

King's Health Partners brings together:

- three of the UK's leading NHS Foundation Trusts
- a university ranked 19th in the world
- 3.6m patient contacts each year
- 31,000 staff
- 25,000 students
- a combined annual turnover of £2.8bn
- clinical services provided across central and outer London locations, including seven mental health and physical healthcare hospitals and many community sites;
- a comprehensive portfolio of excellent quality clinical services with international recognition in cancer, diabetes, mental health, regenerative medicine, cardiac and clinical neurosciences;
- a major trauma centre and two hyper-acute stroke units.

About King's Health Partners

King's Health Partners Academic Health Sciences Centre brings together one of the world's top research-led universities, King's College London, and three of London's most successful NHS Foundation Trusts – Guy's and St Thomas', King's College Hospital and South London and Maudsley.

The partnership provides an unrivalled combination of complex clinical specialties that cover a wide range of physical and mental health conditions and a breadth of research expertise that spans disciplines from medicine and biomedical sciences to the social sciences and humanities.

There are three facets to our mission: to integrate clinical care, research, and education and training in order to improve healthcare for people with physical and mental health problems. We are uniquely structured to deliver our mission for integration – our 21 Clinical Academic Groups (CAGs) bring together all the clinical services from the three trusts with the relevant academic departments of King's College London.

Foreword



Professor John Moxham, Director of Clinical Strategy

Across King's Health Partners we are committed to providing accurate and timely information about patient care and believe that identifying, measuring and publishing healthcare outcomes results in a culture of improvement and increased value. This is why we are publishing a series of outcomes books that will help patients and referring clinicians make informed decisions and drive up the quality of the care we deliver.

The books report key outcomes for treatments that are provided by our 21 Clinical Academic Groups (CAGs). They are designed for a clinical and lay audience and contain a summary of patient volumes and measures (e.g. length of stay, re-admissions, patient experience), clinical outcomes, technological and research innovations and publications.

CAGs form the building blocks of our Academic Health Sciences Centre. We believe that by bringing together our clinicians and academics across teaching, training and research, we can achieve better outcomes for patients.

The primary purpose of King's Health Partners is to improve health and well-being locally and globally. We must deliver this goal against a challenging

economic environment, with rising demand for, and costs of healthcare. We will only achieve sustainable health improvement if we strive always to increase value. We define value in terms of outcomes that matter to patients, over the full cycle of care, divided by the cost of producing those outcomes. By publishing outcomes books we have more information to support us measuring the value of the healthcare we provide.

These books are a work-in-progress. Our goal is to increase the depth and breadth of reporting each year. Books will be updated annually to demonstrate progress across the tripartite agenda.

We hope you find these data valuable, and we invite your feedback. Please send comments and suggestions to us at kingshealthpartners@kcl.ac.uk.

For more information please visit our website at www.kingshealthpartners.org.

Yours faithfully,

A handwritten signature in black ink that reads "John Moxham". The signature is written in a cursive style with a long horizontal line extending to the left.

Professor John Moxham, Director of Clinical Strategy, King's Health Partners

November 2013

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Integrating Mental and Physical Healthcare with King's Health Partners (KHP)

Mental and physical integrated healthcare

King's Health Partners' aims to create a centre where world-class research, education and clinical practice (the 'tripartite mission') are brought together for the benefit of patients.

We want to make sure the lessons from research are used more swiftly, effectively and sympathetically to improve healthcare services for people with physical and/or mental health care problems.

In transforming healthcare for the whole person, we will achieve this through our commitment to integrated mental and physical healthcare

research, education and clinical delivery, across our breadth of services and from conception to the last days of life.

We aim to:

- transform outcomes for patients with both mental and physical health conditions, to ensure that care in all healthcare settings address the whole person, and is patient centred;
- expand our international programme of research and provide comprehensive innovative staff education programmes;
- develop and evaluate novel and integrated mental and physical healthcare pathways in

collaboration with commissioners, patients and primary care colleagues.

More specifically, we will:

- address underlying physical health risk factors which contribute to the excess mortality experienced by patients with enduring mental health problems;
- reduce the adverse impact of mental health disorders on outcomes of long-term conditions and medically unexplained symptoms;
- integrate service provision for the whole person throughout all of our specialties.

Academic integrated care system

We are committed to working with our partners across local boroughs to integrate services at a local level to improve patient care. To this end we will use 2014/2015 to test the provider offer and new models of care to enable a more integrated academic health system.

We are a founder member of Southwark and Lambeth Integrated Care (SLIC), a movement for change aiming to genuinely shift how care services are delivered so they are coordinated around the needs of people, treating mental health, physical health and social care needs holistically.

This programme is vital to address the crisis of value within our healthcare economy: quality must improve significantly so people receive effective care and experience it positively.

A lot has already been achieved. Work to date has built an ever deepening shared understanding of the issues, a commitment to action, and an understanding of the options to reduce avoidable emergency admissions, speed up delays in discharge, improve mental and physical health liaison and reduce admission to residential care.

KHP's urban Public Health collaborative

Public health has been identified as a priority and is one of our grand challenges. We have developed a strategy approved by our Executive – 'Over the next five years we aim to be recognised internationally for our academic and service innovation in urban Public Health in addressing local and international issues, with a focus on inequalities in health and healthcare delivery, particularly with regard to ethnicity and deprivation.

Through our Clinical Academic Groups (CAGs) and the south east London sector will be an innovative test bed to develop and test solutions in prevention and management of long term conditions of Public Health importance, thereby achieving academic, training and service delivery to improve public health excellence.

In order to reduce morbidity, improve mortality and reduce health inequalities in south east London all CAGs have responded to a call for increased action in the following areas, with emerging progress. We have implemented both an alcohol and tobacco strategy which has so far:

KHP alcohol strategy

- Developed appropriate resources for clinical staff and patients
- Developed and implemented training for all staff on excess alcohol early identification and intervention
- Established ourselves as a centre of excellence for integrated research, training and practice in the management and prevention of alcohol misuse
- Attracted funding for future alcohol clinical, training and research initiatives
- Monitored the impact of the strategy on indicators of alcohol related harm.

KHP tobacco strategy

- Is now smoke-free in 1 CAG since 2013
- Developed an informatics structure for routinely and systematically recording smoking status
- Support referrals and treatment uptake for smoking cessation across the partnership
- Co-produced clinical care pathway for nicotine dependence treatment
- Co-produced nicotine dependence record card for service users
- Developed and implemented training packages for smoking cessation interventions for all our healthcare professionals
- Monitored the impact of our smoking cessation strategy in relation to knowledge and uptake of skills by staff, uptake of smoking intervention, outcomes of intervention, user satisfaction, prevalence of smoking, cost effectiveness of interventions.

Introduction

This booklet details key outcomes for the Child and Adolescent Mental Health CAG year on year to monitor progress and identify areas for improvement across our community, inpatient and outpatient services.

Our history

A mental health service for children has been in place at the Maudsley Hospital since it first opened its doors in 1923. Special clinics were established for children with a range of psychiatric problems and in 1947 an inpatient service for children was opened, followed by an adolescent unit in 1949. A hospital school was established in 1950. By 1951 the concept of family psychiatry was in its infancy and the first community service was opened.

The strong links between the children's departments at South London and Maudsley (SLaM) and the Institute of Psychiatry (IoP) enabled the creation of academic child and adolescent psychiatry in the UK and influenced its development in Europe and the US as demonstrated by the research output of key academics such as Sir Michael Rutter and Professor Bill Yule.

The Child and Adolescent Mental Health CAG

We provide the most comprehensive Child and Adolescent Mental Health Service (CAMHS) in England and Wales with the most diverse range of specialist outpatient services (this was demonstrated in the 2009 CAMHS mapping survey for England and Wales). The CAG offers comprehensive care for children and young people aged 0–18 presenting with mental disorders. Evidence-based assessments and interventions are delivered across primary, secondary and tertiary care, providing community, outpatient, day care and inpatient services.

We provide community services for children and young people in Lambeth, Southwark, Lewisham and Croydon; specialist services in London, the UK and internationally; and inpatient services for Kent and Medway. We also deliver outpatient services for British Forces in Germany and Gibraltar. Our staff and services are integrated with all mental health services provided by South London and Maudsley and we work closely with the Child Health CAG. Routine outcome monitoring is a core element of service delivery.

We accept over 9,000 referrals annually from community, national and specialist services. We see a range of disorders, which include emotional disorder, autism, hyperkinetic disorder, conduct disorder, learning disability and other disorder groups including habit disorder, eating disorder, psychosis, self-harm, substance abuse and psychosocial factors.

We see over 500 patients each day and have 57 inpatient beds including 10 specifically for children aged under 12.

Education and training is central to our CAG and we invest in programmes to develop our workforce. For example, each year we run a consultant training programme with places for 21 students.

Our role in public policy

Our service is headed by international clinical and academic experts who regularly contribute to the development of national guidelines, by:

- contributing to the national guidance for management of physical health in eating disorders (MARSIPAN Junior);
- using structured mental health assessment measures developed in our CAG for every 'looked after' child (children in care) as part of the Common Assessment Framework;
- evaluating all nationally available parenting programmes through the National Academy of Parenting Research;
- generating the evidence supporting assessment of mental disorders in autism, as recommended by the National Institute for Health and Clinical Excellence (NICE);
- showing that Attention Deficit Hyperactivity Disorder (ADHD) treatment is effective with children with learning disability;
- changing NICE Evidence Update on ADHD treatment participation in guideline development groups for conduct disorder, obsessive compulsive disorder, recognition of autism in children, management of autism in children, autism evidence update and autism in adults.

Our team

Leadership



Dr Bruce Clark
(Clinical Director)



Professor Emily Simonoff
(Academic Lead)



Jo Fletcher
(Service Director)

Our services

National and specialist inpatient

Acorn Lodge Children's Inpatient Unit – Bethlem Royal Hospital
Ash Adolescent Inpatient Unit – Kent and Medway Adolescent unit
Bethlem Adolescent Inpatient Unit – Bethlem Royal Hospital
Oak Adolescent Inpatient Unit – Kent and Medway Adolescent unit
Snowfields' Adolescent Unit – Maudsley Hospital
Supported Discharge service – Maudsley Hospital
Outreach – Kent and Medway Adolescent unit

National and specialist outpatient

Acquired Brain injury service – Maudsley Hospital
Adoption and fostering Outpatient Service – Maudsley Hospital
Anxiety Outpatient Service – Maudsley Hospital
Behavioural Phenotype Learning Disability Outpatient Service – Maudsley Hospital
Care Child Assessment Outpatient Service – Maudsley Hospital
Centre for Interventional Paediatric Psychopharmacology – Maudsley Hospital
Challenging Behaviour Service – Maudsley Hospital
Child Traumatic Stress Outpatient Service – Maudsley Hospital
Conduct Problems Outpatient Service – Maudsley Hospital
Dialectical Behaviour Therapy Outpatient Service – Maudsley Hospital
Eating Disorder Outpatient Service – Maudsley Hospital
Forensic Outpatient Service – Maudsley Hospital
Forensic Psychology Service – Maudsley Hospital
Learning Disabilities Outpatient Service – Maudsley Hospital
Mood Disorder Outpatient Service – Maudsley Hospital
Neuropsychiatry Outpatient Service – Maudsley Hospital
Neuropsychology Service – Maudsley Hospital
Obsessive Compulsive Disorder Service – Maudsley Hospital
Paediatric Liaison Service – King's College and Guy's and St Thomas' Hospitals
Service for Complex Autism and Associated Neurodevelopmental Disorders – Maudsley Hospital

Community

Child and Adolescent Specialist Services (Croydon)
Child Early Intervention Service – Incredible Years (Croydon)
Croydon ADHD
Croydon Early Intervention – Schools Services
Croydon – Looked after Children's Team
Croydon Youth Offending
Child and Adolescent Community Service Lambeth
Lambeth Autism and Neurodevelopmental Service
Lambeth CAMHS ACIST
Lambeth CAMHS Early Intervention
Lambeth CAMHS Neurodevelopmental Team
Lambeth Children Looked After
Lambeth Youth Offending
Young Offenders Service (Lewisham)
Child and Adolescent Looked After Service (Lewisham)
Child and Adolescent Community Service (Lewisham East)
Child and Adolescent Schools Service (Lewisham)
Child and Adolescent Neurodevelopmental and Paediatric Liaison Service (Lewisham)
Child and Adolescent Community Service (Lewisham East)
Child and Adolescent Community Service (Lewisham West)
Adolescent Community Service (Lewisham)
Adolescent Service (Southwark)
Child and Adolescent Neurodevelopmental Service (Southwark)
Child and Adolescent Carelink Service (Southwark)
Child and Family Service (Southwark)

Our services

Our CAG incorporates a full range of services:

Acorn Lodge Children's Service offers assessment and treatment for children aged between four and 13 years old, who have a wide range of severe emotional or behavioural disorders, including neurodevelopmental disorders and very early-onset psychosis. We adopt a flexible model, allowing us to accept emergency admissions.

Acquired Brain Injury Service offers neuropsychological and neuropsychiatric assessment and treatment to children and adolescents with acquired brain injury, which may be as a result of traumatic brain injury, epilepsy, stroke, central nervous system infection, brain tumour, or medical conditions affecting the central nervous system function e.g. sickle cell, thalasaemia renal and liver disorders.

Adoption and Fostering Service provides a specialist service for young people who are fostered or adopted and who are experiencing difficulties. These may relate to their emotional or behavioural development or to more specific placement issues, including failed placements, the degree of contact with siblings or birth family and permanency planning.

Anxiety Service is for young people with difficulties caused by intense worrying, fearfulness, phobic avoidance, nervousness and panic. We provide comprehensive diagnostic and family assessments to identify anxiety disorders and the impact they are having on the young person and family's functioning. Where an anxiety disorder is present and requires treatment, we offer consultation about treatment, and provide individual and family-based Cognitive Behavioural Therapy.

Autism and Related Disorders Service provides assessment and treatment for young people with autism, pervasive developmental disorders and related difficulties. We specialise in treatment for young people where there are particular difficulties in the diagnosis or management of autism and related disorders (ARD), including complex diagnostic issues, complicated and challenging behavioural and psychiatric problems, or when services are seeking a second opinion.

Behavioural Phenotype Learning Disability Service provides assessment, consultation, advice, support and counselling for young people with intellectual and other developmental disabilities, who have emotional and behavioural problems.

Bethlem Adolescent Unit is an open adolescent unit offering mental health care for adolescents with a serious mental illness, who require hospital admission. We have developed a national and international reputation for innovation and have a comprehensive, all hours emergency admission service.

Centre for Interventional Paediatric Psychopharmacology (CIPP) offers highly specialist pharmacological and psychological assessment and treatment for children with a variety of neuropsychiatric disorders, in the context of complex neurodevelopmental disorders, genetic or neurodegenerative disorders, acquired brain injury, psychotropic-induced side-effects and children experiencing specific medical conditions and terminal illnesses.

Centre for Parent and Child Support provides training, development and supervision in the use of the Family Partnership Model and associated approaches, like the Helping Families Programme, antenatal and postnatal interviewing, and the Empowering Parents, Empowering Communities programme.

Challenging Behaviour Service is for young people with neurodevelopmental disorders and intellectual disability where challenging behaviour is a primary concern. Challenging behaviour includes aggression directed at themselves or others, severe non-compliance and significant destructive behaviour.

Child Care Assessment Service sees children, young people and their families who are undergoing care proceedings in public or private courts. Our team also has agreements with some local authorities to undertake a set number of assessments per year, including consultation and pre-proceedings assessment.

Child Traumatic Stress Service is for young people with difficulties arising from exposure to traumatic and severely stressful events. We offer specialist diagnostic assessments to identify post-traumatic stress responses, including post-traumatic stress disorder (PTSD), complicated bereavement reactions, and other anxiety and depressive conditions.

Chronic Fatigue Service provides assessment and treatment programmes for young people with chronic fatigue syndrome. We offer evidence-based treatments that are routinely evaluated. Our goal is to increase the young person's functioning and reduce the severity of their fatigue.

Conduct Problem Service helps families with ongoing difficulties with disruptive children and stressful family relationships. We provide assessment and, in the majority of cases, treatment as well.

Dialectical Behavioural Therapy Service specialises in the assessment and treatment of young people who have a history of self-harm and symptoms associated with borderline personality disorder such as impulsiveness, unstable relationships, anger, difficulties controlling emotions and feelings of emptiness.

Eating Disorder Service helps patients and their families explore the nature of the eating disorder, the impact it is having, and find ways in which the family can help the young person overcome their problems. Our treatment is provided mainly on an outpatient basis by a multidisciplinary team.

Forensic Mental Health Service provides specialist forensic services, treating complex and high risk cases. Many of the young people we work with are vulnerable, and present with severe psychopathology.

Forensic Psychology Service offers evidence-based assessment and interventions for young people who are engaged in, or present significant risk of serious violence, fire-setting and sexually inappropriate behaviour. Young people who present with an emerging anti-social or borderline personality disorder alongside their offending behaviour are also seen by our service.

Kent and Medway Adolescent Unit is an open adolescent unit, offering mental health care for adolescents with a serious mental illness who require hospital admission. We work alongside our sister units that have developed national and international reputations for innovation, including the introduction of a comprehensive, all hours emergency admission service.

Mental Health and Learning Disabilities Unit provides assessment and management for young people with a learning disability and behavioural or mental health problems. Our service assesses young people with recognised learning disabilities,

and associated behavioural or mental health problems, including autism, ADHD, obsessive compulsive disorder, psychosis, depression, feeding disorders, offending behaviours and sleep disorders.

Mood Disorder Service provides a service for young people whose primary problem is a mood disorder. This includes young people presenting with a first episode of depression, chronic and severe treatment-resistant depression, seasonal affective disorder, chronic and physically ill young people who develop depression, and complex diagnostic issues involving mood and bipolar disorders.

Neuropsychiatry Service offers assessment, interventions, consultation and second opinions about neuropsychiatric disorders. Our team specialises in disorders of attention, including ADHD, challenging behaviours (self-injury, severe aggression and defiant behaviour) in the context of a neuropsychiatric disorder, complex neuropsychiatric disorders, including the psychiatric complications of brain disorders and epilepsy, and genetic disorders including velo-cardio-facial syndrome.

Neuropsychology Service provides neuropsychological assessment and treatment to young people with neurological, medical, neurodevelopmental and psychiatric conditions, including those with:

- neurodevelopmental disorders (ADHD, autistic spectrum disorder or learning disabilities);

- acquired brain injury (epilepsy, stroke, traumatic brain injury, central nervous system infection, or brain tumour);
- medical conditions affecting central nervous system function (sickle cell, thalassaemia renal and liver disorders);
- psychiatric conditions (early onset psychosis and anorexia nervosa);
- memory, attention, or language problems that impair functioning, but for which the causes are unknown;
- identification and description of cognitive abilities in preparation for neurosurgery, including post-surgical testing.

Obsessive Compulsive Disorder Service

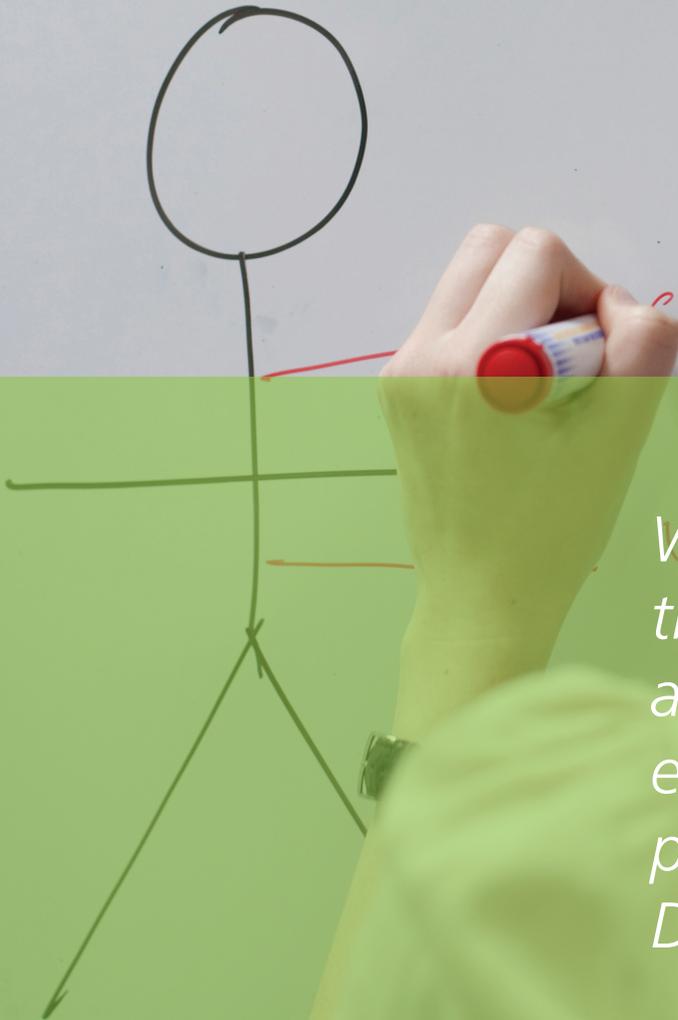
provides assessment and treatment for young people with obsessive compulsive disorder (OCD) and related conditions, including body dysmorphic disorder, tic disorders, Tourette's syndrome, anxiety and habit disorders, including trichotillomania. We also assess and treat OCD related anxiety disorders in young people with a developmental disorder, e.g. high functioning autism spectrum disorders or neurological conditions.

Paediatric Liaison Service treats young people with medical conditions who also have psychological difficulties and psychiatric illnesses. We often see young people who are undergoing transplant assessments, have difficulties taking medication or adhering to special diets, somatisation disorders, coping with pain, trauma following illness or injury, anxiety, depression, grief and bereavement, treatment after serious assault and medically unexplained physical symptoms.

Snowsfields Adolescent Unit is an open adolescent unit offering mental health care for adolescents with a serious mental illness, who require hospital admission.

Supported Discharge Service works to reduce overall length of inpatient stay and improve quality of care, by providing a care pathway back to outpatient services for young people who have been admitted as inpatients. We offer intensive, short-term, solution-focused therapeutic work including home treatment, day care and intensive case management.

SYMPTOMS OF ANXIETY



We have developed treatments which are now used as the exemplar of best practice nationally by the Department of Health

Aims and ambitions

We aim to provide excellence in clinical services, education and training, and research.

Our clinical aims and ambitions are:

- developing, trialling and evaluating more effective and efficient modes of assessment and treatment in economically challenging times;
- extending the close relationship between research and clinical practice to increase the number of patients participating in research and extend collecting outcome measures;
- developing relationships within the new commissioning arrangements that foster our strategy including evidence-based assessments and interventions, comprehensive services for children and young people with mental disorders, and regional commissioning of specialist services;
- measuring and improving outcomes for children and young people.

Our education and training aims and ambitions are:

- implementation of the extended Improving Access to Psychological Therapies to provide core training at a national level;

- development of distance learning strategy that considers the full range of training opportunities and programmes;
- reviewing and revitalising core and optional medical student teaching to offer a diverse range of clinical and research opportunities.

Our research aims and ambitions are:

- extending into the origins of child mental disorder by studying infants and young children;
- implementing new technologies, such as near infrared spectroscopy, eye-tracking and novel imaging techniques;
- extending the data collection on the Case Register Interactive Search to include more systematic phenotyping using the Developmental and Well-being Assessment (DAWBA) and treatment as usual outcomes, as well as linking to population databases to provide the world's largest clinical child mental health database;
- developing and implementing a strategy for routine research consent from patients and their parents attending our services.



*We have achieved
a 50% reduction
in the number of
violent incidents
over the last
two years*

Clinical outcomes

Clinical outcomes are measurable changes in the health or quality of life of patients that result from the care they have received. The constant review of clinical outcomes establishes standards against which we can continuously improve all aspects of clinical practice.

All services collect routine outcomes data on the Child Global Assessment Scale (CGAS) before and after treatment. CGAS is a global assessment scale that mental health professionals use to record a score between 0–100 to determine how well the patient is functioning, with 100 indicating the highest level of functioning. National and specialist outpatient services report a variety of disorder specific outcomes. Inpatient services report CGAS and Health of the Nation Outcome Scale for Child and Adolescent (HoNOSCA).

The CGAS data (as shown in Figure 1 overleaf) show that our services are having a positive effect on the patients. Eisen et al (2007) stated that the Effect Size can be adopted as a statistical measure of clinically significant change, on the basis that a medium Effect Size corresponds to change that is of sufficient magnitude to be evident to a careful observer.

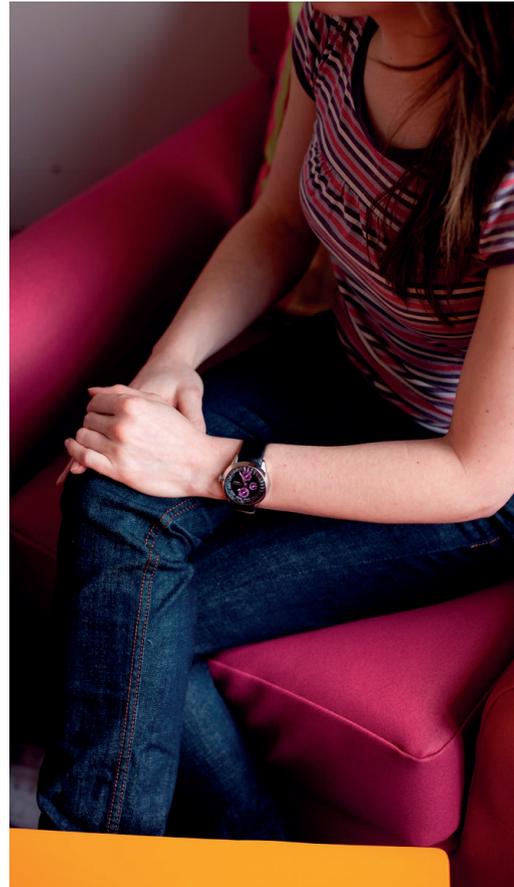


Figure 1 | CGAS outcomes – benchmarked with Australian data

Year	Stage	Mean CGAS score	N	Standard Deviation	Effect Size
2010/11	First	55.10	2,337	13.70	0.75
	Last	65.40		14.90	MEDIUM
2011/12	First	55.90	6,875	12.40	0.65
	Last	63.90		13.20	MEDIUM
2012/13	First	51.50	5,554	13.00	0.57
	Last	58.90		13.80	MEDIUM
Australian data benchmark	First	56.70	166,026	12.10	0.48
	Last	62.80	90,144	13.40	SMALL

Key:

First – first CGAS score within the episode usually at initial assessment.

Last – last CGAS score within the episode usually at discharge or six month review.

Mean – average score of all the episodes at the stage.

Standard deviation – represents spread of data of all the episodes at that stage.

Effect Size – measure which demonstrates the magnitude of change within the treatment episode.

Effect size interpretation (SMALL, MEDIUM, LARGE) – widely accepted interpretation of the Effect Size statistic.

Source: CAMHS Informatics

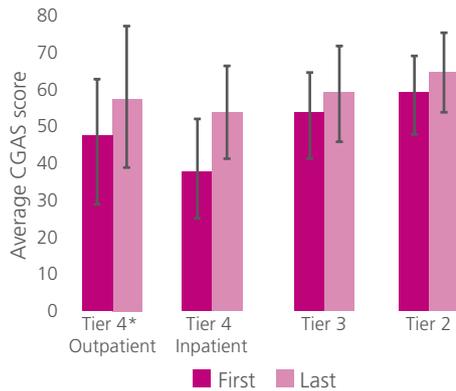
In Figure 1, we have benchmarked our results against data from the Australian Mental Health Outcomes and Classification Network (2000–2009), the world leaders in implementing routine outcome measurement. We compare favourably as our Effect Size number is larger within our datasets across all years, demonstrating a greater magnitude of improvement.

Annual feedback sessions are undertaken for clinical staff to reflect on data and understand any statistical differences. This process also provides an opportunity to improve inter-rater reliability through completing training. There has been significant commitment to implement routine outcome measures across our CAG as demonstrated above. In 2010/11 paired CGAS

represented 36% of the eligible group. This has risen in 2011/12 and 2012/13 to 95% which is representative of the population when checked against demographic variables.

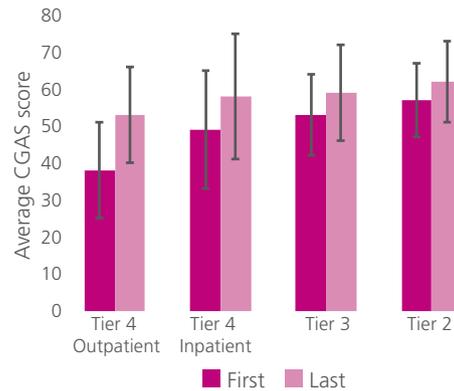
Figures 2 and 3 show the change levels by service area during the last two years.

Figure 2 | 2011/12 CGAS before/after treatment



Source: CAMHS Informatics

Figure 3 | 2012/13 CGAS before/after treatment



Source: CAMHS Informatics

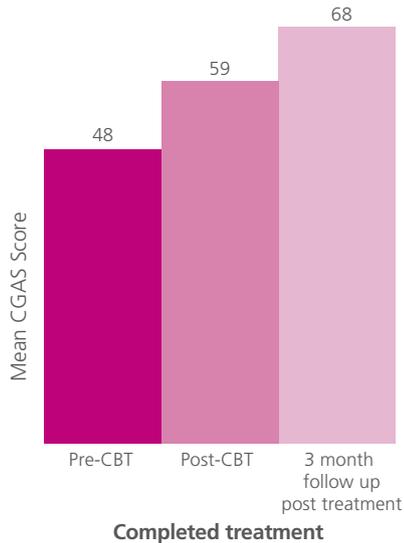
* Tier 2 = unidisciplinary services in community and primary care settings; Tier 3 = multidisciplinary services in community mental health clinics and child psychiatry outpatient settings providing a specialised service for children and young people with more severe, complex and persistent disorders; Tier 4 = Tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and inpatient units, including secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams and other specialist teams.

National and specialist outpatient services

Our national and specialist outpatient services offer specialist assessment and treatment of mental health disorders. There are a number of specialist clinics which receive tertiary referrals based on disorder such as our Obsessive Compulsive Disorder Clinic. These specialist services routinely use a broad measure such

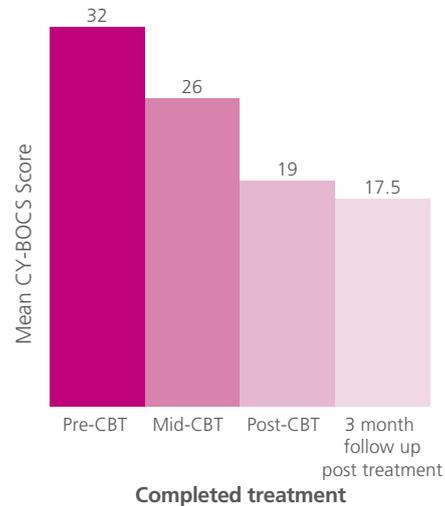
as CGAS in conjunction with disorder-specific measures such as the Children Yale-Brown Obsessive Compulsive Scale (CYBOCS) which is a specialist outcome measure designed specifically for use with children and young people with obsessive compulsive disorder.

Figure 4 | Completed treatment between April 2012 to March 2013
Overall functioning



Source: CAMHS Informatics

Figure 5 | Completed treatment between April 2012 to March 2013
Obsessive Compulsive Disorder severity



Source: CAMHS Informatics

The reduction in the CYBOCS measure in Figure 5 represents a reduction in OCD symptoms and an improvement in the patient's condition, whereas the increase in CGAS score in Figure 4 represents an improvement in functioning.

Quality of care outcomes

We aim to ensure that all patients get the most effective care in a timely and efficient manner. 'Quality of care' is a guiding principle in assessing how well the health system is performing in its mission to improve the health of patients. The quality of care outcomes we collect assess the health system's performance and measure how safe, effective, patient-centred, timely, efficient and equitable the care we provide is.

Serious incidents

Violence and aggression

Managing the incidents of patient violence and aggression is an important challenge for our services. We have been working to reduce the levels by monitoring serious incidents to determine the best use of resources. We have increased the number of Promoting Safer and Therapeutic Services (PSTS) trainers on the wards. This has resulted in around a 50% reduction in the last two years as shown in Figure 6 overleaf (2011/12 total of 591–2012/13 total of 297).

There have been considerable changes to the service provision between 2011 and 2013. To demonstrate a consistent comparison of violent incidents, Figure 7 overleaf excludes the Bill Yule Forensic Unit and Kent Adolescent Services. Excluding these services from the data demonstrates a 35% reduction (333–216) of violent incidents over the last two years across our current services. We are developing our own PSTS course aimed specifically at children and adolescents which should help improve the environment and management of violent incidents even further.

Key for figures 6 to 9 overleaf (page 19):

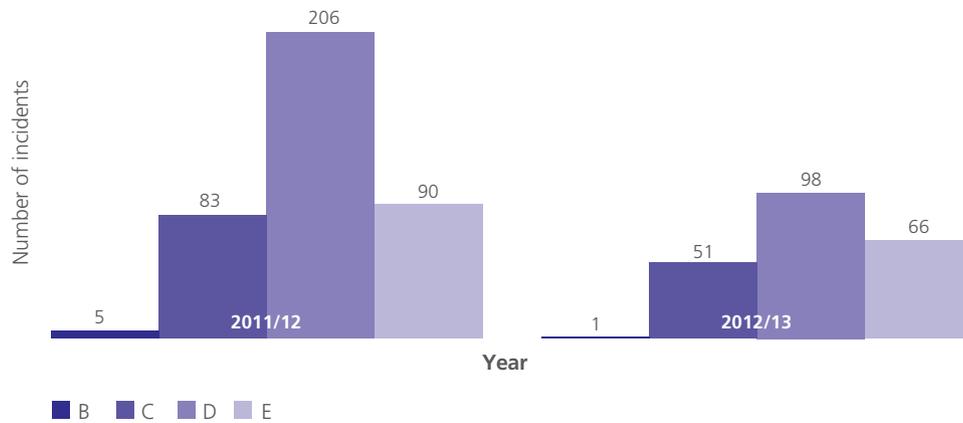
- A** – Patient fatality/fatalities (including non-preventable deaths, homicide, suicide, death by accidental causes and sudden and unexpected deaths).
- B** – Patient injury requiring immediate hospital admission for more than 24 hours.
- C** – Patient injury causing member of staff to take more than 3 days absence from work.
- D** – Patient abrasions/bruises, minor injury, or 3 days or less sickness absence.
- E** – No injury.

Figure 6 | Incidents of violence and aggression by severity



Source: CAMHS Clinical Governance

Figure 7 | Incidents of violence and aggression by severity (excluding Kent services and Bill Yule Forensic Unit)



Source: CAMHS Clinical Governance

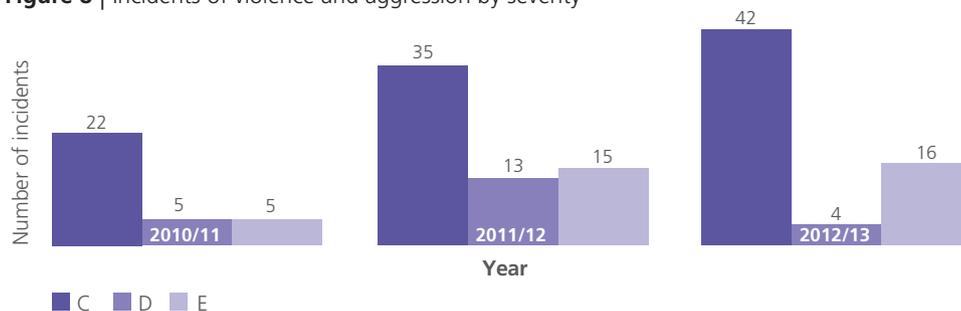
Medication incidents

Medication incidents include errors in prescribing, dispensing, preparing, administering, monitoring or providing medicines advice, which can cause harm to the patient. There has been an upward trend in the number of medication incidents from 2010–2013 with a 94% (32–62) increase in reported incidents as demonstrated by Figure 8.

This increase has coincided with various service developments and Figure 9 (which excludes Kent Services and the Bill Yule Forensic Unit) charts a consistent comparison over the period showing a 29% (24–31) increase.

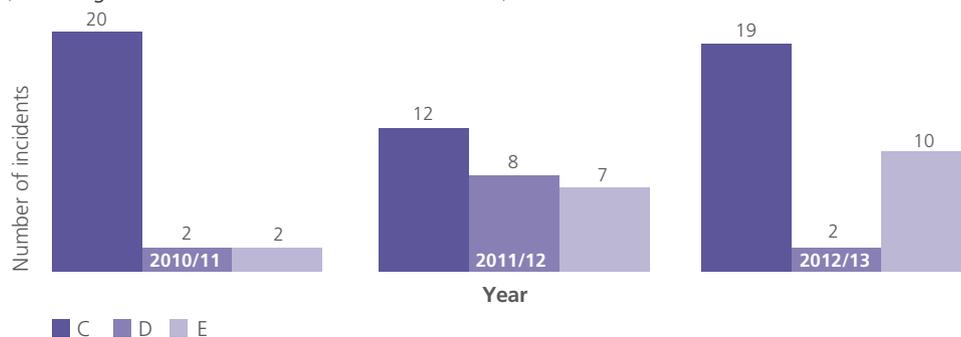
The increase of incidents is an area of concern for our CAG and we have identified this as a priority area for improvement.

Figure 8 | Incidents of violence and aggression by severity



Source: CAMHS Clinical Governance

Figure 9 | Incidents of violence and aggression by severity (excluding Kent services and Bill Yule Forensic Unit)



Source: CAMHS Clinical Governance

Performance measures

Measuring the performance of clinical services involves regularly monitoring outcomes and results to generate reliable data on their effectiveness and efficiency.

We have developed care pathways for assessment and treatment have been adopted as best practice nationally by the Department of Health. A central aspect of this has been the incorporation of key outcome measures throughout all assessment and treatment work.

The Department of Health data show clear evidence that our treatment approaches are as good as or better than other similarly funded services. We have the largest population-based dataset of treatment outcome measures for CAMHS in the UK.

All performance measures are routinely monitored through bi-monthly performance meetings which include representation from senior managers and clinicians from all professional backgrounds. Metrics are collected to ensure that the key

standards are being met across the different areas of the CAG. See Figures 10 to 16 overleaf.

Community services

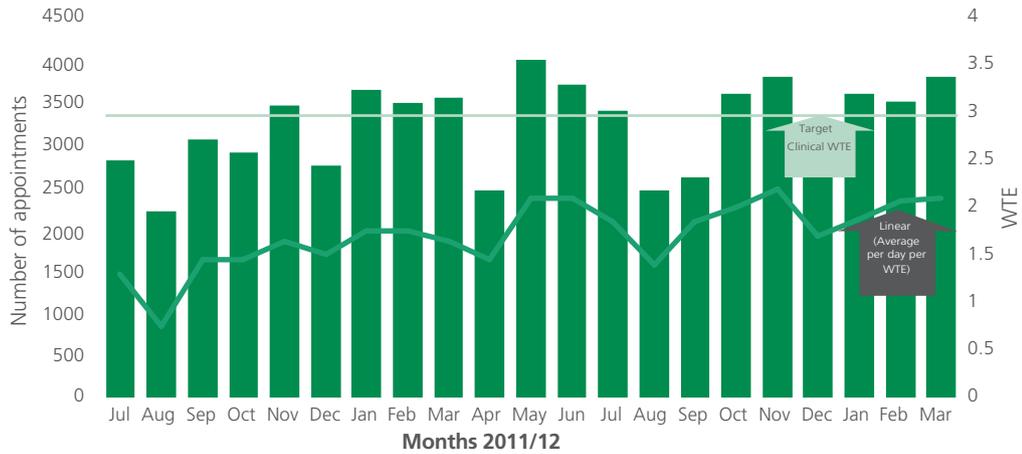
Service capacity has been monitored over the last two years. Activity levels have increased through regular monitoring, discussions with supervisors regarding the expected activity levels within different team types across CAMHS, and targeted work to reduce the 'Did Not Attend' rate including text messages to remind patients about their appointments.

There has been a steady increase in the number of attended outpatient appointments over the last two years.

Inpatient services

The increase in inpatient admissions in 2011 and 2012 was primarily due to 20 additional CAMHS beds being made available from February 2011 on our inpatient units.

Figure 10 | CAMHS Tier 2 and 3* attended appointments



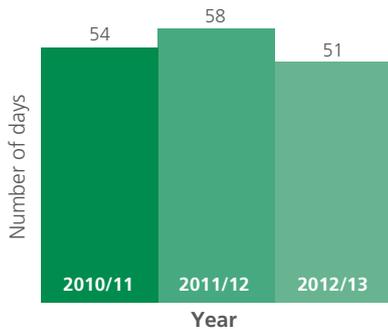
Key:

■ = Attended appointments — = Average per day Whole Time Equivalent (WTE)

*Tier 2 = unidisciplinary services in community and primary care settings; Tier 3 = multidisciplinary services in community mental health clinics and child psychiatry outpatient settings providing a specialised service for children and young people with more severe, complex and persistent disorders.

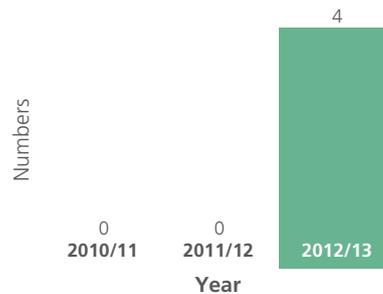
Source: CAMHS Informatics

Figure 11 | Child inpatient average length of stay



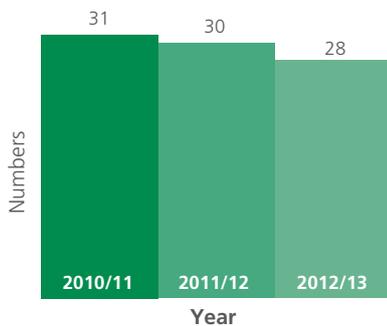
Source: CAMHS Informatics

Figure 12 | Child inpatient readmissions



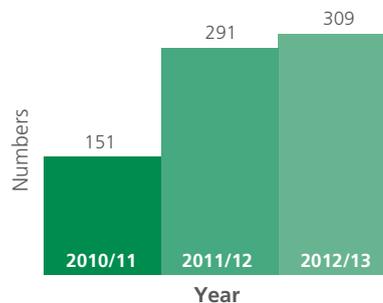
Source: CAMHS Informatics

Figure 13 | Child inpatient admissions



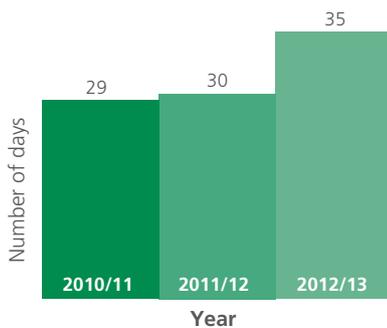
Source: CAMHS Informatics

Figure 14 | Adolescent inpatient admissions



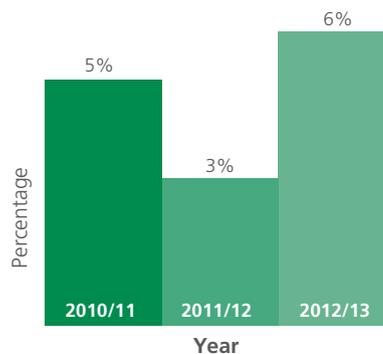
Source: CAMHS Informatics

Figure 15 | Adolescent inpatient average length of stay



Source: CAMHS Informatics

Figure 16 | Adolescent inpatient readmissions %



Source: CAMHS Informatics

Patient experience

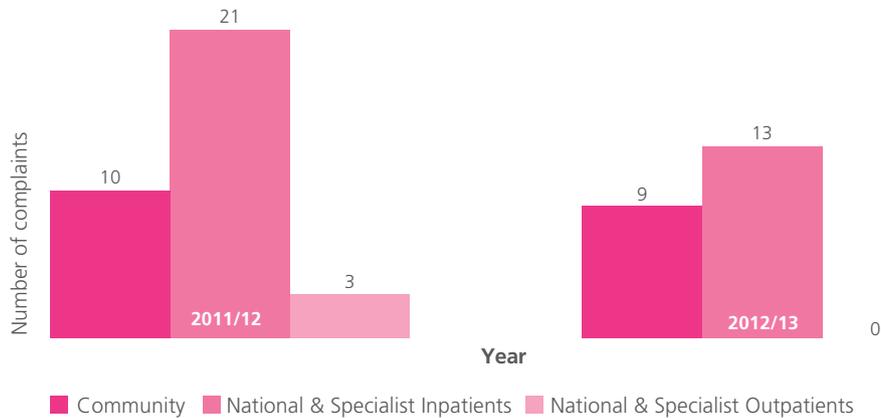
Collecting and analysing data about patients' experiences of healthcare is essential to achieving high quality care. Across King's Health Partners we are committed to using patient experience data to improve the quality of the care we provide.

other measures, can indicate the quality of the service we deliver. Figure 17 below shows a 35% (34–22) reduction in the number of complaints over the last two years across all service lines.

Formal complaints

The monitoring of the number and nature of complaints is a useful indicator which, alongside

Figure 17 | Formal complaints

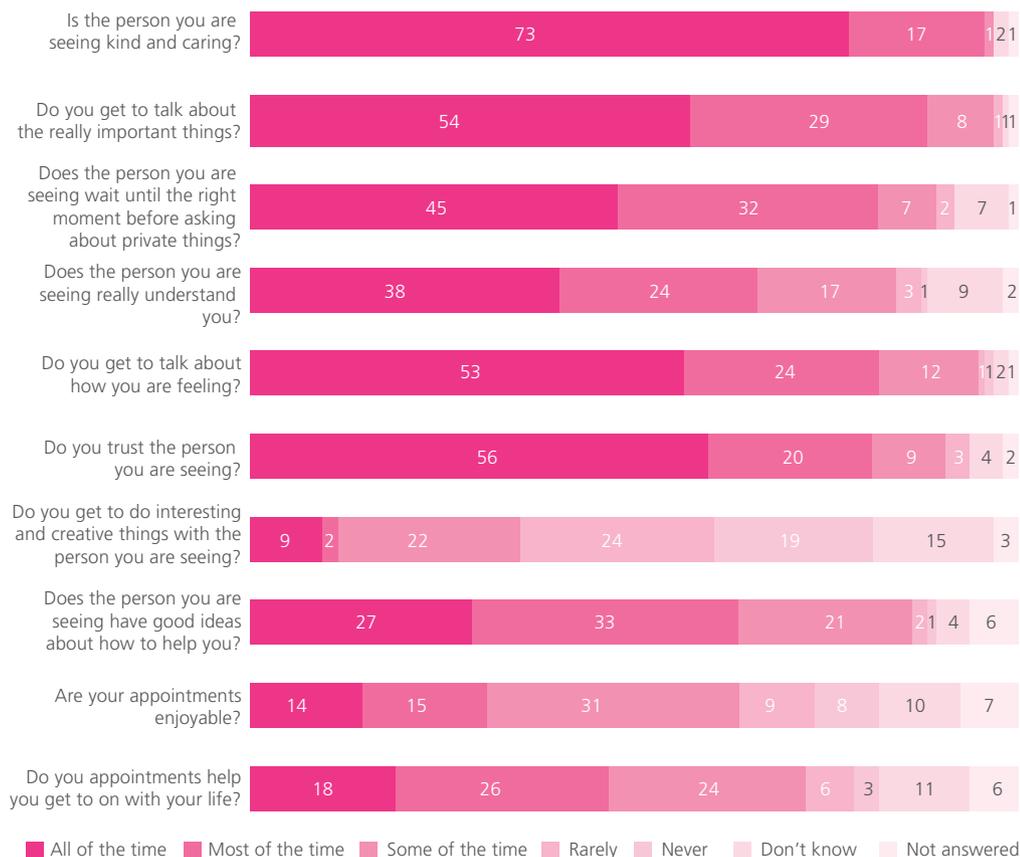


Source: CAMHS Informatics

Patient experience surveys

Figures 18, 19 and 20 show outcomes from the 2012/13 patient surveys. We will include future patient survey results to show the trend in patient experience over a number of years.

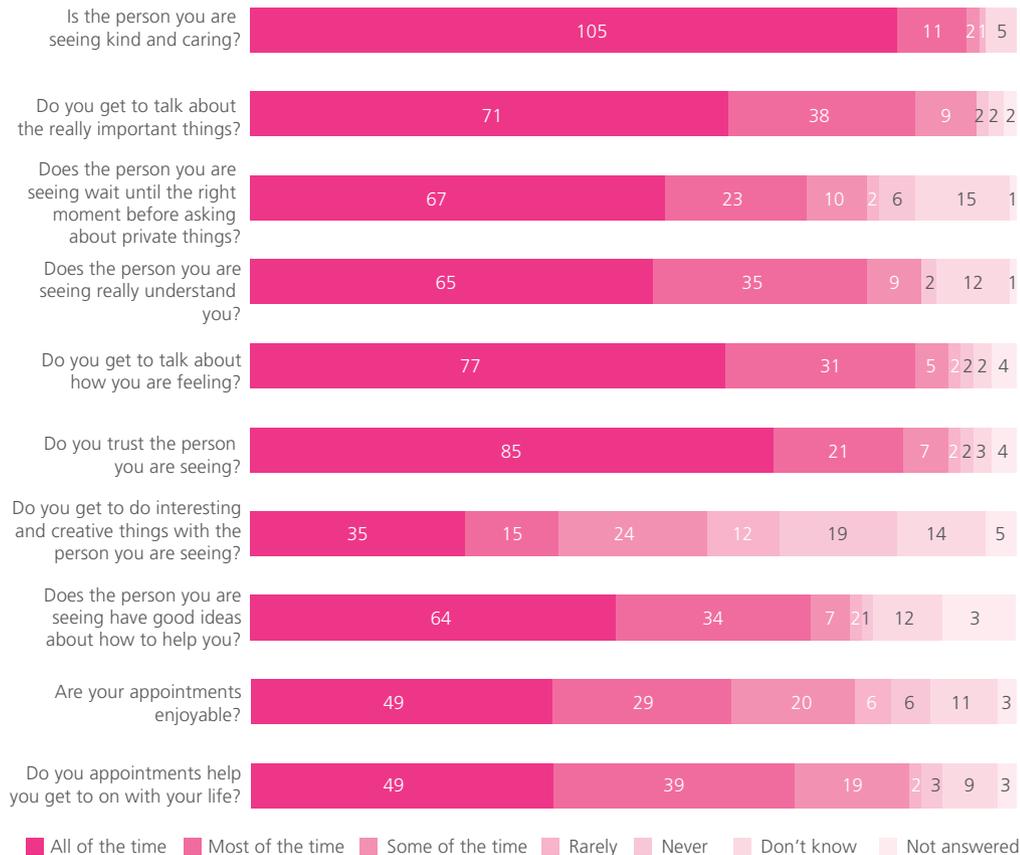
Figure 18 | CAMH CAG, Outpatient Services Data, 2012–13



Surveys 5&6, Part I, number of respondents = 94

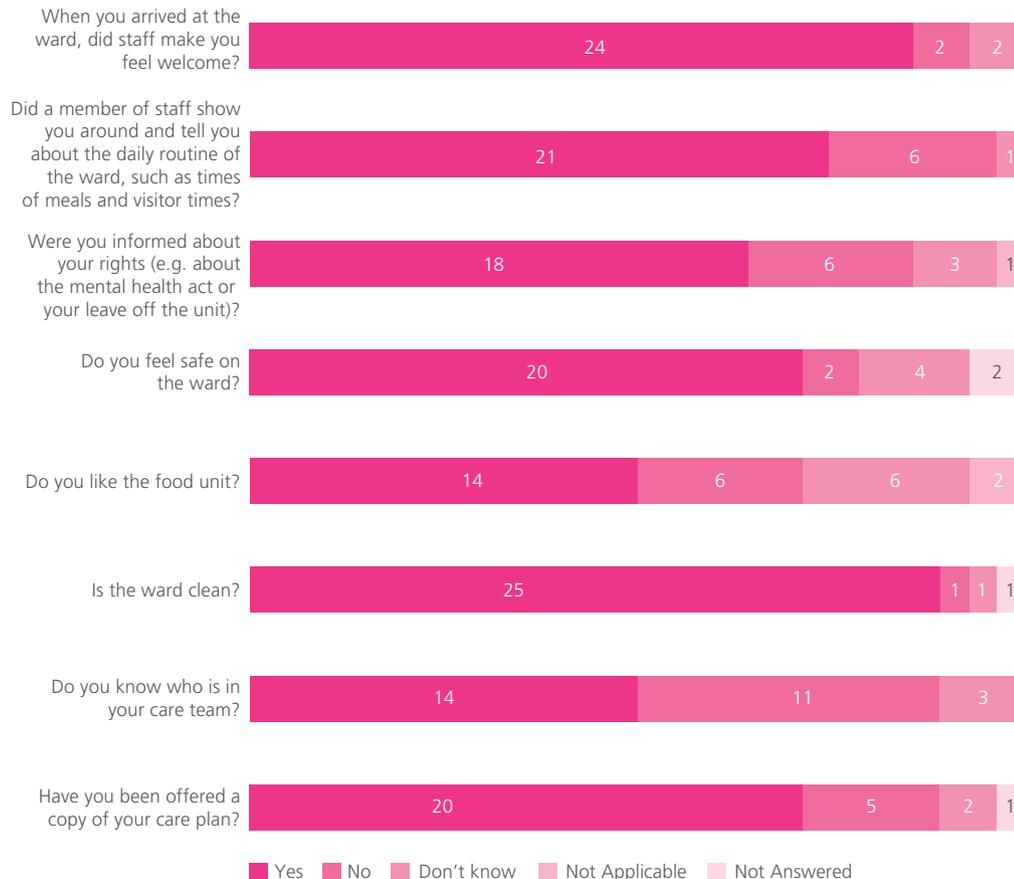
Source: South London and Maudsley Patient Experience Team

Figure 19 | CAMH CAG, Community Services Data, 2012–13



Surveys 5&6, Part I, number of respondents = 124
 Source: South London and Maudsley Patient Experience Team

Figure 20 | CAMH CAG, Inpatient Services Data, 2012–13



Survey 26, Part I, number of respondents = 28
 Source: South London and Maudsley Patient Experience Team

Education and training

The CAG hosts and contributes to a range of professional training in child and adolescent psychiatry, mental health nursing, clinical psychology, cognitive behavioural therapy, parent training, family therapy, and child and adolescent mental health.

New developments include: a contract to provide training for the child psychiatry sub-specialty across south London; using feedback from trainees to redesign the medical student teaching programme; the design and pilot of simulation training; use of research training and capacity building within the National Institute for Health Research (NIHR) Biomedical Research Centre (BRC); expansion of the Department for Education's implementation programme of evidence-based interventions for children and families; and delivering the Department of Health's new Children and Young Persons Increasing Access to Psychological Therapies (IAPT) initiative.

The CAG has a long history of close ties between university and health services provision, and

the establishment of King's Health Partners has consolidated and intensified the relationship to facilitate these and other developments.

We have played a major role in establishing the Department of Health's new Children and Young Persons Increasing Access to Psychological Therapies (CYPIAPT) initiative. Education and training are crucial to the service's transformation objective and we have played a major role in setting up the programmes. Our staff are on Department of Health committees because of their leading roles in clinical academic research and education. For the training contract tender, we formed an higher education institution consortium with University College London, and were awarded the largest tender in the UK. Clinical academic staff from borough and specialist services in the CAG provide major parts of the training. Each year we run a consultant training programme for 21 students.

Student experience

The Postgraduate Taught Experience Survey is voluntarily undertaken by British universities seeking information from students about their

study experience. Figure 21 compares the experience of our postgraduate students with all postgraduates studying at the Institute of Psychiatry.

Figure 21 | Comparison of the postgraduate experience in CAMHS with the postgraduate experience in the Institute of Psychiatry

2013	PROGRAMME	Institute of Psychiatry (IoP) Total	Difference IoP / Child & Adolescent	King's College London Total	Russell Group Total
	Child & Adolescent				
Number of Respondents	14	429	N/A	3676	17119
Number of students invited	18	643	N/A	7085	52756
Response Rate	77.8%	66.7%	11.1%	51.9%	32.4%
SECTION A: QUALITY OF TEACHING AND LEARNING					
To what extent do you agree with the following statements regarding teaching and learning on your programme? Answered on a five point scale between Definitely Disagree and Definitely Agree or NA (not applicable). NA responses have been removed from the denominator.	% Positive Responses (above neutral)	Institute of Psychiatry (IoP) Total	Difference IoP / Child & Adolescent	King's College London Total	Russell Group Total
	Child & Adolescent 12/				
1.a. The teaching and learning methods are effective for this type of programme	85.7%	82.1%	3.7%	80.1%	77.2%
1.b. There is sufficient contact time (face to face and/or virtual/online) between staff and students to support effective learning	78.6%	64.2%	14.4%	65.5%	64.9%
1.c. I am happy with the teaching support I received from staff on my course	85.7%	68.3%	17.4%	71.6%	70.9%
1.d. The course is intellectually stimulating	84.6%	86.1%	-1.4%	84.2%	80.3%

Source: CAMHS Informatics

Research and innovation

Research is key to improving our services and delivering treatment innovations for both children and adults.

Research income

Figure 22 shows the level of research income generated from 2010–2012 from various sources.

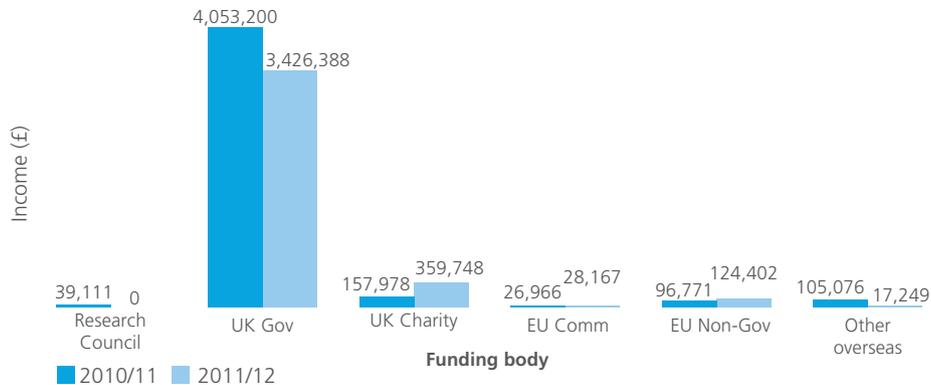
Research and innovations

Current examples of our research and innovations include:

Dialectical Behavioural Therapy (DBT)

We offer an intensive psychological assessment and treatment programme to adolescents aged

Figure 22 | Research income – Child and Adolescent Psychiatry



Source: King's College London Informatics

12–18 years with a history of self-harm and suicidal behaviour.

Dialectical Behavioural Therapy (DBT) is an evidence-based therapy, recommended by both the Self-Harm and Borderline Personality Disorder (BPD) NICE guidelines. It has been shown to be effective with patients with suicidal behaviours and symptoms associated with BPD (e.g. impulsive behaviours, drug and alcohol abuse, marked reactivity of mood, excessive fears of abandonment etc). The treatment targets self-harm behaviours and helps people to manage their emotions, improve their relationships with others and to cope with difficult thoughts and feelings.

We are in the process of developing a full research programme with a specific focus on clinical effectiveness, service user experience and improving understanding of co-morbidity and diversity. This will include: an evaluation of the clinical and cost effectiveness of the service; an MRI investigation into potential changes in neural activation pre and post therapy; a qualitative and quantitative evaluation of the experiences of carers who participate in DBT; an exploration of hallucinations and unusual experiences in our young people; and case series studies exploring autistic spectrum difficulties.

Eating disorders

We provide outpatient assessment, treatment and care for children and young people, up to the age of 18, with severe physical and psychological

problems relating to eating disorders, including anorexia nervosa, bulimia nervosa and food refusal.

Our service is renowned nationally and internationally for our clinical and research evaluation of psychological treatments for eating disorders. We have specialist knowledge of eating disorders, with expertise in both individual and family therapy. We help patients and their families explore the nature of the eating disorder and the impact it is having on the young person and their family.

Our treatment is provided mainly on an outpatient basis and includes the Multi-family Therapy (MFT) day treatment programme, for which we received the Positive Practice Award from the National Institute for Mental Health in England.

The MFT programme involves an initial intensive four day multi-family workshop, with further follow-up group meetings over nine months. We recently completed a large multi-centre treatment study evaluating MFT. Funded by the Health Foundation, this has provided empirical evidence for the efficacy of this approach. Feedback from families has been very positive, with many emphasising the collaborative nature of the treatment. The high user satisfaction is reflected in a drop-out rate of less than three percent.

We recently developed a new intensive treatment programme which offers a time-limited day service for young people with anorexia nervosa.

Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) randomised control trial

The National and Specialist OCD and Related Disorders Service is currently running the first ever randomised control trial for young people aged 12–18 who have body dysmorphic disorder (BDD). The NICE guidelines on assessment and treatment of BDD recommends that Cognitive Behaviour Therapy (CBT) should be offered as a first-line treatment to all children and adolescents with the diagnosis. However, the efficacy of this treatment has not been formally tested in this age group.

The evidence base for CBT in paediatric-onset BDD is to date limited to a handful of single case studies, and a control trial is strongly needed. Our team is developing and assessing the efficacy of a BDD-specific CBT protocol that is adapted to suit the developmental stage of the young person and involves the family and/or carers when appropriate in weekly sessions.

If the intervention is acceptable and efficacious, the results will have direct implications for patients nationwide, including dissemination of results and treatment materials, and increasing detection of BDD and access to evidence-based treatment.

Supported Discharge Service

We offer a Supported Discharge Service (SDS) for young people aged 12–18 who are presenting with a serious mental illness which has resulted in a hospital stay. SDS offers an alternative pathway for young people who have been admitted for

inpatient treatment. SDS aims to reduce overall length of inpatient stay and improve the quality of care by offering intensive home treatment, hospital day care and case management to young people in Southwark, Lambeth, Lewisham and Croydon, as well as support cases nationally.

SDS offers the young person and their family a detailed assessment and evidence-based individual, group and family treatment in the least restrictive environment minimising disruptions to education, family life and leisure. SDS works in collaboration with a range of agencies to optimise the quality of care.

SDS professionals lead research into new models of care both in the UK and internationally.

Emergency admissions for under 13s

Emergency mental health admissions (EA) for children under 13 years are not routinely offered in the UK, which may be related to preconceptions about safety, appropriateness and acceptability.

Our aim was to evaluate routinely offered EA of children in a national unit over a three-year period. We conducted a retrospective, naturalistic study, comparing EA with planned admissions to investigate children's functioning on admission and discharge, clinical characteristics, significant risk-related incidents and parental and children satisfaction.

The study showed that there was no significant difference in length of admission, medication treatment, significant risk-related incidents, functioning at discharge, access to education

at discharge, and satisfaction between those admitted under an emergency and a planned admission. The evaluation did however show that children under 13 admitted under an emergency had lower functioning and were less likely to have been out of education on admission. Parental satisfaction in EA was higher compared to that for planned admissions.

The conclusion was that children admitted under an emergency as an appropriate, clinically indicated and safe alternative to planned admissions.

Examples of research aiding our understanding and treatment of clinical disorders

Our findings from basic science include:

- We showed that additional, persistent and impairing mental health problems occur in 70% of children with autistic spectrum and related disorders, providing new targets for intervention in a group where there are otherwise few effective treatments (Simonoff, Pickles, Charman, Happe, 2008, 2012, 2013).
- We delivered a novel dissection of glutamate/GABA balance and serotonin in neuro-developmental disorders such as autism and ADHD that has been validated in animal models, stem cells, and in the human and

is now used in drug discovery. We patented and are licensing our first tranche of genetic biomarkers.

- We used imaging to demonstrate shared and specific structural and functional brain differences between ADHD and conduct problems, suggesting a potential brain basis for comorbidity (Rubia, American Journal of Psychiatry, 2008, 2009).
- We revealed that abnormalities in brain function in autism can be reversed by reducing brain serotonin and that brain glutamate is abnormal in adults with autism spectrum disorders and ADHD who do not respond to current treatments, and is a new tractable treatment target.
- We discovered that maltreated children develop systemic inflammation on blood tests, in part explaining the pathway connecting childhood stress to cardiovascular disease years later in midlife (Danese, Moffitt, Pariante, Caspi, Archives of General Psychiatry, 2008; Quillet-Morin, Biological Psychiatry, 2011).

Our applied research findings for primary and secondary prevention and treatment include:

- We demonstrated that direct access to specialist outpatient eating disorders services doubles the number of young people identified as needing treatment at lower costs by reducing inpatient treatment by 50–60% (Schmidt, Craig, Landau, Eisler awarded

IJED-Wiley prize for Outstanding Scientific Contribution for 2012).

- We showed the efficacy of stimulant treatment for children with ADHD and significant learning disabilities (Simonoff et al, 2013).
- We developed, evaluated and disseminated internationally, novel forms of Cognitive Behavioural Therapy (CBT) that are developmentally appropriate and tailored to the varying anxiety disorders (Eley, Bolton Journal of Abnormal Child Psychology 2008).
- We demonstrated that CBT significantly reduced obsessional behaviour in adults with autism.
- We showed that ADHD medication is effective in children with learning disabilities, with and without autism (Simonoff, et al. Journal of Child Psychology and Psychiatry, 2013).
- We demonstrated that a parenting intervention delivered in schools improves children's antisocial behaviour and their academic attainments (Scott, et al. Journal of Child Psychology and Psychiatry, 2010).



Publications

Publications and books 2009–2013

CAG members publish in key peer-reviewed journals in the field, including Archives of General Psychiatry (impact factor, IF, 13.8), American Journal of Psychiatry (IF 14.7), British Journal of Psychiatry (IF 6.6), Psychological Medicine (IF 5.6), Journal of Child Psychiatry and Psychology (IF 5.4)

and the Journal of the American Academy of Child and Adolescent Psychiatry (IF 7.0).

All our clinical academics have met the standards required for the Research Excellence Framework 2014 which is a system for assessing the quality of research in UK higher education institutions. During 2012 there were over 200 papers published in peer-reviewed journals by our CAG.

Below are a list of published books:

Author	Title	Publisher
Goodman, R., Scott, S.	Child Psychiatry	3rd Edition, Wiley Blackwell, 2012
Leckman, J., Pine, D., Scott, S., Snowling, M., Taylor, E., Thapar, A.	Rutter's Child and Adolescent Psychiatry	6th Edition, Wiley Blackwell, 2014
Broome, M., Harland, R., Owen, G., Stringaris, A.	Maudsley Reader in Phenomenological Psychiatry	Cambridge University Press, 2013
Ougrin, D., Zundel, T.	Self-harm in Young People: A Therapeutic Assessment Manual	Hodder Arnold, 2009
Howlin, P., Charman, T., Ghaziuddin, M.	The Sage Hand book of Developmental Disorders	Sage Publishing, 2011

Below are a selection of highly cited papers produced over the last five years:

List of publications in order of publication date	Journal
Charman, Tony (Charman, T.) 4: Psychology, Psychiatry and Neuroscience (2013) Beyond autism: a baby siblings research consortium study of high-risk children at three years of age.	Journal of the American Academy of Child and Adolescent Psychiatry
Simonoff, Emily (Simonoff, E.) 4: Psychology, Psychiatry and Neuroscience (2013) Nonpharmacological interventions for ADHD.	The American Journal of Psychiatry
Simonoff, Emily (Simonoff, E.) 4: Psychology, Psychiatry and Neuroscience (2013) Randomized controlled double-blind trial of optimal dose methylphenidate in children and adolescents with severe attention deficit hyperactivity disorder and intellectual disability.	Journal of Child Psychology and Psychiatry
Simonoff, Emily (Simonoff, E.) 4: Psychology, Psychiatry and Neuroscience (2013) The persistence and stability of psychiatric problems in adolescents with autism spectrum disorders.	Journal of Child Psychology and Psychiatry
Baig, Benjamin (Baig, B.) 4: Psychology, Psychiatry and Neuroscience (2012) The effects of a neuregulin 1 variant on white matter density and integrity.	Molecular Psychiatry
Bolton, Patrick (Bolton, P.) 4: Psychology, Psychiatry and Neuroscience (2012) Infant neural sensitivity to dynamic eye gaze is associated with later emerging autism.	Current Biology
Charman, Tony (Charman, T.) 4: Psychology, Psychiatry and Neuroscience (2012) Infant neural sensitivity to dynamic eye gaze is associated with later emerging autism.	Current Biology
Danese, Andrea (Danese, A.) 4: Psychology, Psychiatry and Neuroscience (2012) Childhood Maltreatment Predicts Unfavourable Course of Illness and Treatment Outcome in Depression: A Meta-Analysis.	The American Journal of Psychiatry
Eisler, Ivan (Eisler, I.) 4: Psychology, Psychiatry and Neuroscience (2012) Comparison of specialist and nonspecialist care pathways for adolescents with anorexia nervosa and related eating disorders.	International Journal of Eating Disorders
Scott, Stephen (Scott, S.) 4: Psychology, Psychiatry and Neuroscience (2012) Love, eye contact and the developmental origins of empathy v. psychopathy.	British Journal of Psychiatry
Scott, Stephen (Scott, S.) 4: Psychology, Psychiatry and Neuroscience (2012) An experimental test of differential susceptibility to parenting among emotionally-dysregulated children in a randomized controlled trial for oppositional behaviour.	Journal of Child Psychology and Psychiatry
Bolton, Derek (Bolton, D.) 4: Psychology, Psychiatry and Neuroscience (2012) Applicability of a cognitive model of worry to children and adolescents.	Behaviour Research and Therapy
Bolton, Patrick (Bolton, P.) 4: Psychology, Psychiatry and Neuroscience (2011) Epilepsy in autism: Features and Correlates.	British Journal of Psychiatry

List of publications in order of publication date	Journal
Danese, Andrea (Danese, A.) 4: Psychology, Psychiatry and Neuroscience (2011) Biological embedding of stress through inflammation processes in childhood.	Molecular Psychiatry
Bolton, Patrick (Bolton, P.) 4: Psychology, Psychiatry and Neuroscience (2010) Functional impact of global rare copy number variation in autism spectrum disorders.	International Weekly Journal of Science
Charman, Tony (Charman, T.) 4: Psychology, Psychiatry and Neuroscience (2010) Parent-mediated communication-focused treatment in children with autism (PACT).	The Lancet
Eisler, Ivan (Eisler, I.) 4: Psychology, Psychiatry and Neuroscience (2010) Effects of Interventions Involving the Family in the Treatment of Adult Patients with Chronic Physical Diseases.	Psychotherapy and Psychosomatics
Goodman, Robert (Goodman, R.) 4: Psychology, Psychiatry and Neuroscience (2010) The role of callous and unemotional traits in the diagnosis of conduct disorder.	Journal of Child Psychology and Psychiatry
Rubia, Katya (Rubia, K.) 4: Psychology, Psychiatry and Neuroscience (2010) Disorder-specific dysfunction in right inferior prefrontal cortex during two inhibition tasks in boys with attention-deficit hyperactivity disorder compared to boys with obsessive disorder.	Human Brain Mapping
Scott, Stephen (Scott, S.) 4: Psychology, Psychiatry and Neuroscience (2010) Impact of a parenting program in a high-risk, multi-ethnic community: the PALS trial.	Journal of Child Psychology and Psychiatry
Stringaris, Argyris (Stringaris, A.) 4: Psychology, Psychiatry and Neuroscience (2010) Pediatric Bipolar Disorder Versus Severe Mood Dysregulation: Risk for Manic Episodes on Follow-Up.	Journal of the American Academy of Child and Adolescent Psychiatry
Bolton, Derek (Bolton, D.) 4: Psychology, Psychiatry and Neuroscience (2009) Normative childhood repetitive routines and obsessive compulsive symptomatology in 6-year-old twins.	Journal of Child Psychology and Psychiatry
Danese, Andrea (Danese, A.) 4: Psychology, Psychiatry and Neuroscience (2009) Protective Effect of CRHR1 Gene Variants on the Development of Adult Depression Following Childhood Maltreatment.	Archives of general psychiatry
Eisler, Ivan (Eisler, I.) 4: Psychology, Psychiatry and Neuroscience (2009) The Effects on Mood of Adjunctive Single-Family and Multi-Family Group Therapy in the Treatment of Hospitalized Patients with Major Depression A 15-Month Follow-Up Study.	Psychotherapy and Psychosomatics
Goodman, Robert (Goodman, R.) 4: Psychology, Psychiatry and Neuroscience (2009) Mood lability and psychopathology in youth.	Psychological Medicine
Rubia, Katya (Rubia, K.) 4: Psychology, Psychiatry and Neuroscience (2009) Methylphenidate normalises activation and functional connectivity deficits in attention and motivation networks in medication-naïve children with ADHD during a rewarded continuous performance task.	Neuropharmacology
Stringaris, Argyris (Stringaris, A.) 4: Psychology, Psychiatry and Neuroscience (2009) Adult Outcomes of Youth Irritability: A 20-Year Prospective Community-Based Study.	The American Journal of Psychiatry

List of publications in order of publication date	Journal
Stringaris, Argyris (Stringaris, A.) 4: Psychology, Psychiatry and Neuroscience (2009) Longitudinal Outcome of Youth Oppositionality: Irritable, Headstrong, and Hurtful Behaviours Have Distinctive Predictions.	Journal of the American Academy of Child and Adolescent Psychiatry
Stringaris, Argyris (Stringaris, A.) 4: Psychology, Psychiatry and Neuroscience (2009) Three dimensions of oppositionality in youth.	Journal of Child Psychology and Psychiatry
Baig, Benjamin (Baig, B.) 4: Psychology, Psychiatry and Neuroscience (2008) Genetic variation in the DAOA (G72) gene modulates hippocampal function in subjects at high risk of schizophrenia.	Biological Psychiatry
Danese, Andrea (Danese, A.) 4: Psychology, Psychiatry and Neuroscience (2008) Elevated inflammation levels in depressed adults with a history of childhood maltreatment.	Archives of general psychiatry
Eisler, Ivan (Eisler, I.) 4: Psychology, Psychiatry and Neuroscience (2008) Do adolescents with eating disorder not otherwise specified or full-syndrome bulimia nervosa differ in clinical severity, comorbidity, risk factors, treatment outcome or cost?	International Journal of Eating Disorders
Goodman, Robert (Goodman, R.) 4: Psychology, Psychiatry and Neuroscience (2008) Recent trends in UK child and adolescent mental health.	Social Psychiatry and Psychiatric Epidemiology
Goodman, Robert (Goodman, R.) 4: Psychology, Psychiatry and Neuroscience (2008) The Nordic advantage in child mental health: separating health differences from reporting style in a cross-cultural comparison of psychopathology.	Journal of Child Psychology and Psychiatry
Rubia, Katya (Rubia, K.) 4: Psychology, Psychiatry and Neuroscience (2008) Dissociated functional brain abnormalities of inhibition in boys with pure conduct disorder and in boys with pure attention deficit hyperactivity disorder.	The American Journal of Psychiatry
Scott, Stephen (Scott, S.) 4: Psychology, Psychiatry and Neuroscience (2008) Dissociated functional brain abnormalities of inhibition in boys with pure conduct disorder and in boys with pure attention deficit hyperactivity disorder.	The American Journal of Psychiatry
Simonoff, Emily (Simonoff, E.) 4: Psychology, Psychiatry and Neuroscience (2008) Psychiatric disorders in children with autism spectrum disorders: Prevalence, comorbidity, and associated factors in a population-derived sample.	Journal of the American Academy of Child and Adolescent Psychiatry
Rubia, Katya (Rubia, K.) 4: Psychology, Psychiatry and Neuroscience (2007) Disorder-Specific Dissociation of Orbitofrontal Dysfunction in Boys With Pure Conduct Disorder During Reward and Ventrolateral Prefrontal Dysfunction in Boys With Pure ADHD During Sustained Attention.	The American Journal of Psychiatry

A close-up photograph of a hand reaching into a large pile of colorful sticks (orange, green, purple, red, blue, yellow) scattered on a wooden surface. The sticks are of various colors and are piled together, with some sticks being picked up by the hand. The background is a light-colored wooden surface.

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