Faculty of Child & Adolescent Psychiatry Executive Committee Newsletter

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Bernadka Dubicka	Cornelius Ani	Susan Jennings
	Ananta Dave	Leo Kroll
Vice Chair	Sukru Ercan	Madhava Rao
Jon Goldin	Nicole Fung	Rafik Refaat
	Rajesh Gowda	
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Zara Baxter, Young person representative
Tori Bullock, Young person representative
Prathiba Chitsabesan, NHS England representative
Ann Collins, PTC representative
Virginia Davies, CAPFEB Chair
Suyog Dhakras, SAC Chair
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Lee Hudson, RCPCH representative
David Kingsley, Adolescent Forensic SIG
Clare Lamb, Student Mental Health
Elaine Lockhart, Chair of Faculty in Scotland
Michelle Long, Carer Representative
Mark Lovell, CAIDPN representative
Helen Minnis, Academic Secretary
Saeed Nazir, QNCC representative
Priyanka Palimar, Trainee representative
Priya Rajyaguru, Trainee representative
Sandeep Ranote, CAMHS SCN Link
Michael Shaw, BAFF Family Justice Council
Louise Theodosiou, Comms, Social Media
Toni Wakefield, Carer representative
David Williams, DH Welsh Assembly
Richard Wilson, Chair of Faculty in Northern Ireland

In this issue

Virginia Davies

Welcome to our first newsletter of 2019. I warned you that we might have several newsletters coming along hot on each other's heels, and here we are. I rather like the fact that, unlike our political colleagues who seem intent on doing almost nothing apart from bickering about Brexit, we can still retain our productivity with some concrete output.

You'll find our usual reports, as well as the return of items from Suyog Dhakras at CAPSAC, and Birgit Westphal from the Paediatric Liaison Network. Both authors report inspiring news, Suyog of the child and adolescent run-through training that's being piloted and Birgit of creative collaborations with our adult colleagues, as well as with our child health and psychology colleagues.

We have a fascinating medical student essay from Lisa Hambley, which made me wonder whether we all ought to be subject to some kind of wide-scale faecal transplant programme postnatally!

Richard Wilson and Jon Goldin both share their personal experiences of working with the media. We all need to use public platforming as frequently as possible, both to promote a positive story of what child and adolescent psychiatry can bring to the table, whether in community or hospital services or in public health, but also to keep up the pressure on government to ensure that promised funding reaches the children and young people that our politicians tell us they care so much about. With care comes the responsibility to monitor and take an ongoing interest in where your money goes.

Bernadka rightly warns us that we should not let the convenient narrative of social media, our latter-day bogey man, go unchallenged. Child poverty is increasing. Early help for families and children has all but disappeared. Schools and social care have been cut to the bone. All of this has a far more profound effect on the population of children, young people and families who we see in our services than social media alone. The topic gets a lot of attention in the media though, and for this reason we reproduce in full Danielle Williams' winning medical student essay for 2018, 'Social Media: Good or Bad for Young People's Health?'

Amani and the Faculty in Wales are in discussion with their government about the potentially unhelpful implications of the Assembly's proposed Autism Bill, and Elaine as chair of the Faculty in Scotland is continuing to fight for more adequate resources for specialist CAMHS via her membership of her government's CAMHS taskforce.

Saffron Homayoun reports about ongoing work to develop an under 18s version of the standards used by the Adult Liaison Faculty for patients in need of mental healthcare within hospital settings.

We hear from the University of Oxford Centre for Suicide Research about their new companion guide for teachers dealing with pupils who self-harm. You may remember their Guide for Parents, published in an earlier edition of the newsletter. Do remember to disseminate information about these great resources to your education colleagues and teams.

I hope the Christmas and New Year period has granted you at least a small break from the demands of the front line, allowing you to refresh your spirits through spending time with family and friends or time in nature. And I hope that, batteries recharged, you are ready to continue the crusade for an acceptable and safe level of child and adolescent mental health provision for our patients and their families. Grab every opportunity you can get to talk this matter up!

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The chair's column

Bernadka Dubicka

It's been a busy autumn for the Child and Adolescent Psychiatry Faculty; despite the government turmoil over Brexit, some other government business has still been going ahead. Particularly worth highlighting, was the recent announcement over the Medical Training Initiative Scheme, which will increase the number of non-EU medics and potentially the length of time doctors from outside the EU are able to stay in Britain. The College lobbied hard for this increase and is continuing to lobby the government to ensure that child and adolescent psychiatrists (CAP) are placed on the shortage speciality list. As we know, the College is calling for a significant expansion of the CAP workforce in our 10 year plan. We need to ensure that this takes place as part of a system-wide approach within child and adolescent mental health, so that our professional group is used in the most appropriate way within well-supported teams.

The green paper continues to press ahead in England and the first new recruits for the schools' mental health support teams are due to start training in January. Health Education England has also set up workstreams to look at workforce expansion with different professional groups within mental health such as physician associates.

Recruitment to CAP posts continues to be a major concern in many parts of the country, however, we also need to focus on retention. Our 10 year plan has numerous suggestions around this and the College is planning to collect more data from members regarding these vital issues.

In the past few weeks a number of important documents have been published. One was the first British prevalence survey for 15 years. Professor Tamsin Ford, our academic representative on the Faculty, was one of the leading researchers on this work. Key messages were the overall increase in mental health disorders (one in nine school children, one in eight 5 to 19 year olds), with new data for under 5s (one in eighteen), and older adolescents (one in six 17-19 year olds overall, and one in four 17-19 year old girls with an emotional disorder). These figures are important for us in continuing to lobby for additional resources, particularly for under-resourced groups such as under 5s and youth services.

The second important report was the review of the Mental Health Act in England and Wales, chaired by Simon Wessely. We worked closely with the review (thanks to Cornelius Ani for all his hard work) and were able to ensure that the Faculty's perspective was heard. The resulting recommendations are generally welcomed, including ensuring that all admitted CYP have access to an IMHA (independent

mental health advocate) and that there is a further review of the role of parental responsibility in decision making.

Other recent highlights were the excellent annual conference in Glasgow (thanks to our academic secretary Helen Minnis, and deputy Dennis Ougrin). We are very much looking forward to our conference next year which will be held for the first time in Belfast. Even if you are not a Game of Thrones or Titanic fan, I hope you will come and join us (and you have no excuse if you are a fan; this is your opportunity!).

I have attended a number of debates recently both of which were on the theme of social media. The College young people's debate at Blackpool Sixth Form College had excellent speakers and participants (thanks to Vasu Balaguru), and I was also pleased to participate at the Barbican Battle of Ideas with a public debate on the same subject. Although there are some justified concerns about social media, I do believe that it is too convenient for our policy makers and media to use this particular issue to skew the real public debate that we should be having on the true causes of mental health disorder, mainly the impact of poverty, as witnessed by the recent UN report in the UK. In light of all the media interest, the Faculty is completing its position statement on the use of technology and mental health, which should be published early in 2019.

We have Faculty elections ongoing, so, those eligible, please use your vote. We have nine vacancies and I'm pleased to announce we have a record 17 candidates. Please choose the candidates that you think will best serve the Faculty and represent your views. We need to uphold the value of democracy in this day and age and ensure that we have the best candidates for all the really valuable work of the College. We can't do any of this without all the hard work that people volunteer from their own time, on top of already busy day jobs.

Finally, check out the brand-new college website for everything that we do – hopefully you'll find it relevant and exciting to take us through into this new year. Best wishes and a happy 2019!

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Report from Wales

Amani Hassan and Oliver John

The Faculty in Wales, jointly with the Royal College of Paediatrics and Child Health in Wales, gave oral evidence to the Children, Young People and Education Committee in October 2018 with regard to the proposed Autism Bill. The main points were:

- Services should be based on need and be person-centred and child-centred;
- There is the potential for increased rates of inaccurate or inappropriate diagnosis with the proposed legislation;
- The need to consider the impact on and evaluation of existing programmes of work in Wales relating to Neurodevelopmental Disorders (ND) and ASD;
- The potential implications of introducing condition-specific legislation – this may lead to increased calls for legislation for other conditions;
- There is currently insufficient evidence to show that autism-specific legislation would enhance the services already being delivered across NHS Wales and local government and would lead to improvements in the support being provided to people with ASD.

Two Faculty meetings were held in 2018 in Cardiff, on 8 June and 19 October. The plan is for the next meeting to be held jointly with the Faculty of Adult Psychiatry.

In July and October, I attended the Children, Young People and Families Delivery Mental Health Assurance Group meetings held by the Welsh Assembly Government (WAG). The Chair reported that the CYPE Committee's Mind over Matter Report made 27 recommendations and one key recommendation. The Welsh Government's response was published on 27 June 2018. The Chair indicated that WAG has accepted fully, or in part, 23 of the 27 recommendations. Takeaways from the report include the acknowledgement of promising progress, particularly in specialist mental health services in recent years. That being said, the report also highlights areas where further work is needed such as services in primary care.

Following on from the Mind over Matter report's recommendation there was a written statement from the Joint Ministerial Task and Finish Group on a Whole-School Approach to Mental Health and Wellbeing and it recommended the establishment of a Strategic Reference Group (SRG) to which I was invited as a member. The first meeting will be held in January 2019.

Dr Amani Hassan
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The National Assembly's Health Committee report into proposed autism legislation in Wales is published on 6 December, ahead of a vote in the new year. Once available for scrutiny, we will offer a response to the findings of the committee.

On 14 December, we are hosting a joint education conference with the National Association of Head Teachers (NAHT) Cymru, 'Collaborative Approaches to Improve Mental Health in Schools'. Professor Tamsin Ford will deliver the keynote lecture, with further contributions from the Children's Commissioner for Wales and Dr Dave Williams, CAMHS adviser to the Welsh Government.

On 1-3 February, Cardiff and Swansea Medical Schools will jointly host the RCPsych National Student Psychiatry Conference 'A lifetime in Psychiatry'. We are currently working to formalise the dedicated CAMHS workshops.

Oliver John, RCPsych in Wales Manager
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Report from Scotland

Elaine Lockhart

There continues to be a lot of interest in CAMHS in Scotland, and the parlous state of our services was described very clearly in the Audit Scotland report which was published in September. There were several commitments made for improving emotional well-being and providing more mental health input to schools and universities in the Programme for Government, but so far nothing has been pledged for specialist services which continue to be under pressure.

Dame Denis Coia published her report and the first meeting of the CAMHS Taskforce was held on the 25 October. This work brings together the recommendations from the Audit Scotland report, the Information Services Division and the Scottish Association for Mental Health Rejected Referrals report, the relevant action points from the Mental Health strategy and the Programme for Government. As Chair of our Faculty, I am a member of the Taskforce and have been asked to work with them for one day a week. I look forward to being an active contributor and engaging our members in this work over the next couple of years.

Some of our executive met the Minister for Mental Health recently to discuss the National Services Division -led process around the provision of a CAMHS inpatient unit for children and young people with LD. The work had stalled and is now going through a rigorous options appraisal process and needs to gain approval by the Directors of Planning before it is agreed and can then go out to a bidding process. The Minister was very aware of the many challenges this group of children and young people

face and is supportive of community-based, as well as in-patient, services being provided for this often poorly served group.

Media interest continues, and the College has supported a press release regarding the above and a forthcoming BBC programme about CAMHS waiting times.

We enjoyed an excellent annual academic meeting in November entitled 'The role of psychiatrists for young people with self-harm and risk-taking behaviours (from A&E to CAMHS and In-patient care)' and were pleased that Dr. Carey Lunan, Chair of the RCGP Scotland came to speak at our AGM, which will hopefully lead to further collaboration between the two Colleges.

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Report from Northern Ireland

Richard Wilson

News from Northern Ireland is that it continues to survive in the absence of a seated Government, consultant morale remains positive and recruitment and retention well above muster. Challenges remain delivering truly integrated services and we are pleased that the new Regional Clinical Director (CD) post is now funded and will hopefully be in place by next summer. The Regional CD will work with a well-balanced Partnership Board with the aim of rationalising and integrating service delivery and improvement at all levels in Northern Ireland.

We are all very excited that the Annual Scientific Conference will be held in Belfast next September. The committee led by Professor Minnis hopes to produce a high-quality conference with a strong local flavour……. We hope to see you all there.

Bad thoughts was written by Ana Maria Smyth for the BBC Northern Ireland Documentary *Teens on the Edge*, screened on 29 October 2018. Ana's experience of mental illness and her journey through CAMHS services is poignantly captured in these words, with all the force of the pain and patient hope involved. We wish her well for her onward journey and are grateful for her insight and contribution to our own.

Media Matters?

When Dr Lynch, our wise and venerable Northern Ireland College Leader nominated Vice Chair Dr Mark Rodgers and myself for media training earlier this year, I experienced something of the kind of anticipatory anxiety that I can recall from school stage appearances and presentations in front of University alumni ie jelly legs, staccato speech, facial contortions that would puzzle a chimpanzee. Trying to recall the essentials of preparation (ie a good night's sleep, comfortable but professional attire that is not unflattering to the figure, not too many ums and aahs, don`t ramble, keep to the evidence, engage the audience, don't read verbatim, have a beginning, middle and end), I duly attended the excellent workshop run by McMillan Media in Belfast, where I stumbled, fumbled and failed on every possible criterion necessary to an effective media encounter (yes, not even good on the radio!). I was rarely so glad to leave a building and seek out a comforting coffee shop to seek solace from my colleague Mark (who came across as a screen natural) and who attempted to reassure me that any possible forays in front of the camera wouldn't result in the closure of the Royal College of Psychiatrists in Northern Ireland!

A few days back to work soon cures all ills, so I had almost completely forgotten (selectively repressed) my training run when Thomas, media mogul and legal eagle (interesting combination) to RCPsych Northern Ireland, called with the dreadful news that a media opportunity was coming my way. UTV Fixers were looking for a College-nominated professional to assist a group of young people from North Belfast to produce a short film on the challenges of social media for young people's mental health. Social media, I thought; I'm not on Facebook, Snapchat and even Twitter didn't last for me (I only got three likes on my first post, which I had thought was world changing!). As such, hardly a job for me really! Thomas, however, as is the way with lawyers, is very persistent and persuasive, so having spent several hours of CPD time on recent research into the subject, many advice consultations with knowledgeable

young people and professionals under 30, and somewhat less time on the purchase of a nice Siedensticker (Bill Bryson's favourite) shirt, I felt about as ready for my maiden flight as I was ever going to be.

I decided to approach the project as a learning experience and was amazed by the tremendous patience and calming approach of the director and camera crew. There were motion shots of me walking into my office, switching things on and trying to appear natural (whatever that is), then a half hour interview on the subject. Somehow (and all credit to the production team for this) there was sufficient material for the young people to add to their film. The finished result appears on YouTube at Reality Bytes Fix on UTV Live I would recommend your viewing it. The film does great credit to Manus Corr and his friends, who have brought their experience and youthful wisdom to bear on an area which is of concern to many young people and parents, and have done so in a potent and effective way.

Though my own contribution to *Reality Bytes Fix on UTV Live* was small, I think the experience and feedback I received following the film has helped me to desensitise somewhat from my media participation fear. In fact, I have since been involved in two further television experiences, including a full BBC documentary, *Teens on the Edge*, and a live Newsround interview....and have so far survived!

The take home message from all this is that media work gives all of us the opportunity to present positive messages about our work in mental health, tempered by realism and experience and a chance to articulate scientifically-based evidence to add to the many current debates around mental health. And may I add: if I can do it, anyone (with a bit of work, preparation and support) might consider the opportunity!

In a nutshell for those who like lists!

1. Study the modern masters eg Sir Simon, Bernadka, Jon, Louise.... but be yourself!
2. Wear blue....it's best, according to Lana Turner.
3. Research the area in question thoroughly... this improves confidence.
4. Keep your sentences short and clear.
5. Try to talk to the interviewer as you would to any interested person....with ease and respect.
6. If you have to use buzz words or current clichés, choose those with which you have some agreement.
7. Imagine everyone (or someone) out there really does love you

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Paediatric Liaison Network Update

Birgit Westphal and Elaine Lockhart

Exciting and busy times for the Paediatric Liaison Network! We are delighted to report significant progress since our last update in Spring 2017.

Initially our mission was to develop Quality Care Standards for our paediatric patients at the interface between physical and mental health.

We revisited the PLAN template and started by drafting standards for emergency settings. The challenge seemed to be not to raise the bar too high in view of the current nationwide differences in funding, but high enough to generate motivation for change.

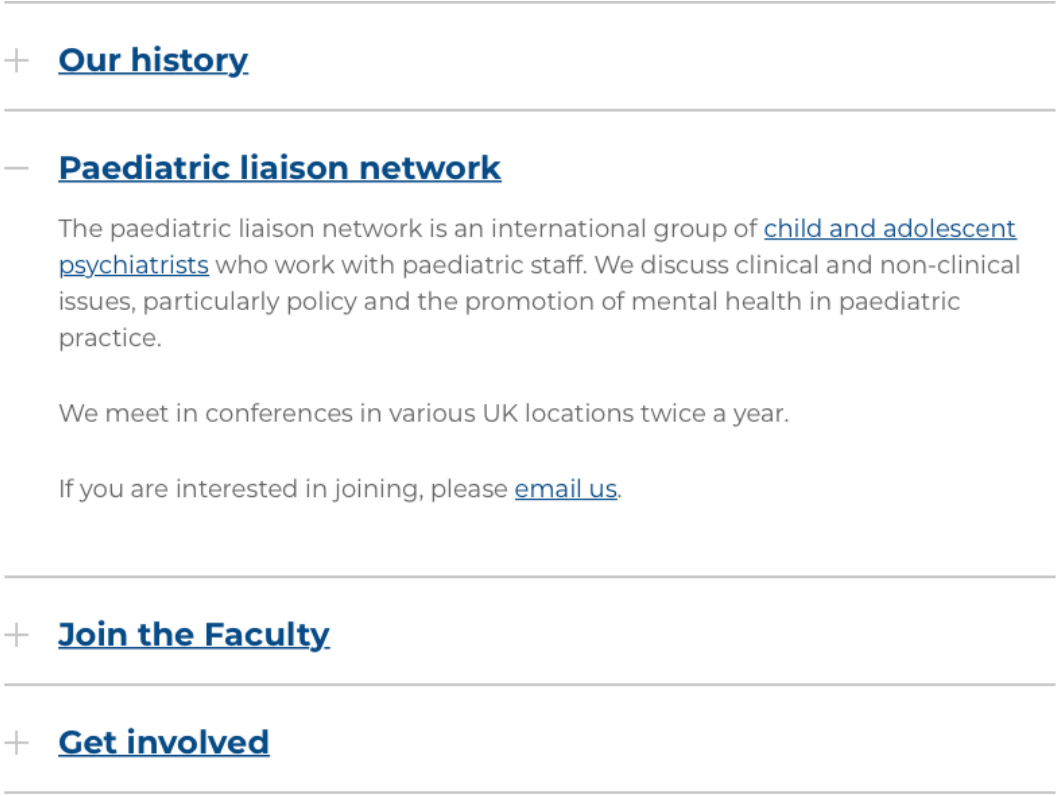
When we were seeking input and endorsement from other stakeholders, we were amazed to find out how much work in the context of 'integrated paediatric care' has already been undertaken by dedicated and enthusiastic colleagues. Transformation CAMHS money and Crisis money had been utilised very resourcefully, in some Trusts by community CAMHS, and in others by RAID teams to extend hours for assessments of young people in ED departments or to prevent them attending in the first place. The Royal College of Paediatrics and Child Health (RCPCH) had started designing standards, as well as Mental Health training modules, for higher paediatric trainees in response to the findings of the national CQC review of children hospitals. Janie Donan, chair of the Paediatric Psychology Network (PPN), had started her work on a competency framework.

We realised that joining up with other initiatives involving the integration of mind and body care was not only a necessity, but also a great opportunity to facilitate nationwide collaboration. Gathering relevant stakeholders around one table has been a truly enjoyable experience.

We are delighted that Paediatric Liaison is now an agenda point within the CAP Faculty executive's termly business, with Elaine Lockhart our representative on that group. The Faculty and PLN are working closely together to promote paediatric integrated care, as well as collaborative health economics research in this field.

We also had a very warm welcome from our colleagues in the Liaison Faculty and I am now a formal executive member representing Paediatric Liaison within this setting. One key aim of this is to bring the paediatric perspective to RAID services, making them truly all age. Paediatric Liaison will now be a regular item at the annual Liaison Faculty conferences.

This is a screenshot from the new Liaison Faculty website:



Standards for Children and Young People in the interface between Physical and Mental Health have been developed by the Royal College of Paediatrics and Child Health (RCPCH) in collaboration with our network and the Child & Adolescent Psychiatry Faculty, as well as with the Paediatric Psychology Network (PPN):

Launched in March 2018:
"Facing the future" Standards for Children with on-going health needs Standard 8, page 39

Launched in June 2018
"Facing the future" Standards for children in emergency care settings Chapter 6, page 50: Mental Health . Virginia Davies continues to sit on this group as our College representative

There is also the newly formed **RCPCH Mental Health Group** (chaired by Lee Hudson and Carol Hanson): 'Bringing together physical and mental health within paediatrics', it has three arms:

1. Training and Standards (Elaine Lockhart and Janie Donan)
2. Research and Outcomes (Birgit Westphal and Penny Titman)
3. Professional commitment/influence/advocacy (Virginia Davies and Sally Benson)

RCPCH Paediatric Mental Health Association (PMHA)
With CAMHS re-presentation from Rory Conn and PLN from Birgit Westphal

Collaboration and work within the Liaison Faculty:
PLAN:
We are also piloting PLAN (Psychiatric Liaison Accreditation Network) Standards for RAID teams.

Dr Saffron Homayoun Mirza, ST6 in Child & Adolescent Psychiatry and CCQI Clinical Fellow has been working on this quality improvement project to expand the remit of the PLAN Quality Standards to children and young people being seen in liaison teams (see later news item from Saffron). In consultation with our network and PPN, this has been approved currently as a standalone RCPsych standard. PLAN members will be invited to pilot, and modifications will then be made as and where necessary before inclusion of the new domain in the next revision of the PLAN QS in May 2018. The final aim is for the standards to encompass patients of all ages.

Our alliance with the Paediatric Psychology Network (PPN) remains strong and we are excited to have been invited to jointly present at the annual Paediatric Psychology Network Conference June 2019.

The final version of the **Competency Framework** for psychological approaches and interventions in multidisciplinary paediatric settings is amazing; it was endorsed by RCPCH, RCPsych /PLN, RCN and launched by representatives accordingly.

Upcoming Conferences

- PMHA Annual Meeting 31st Jan - 1st Feb 2019 in Northampton
- Paediatric Liaison Network Annual Meeting 22nd February 2019, Great Ormond Street London Theme: 'Services for children with unexplained physical symptoms'
- Liaison Faculty Conference 15-17th May 2019 at RCPsych Prescot Street, London with Paediatric topics on Friday 17th May, programme available early 2019

We would love to see you at any of the above events

Birgit Westphal on behalf of Birgit Westphal and Elaine Lockhart
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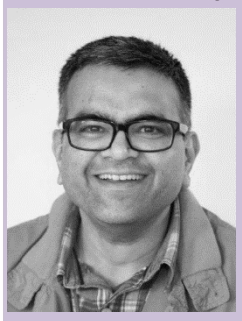
Report from Child & Adolescent Psychiatry Specialty Advisory Committee (CAPSAC)



Suyog Dhakras

CAPSAC has had an eventful year.

The Faculty of Child & Adolescent Psychiatry (CAP) Essay Prize for medical students had a very good response. The topic was *Social media: good or bad for young people's mental health*. We had nine entries and it was a close contest; the prize-winning entry was by Danielle Williams, whose essay you can read on page 25. The essays were all interesting and informative.

The CAP run-through training pilot has continued, and we held two induction events for the newly appointed candidates, their supervisors, mentors, the Training Programme Directors (TPD) and Heads of School involved. Each of the induction events was well attended and the recent event in December last year was especially interesting and fascinating, as we started to hear back from trainees who started in August 2018 (and their supervisors and mentors). Their enthusiasm, proactive approach and keen commitment to CAP was wonderful to see and experience. The pilot will run for three years, and the evaluation should be really helpful in looking at CAP workforce development.

The CAP Faculty annual scientific meeting was held in Glasgow and was a great success. I held a CAPSAC meeting as well as a meeting of the TPDs attending the conference during the meeting. We agreed to hold the bi-annual CAP TPD meeting in 2019 (the date has been circulated by Tony Roche: 13 March 2019 at RCPsych for all the TPDs) and we'll also hold a CAPSAC meeting on the same day.

The impending curriculum review will be the main item on the agenda. This will be (I think) an exciting, though demanding, project and give us all the opportunity to review our curriculum to make it more streamlined and user-friendly, and to try and achieve the correct balance in maintaining a high standard of CAP training, whilst still making it relevant to the ever-changing landscape of CAMHS delivery. I look forward very much to working with my SAC colleagues and TPDs along with other partners – and most importantly – representatives of children, young people, and parents/ carers, in working on this project and taking it to completion. It was really inspiring, at the conference, to hear from many colleagues across the UK of their interest in this project and their offers of help.

I wish you all the very best for 2019! Please do get in touch with me via Stella Galea and Tony Roche at the College. I look forward to hearing from you.

Suyog Dhakras
CAPSAC Chair

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CAMHS blog #6: self-harm doesn't fit into neat (and small) 'boxes' of care

Dr Bloster

I expect all of us are thinking about the recent 2017 census of the Mental Health of Children and Young People in England and its findings. It makes for very sad reading. Our hard-pressed inner city Emotional and Behavioural Team have lived in experience what these figures are telling us: we are seeing an enormous increase in young women presenting to us with self-harm (52.7% with a disorder report having self-harmed. The mental health of older adolescents, particularly young women, has declined, with 23.9% of 17-19's having a mental disorder).

In Community CAMHS, we have become fixated on providing 'pathways of care'. Huge investment has gone into the diagnosis of autism. Often Emotional and Behavioural Teams have shrunk and become the catch-all for young people with all kinds of emotional and behavioural problems, including autistic young people with comorbidities, who have passed through the diagnostic process. There has been little recognition outside of the national press of the impact on staff of the rising numbers of young people coming to our teams with increasingly severe self-harm and suicidality.

I work in a large inner-city borough with a high level of deprivation, in a well-resourced Tier 3 CAMHS with eight full-time staff. I know that other parts of the country do not have anything like this level of provision. I have three clinical days for patient-facing work, mainly team meetings and administrative duties, including typing all my own letters. I am not able, like so many of my colleagues, to take my SPA time. We are significantly under-resourced to manage the increase in patient numbers and severity. Our patients are often not aware that we have 340 open cases at any one time and often request last minute appointment changes, call backs etc. Good work demands excellent liaison with the network of professionals and family around the child.

When we discuss the demands on our time with doctors and managers from other disciplines, they treat us as if they are the husbands of harried housewives: "You need to manage your time better dear…there must be a way to make ends meet…late again…can't you make the pin money stretch a little further?" We are infantilised as demanding, perhaps reflecting the neglected needs of the group we serve. Nobody really wants to know, but if the needs of our young women and girls are not met, we will continue to see very severe presentations of self-harm and a rising suicide rate.

It is not impossible to turn around suicidality and self-harm or to manage crises, but it takes time, leadership and highly trained staff, and I am not sure how much our politicians want to hear this message.

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Kids in Crisis: reflections on contributing to BBC1's Panorama programme on child mental health

Jon Goldin

Some months ago, I received an enquiry via the College press office to see if I was willing to appear on a Panorama programme about the state of child mental health services across the UK. I was initially wary, as Panorama is a programme with a reputation for strongly pushing a particular perspective and editing their interviews to fit this perspective.

I spoke first to the producer who came across as a thoughtful woman who wanted to make a fair programme about the challenges faced by CAMHS and by patients and families who were trying to access a much-needed service.

Having discussed the pros and cons with the press office at the College, we agreed that it was an excellent opportunity to lobby for improved services and I agreed to be interviewed.

The interview took place in a warehouse-type setting in the East End. It was a very hot day and it wasn't long before the interviewer and I were both overheated under the bright lights that the cameraman had deployed. Sean Fletcher from *Countryfile* was the interviewer and had personal experience of having a son with severe OCD. Before the filming began, we spoke at some length about his experience as a parent trying to access appropriate support for his very unwell son and it was helpful that we were able to establish a good rapport and understanding in a relatively short time.

Sitting under a bright light in a very hot room reminded me slightly of an 'interrogation' type situation, which in a way it was, but Sean and I were able to enter into a wide-ranging conversation about issues related to CAMHS nationally. We spoke about a range of topics including accessing services, waiting times, thresholds, prevalence of disorders, aetiology, the CYP green paper, transition, recruitment and workforce issues.

I knew that they were including interviews with young people who had been very unwell in the programme, and that parents had been interviewed who had been very critical of the service they had received (or not received).

I felt it was important to convey that CAMHS was a rewarding specialty and that many professionals around the country were working hard and doing some excellent work, while at the same time acknowledging that services were too stretched and under-resourced. It is important to strike a balance between delivering good news and recognising the good work of CAMHS staff, while also acknowledging the significant limitations of the services we can offer.

I was asked directly if CAMHS was 'fit for purpose'? I spoke of the committed staff and good work that was being done but also said that we were not meeting the needs of young people sufficiently and services were too stretched, so in that sense it was not 'fit for purpose'.

Some of the subsequent headlines inevitably focussed on this comment, at times editing it to eliminate any nuance, but overall the reporting of the topic was quite fair. When doing a pre-recorded interview, one must try not to say anything that one would be unhappy to be taken out of context and used as an edited clip.

The programme was accurately described as 'hard-hitting' but overall, I was pleased that I was able to represent the College in conveying what I hope was a fair and balanced perspective, with the primary aim of lobbying for improved services.

Simon Stevens, the CEO of NHS England, has placed child mental health at the top of the agenda for improvement in the NHS 10 year plan which is shortly due to be published. Our College has had the highest media coverage of all the Royal Colleges over the past year, and this hopefully contributes to improved awareness of mental health issues as well as improved services nationally. The communications team at the RCPsych deserve a lot of credit for the hard work that they put in behind the scenes to support the increasingly large number of psychiatrists speaking in the media nationally

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Panorama *Kids in Crisis* is available on the BBC iPlayer

Work to adapt the PLAN Quality Standards for Under 18s

Saffron Homayoun

In my role as a CCQI Clinical Fellow and CAMHS Higher Trainee, I am working alongside the Psychiatry Liaison Accreditation Network (PLAN) Committee to broaden the scope of the current PLAN Quality Standards to encompass all ages of patients. Here I give an update on this work relating to children and young people.

Children and adolescents with mental health disorders may present to professionals in the wider spheres of health and social care as well as the educational system, and community based CAMHS. In addition to GPs, schools/colleges and social services, they will be seen in Emergency Departments (ED) and acute hospital inpatient/ outpatient services.

It is recognised that patients with chronic physical health problems have higher rates of mental illness and that psychological distress may present with physical complaints. Research by Glazebrook et al. (2003)[i] indicates that up to 20% of children aged 5-15 years attending a range of paediatric outpatient clinics had a probable mental illness, but only a quarter of these had already been detected and received specialist help from CAMHS.

Arrangements for the assessment and treatment of patients under 18 years with mental health disorders presenting to acute hospitals are not always straightforward. There are many different

systems for cover currently in place across the country, ranging from dedicated 24/7 paediatric liaison teams based on acute hospital sites to offsite community CAMHS teams covering normal working hours only. Also, as paediatric teams often see patients 0-15 years of age and CAMHS see patients 0 - 17 years of age, there are challenges in the planning of service provision for young people of 16 -17 years.

The College Centre for Quality Improvement (CCQI) recognises the importance of liaison provision for young people under the age of 18 years and work has been done on expanding the PLAN standards for this age range.

The standards have been shared with members of the Paediatric Liaison Network for their input and approval and will also be regularly reviewed and revised following their implementation and real world usage. Key to the provision of good mental health liaison services for children and young people are close working relationships between multidisciplinary teams including paediatrics, acute adult health services and mental health clinicians. Any readers interested in contributing to this work should contact the RCPsych Paediatric Liaison network via stella.galea@rcypch.ac.uk

*Glazebrook C, Hollis C, Heussler C, Goodman R, Coates L. (2003) Detecting emotional and behavioural problems in paediatric clinics. *Child: care, health and development.* 29 (2) 141-149. doi.org/10.1046/j.1365-2214.2003.00324.x

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Autism Spectrum Disorder and the Gut Microbiome

Lisa Hambley

A specially commended student essay, written during a special studies module in neurodevelopmental disorders at the National Autism Unit, London

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that affects approximately 700,000 people in the UK. It is characterised by impaired social interaction and communication and the presence of repetitive or stereotyped behaviours. The precise cause of ASD is unknown however, a complex interplay between both genetic and environmental factors has been established.

Studies have shown gut microbiota to play an important role in human physiology and the role of gut microbiota in ASD pathophysiology has been hypothesised. A meta-analysis from 1980-2012 demonstrated that gastrointestinal (GI) symptoms including diarrhoea, constipation and flatulence are more common in patients with ASD compared to those in an absence of such diagnosis (1). In

addition, studies have suggested that ASD patients with more significant GI symptoms concomitantly show more significant anxiety and social withdrawal (2, 3). The gut and the nervous system communicate via neural mechanisms as reviewed in (4) and via endocrine pathways such as the HPA axis (5). Here, the notion of the involvement of the gut microbiota in ASD is explored and the potential for faecal transplant as a therapeutic intervention is discussed.

GUT MICROBIOTA

The human gut consists of an abundant and diverse community of bacteria; the ratio of host DNA: microbiome DNA is 1:10 (13). A number of studies have identified differences in the bacterial constitution of the guts of patients with and without ASD. Faecal bacterial profiling has shown patients with ASD to have a different population of gut microbiota to neurotypical patients. For example, higher levels of *Clostridium* and *Desulfovibrio sp.* are seen in ASD (6-9). *Sutterella* is also seen at elevated levels in ASD (10, 11); Balzola *et al.* demonstrated increased levels of *Sutterella* in children with combined ASD and GI dysfunction whilst an absence of *Sutterella* was observed in children with GI dysfunction without a diagnosis of ASD (11). It is worthy to note that these altered bacterial levels in patients with ASD in turn also result in alternative fungal profiles. An example of this is IL-22, produced by *Lactobacillus,* which is thought to control the levels of Candida in the gut (12). However, as *Lactobacillus* is observed at a reduced level in ASD, this is thought to lead to uncontrolled Candida expansion.

Although these studies report microbiome differences, of which a few examples are given above, there is currently no consistent difference detected across the studies. This not only highlights the need for further research but also the requirement for a meta-analysis to be completed. The studies are however subjected to a number of confounding factors including variation in symptom severity, presence of co-morbid bowel conditions and an unknown diet, all of which would alter the gut microbiota of the individual.

The key question is however, what causes these differences in the gut microbiota profile seen in ASD patients? The gut microbiota is dynamic and its diversity has been shown to change with early life events such as birth, diet, illness or antibiotic treatment (14). Babies born via vaginal delivery demonstrate a bacterial population different to those born by caesarean section with dominating levels of *Lactobacillus, Prevotella* and *Sneathia.* Caesarean births, on the other hand, are associated with an increased risk of ASD (OR: 1.23 (15)), and babies born via this method have gut microbiota consisting of predominantly *Staphylococcus, Corynebacterium* and *Propionibacterium* (16). Further to this, following on from birth, the gut microbiota also varies based on whether the baby is breast or bottle-fed (17).

Maternal factors may also play a role; murine studies have demonstrated maternal obesity to have a potential impact on the gut microbiota profile; diet-induced maternal obesity resulted in an altered gut microbiome in mice displaying autism-like behaviours. Following transfer of gut microbiota from control mice, this behaviour type was corrected. Interestingly, the transfer also elevated oxytocin levels, a pivotal hormone in mother-child bonding, which has also been shown to improve social interaction deficits in children with ASD (18) (19). Further to this, a number of drugs used for the treatment of disease in the mother are contraindicated in pregnancy due to the associated increased risk of ASD. Valproic acid, an anticonvulsant, for example is associated with such risk. Interestingly, in

a murine study, offspring of mice administered with valproic acid demonstrated autism-like behaviour, and both an altered gut microbiota and GI physiology was observed (20), thus providing further evidence of the role the gut may have in the development of ASD.

In addition to this, in the adult, it can be appreciated the effect antibiotics have on the gut, with GI disturbances a common side effect following a course of antibiotics. Antibiotics have also been shown to have a significant effect on the developing and dynamic gut profile of children; a number of studies have shown that children who received multiple antibiotic treatments in the first three years of their life had a reduced variety of gut microbiota (21). Research has indicated that the gut microbiota profile variation settles at around three years of age and it can be argued that this conveniently correlates with the age of onset of ASD symptoms. Moreover, in general, children with a diagnosis of ASD are more selective over which foods they eat with a preference for specific textures (22). Therefore, it can be argued that the gut microbiota profile that was altered prior to three years of age, continues to influence behaviour and thus provides long-term symptoms for the individual.

If these bacteria are found to be a causative factor in ASD, a key question to answer is by what mechanism does the gut bacteria influence behaviour?

THE GUT-BRAIN AXIS

A number of studies have suggested an altered intestinal mucosal barrier in ASD patients (23). The lactulose: mannitol ratio, a marker of small intestinal permeability is increased in ASD (36.7%) compared to healthy controls (4.8%) (24). As a consequence, the 'leaky' barrier permits the entry of pathogenic bacteria or food-derived peptides present in the gut to enter the blood, increasing the antigenic load. Increased levels of lipopolysaccharide (LPS), the proinflammatory component of gram negative bacteria, has been seen in ASD patients (25). LPS activates Toll-like receptors in both the enteric and central nervous system and produces neuromodulating cytokines which are thought to influence behaviour (26). As the gut microbiota have a bidirectional interaction with the immune system, this raises the idea that the altered gut microbiota seen in some ASD patients may be responsible for the neuroimmune abnormalities also seen in these patients. Elevated levels of proinflammatory cytokines such as IL-1β, IL-6 and IL-8 have been detected in ASD (27, 28) as well as increased microglia activation (29). Therefore, it is possible to argue that if the gut microbiota were altered to a neurotypical profile, would the immune abnormalities that are also seen in ASD be corrected too? The infiltration of inflammatory mediators is likely to further influence the integrity of the intestinal mucosal barrier, exacerbating the situation. In addition to reduced intestinal mucosal barrier integrity, the integrity of the blood brain barrier (BBB) is also thought to be altered in ASD, with reduced levels of PECAM-1 and P-selectin adhesion molecules (30), thus resulting in the bacteria entering the realms of the central nervous system. C*lostridia* and *Desulfovibro* produce short-chain fatty acids such as proprionic acid (PPA) which can cross the BBB. Ossenkopp *et al.* demonstrated the presence of autism-like behaviour in mice administered with PPA (31, 32). Other short chain fatty acids such as butyrate have epigenetic capabilities as a histone deactylase inhibitor and this consequently modulates the synthesis of neurotransmitters such as dopamine, adrenaline and noradrenaline and thus may be responsible for the altered behaviour seen in ASD (33).

This consequently raises an important question; would alteration of the gut microbiota profile influence behaviour?

Animal models have shown that changes to the gut microbiome can directly influence autism-like behaviours. Three-week old Germ Free (GF) mice with specific pathogen free (SPF) microbiota were colonised and these mice, who initially demonstrated little anxious behaviour, went on to show identical behaviour to SPF-colonised mice. Interestingly, if this colonisation occurred later (at six weeks), the same behaviour change was not observed, raising the notion that there may be a critical time period in which gut microbiota have the potential to impact on neurobehavioural development. In addition to the behavioural differences seen in these mice, a change in the levels of synaptic proteins in the cortex, hippocampus and striatum were observed (34). Moreover, altered gene expression in the amygdala, the emotion centre of the brain, has also been identified in GF mice, providing evidence for the differences seen in emotional behaviour in ASD (35). Alteration to the gut microbiota and consequently behaviour has also been supported in the study by Hsiao *et al.* in which treatment with *Bacteroides fragilis* reversed autism-like behaviours such as anxiety and compulsive marble burying in mice (36). Furthermore, one particular study has shown that an 8-week treatment of vancomycin (used in the treatment of C*lostridum difficle* infections) improved behaviour and communication in children. However, this was only for the duration of the study and following cessation of treatment, behaviour and communication returned to pre-treatment levels (37). Although an absence of a control group limits this study, it provides further insight into the relationship between gut microbiota and behaviour and further studies are required to fully explore this.

FAECAL TRANSPLANT AS A POTENTIAL THERAPEUTIC OPPORTUNITY?

A number of studies have investigated the potential for probiotics, non-pathogenic microorganisms, to be used therapeutically in ASD patients (36, 38) but few studies have explored the use of faecal transplant. The use of faecal transplant is evolving in medicine, and in some hospitals is being routinely used in the treatment of *Clostridium difficle* infections (39, 40). Faecal transplant involves the transfer of faecal microbiota from a healthy individual into that of a patient with dysbiotic gut microbiota in order to provide targeted repair of an altered microbiome. In another experiment, GF mice received faecal transplantation from Balb/c mice and consequently inherited the behaviour seen typically by such mice and once again, brain chemistry was also altered with a variation in BDNF seen in the hippocampus. Early human studies have been promising; Kang *et al.* demonstrated that fourteen days of antibiotics followed by a bowel cleanse and human gut microbiota dosing for eight weeks was associated with an 80% reduction in GI symptoms in ASD patients. Importantly, the symptoms remained improved for eight weeks post cessation of treatment (41). However, it is unknown how long this benefit persisted for due to absence of follow-up. It is important to note that although the results show promise, sample size was only eighteen children and larger scale studies are warranted before changes to ASD management can begin to be considered. Although differences in gut microbiota have been observed between patients with and without ASD, a unique profile of microbiota is yet to be established and more importantly, further research is required to determine whether gut microbiota is actually causative for the neurodevelopmental differences seen. If research can yield specific causative differences, there is the potential to develop a faecal transplant profile that would correct the dysbiotic gut in this patient cohort, or at the very least could be used to minimise symptoms seen in these patients. This would be ideal, as it will be a widely available and comparatively cheap treatment option to a condition that currently has no cure. If a causative link is established and faecal transplant is shown to have efficacy, it will be important to determine whether

there is a specific time frame in which the profile should be altered, be that during the early neonatal period, continuously throughout childhood or lifelong.

CONCLUSION

The microbiome is at the interface between genes and the environment and there is a growing body of evidence that demonstrates a difference in the gut microbiota profiles of patients with ASD compared to those who do not and that perhaps the microbiota play an important role in the aetiology of the neurodevelopmental disorder. Early life events appear to be influential in causing such differences and both the intestinal mucosal and blood brain barrier are weak points that gut microbiota can take advantage of. Animal models have shown that gut bacteria appear to influence autism-like behaviours and a number of studies have also highlighted that alteration to the microbiota profile can reduce anxiety-like behaviours. So far, small subject populations have limited advancements in human studies and a large cohort, alongside randomised controlled trials are required. If such studies show that alteration to gut bacteria in this patient cohort to be beneficial to symptoms seen, faecal transplant may have the potential to be used as a method of targeted repair in these individuals. With an economic lifetime burden of £0.92 million per ASD patient (42), it will be exciting to establish whether this method can be used as a preventative or even curative option to ASD or at the least reduce the severity of both behaviour and physical symptoms observed.

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More help for parents and schools coping with self-harm in their children/pupils

Anne Stewart

A reminder about two guides produced by the University of Oxford Centre for Suicide Research to assist parents and school staff in managing self-harm. They have arisen as an outcome of a qualitative research project on parents' experiences of self-harm; the parents' guide was previously publicised in our newsletter.

The link to the guide for parents (published a couple of years ago)
Coping with self-harm – a guide for parents and carers

The school guide has very recently been published and can be found at
Young People who self-harm – a guide for school staff

Hard copies are available from the Charlie Waller Centre.

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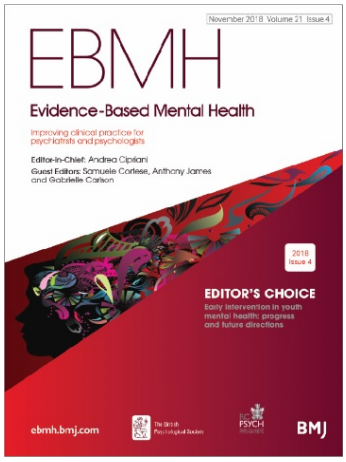
Celebrating the achievements of evidence-based child and adolescent mental health



To celebrate its 20th anniversary, *Evidence-Based Mental Health* has devoted a special issue to child and adolescent mental health, acknowledging its crucial role in mental health. Through a series of reviews, renowned experts in the field provide a critical overview of the major advances in key areas of child and adolescent psychiatry over the past 20 years and highlight future research priorities. The issue also includes original research papers and a 'debate' section discussing the concept of 'ultra-high risk' or 'clinical high-risk' for 'transition' to psychosis.

Read the issue EBMH November 2018 - Volume 21 - 4

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Please get in contact with area leads if you would like to become more involved with College work

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Appendix one

2018 Medical Student Essay Prize winner

Social Media – good or bad for young people's health

Danielle Williams

Introduction

"Why are you always on your phone?" A question that is asked in households across the western world. The effect social media has on the lives of young people has always been a concern for parents, but only recently, social media has been an inherent part of our lives. There has been a marked increase in the amount of people who use social media in the last decade. In 2007, it was reported that only 27% of adults used social media daily. However, by 2017 it had increased to 82%, demonstrating a 45% increase of social media usage amongst adults within a ten-year period (1). Social media has had a huge impact on modern life, we now communicate, learn, teach, purchase goods and express oneself through social media by using websites such as; YouTube, Twitter, Instagram, Facebook and Snapchat. Social media has shown many positive benefits over the years, including enabling people to connect with friends, family and even strangers across the world.

However, it also carries negative connotations such as; cyberbullying, sleep deprivation and body shaming (2).

Approximately 5% of young people suffer from social media addiction (3), this is a significantly large percentage that contextualises how many young people are over-using social media. Cyberbullying, body shaming and sleep deprivation affect numerous social media users, it is important to identify the impact it can have on these peoples' lives (2). 91% of 16-25-year olds have a social media account which may lead to them facing increased exposure to poor sleep quality, depression and anxiety amongst social media users (2). It is important as healthcare professionals who specialise in mental health to understand the impact social media has on their patients. To this day there is no current clinical teaching on social media. It is important that as healthcare professionals, one needs to understand both the negative and positive aspects of social media to determine how they should advise their patients under the age of 18 and their parents. By doing so, they will aid and protect those patients suffering with mental health problems as well as preventing patients from developing mental health issues.

Cyber Bullying

Cyberbullying is "a modern form of bullying performed using electronic forms of contact (e.g., SMS, MMS, Facebook, YouTube)" (4). 10-14% of children experience bullying at school or in extra-curricular clubs, and it may result in lasting negative effects that can persist into adulthood (5). With the increase of young people having access to social media, both easily and readily, it has changed the methods of bullying as it becomes harder for young people to escape their bullies. As a result, children and young people, that may be victims of bulling, must go to nursery, school or college and interact with the peers and bullies face to face, then later go home and still receive abuse via the form of social media. On average, children are four times more likely to bully another child online than face to face, with girls being almost twice as likely to bully online than boys (6). Cyberbullying over a long period of time can contribute to depressive symptoms and social anxiety. 41% of people who experience cyber bullying develop social anxiety and 37% of people who experience cyber bullying develop depression (7).

This illustrates the close link between cyberbullying and mental health illness and how cyberbullying could precipitate and perpetuate anxiety and depression in young people. These statistics are very disconcerting for the wellbeing of young people. Between the ages of 10-19 years old, the changes one undergoes both physically and mentally can be stressful and overwhelming. Thousands of young people endure circumstances and changes that are out of their own control such as; puberty, examinations, parental divorce, moving away from home and developing as a person. Therefore, bullying in any form, at such crucial time is very strenuous and may result in one having a major negative effect on one's academic performance and personal development. This, in turn, has the potential to lead to conditions such as; depression, anxiety, self-harm, loneliness and sleep deprivation which may result in a person withdrawing from social situations not allowing them to develop personally, socially or academically (2).

Addictive use of social media and psychiatric disorders

Over recent years, there has been a high amount of research into the addictive usage of technology, social media and the implied correlations to psychiatric disorders. A recent online cross-sectional study, researching whether demographics variables such as; Attention Deficit Hyperactivity Disorder

(ADHD), Autism Spectrum Disorder (ASD), Obsessive Compulsive Disorder (OCD), anxiety or depression, has proposed the effects in addictive use of social media and technology conducted by Andreassen (2016). This study was composed of 20,000 adults, with an average age of 35, who during the study, showed a positive correlation between both addictive technology and social media use with a mental disorder. Unsurprisingly, the younger participants in the study appeared to be more addicted to social media and technology than the other participants (8).

Moreover, a new phenomenon, Internet Gaming Disorder has been added to DSM-5. Internet gaming, due to its fast-paced and interactive nature, feeds the gamer's brain constant rewards making it very addictive (9). Could social media have a similar effect on the brain? In addition to this, can people who use social media excessively be addicts? Andreassen (2016) believes, due to the correlation between the already pre-diagnosed psychiatric disorders, that it is unlikely that there is an entirely separate disorder such as 'internet use disorder' and people who have disorders like ADHD, ASD, OCD, anxiety and depression are more likely to be addicted to social media and technology according to Andreassen (8). However, internet use disorder should not be disregarded as people with ASD, ADHD and OCD often have a mirage of psychiatric disorders and as a result differentiation between the disorders is hard. Due to the lack of research in internet or social media disorder, it increases the difficulty of diagnosis.

More research must be done in social media disorder (SMD) it is very far behind internet gaming disorder. SMD should have the same diagnostic criteria as internet gaming disorder as they both have the same "over-arching construct" whereby people spend hours using both (10). It is important to research more into SMD and try to determine whether it is a disorder or a symptom of other psychiatric disorders as it has the possibility to affect how we treat patients. Furthermore, young people who have SMD with no other accompanying psychiatric disorder will go potentially undiagnosed which could have detrimental effects to their academic prowess, relationships and their future.

Sleep Deprivation

There are numerous studies examining the link between social media and poor sleep quality in young people (11). It is believed that by using electronics before sleeping, it becomes harder for one to sleep. The LED lights on electronic screens can stop the natural processes in the brain that trigger the feeling of sleepiness. LED lights also dampen the effect of melatonin, diurnal hormone, which encourages sleep (12). This makes it harder for individuals to sleep and it reduces the amount of sleep that they will have. One in five school students have admitted to waking up in the middle of the night to check their phones, tablets and laptops, directly resulting in an increased risk of feeling tired at school (13). In addition to this, there is an increased risk of depression when someone is suffering from sleep deprivation. Sleep disruption has also been linked to neurodegenerative and psychiatric disease as, it is believed, by stopping the circadian rhythm in the brain, it can disrupt the brain's natural neurophysiology thus increasing the chance of pathology (14). Poor sleep is a common symptom of psychiatric diseases including; depression, mood disorders and schizophrenia just to name a few. It has been shown when one has a psychiatric disease it is easier to treat when insomnia or sleep deprivation is resolved (15).

Body Image, Confidence and Dissatisfaction

Body confidence is major issue for young people, and it affects both young men and women. There is a high body dissatisfaction prevalence in females, with 1 in 10 girls having body dissatisfaction issues and thus making a conscious effort to lose weight (16). 10 million photos are posted on Facebook every hour, giving young people a constant stream of images to compare themselves to (2). A study determined the correlation between social media usage and body image issues, it further showed that the longer a young girl was to spend on the internet, there would be an increased feeling of inadequacies about her body and a 'drive for thinness'. 75% of these girls are using Facebook regularly (17). Boys are often overlooked when it comes to body image because, unlike girls, they do not wish to lose weight but rather gain muscle. It is unclear of how many young males are unhappy with their body or feel pressure from society and social media to look a certain way, partly due to a lack research in this area. Researchers have often focused on low BMI's and weight loss when in the context of behavioural problems associated with body image.

Men often find strategies that will cause weight gain and increase muscle size, thus men with body image issues will go unnoticed (18). Lack of body confidence and body dissatisfaction is a predisposing factor for developing an eating disorder, however, not all who have dissatisfaction go on to have disordered eating (19). A study in 2008, (20) found that the girls who were larger, who already had calorie restrictive diets, are more likely to develop disordered eating. It is also believed that the unhappier one is about their appearance or weight, the more likely they would be depressed. If one feels negative emotions about one aspect of life, the more likely one will start having negative feelings in general (19). In order to protect young people from body-dissatisfaction, parents should be advised to limit the exposure of their children to social media, and promote a realistic body image through encouragement of healthy eating and physical activity, as well as boosting self-esteem in their children to prevent them needing validation from social media (21).

Young people are able to find websites that promote, support and discuss how one is to live with anorexia nervosa and how one avoids treatment and diagnosis with ease. Theses 'pro-anorexia' websites usually contain information that aid you to attain thinness, perfection and 'anorexic success' (22). 'Pro-anorexia' sites that promote this philosophy, are starting to become an urgent issue for young people. The information is not just contained to 'pro-anorexia' websites, it is also on the classic popular social media sites and mobile applications (commonly known as apps) Facebook, Twitter, Snapchat, etc. Therefore, making it extremely easy for young people to access this dangerous information (23). A recent study done by Boepple and Thompson in 2015, examined two types social media promotion with 'thinspiration', which supports weight loss and eating disorders, as well as 'fitspiration', which promotes a fit and healthy lifestyle. Whilst 'thinspiration' featured more promotions of weight loss, being thin and guilty messages about eating, nevertheless, the two sites type did not differ in the promotion of restrictive eating, weight loss, negativity towards one body image and fat stigmatisation (24). Whilst sites that may not intentionally promote anorexia, they still have the same effect pro-anorexia community, by invoking feelings of body dissatisfaction in young people.

Social Media: A Risky Business

Social media poses a risk to young people, as they can be exposed to inappropriate content or contact with dangerous individuals. The EU kids Online network divided inappropriate content into four domains: sexual, violent, commercial and over-valued idea i.e. extremist views. These groups can be

further divided into the sub-groups; content, contact and conduct. Content being what young people may see, contact referring to young people who may meet their online correspondents and conduct is what young people could potentially be encouraged to do. Children are impressionable and vulnerable therefore, it is important as carers to minimise the risk of them being exposed dangerous material which could cause a negative or distressing experience (6). It has been reported that, on average, across the EU 12% of children have stated that within the last year, they have seen something on internet that has disturbed them (6). Although it is a minority of young people becoming distressed after seeing inappropriate content, 55% of children believe there are things on the internet that could bother children their age.

It is possible for children to be exposed to sexual content through advertisements, pop-up websites and pornography sites. The most common type of sexual content children can see is photographs of naked people. Many young people, believe it has no effect on them, whereas 44% of children can potentially find it very distressing or fairly upsetting (6). These children will potentially then go on to cope with this in different ways, by speaking to a person they trust, stop using the internet or even just internalise their feelings of guilt and embarrassment until the emotions cease. It is difficult to argue that seeing sexual images on the internet will have negative impact on young people's mental health. Individuals may find the experience disturbing; however, this does not imply it is a contributing factor to ill mental health. Over the last decade, there has been an increase in the number of young people that have access to social media sites as previously stated. Children can now talk to strangers online, completely unbeknownst to their parents, and receive images that may make the young person feel uncomfortable or pressured into sending images to a stranger. Moreover, with 1 in 2 parents monitoring their children's internet use, one could argue that a parent should be aware of who their child is interacting with, and what their child is seeing. On the contrary, 61% of children have met offline with someone they had contacted online when their parents had stated that they had not. Internet paedophile activity has become an increasing concern for the public as social media is becoming more ingrained into young people's lives. Paedophiles are now able to groom individuals over chat-rooms, gaming sites and other popular social media platforms, with the intention of meeting a young person and pursue them (25).

To protect young people from potential dangers on social media, good education on safe internet use in comparison to monitoring is best. It was found that children who were monitored are more likely to hide their social media use and lie to their parents about it. Also, technical safety tools such as blocking website that could have inappropriate content for children, the use of this technique is relatively low despite how effective it can be (6). It was determined that young people who have a history of self-harm, were more likely to go on chat rooms and speak to stranger and have close, intimate relationship with individuals, even interact in sexual conversations and behaviours. These individuals were almost more likely to be groomed by paedophiles and meet up with the paedophiles in person. It was also found that children who had suffered from sexual abuse or had been groomed in the past are also more likely to be groomed by paedophiles (26).

The violent content that is the most worrying for young people's mental health is websites that promote suicide and self-harm. A study looked at the progression from 2007-2014 in accessibility to self-harm methods by Lucy Biddle and Jane Derges. In 2014, using 12 search terms that they used 2007 as well as 2012, they found out of the 111 hits 23.1% was dedicated to suicide sites. Suicide sites are sites that promote suicide and the most effective ways to commit suicide, how painful it is and how long will it take you to die. In 2007 using the same search terms with only 90 hits, only 19% were dedicated to suicide sites. It was also found that pro-suicide sites were prominent amongst the hits,

and suicide preventions sites were harder to source (Lucy Biddle, 2016). Over the last 7 years that has been an increase in the amount of suicide promotion available.

This is very concerning especially as young people who have suicidal thought may search 'how to commit suicide' and instead of receiving information to get help and contact a suicide prevention organisation they may be encouraged to commit suicide. The study by Biddle and Derges, used main stream search engines; Google, Bing, Yahoo and Ask, what responsibility do these platforms have in monitoring pro-suicide sites? Parents and carers should not use technical safety block sites that mention suicide and self-harm as it will prevent young people accessing suicidal prevention sites and other organisation that could help children battle mental health problems. Pressure needs to be put on sites search engines to monitor the access vulnerable individuals have to such violent sites that promote and idealise suicide. On the other hand, there is little evidence or research that show pro-suicide websites increase the chances of someone committing suicide if they already have suicidal ideation.

Peers can talk about mental health experiences

The first thing people do when they have a problem is to google a solution, it has become now our first response to seek advice from the internet. Even before seeing the doctor patients usually google their symptoms and form their own diagnosis, so it is to no surprise that patients look to the internet for help after a mental health diagnosis in the family. There are websites for people suffering with mental health issues like, Elefriends, which allows people to talk about their experiences of mental health and share with other sufferers and carers. It is inconclusive whether there are positive or negative impacts of expressing your experience mental health issues online. On the other hand, there's a lot of positive evidence on reading about other people's experiences. It can influence people to become more proactive about their treatment and become more involved in their management. It gives people hope that they will be able to live with their condition or have complete recovery to resume their normal life. (27)

Reading about other patients' experiences can be beneficial as it allows individuals to hear information from a patient's perspective (27). This could be very helpful for young people, as it is likely that it will be hard to meet peers who you can talk about the difficulties of your illness with. It may be hard for young mental health patients to express to other children how they feel. Children without mental health problems may struggle to understand the complexities of having a mental illness. Even adults can struggle understanding the needs and how it feels to have mental illness. These young people who suffer with mental health problems need peers or a place where they can express themselves as young people. Social media can be an excellent place with easy access for children to connect with other suffers of their conditions, compare experiences and encourage each other day to day.

Online Support System

Websites that enable children, young people and their families to connect with other families and patients suffering with diseases, can help both families with managing the illness. The websites give these families the opportunity to support each other and connect with people they would have not been able to otherwise. Having a child with a neurodevelopmental disorder like Autism Spectrum Disorder at times can be socially isolating, as your child will struggle with activities like; a food shop, crowded shopping malls or other children's parties.

Parents may avoid places that involve a lot social interaction and causing the family to not integrate into their local community as much as they would do. Parents may not know anyone in their local community who can truly empathise what they are going through. Websites like Asperger's and ASD UK forum gives parents a whole community of people to connect with through social media. It provides social support for the whole family. It also stops the stigma of mental health problems and promotes the normality of it (28). A study showed how effective Internet Parent Support Group (IPSG) helps guardians look after children with special healthcare needs, the outcome was IPSG helped parents relax and enjoy life more and improve their relationship with their children. (29). However, a more recent study shows that research in this area would be more helpful as even though parents do enjoy the IPSG, it is hard to define how much it truly benefits the parents in terms reduced stress (30).

Around seven in ten teenagers receive support via social media when they have a challenging time in their life. Facebook is meant to be very effective in giving young people support as on average Facebook users receive more support than the average internet user (2). Young people who may be struggling to talk to their families about what they're experiencing may find it easier to talk to Facebook friends, as they can feel protected behind a screen.

Case Study

The author was able to take a history and discuss the effects social media had on a young boy with ADHD; with the patient and his parents. The child consented to his information being used in this essay and will be anonymised by using 'X'.

X, a 12-year-old boy, who was diagnosed with ADHD when he was 7 years old came for his bi-annual medication review. He was struggling with compliance and felt that the medication did not help him. At school he is being bullied, his peers make fun of his weight and try to 'wind him up' so he will get in trouble. X uses Facebook, Instagram, Snapchat and X-box Live (a gaming console which allows people to connect through online video games).

X is often cyberbullied through Facebook and Snapchat, X's says "I have blocked the kids (on social media) who bully me, but they just make fake accounts and send nasty messages to me or get other people in my school to share their posts, so I can see it". The past couple of months have been very difficult for X thus increasing his social anxiety, low mood and raising compliance issues. X doesn't feel his medication helps him at school. He felt the bullying was so bad he couldn't escape it and didn't see why taking his medication would make a difference to how he performs in school. X also said the bullies would write abusive comments through social media like "Is fatty your middle name?" or "You're so fat and disgusting", it made him feel "small", nervous and uncomfortable around others. This made X not want to socialise with people in person and rather play on his X-box.

X feels most happy when he is playing on his X-box on the weekends and can talk to other children and/or adults, sometimes he even feels comfortable enough to disclose his personal experience of bullying to them. Discussing how he feels with other gamers makes him feel better and less lonely. X says he would never meet up with an adult from the X-box chat rooms, however he would consider meeting up with another child his age. When asked how he could be sure he was talking with a child, X then started to realise and discuss his concerns of not really knowing who you are talking to on the internet. He then began to recant a story of another older male X-box user talking to X about sexual topics. This made X feel uncomfortable and he reported the user to X-box safety regulators. He rarely would come across or to talk someone through social media that made him feel disturbed, excluding his cyber-bullying experiences.

X's parents have noticed he is constantly tired, they believe it's because he stays up in the night "playing on his phone" and are concerned that the stressors of being bullying is keeping him awake. X's parents acknowledge the importance of sleep and started to discuss with X that he shouldn't take his phone to bed and leave it in the kitchen. X was happy to do so as he to agreed using his phone before bed time does affect how he sleeps; a good night sleep may help with his compliance and mood.

X's mother is particularly worried about his use of Instagram as X has started following fitness accounts that encourage intense excising and restrictive eating. In the most recent months X has started to miss breakfast and have smaller portions for lunch and dinner. Then after dinner he will often "raid the cupboards" and eat a lot of food in a short space of time. The mother is convinced it is the accounts on Instagram that he follows, and the bullies at school that are encouraging this type of behaviour. X became embarrassed about this, and more reserved. X wants to no longer be "fat" and feel "bad" about himself. X was adamant that his weight loss methods were "healthy", on the other hand, he agrees that he should have breakfast as he felt that this too will help with compliance. The author preformed the SCOFF questionnaire (31) and X scored 2 and a more detailed history surrounding his eaten habits was taken.

X's parents denied any use of internet communities, to help support them with a child with ADHD. They said they find ADHD community nurse and school staff are supportive enough.

In keeping with the literature review social media, has had a huge impact on X's mental health unfortunately mostly negative. Cyberbullying as well as face-to-face bullying, made X have low mood throughout the week and social anxiety. Unexpectedly it had effect on his compliance and made him not want to take his ADHD medication, resulting in poor academic performance.

It is also important to acknowledge that X did use social media to express himself and talk about his experience of being bullied. This made him feel better and helped him cope, he also felt happiest when he was on social media.

X's case study also highlights the importance of teaching children about internet safety. It was not completely clear that X was being groomed on X box live however highly likely and alarming. Other vulnerable children use social media chat rooms to express themselves, it is important to keep them protected from groomers, and other dangers.

The future of social media and child and adolescent psychiatry

At the moment there is a lot of freedom of what can be posted on internet and who is allowed access it. More policies need to be put in place to ensure websites like YouTube, Facebook, Google are not making it easy for children or other vulnerable individuals to access content that they could find disturbing or create a negative experience.

Considering that over 60% young people have at least one social media profile (32), and 5% young people suffer social media addiction, a lot more research needs to be done in the effect social media has on psychiatric disorders and whether SMD is a disorder in its own right.

Cyberbullying needs to be taken more seriously, in 2017 over 24,000 children used child line counselling due to cyberbullying in the UK (33). The government and social media platforms need to work together on how to control abuse online.

We need more promotion and teaching in primary care about boys with eating disorders, as a male with an eating disorder are less likely to be diagnosed. There is a strong link between body dissatisfaction, social media use and eating disorders. It will be interesting to see in the future the change of diagnosis of eating disorder and increase in types of disordered eating (34).

Conclusion

Young people should not shy away from using social media due to the negative aspects of it. Social networking has proven to be very positive for personal development, self-confidence and communication with friends and family. Parents, carers and teachers should play a larger role in educating children on how to use the social media safely, to protect themselves and be aware of potentials danger. Parents with children under 11 should be taught on how to monitor, control and keep their children safe on the internet. Children over 12, should be taught in school, how to be responsible on social media. Young people should be encouraged not to use electronics before bed to ensure good quality sleep as it is important for good health; mentally and physically.

Excessive social media use in young people, should be discouraged because it can have negative effects on one's self-esteem and well-being. It also important to appreciate the importance of all media forms that may cause body dissatisfaction like magazines, television and cinema.

Social networking is best in small doses and great if it is increasing self-esteem and self-confidence. Mental Health professional should look at how they could use social media to interact with their young patients, and their families as well as encourage patients' families to use social media to join an online community, that can empathise with their struggles.

To reduce cyber-bullying, we need to be vigilant about children who are victims of cyberbullying; as well as educate all children on the effects of cyberbullying. In addition, we must also put pressure on the government and social media platforms to create sustainable and effective changes to their safety guidelines.

To conclude, young people should be taught to be safe and responsible when using social media as there is a lot to gain by using social media, like self-expression, entertainment and so much more. The negative aspects of social media for young people can be massively reduced, with better safety regulations, education and encouraging young people to disclose any issues. How one uses social media determines whether it is good or bad for a young person's mental health, not social media itself.

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