, University of Reading; Ray Percy, University of Reading; Polly Waite, University of Oxford

Panic disorder (PD), characterised by recurrent, unexpected panic attacks and persistent fear of future attacks, presents in 1-3% of adolescents. The cognitive model of panic (Clark, 1986), presenting the psychological mechanisms underpinning the development and maintenance of PD, is well validated in adults but remains under-researched in adolescents. A 2021 systematic review found no studies evaluating the model in adolescents with PD. In this cross-sectional study we hypothesise that 1) adolescents with PD will have higher levels of the factors of the cognitive model (panic cognitions, bodily sensations, safety-seeking behaviours and avoidance behaviours) compared to clinical and community control groups and 2) these factors will predict PD symptom severity across the groups. We included three groups (aged 12–17y, n=101): adolescents with PD ('clinical PD group'), those with anxiety disorders excluding PD ('clinical control group'), and those with no anxiety disorder ('community control group'). We measured all variables via self-report surveys. We will report the results of a) a multivariate multiple linear regression comparing differences between the three groups' scores on the four factors in the cognitive model, and b) a multiple linear regression evaluating whether these factors predicted concurrent PD symptom severity. We will discuss implications of the findings for future research and psychological treatment of adolescent PD. https://doi.org/10.17605/OSF.IO/FVJ2Q

Experiences of recruiting and collecting data in primary schools: Reflections from the iCATS-i2i trial

Jemma Baker, University of Oxford, UK; Olly Robertson, University of Oxford, UK; Ashley Koenig, University of Oxford, UK; Emily Day, University of Oxford, UK; Jennifer Fisk, University of Oxford, UK; Tessa Reardon, University of Oxford, UK

Childhood allows for key opportunities to prevent mental health difficulties, and schools are a unique context within which children are supported in skills to facilitate positive mental health. Given the importance of the school system for mental health, it is vital that research and interventions are embedded within this context. The identifying Child Anxiety Through Schools - identification to intervention (iCATS-i2i) randomised controlled trial is working in 84 primary schools across England over two years to assess a novel approach to screening and intervention for child anxiety problems. Stakeholders from multiple groups participate in the trial, including children, teachers and parents.
This poster is a reflective piece which describes the key challenges and facilitators of recruiting a large number of schools and collecting data from children, parents, and school staff in this setting. Challenges included making initial contact with gatekeepers and the logistical management of data collection across many schools in parallel. Facilitators included effective client management and the provision of appropriate incentives to encourage participation bespoke to each stakeholder group. Our experiences provide insight into how best to foster positive ongoing relationships between schools and researchers.

Identifying supporting primary school children at risk for and experiencing anxiety problems: MYCATS and iCATSi2i trials

Anna Placzek, University of Oxford, Experimental Psychology Department; Lucy Taylor, University of Oxford, Experimental Psychology Department

Anxiety disorders are common and typically first emerge early in life. Children with anxiety disorders are at increased risk for ongoing anxiety problems, other mental health problems and impaired quality of life in adulthood, highlighting the need for effective prevention and early intervention. Schools provide an ideal setting for identifying and supporting children who are at risk for or experiencing anxiety problems.
This poster will present the design of two large cluster randomised controlled trials in England that aim to evaluate the effectiveness and cost-effectiveness of delivering a brief online CBT intervention compared to usual school provision for 1) children (aged 4-7) who are at risk for developing anxiety disorders on the basis of screening positive for at least one risk factor (MY-CATS trial), and 2) children (aged 8-9 years) who screen positive for anxiety problems on the basis of a brief anxiety screening tool (iCATSi2i trial).Recruitment is complete in both trials, and follow-up assessments are in progress.
We will present school and participant characteristics (MYCATS: 95 schools, 865 children; iCATSi2i: 84 schools, 409 children with anxiety problems), and reflections on the potential of findings to provide models for screening and intervention for other mental health problems and in other settings.
Ref:
https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-022-06010-8
https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-022-06773-0

Emerging Minds: Developing and addressing research challenges for children & young people's mental health

Heather Dyer, The University of Oxford; Emily Lloyd, The University of Oxford; Cathy Creswell, The University of Oxford

The Emerging Minds Research Network has been working to tackle the Department of Health & Social Care's ambitious goal of mobilising research to halve the number of children and young people experiencing persistent mental health problems. We worked with children, young people, their families, practitioners, and policymakers to develop 4 research challenges (emergingminds.org.uk/our-research-challenges/), and have been supporting research teams from across sectors and disciplines to address them. Building on a series of UK-wide networking events we fostered collaboration and research through four funding calls and 19 new Special Interest Research Groups. And we supported Early Career Researchers through cross-sector placements, the Grow Researcher Development programme, and research internships. We have identified the next steps critical to addressing our four research challenges further including: investment in infrastructure to foster research collaboration across sectors and disciplines, making the most of existing collaborative initiatives and data sets, supporting early career researchers, and enabling those with lived experience to drive the research agenda. How will we, as a research community, come together to build the motivation, relationships, and capacities needed to halve the number of children and young people experiencing persistent mental health problems? And how can the Emerging Minds research challenges help focus our work to achieve this ambitious goal?

Promoting parent participation in a Child and Adolescent Mental Health Service: a qualitative study

Olivia Harris, Oxleas NHS Foundation Trust; Bhavini Joshi, Salomons Institute for Applied Psychology

Intro: Participation of services users and families in their own care, at both an individual and public level, has been linked to better service provision and treatment outcomes. Pathways that enable good public participation have been identified as crucial to good service functioning in public health policy. Within CAMHS, it is important to consider participation from both young people and parents. Research has

highlighted the benefits of parental input on treatment outcomes, yet much of the existing research on effective public participation focuses on service-users, and adults. Parents in CAMHS will have their own needs that must be considered to effectively promote their participation in services. This study looks meet this research need by exploring parents' current experiences and hopes for participation within a CAMHS service where no current public participation pathway for parents exists.

Methods: a qualitative approach will be used to explore parents' current experiences of participation in a CAMHS service, and perspectives on establishing a public participation pathway. Data will be gathered via focus groups, which will be analysed using thematic analysis.

Results and discussion: Research is ongoing. We are hopeful that the findings will have implications for CAMHS settings elsewhere, by enabling novel insights into the participation needs of this group. We will situate our findings, and aim to add to the evidence base on, participation and co-production.

Primary Care and Low Intensity CBT

What is Representation? An Evaluation of Recruitment within an IAPT Service.
Faithful Odusote, Portsmouth IAPT Service, Talking Change; Taf Kunorubwe, Private practice

Research still shows that clients from racially minoritised communities have lower access rates to primary care mental health services (Baker, 2020), due to stigma (Eylem et al., 2020), lack of understanding (Memon, 2016) and mistrust of mental health services (Henderson, 2015). The BAME Positive Practice Guide (Beck et al., 2019) encourages proactive work to improve access and outcomes for clients via various methods, including having a workforce that is representative. Despite WRES Data (WRES, 2021) reporting improvement, the likelihood of a racially minoritised individual walking into a room with a therapist that looks like them is slim. How do we overcome this? This service evaluation examined recruitment data over ten years in an IAPT service, to explore if there is diversity within the teams and if it reflects the community they serve, as recommended in the PPG. The findings show that staff recruited have not diversified, with even less recruitment to higher bandings, suggesting that it does not reflect its community at all levels. This brought about other questions: what is the definition of representation within the field of psychology? How do we measure representation? How can an IAPT service assess that they are accurately representing their community, via recruitment, if following the advice of the PPG? In order to prevent tokenism; to improve access to therapy for the racial minority; to successfully apply the PPG, we seek to find the answers to these questions.

Decolonisation and diversification of the PWP course; a springboard to constructive alignment.
Eleanor Vialls, University of Reading; Levi Spence, University of Reading; James Kachellek, University of Reading; Nakita Oldacre, University of Reading; Molly Trillow, University of Reading; Emma-Jayne Conway, University of Reading; Lucy Malyon, University of Reading

Diversifying and decolonising the curriculum continues to remain a key focus for training providers as seen in the most recent review of the national Psychological Wellbeing Practitioners curriculum in 2022. The programme team at the University of Reading have begun to make key diversity changes within the course and as such have been recognised as a benchmark for an accepted competencies tool for assessment and intervention skills. However, further improvements could be made in line with the IAPT Positive Practice Guides, the Equality Act (2010) and the BPS Code of Ethics and Conduct (2018) and this will be considered specifically in the remit of embedding diversity and inclusion in assessment and teaching. Following on from previous research by the programme team the next steps were actioned, and the subsequent changes will be documented in line with the COM-B behavioural change framework (Michie et al., 2014). Key changes were focused around intersectionality and were made to: (a) assessment processes (b) assessment vignettes (c) assessment marksheets and (d) the curriculum. Student, staff, and service feedback to these changes has

been overwhelmingly positive. Each of these changes will be reviewed and implications will be discussed around further next steps to improve clinical training and practice of LICBT.

A Predisposition for Perfectionism: Are Trainee Psychological Wellbeing Practitioners (PWPs) Well Beings?
Sarah Fishburn, Teesside University; Paul Thompson, Teesside University

(I):Owen et al. (2021) identified that trainees may experience stress and burnout. Perfectionism has been found to be on the rise over the last two decades (Curran & Hill, 2019). The aim of this project was to investigate the link between perfectionism and burnout in trainee PWPs. (M):A convenience sample of trainee PWPs completed validated measures of burnout (Demerouti, 1999) and perfectionism (Smith et al., 2016) at the beginning of modules 1 (T1), 2 (T2) and 3 (T3) and the end of the training year (T4). Average study time and clinical, administration and supervision hours they engaged in weekly were collected at T2, T3, and T4.(R):Correlation coefficients showed a significant positive correlation between exhaustion and narcissistic perfectionism (r=0.812, p<0.05) and supervision and study time (r=0.658, p< 0.05). Supervision and burnout were negatively correlated (r=-0.658, p<0.05). Self-critical perfectionism decreased between T1 and T4 (t=5.099, p<0.05). Higher levels of burnout were reported at T4 (t=-0.373, p< 0.05).(D):The findings support previous research (Westwood et al., 2017) that suggest burnout is problematic in the PWP role, beginning at trainee stage; however supervision may be a protective factor. In contrast to previous research findings (Richardson et al., 2018), self-critical perfectionism and burnout were unrelated, however self-critical perfectionism reduced between T1 and T4, suggesting trainees may relax some perfectionist tendencies whilst training.

Staff Experiences of Racism within IAPT
Rani Griffiths, IAPT Workers Café; Elizabeth Ruth, IAPT Workers Café; Sarah Cantwell, IAPT Workers Café; Tom Fisher, IAPT Workers Café; India George, IAPT Workers Café; Taf Kunorubwe, IAPT Workers Café

An inherent value of IAPT is people from all sections of the community should have a chance to benefit from evidence-based psychological therapies. To achieve this the BAME Positive Practice Guide (2019) encourages services and clinicians to work proactively to improve access and outcomes for clients from diverse backgrounds through service level changes, outreach, audits, adapting therapy and supporting staff (including addressing experiences of racism from clients, professionals and systems). Despite this evidence shows staff from racially minoritised communities experience higher levels of racism, discrimination, microaggressions and are more likely to face disciplinary processes within the NHS (WRES, 2022). This small-scale project collected data from current and previous IAPT staff via anonymous survey about their experiences of racism, service approaches to improve access and outcomes and anti-racist practices. Thematic analysis (Braun & Clarke, 2006) was used to analyse the data set. Common themes included racism in IAPT is real, examples of staff/services taking proactive steps and gaps between recommendations/policy and actual practice. The findings are an important addition to the discourse on IAPT Staff's experiences of racism. However further evaluation is needed to understand the prevalence, impact on staff wellbeing, impact on clinical practice but also steps towards committed and sustained change.

Training, Supervision and Professional Issues

The ethics gap in CBT: results from a scoping review
Heike Felzmann, University of Galway

Ethical concerns in therapeutic practice are given substantial attention in psychotherapy. However, these concerns receive only limited attention in CBT despite its widespread use. This paper reports the results of a scoping review on ethical issues in CBT.

A systematic literature search was conducted on PubMed, PsychInfo and Philpapers with ethics-relevant search terms. Results were classified using a framework of 15 categories of common ethical concerns in the professional ethics of psychotherapy.

From an initial 5961 results, 347 items were identified. All categories, except one, included a low number of publications (0-11 items). The only large category (285 items) was "sensitivity to values", further differentiated into "sensitivity to diversity", "working with values", "moral criticism, revision and development", and "ethical underpinnings".

The findings were twofold: (i) In light of surprisingly low numbers of publications for most categories, what are the reasons for this gap in the literature? CBT's scientific self-understanding may stand in the way of recognising ethical dimensions of CBT work and the compatibility of ethical considerations with evidence-based CBT practice needs to be explored further. (ii) The ethical content of the "sensitivity to values" category was either implicit or restricted to specialist interventions or practice areas. A better understanding of its role would enrich the understanding of ethical dimensions of mainstream CBT practice.

GROWing capacity for multidisciplinary careers in mental health research: the Mental Health Research Incubator

Rowan Streckfuss Davis, University of Oxford, UK; Emily Lloyd, University of Oxford, UK; Beatrice Shelley, University of Oxford, UK; Cathy Creswell, University of Oxford, UK

Transformed by research over the past decade, national attitudes placed mental health high up the national agenda. Today, there are many opportunities for clinicians, applied health practitioners and public health scientists to tackle urgent questions in mental health research and create lasting change. To increase research capacity in this priority area, the National Institute for Health and Care Research (NIHR) established the Incubator for Mental Health Research for an initial period of 3 years from 2020. Since 2021, the Incubator for Mental Health Research has shared career advice and opportunities in mental health research through its website and social media. The Incubator is led by Prof Cathy Creswell at the University of Oxford and a steering group of senior academics, in consultation with an early career researcher advisory group. Through its online presence and key outputs – notably the #MHRawards scheme, the interactive MHR Community Map, and the annual GROW Researcher Development Programme for early career researchers – the Incubator is raising the profile of mental health research, increasing knowledge about pathways to mental health research careers, enabling researchers to access information to address potential barriers to successful mental health research, and supporting cross-disciplinary networking and collaboration. Survey feedback from early career researchers in the GROW Programme and annual reviews show promising evidence for sustained positive outcomes

Adult Mental Health

REFLEX: A Randomized Controlled Trial to test the efficacy of an emotion regulation flexibility program with daily measures.

Carla Nardelli, Université Grenoble Alpes; Jérome Holtzmann, Centre Hospitalier Universitaire Grenoble Alpes; Céline Baeyens, Université Grenoble Alpes; Catherine Bortolon, Université Grenoble Alpes

Emotion regulation (ER) is a process associated with difficulties in mental health. Given its transdiagnostic features, its improvement could facilitate the recovery of various psychological issues. A limit of current studies is the lack of knowledge regarding whether available interventions improve ER flexibility (i.e., the ability to implement ER strategies in line with contextual demands), even though this capacity has been associated with better mental health and well-being. Therefore, the aim of the study is to test the efficacy of an ER group program (the Affect Regulation Training-ART), using the most appropriate measures (i.e., experience sampling method) in a student population. Plus, the goal of the study is to explore the potential mediative role of ER flexibility on mental health improvement.

This RCT will compare the ER program group to an active control group in 100 participants. Daily measures will be used before, during, and after the interventions to evaluate the extent to which participants are flexible in their ER.

We expect an improvement in anxious-depressive symptomatology for both groups. However, we expect the ART group to improve specifically on ER flexibility ability, and the last to be a mediative variable on mental health.

This study will enhance knowledge on interventions for students and the impact of interventions on ER flexibility. This project represents new opportunities to improve ER skills to improve mental health in undergraduate students.

A thematic account of barriers and facilitators to psychological treatment access for people with perinatal obsessive-compulsive disorder experiences

Alice Tunks, Brighton and Sussex Medical School; Elizabeth Ford, Brighton and Sussex Medical School; Clio Berry, Brighton and Sussex Medical School; Clara Strauss, Sussex Partnership NHS Foundation Trust

Background: Effective treatment is available through the NHS for perinatal obsessive-compulsive disorder (OCD) in the form of evidence-based psychological therapies (EBPT), however, people experiencing perinatal OCD often do not access treatment. The present study aimed to understand the experiences of accessing EBPT for this population.

Methods: Mothers who self-identified as having experienced perinatal OCD took part. Semi-structured interviews focused on their experiences of barriers and facilitators to accessing services. The method of data analysis is thematic analysis.

Results: Analysis is currently in progress. Preliminary analysis suggests that parents' ability to recognise OCD and overcome stigma are some key barriers. Mothers' perceptions of EBPT influenced their willingness to seek support; including concern around their own capacity to commit to therapy. Initial discussions with healthcare professionals (HCPs) were important; for example, HCPs reactions during these discussions impacted mothers' willingness to seek help. Facilitators include availability of specialist perinatal OCD EBPT accessed rapidly with an empathetic therapist.

Conclusions: These findings have implications for service development to ensure that perinatal people have equitable access to EBPT for OCD. Findings demonstrate that HCPs knowledge and attitudes towards perinatal OCD is an important barrier therefore services should offer additional training in this area.

The Experiences of Individuals with Body Dysmorphic Disorder: A Systematic Review and Thematic Synthesis

Kathryn Thomson, Cardiff University, UK; Professor Andrew Thompson, Cardiff University, UK

Body Dysmorphic Disorder (BDD) is a distressing psychological condition where an individual is preoccupied by a perceived issue with their appearance. Qualitative studies provide a unique opportunity to investigate the lived experiences of people with BDD. The aim of the systematic review was to use thematic synthesis (Thomas & Harden, 2008) to integrate the findings from the extant studies. Searches were run on six databases to identify peer-reviewed journal articles of qualitative studies pertaining to the experiences of individuals with BDD. PRISMA guidance (Moher et al., 2009) was followed and ten articles were identified for inclusion. The quality of each article was appraised. Thematic synthesis was then conducted to generate new and summative themes from the ten articles. Three superordinate themes were created; 'self-objectification and the view of self', 'control and protecting the self', and 'sociocultural influences and the impact of others in BDD'. Internal shame, external shame and self-disgust may contribute to experiences for people with BDD. Objectification theory (Fredrickson & Roberts, 1997) may help explain the experiences for individuals with BDD. Service implications will be discussed and include ensuring they are culturally appropriate, consider outreach initiatives and consider offering compassion focused techniques alongside more established cognitive behavioural therapy. Areas for further research in BDD will also be discussed.

What predicts the mental health of young people who have "aged-out" of the child welfare system? A mixed methods scoping review of the international literature.

Alice Phillips, University of Bath; Rachel Hiller, University College London; Sarah Halligan, University of Bath; John Macleod, University of Bristol; David Wilkins, University of Cardiff; Iris Lavi, University of Bath

Introduction: Young people who grow up in care and then exit care around the age of 18 (care-leavers) are a particularly vulnerable group, at increased risk for mental health problems even relative to other care-experienced groups. Yet little is understood about the factors underpinning this association. Method: We used scoping review methods to synthesise the international literature on factors that are associated with mental health problems for care-leavers. Following rigorous methods, we systematically searched three scientific databases spanning psychological and social care. Results: We identified 23 peer-reviewed studies for inclusion. Topics investigated included: pre-care maltreatment, care related experiences, psychological factors (emotion regulation and coping styles), social support, education, and adult functioning (e.g., housing, finances, employment). We found mixed and inconsistent findings across research studies. The strongest evidence-base is around the influence of social support upon the mental health of recent care-leavers, though methodological problems are discussed. The field benefits from several large-scale observational and longitudinal research studies. However, there is an over-reliance upon retrospective reporting, and the use of unvalidated measures is common. Discussion: There are significant gaps in our current understanding of the mental health of care-leavers, in particular around modifiable factors.

The impact of soothing media and the anxiety and depression traits on the content of prospective mental imagery. A qualitatively driven photo-elicitation study.

Catarina Gaglianone, The University of Edinburgh; Catarina Gaglianone, University of Edinburgh; Matthias Schwannauer, University of Edinburgh; Karri Gillespie-Smith, University of Edinburgh; Xiaoyang Li, University of Edinburgh; Raahat Manrai, University of Edinburgh

Negative mental imagery increases and maintains the individual's symptoms of depression and anxiety more than verbal thoughts (Holmes et al., 2016). Nevertheless, positive mental imagery has been identified as a potential turnaround to combat the impact of negative visual thoughts (Blackwell & Holmes,2017). Unfortunately, participants report difficulties or deficits in constructing positive mental imagery (including prospective mental imagery). Understanding the impact of mental imagery usually is done by administering questionnaires (i.e. SUIS and PIT) and sometimes interviews such as the Imagery Interview (Ivins et al., 2014), the Suicidal Cognitions and Flash-forwards interview (Hales et al., 2011) with commonality instructing participants on what to imagine, rather than focusing on the spontaneous (uninstructed) aspect of mental imagery (Ji et al., 2021). Thus, the current qualitative study explores the content of important and subjective prospective mental imagery(spontaneous) and the impact of soothing environments on the production/construction of spontaneous prospective mental imagery. Twenty semi-structured interviews were conducted, and participants' ages ranged between 18 and 65. The study participants were from different nationalities (Austria, Brazil, Canada, Chile, China, Greece, India, Norway, the Philippines, Portugal, USA, and the UK). In the current study, we used IPA analysis to analyze our data. The current study found that regardless of nationality and age group, the content of the spontaneous mental imagery(Superordinate themes) were regarding: A) Goals, which included life milestones (such as having a family), along with career milestones/success(wanting to be CEO), and B)Travel. Nevertheless, it became clear from the interviews that, more often than not, when asked to imagine a future scenario, participants tended to recall an episodic memory associated with spontaneous prospective mental imagery. A similar process was also observed when participants used soothing scenarios for the construction/generation of their prospective mental imagery. In which the study concluded that water features were more prominent.

An Evaluation of Service Users' Views on the Acceptability of Remote Cognitive Remediation for People Experiencing Psychosis

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Introduction: Cognitive difficulties in individuals with psychosis can make everyday tasks challenging. Cognitive remediation (CR) is a psychological therapy aiming to reduce the impact of cognitive difficulties and facilitate independent living. It is therapist-facilitated, and recent development to deliver this intervention remotely can increase the accessibility of this treatment. However, there is insufficient research on its acceptability from the perspectives of service users.
Method: This qualitative study aims to explore the acceptability of therapist-facilitated remote CR using service user-centred methods, highlighting the perspective of service users. Participants were interviewed using semi-structured interviews. The interviews were transcribed and analysed using reflexive thematic analysis by a service user researcher, alongside a Lived Experience Advisory Panel and member checking.
Results: 26 service users with psychosis participated after receiving 40 hours over 12 weeks of therapist-facilitated remote CR. Four themes emerged surrounding 1) perceived treatment benefits, 2) remote versus in-person therapy, 3) treatment challenges and 4) the therapist's role.
Discussion: These findings suggest that therapist-facilitated remote cognitive remediation is acceptable and sometimes preferred. However, digital illiteracy among individuals with psychosis emerges as a significant barrier that needs to be addressed before fully reaping the benefits of remote CR.

Intolerance of Uncertainty and Emotion Regulation: A Meta-Analytic and Systematic Review
Aseel Sahib, Australian National University ; Junwen Chen, Australian National University ; Diana Cárdenas, University of Montreal; Alison Calear , Australian National University

Intolerance of uncertainty, a transdiagnostic factor manifested across emotional disorders, has been associated with difficulties in regulating emotions. This meta-analysis addresses the lack of synthesis of this relationship. PsycInfo, PubMed, Scopus, and ProQuest were systematically searched for relevant articles published up to and during November 2022. We combined 161 effect sizes from 91 studies (N = 30,239), separating the analysis into maladaptive and adaptive emotion regulation strategies and their association with intolerance of uncertainty. We found a moderate positive relationship between maladaptive, and a moderate inverse relationship between adaptive emotion regulation and intolerance of uncertainty. Analysing the magnitude of relationships revealed that cognitive avoidance and mindfulness were the maladaptive and adaptive strategies respectively which had the largest effect sizes and thus strongest relationships with intolerance of uncertainty. Combining all strategies, cognitive avoidance remained the largest effect size, while expressive suppression had the smallest effect size and was non-significant in its relationship. Further analyses testing study sample, design, and age as moderators found no significant moderator for the relationships between intolerance of uncertainty and emotion regulation strategies. These findings have implications for future intolerance of uncertainty interventions, with emotion regulation as a potential target of change.

The service user experience of the first All Wales NHS Online CBT Service: An IPA
Jess Ferdinando, SilverCloud Wales; Fionnuala Clayton, SilverCloud Wales; Harriet Garrod, SilverCloud Wales

Introduction: Powys Teaching Health Board has been delivering an all-Wales online mental health service since September 2020. As this service was the first of its kind, we were interested in how service users across Wales had experienced using this service. The key objectives of this study were to explore service users' reflections on the content of the programme, how they found access to the service and what they thought about the support they received.
Method: The qualitative method chosen was Interpretive Phenomenological Analysis (IPA). This method allowed a close examination of how participants made meaning of their time with the service. 9 participants were recruited through a purposive volunteer sample. Semi-structured interviews were used, which were recorded and transcribed. We then used the analytic process outlined by Smith, Flowers and Larkin (2009).

Results: The following themes emerged from the IPA analysis:
● Connection
● Accountability
● The use of relaxation techniques
● Responsiveness
● The contextualisation of Online CBT as a mental health service
Discussion: One perceived benefit was the accessibility of the programme, for those that may be living rurally in Wales. The ease with which participants could access the programme was certainly a theme, however, the more emergent theme was the impact of the participants' readiness and expectations of using the programme on their overall experience. The implications of this research will be discussed.

How Walking EMDR Therapy (WET) Impacts Post-Traumatic Stress Disorder (PTSD) Symptoms: An evaluation of participants experiences, a pilot study

Lorraine Tindale, EMDR consultant; David Pearson, Dr/Prof; Nick Caddick, Dr; Debora Vasconcelos-e-Sa, Dr

Background: The use of walking (in nature) as bilateral stimulation to reduce stress, restore attention and improve mental health is supported by a growing body of contemporary evidence based literature. This study explores the views of clients undertaking Walking EMDR Treatment (WET) as an innovative potential trauma treatment, of Post-Traumatic Stress Disorder (PTSD)symptoms.

The objective of this study is to explore participants' experiences of WET, using qualitative interviews before, during and after the WET intervention to evaluate its feasibility of integrating trauma treatments with walking in nature.
Methodology: 11 participants with PTSD diagnosis, were privately recruited (WET clinic), assigned 12 weekly 90 min sessions using the EMDR Adaptive Information Processing (AIP) driven protocol for walking (WET). Participants were interviewed pre-, mid-, and post-treatment to obtain their lived experiences of WET, and their qualitative responses analysed using Contextual Content Analysis (CCA).
Results: Initial CCA qualitative analysis indicate significant positive trends (100%) in WET being a natural, instantaneous, meticulous, and a harmoniously effective way to impact PTSD symptoms. 9% found it intermittently exposing, (27%) physically exhausting and (36%) emotionally challenging.
Discussion: The preliminary findings suggest WET may positively impact PTSD and enhance trauma treatments. This opens new exciting innovative possibilities for the application of EMDR

ACT for Wellbeing Group

Sarah Hyde, Cardiff and Vale NHS PMHSS; Emma Jones, Cardiff and Vale NHS PMHSS; Liz Goldberg, Cardiff and Vale NHS PMHSS; Rachel Bloomer, Cardiff and Vale NHS PMHSS

Anxiety and low mood have been associated with high levels of presentation to Primary Care mental health services. Cardiff and Vale University Health Board have been delivering a 7-week, CBT-based course to address this need. Living Life to the Full (LLTTF) is a bought package and this course is shaped by seven booklets designed by Dr Chris Williams, Emeritus Professor of Psychosocial Psychiatry at the University of Glasgow.
The course provides participants with weekly group sessions informed by the LLTTF booklets. These core CBT modules aim to equip people with a range of skills and coping strategies to improve wellbeing for people experiencing anxiety and low mood. The course has mainly been delivered face-to-face with some online groups running during COVID-19 restrictions. Groups consist of up to 15 participants and two facilitators. Participants completing the group between February 2019 and December 2022 completed pre-group outcome measures during their first group session, and post-group outcome measures during their final session.
This poster will outline participant demographics, alongside the impact of the group on changes in levels of psychological distress (using the CORE-34) and changes in social functioning (using the Work and Social

Adjustment Scale) for participants that completed the group programme (n=424). IT will also include some qualitative feedback from participants to demonstrate self-reported individual impacts.

Mindfulness for Parents of Children with Skin Conditions: A Single Group Cases Series
Olivia Hughes, School of Psychology, Cardiff University; Katherine H. Shelton, Cardiff University; Andrew R. Thompson, South Wales Clinical Psychology Programme, Cardiff and Vale University Health Board, Wales, UK.

Caring for a child with a skin condition can cause stress for parents. This study aimed to investigate: (1) whether delivering a mindfulness program to a group of parents of children with skin conditions reduced stress, (2) whether mindfulness increased both parental/child quality of life, and (3) determine acceptability. Ten parents of children with eczema, ectodermal dysplasia, ichthyosis, and alopecia took part in a mindfulness-based intervention. A single-group experimental cases design (SCED) was used, and parents completed 4-times weekly idiographic measures of parenting stress related to caring for their child. Parents also completed standardised measures, and took part in exit interviews. Assessment of reliable change demonstrated that; one parent showed improvement in mindful parenting, three parents showed improvement in parenting stress, five parents showed improvements in anxiety, however, two parents also showed a deterioration in anxiety, three parents showed improvements in depression, five parents showed improvements in quality of life, and three children showed improvement in quality of life. Further analysis with TAU is planned. Thematic analysis revealed positive changes to mood following mindfulness, although challenges were highlighted, including sustaining home practice. Mindfulness could be an effective intervention for parents of children with skin conditions, however, further robust studies are needed, such as randomised controlled trials.

ONLINE DISPLAY ONLY
PSYCHOLOGICAL INFLEXIBILITY AND METACOGNITIONS IN PATIENTS WITH OBSSESIVE-COMPULSIVE DISORDER AND OBSESSIVE-COMPULSIVE PERSONALITY.
Beatriz Rueda, National University of Distance Education (UNED), Spain; Esperanza Valls, Actur Sur Mental Health Centre, Spain

Metacognitions and psychological inflexibility (PI) have been considered risk factors for the development and maintenance of obsessive-compulsive disorder (OCD). However, their interrelations and their contribution to symptoms in patients with either OCD or obsessive-compulsive personality (OCPD) traits have been little explored. In this study we examined the relationships between metacognitions and PI, and compared the predictive utility of metacognitions and PI with respect to depressive, anxious and somatic symptoms in a sample of patients with either OCD or OCPD. Fifty-two patients diagnosed with wither OCD or OCPD completed the Acceptance and Action Questionnaire, the Metacognition Questionnaire-30 and measures of depressive, anxious and somatic symptoms. The results showed that PI was positively correlated with all the metacognitions. Furthermore, PI and the metacognitions about low cognitive confidence, uncontrollability and danger, and need for thought control were all positively associated with depressive, anxious and somatic symptoms. PI was the only significant predictor of depressive and somatic anxious whereas the metacognition about low cognitive confidence was the only positive predictor of anxious symptoms. These results highlight that the presence of PI and the dysfunctional belief of low confidence in the cognitive functioning have a detrimental effect in patients with either OCD or OCPD since these factors are associated with high levels of symptomatology.

Therapeutic Techniques and Innovations

Effectiveness of Cognitive Bias Modification-Interpretation (CBM-I) on Reducing Negative Perfectionism and Mood in a Non-clinical Depressed Population
Sirous Mobini, University College London & Elysium Healthcare ; Mehrnaz Mehrhaghi , Ferdowsi University of Mashhad, Iran; Javad Fadardi, Claremont Graduate University California, USA

Introduction: Negative perfectionism is one of the predictive factors for depression. Perfectionists have shown interpretation biases in scenarios that could be interpreted as either perfectionist or non-perfectionist styles. Method: Current research used a Quasi-experimental design consisting of experimental and control groups and pre-test and post-test assessments. Initially, 60 participants (72% female; mean age= 32.75) scored higher than the cut-off points through online administration of the Beck Depression Inventory (BDI), Frost Multidimensional Perfectionism Scale (FMPS), and a recognition test were recruited for the study and were randomly assigned to the study control and experimental groups. The experimental group received the online Cognitive Bias Interpretation (CBM-I) training tasks for seven weeks of sessions, each for 30 minutes, while the control group received sham intervention. The training task contained positive and neutral interpretations of the ambiguous scenarios. At the post-test and follow-up, remaining participants (experimental group; n = 20; control group; n = 16) completed the pre-test measures and the recognition test. Results: The data showed that, compared to the control group, the experimental group scored higher on positive interpretation and lower on negative interpretation bias, perfectionism, and depression (p > 0.05 for all comparisons). Discussion: CBM-I can be used as an adjunct intervention for perfectionism and depression.

Comparing the Effectiveness of CBT and EMDR Interventions for Trauma in IAPT
Stefano Belli, University College London; Alexander Sim, West London NHS Trust

Introduction: CBT and EMDR are NICE recommended evidence-based treatments for trauma and PTSD. However, there is less specification of which individuals might find CBT versus EMDR more effective. There is also comparatively little evidence as to the order in which treatments should be offered or whether there are benefits from having both therapies sequentially.
Method: This study describes a service evaluation examining the relative effectiveness of CBT and EMDR for treating trauma-related problems in an outpatient service. It uses logistic and linear regression models to examine effects on recovery rates and treatment outcomes of relevant predictors including the treatment received (CBT/EMDR), whether it is a first or subsequent treatment episode, and other characteristics including symptom score at first contact and treatment duration. Analyses also examine what evidence may exist of the added value of EMDR following trauma-focussed CBT and vice versa.
Discussion: By obtaining a better understanding of outcomes from each treatment modality in the service, clinicians will be able to better inform clients about this choice. Additionally, relatively fewer clinicians in the UK are trained in EMDR than CBT. Improved understanding of potential differences in who may benefit most from different treatment modalities will allow for better-informed service-level planning of allocation of clinician resources and clinical pathways for individuals with trauma-related problems.

A pilot RCT assessing feasibility and acceptability of a single values-based goal-setting session versus standard goal-setting for community dwellers with acquired brain injury (ABI).
Maggie Karanasiou, Royal Holloway University; Jessica Kingston, Royal Holloway University; Richard Coates, Coates Neuropsychrehab Ltd

Introduction. Goal-setting is key in Acquired Brain Injury (ABI) recovery but often ineffective. In Acceptance and Commitment Therapy, goals are embedded within values. The present pilot Randomised Controlled Trial examined feasibility and acceptability of a single-session values-based vs standard goal-setting for ABI community dwellers, and size of effect on wellbeing and secondary outcomes.
Methods. Participants completed the Warwick-Edinburgh Mental Well-being Scale, set a values-based or standard goal, and rated goal attitudes and session satisfaction (T1). Memory of and progress towards goal were assessed two weeks later (T2). Values participants rated value alignment at T1 and T2.

Results. 24 participants (12 in each group; 14 males) with ABI were recruited (age M = 61, SD = 9.3). Interventions were feasible (study completion rate = 92%) and acceptable (mean ratings ≥ 80%). A small-to-medium controlled effect (d = .30) favouring values group was found for wellbeing, and no differences for goal attainment or memory. The values group had higher motivation ratings (d = .31), while the standard goal-setting group had higher confidence (d = .28) and anticipated pleasure (d = .17) ratings. Values participants felt more aligned with their value at T2 than T1 (d = 1.03).
Conclusions. When goals were embedded in values, a modest wellbeing improvement was found for ABI survivors. Findings need to be replicated by a full-scale blinded trial in community & inpatient settings.

Effects of rumination, self-compassion, and ambiguity attitudes on depression in university students
Takemi Kasori, Department of Clinical Psychology, Graduate school of Human Studies, Bunkyo Gakuin University, Japan; Keita Seki, Department of Clinical Psychology, Graduate school of Human Studies, Bunkyo Gakuin University, Japan

Introduction: Two types of rumination—brooding and reflective pondering—are associated with depression. This study investigated the effects of rumination, self-compassion, and ambiguity attitudes on depression. Method: Japanese university students (n=108) aged 18–22 years completed the Japanese version of the Ruminative Responses Scale (RRS; Nolen-Hoeksema & Morrow, 1991; Hasegawa, 2013), Attitudes Towards Ambiguity Scale (Nishimura, 2007), the Japanese version of the Self-Compassion Scale (SCS-J; Neff, 2003; Arimitsu, 2014), and the Japanese version of the Beck Depression Inventory (Beck et al., 1961; Hayashi, 1988). Results: In the correlation analysis, anxiety about ambiguity in the Attitudes Towards Ambiguity Scale, self-judgment and isolation in the SCS-J, and brooding in the RRS were positively correlated with depression. Ambiguity acceptance in the Attitudes Towards Ambiguity Scale and self-kindness, mindfulness, and common humanity in the SCS-J were negatively correlated with depression. The stepwise multiple regression analysis showed that higher self-judgment in the SCS-J, higher brooding in the RRS, and lower mindfulness in the SCS-J predicted more severe depression. Discussion: Interventions for lowering anxiety about ambiguity, self-judgment, and solitude are advisable to reduce depression-related rumination. For example, cognitive restructuring can relativize failures, encourage self-care, and replace negative thinking patterns with adaptive thinking.

Treating Trauma-Driven OCD with Narrative Exposure Therapy alongside Cognitive Behavioural Therapy: A case report
Jac Airdrie, Cardiff University; University of Bath; Sinead Lambe, University of Oxford; Kate Cooper, University of Bath

Presenting problem:
Arwyn (Pseudonym) presented with obsessive-compulsive disorder (OCD) involving ritualistic cleaning and had become housebound and dangerously reduced calorific intake due to contamination fears.
Case conceptualisation and Intervention
Arwyn was initially treated in line with a CBT with ERP for OCD. Progress was made, but barriers emerged to exposures related to contaminants in certain contexts (e.g. places of work, travelling souvenirs). Such exposures induced further heightened states of arousal and flashbacks. Arwyn was able to attribute such a response to a series of traumatic life events. It was hypothesised a trauma-focused approach of Narrative Exposure Therapy (NET), to help contextualise memories and sensory responses, combined with CBT and ERP, would support Arwyn to tolerate exposures and lead to a reduction in OCD symptoms.
Outcome
At treatment completion Arwyn's OCD had reliably improved and fell below clinical cut-off and his subthreshold PTSD symptoms reliably improved.
Review and Evaluation

The above suggests NET and CBT with ERP may be a helpful approach when OCD and PTSD appear to co-occur and where PTSD symptoms contribute to the maintenance of OCD. However, further controlled trials are necessary. Whilst the trauma-processing approach of NET was used in this case, its likely that other trauma-focused interventions (including imagery rescripting) could have a similar effect if tolerated by a client.

Using Bayesian Single Case Analyses to Guide Treatment Selection and Tailoring: A Pilot Single Case Series

Simon Blackwell, Ruhr-Universität Bochum, Germany; Pia Barisch, Ruhr-Universität Bochum, Germany; Josefine Hirdes, Ruhr-Universität Bochum, Germany; Michael Stumpp, Ruhr-Universität Bochum, Germany; Marcella Woud, Ruhr-Universität Bochum, Germany; Jürgen Margraf, Ruhr-Universität Bochum, Germany

Introduction: The sooner we can identify treatment non-response, the sooner we can make changes to the treatment to increase the chance of a successful outcome. Application of sequential Bayesian analyses to individual-level data may allow rapid detection of treatment non-response. The current study investigated this idea via a single case series contrasting two simple computerized cognitive training interventions targeting symptoms of depression.

Method: Patients waiting for outpatient psychological therapy and experiencing at least mild levels of depression took part in a single case series using an ABC design (clinicaltrials.gov: NCT04779437). Participants completed a two-week baseline phase of daily depression measurement, followed by two weeks of each intervention in turn. Depression symptoms were compared between baseline and intervention phases via sequential Bayes factors, updated on a daily basis.

Results: Results demonstrate the potential of sequential Bayesian analyses to detect treatment non-response before the end of the fixed intervention phases, indicating that such analyses could be used to guide switching between treatments in future work.

Discussion: Application of sequential Bayesian analyses to single-case data could provide a means to guide treatment selection and tailoring over time. While the current study used simple computerized interventions for demonstration purposes, the approach could be expanded to a broader range of interventions such as CBT.

A service evaluation of a Compassionate Resilience course, offered in a primary care IAPT service as part of a phased-treatment approach for treating complex-PTSD (cPTSD).

Corrina Evans, University of Exeter, UK

The latest (11th) edition of the ICD introduced complex-PTSD (cPTSD; Maercker et al. 2013) as a trauma-based disorder that is distinct from PTSD. TF-CBT may be an appropriate treatment option for some patients with cPTSD, given that a diagnosis of cPTSD requires the presence of PTSD symptoms (Karatzias et al. 2018). However, the International Society of Traumatic Stress Studies (ISTSS) recommend a phased-treatment approach (Cloitre et al., 2012).

This study is a retrospective analysis (2018-2019) of a 'compassionate resilience course', offered in a primary care IAPT service, prior to starting 1:1 TF-CBT sessions, as part of a phased-treatment approach for cPTSD. Data was collected from pre- and post-course 'FSCRS' scores (n=28) and 'IES-R' scores (n=31). A case series design was implemented, using a reliable change index/clinically significant change (RCI/CSC) method. Paired t-test analysis was also used to test for statistical significance.

The results showed a considerable proportion of the participants (42%) showed 'reliable improvement' in PTSD symptoms (t(31) = 3.06, p = .005.). However, the majority of patients (90%) did not meet the criteria for clinical recovery from PTSD symptoms (IES-R = <33).

The results showed that the 'compassionate resilience course' helped to reduce some, but not all, of cPTSD symptoms. It is recommended that further research explore the efficacy of a phased-treatment approach for cPTSD by collecting data from all of the treatment phases.

Treatment of Severe Dipsophobia with Comorbid Obsessive Compulsive Disorder

Benjamin Terry, Treatment of Severe Dipsophobia with Comorbid Obsessive Compulsive Disorder; Himanshu Tyagi, Treatment of Severe Dipsophobia with Comorbid Obsessive Compulsive Disorder

There are noticeable similarities and differences between the presentation of a specific phobia and OCD. Both disorders are characterised by an extreme avoidance of feared stimuli wherein the fear is considered largely irrational. Phobia and OCD differ according to how stimuli are processed with symbolic meaning of percieved threats being the prominent mechanism in OCD compared with avoidance of a direct exposure to the feared stimuli in the former. Despite these phenomonological differences, exposure based cognitive behavioural therapy remains the core approach for both conditions.

We present a case which illustrates the above dichotomies and overlaps between the two conditions by exploring formulation and successful treatment of a severe presentation of dipsophobia in a recovering alcoholic which rapidly progressed to profound OCD after exponential global increase in presence of feared stimuli during COVID-19 pandemic in the form of alcohol based disinfection products. The severity of OCD symptoms left this patient unable to complete return journey to his home for two years after travelling to scotland during the pandemic, unable to eat all forms of food except canned protein supplements or even allowed to be cared for without OCD rituals being followed by cares and staff. We outline the challenges, considerations and strategies utilised in the successful treatment by simultaneous exposure based CBT of dipsophobia and OCD over 16 weeks in an inpatient unit.

Gilles de la Tourette Syndrome; a non-hyperkinetic movement manifestation.

Dipesh Patel, Univeristy College London Hospital NHS Foundation Trust; Himanshu Tyagi, Univeristy College London Hospital NHS Foundation Trust

Objective: We present a non-hyperkinetic movement case of Gilles de la Tourette Syndrome at a tertiary-care hospital.
Method: A nineteen-year-old male with a five-year history of involuntary motor movements presented to the outpatient clinic with a self-injurious stretching tic involving the fingers. As expected in GTS, the frequency and intensity of the tic waxed and waned but tended to be more prominent during term time when engaged in academic examinations and periods of heightened stress. Temporarily and with significant restlessness, purposeful suppressibility for a few minutes at a time was achievable. However, an inner tension of discomfort built up which was relieved only by an increased burst of tics. Over the past year as new symptoms emerged (i.e., the tics causing the skin between the fingers to split, crack, and bleed) and the associated distress intensifying, fifty-minute weekly one-to-one and in-person Habit-Reversal Training (HRT) was agreed.
Results: HRT was an effective approach to eliminating a non-hyperkinetic motor movement tic within a six-week training window. Positive training-related effects were also observed for psychological functioning and for variables perpetuating GTS.
Conclusion: By drawing attention to the importance of distinguishing the phenomenology of tics and recognizing the spectrum of involuntary movements, it is noteworthy to emphasize that the near normality of many GTS facets makes it a fascinating yet challenging disorder.

Habit-Reversal; one-year on at a tertiary-care hospital.

Dipesh Patel, University College London Hospital NHS Foundation Trust; Himanshu Tyagi, University College London Hospital NHS Foundation Trust

Objective: We present a service evaluation of a Habit-Reversal clinical pathway at a tertiary-care hospital.
Method: Guided by a psychiatrist and a psychologist, a clinical pathway was established in April 2021. Patients placed onto the waiting list had a well-established diagnosis of either GTS or Tic Disorder (TD). All patients were offered an initial one-to-one assessment with a psychologist prior to commencing HRT.

Participants were excluded if they if they had a low Premonitory Urge for Tics Scale score; their symptoms were more consistent with another tic disorder (i.e., Functional Tic(s), Tourettic Obsessive-Compulsive Disorder) and/or there was insufficient spoken English to participate. Outcomes evaluated were tic(s) severity, effectiveness of competing response, and psychological well-being.

Results: By the end of May 2022, twenty-three patients had been offered HRT. Seven patients completed twelve sessions, six patients completed six sessions, one patient failed to attend after the initial assessment, one patient was not suitable for treatment due to intensity and speed of premonitory urge, other psychiatric co-morbidities impacted training outcomes for three patients, and HRT was not effective for five patients. Self-reported tic severity improvements of 80% or above was found in eleven patients who completed either twelve or six sessions of treatment. All patients that completed treatment showed a strong tendency toward improvements in psychological well-being.

The reasons that participants experiencing psychosis chose to not continue with a randomised controlled trial that investigated pathways to suicidality and a suicide-focused psychological intervention.

Bradley Boardman, University of Manchester/ Greater Manchester Mental Health NHS Trust; Patricia Gooding, University of Manchester; Gillian Haddock, University of Manchester; Sarah Peters, University of Manchester

Around 6% of people with psychosis die by suicide, so it is crucial that evidence-based psychological interventions are created to support these individuals. However, challenges exist to recruiting and retaining these individuals into research (e.g., RCTs). Previous studies observed dropout rates between 13% and 25%. Here, many miss out on potential trial benefits (e.g., researcher support). Therefore, it is imperative to investigate why people drop out, to inform the development of more inclusive recruitment. Previous studies examined dropout predictors (e.g., symptom severity) and self-reported reasons (e.g., no treatment response). Also important is why participants choose to not continue with trials before randomisation, as they may miss out on beginning to have a helpful research experience. The present study explored this by investigating participants with psychosis on an RCT that examined pathways to suicidality and a suicide-focused psychological intervention. Participant self-reported data were collated to determine categories of reasons and how frequently these occurred. Many reasons for not continuing were identified (e.g., believing the intervention would not benefit them). From these reasons, recommendations are made for how future studies can improve the experiences of participants from this population when taking part in research. This will lead to more inclusive recruitment processes, improve retention, and subsequently benefit participants and researchers.

Bipolar Disorder, Enduring Personality Issues and Psychosis

Are Dysfunctional Attitudes Elevated and Linked to Mood in Bipolar disorder? a Systematic Review and Meta-Analysis.

Thomas Richardson, University of Southampton, UK; Emma Palmer-Cooper, University of Southampton, UK; Chloe Woods, University of Southampton, UK

Objectives: Dysfunctional attitudes (DA) are higher in depression, however, less is understood about their role in Bipolar Disorder (BD). This paper aimed to explore the presence of DA in BD in comparison to clinical and non-clinical groups. Also explored were the associations between DA and mood states of depression, mania or euthymia in BD.

Methods: A systematic review and meta-analysis was conducted. 47 articles were included in the systematic review of which 23 were included in the meta-analysis. The quality of each studies was rated.

Results: The meta-analysis showed significantly higher DA in BD than healthy controls (d = 0.70). However, no difference was observed between BD and unipolar participants (d = -0.16). When reviewing mood state

within BD a significant mean difference was found between DA scores for euthymic and depressed participants (d = -0.71), with those who were depressed scoring higher. Based on 3 studies, psychological therapies were found to reduce DA in bipolar (d = -0.38).

Conclusions: These findings imply that DA are both a characteristic of BD that is not as prevalent in healthy populations, but also that a depressed mood state is associated with increased severity. This implies that DA could possibly go 'offline' when mood symptoms are not present. Implications for future research as well as practice-based implications are expanded on in the discussion.