



The Association
for Child and Adolescent
Mental Health

JCPP Advances First Year Anniversary

Thursday 9 June 2022

Twitter - @TheJCPPadvances #JCPPadvances

Will the neurodiversity concept change child psychology and psychiatry research?

ADHD as an example

JCPP Advances Anniversary Celebration

Edmund Sonuga-Barke

King's College London
Aarhus University

Neuro-diversity as a rights-based concept

- Originating within the autism community.
- New way of thinking about people with neuro-developmental conditions....
- motivated by the pursuit of justice....
- ... valuing & accommodating to different ways of thinking/being
- ...promotes their personal dignity/societal acceptance..

Neuro-diversity as a rights-based concept

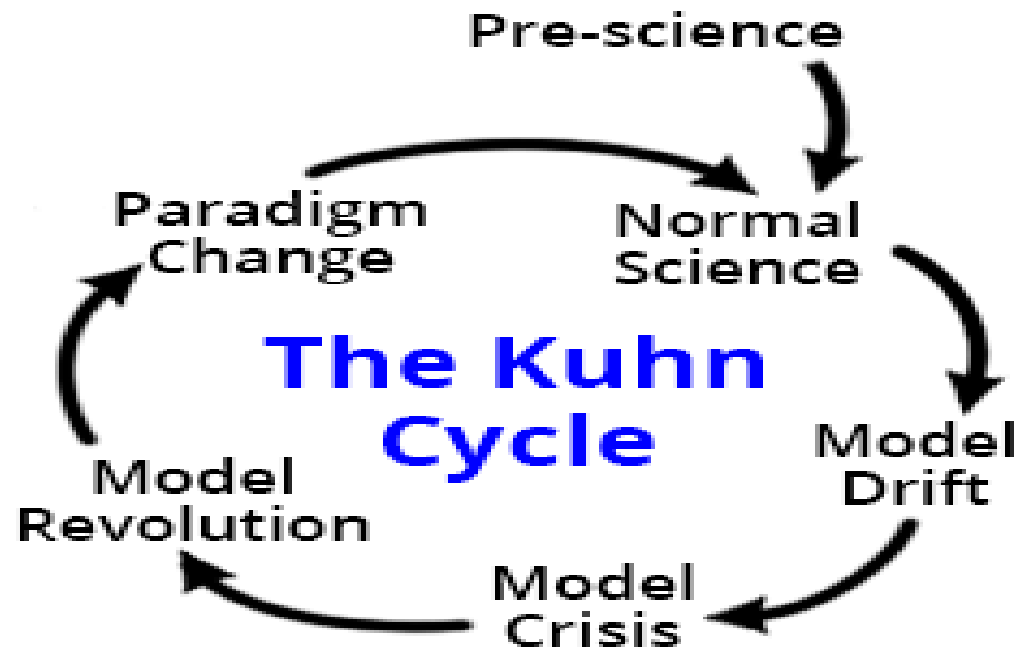
- **Accepts** - The neuro-biological reality of “ADHD”.
- **Rejects** – “ADHD” as disorder.
- **Emphasizes** - Positive “ADHD” aspects.
- **Looks to** - Accommodate to “ADHD”.
- **Privileges** - Personal experience of ADHD.
- **Promotes** - Self determination & solidarity.

Neurodiversity as a scientific paradigm

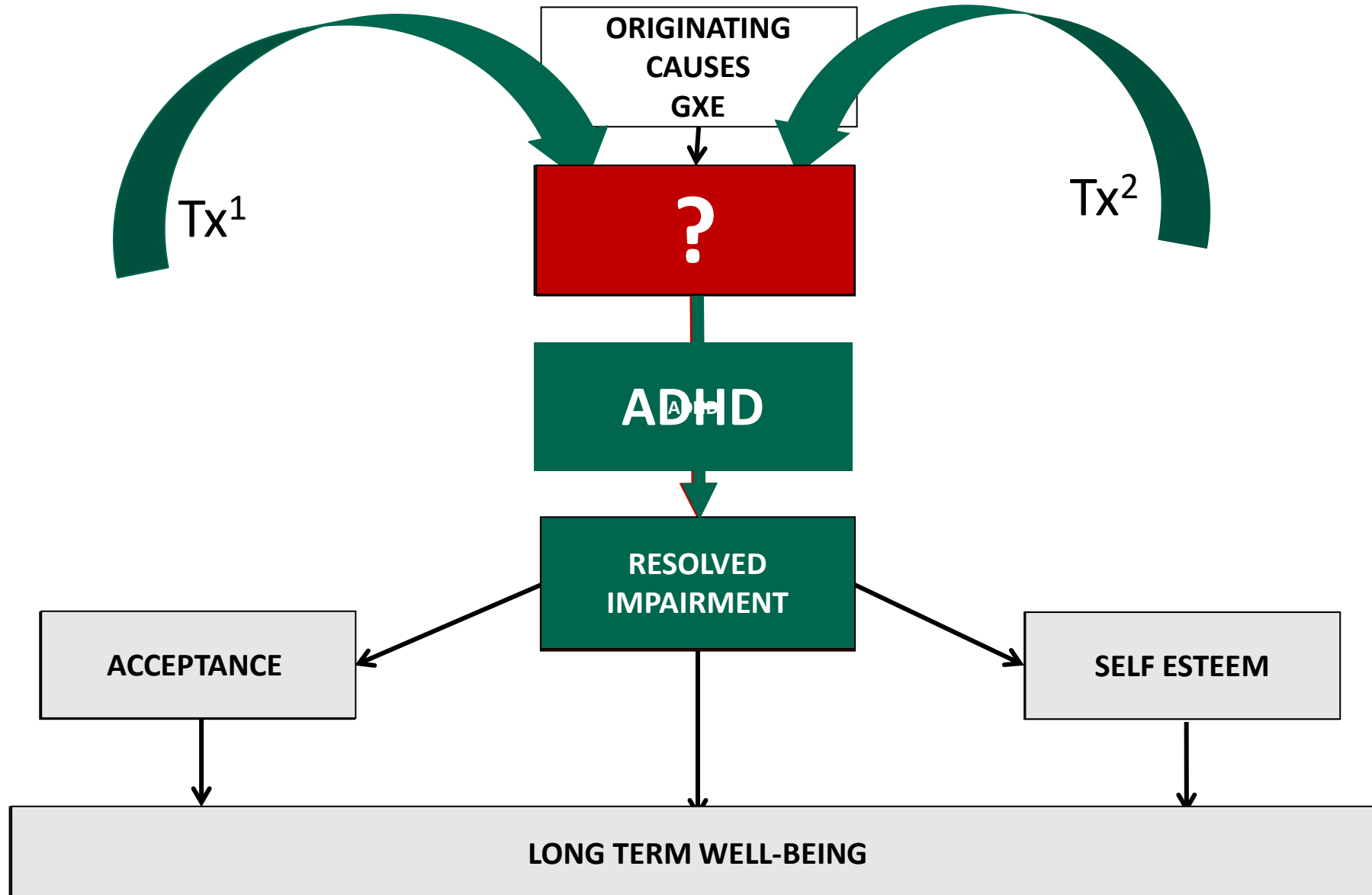
These radically different assumptions about the nature of ADHD also have the potential to transform our scientific paradigm.

History of science and paradigm shifts - Kuhn

- Incremental gains within stable framework - **a paradigm (DSM/ICD)**.
- Facilitates and constrains science through assumptions, scientific & non-scientific, about disorder's nature.
- Step change occurs when meta-theory is overturned and paradigm shifts.



Key science question – what brain dysfunction causes disorder?



Neurodiversity paradigm changes what's studied and how!

Reframes “ADHD” as divergent attention/activity caused by natural brain variations.

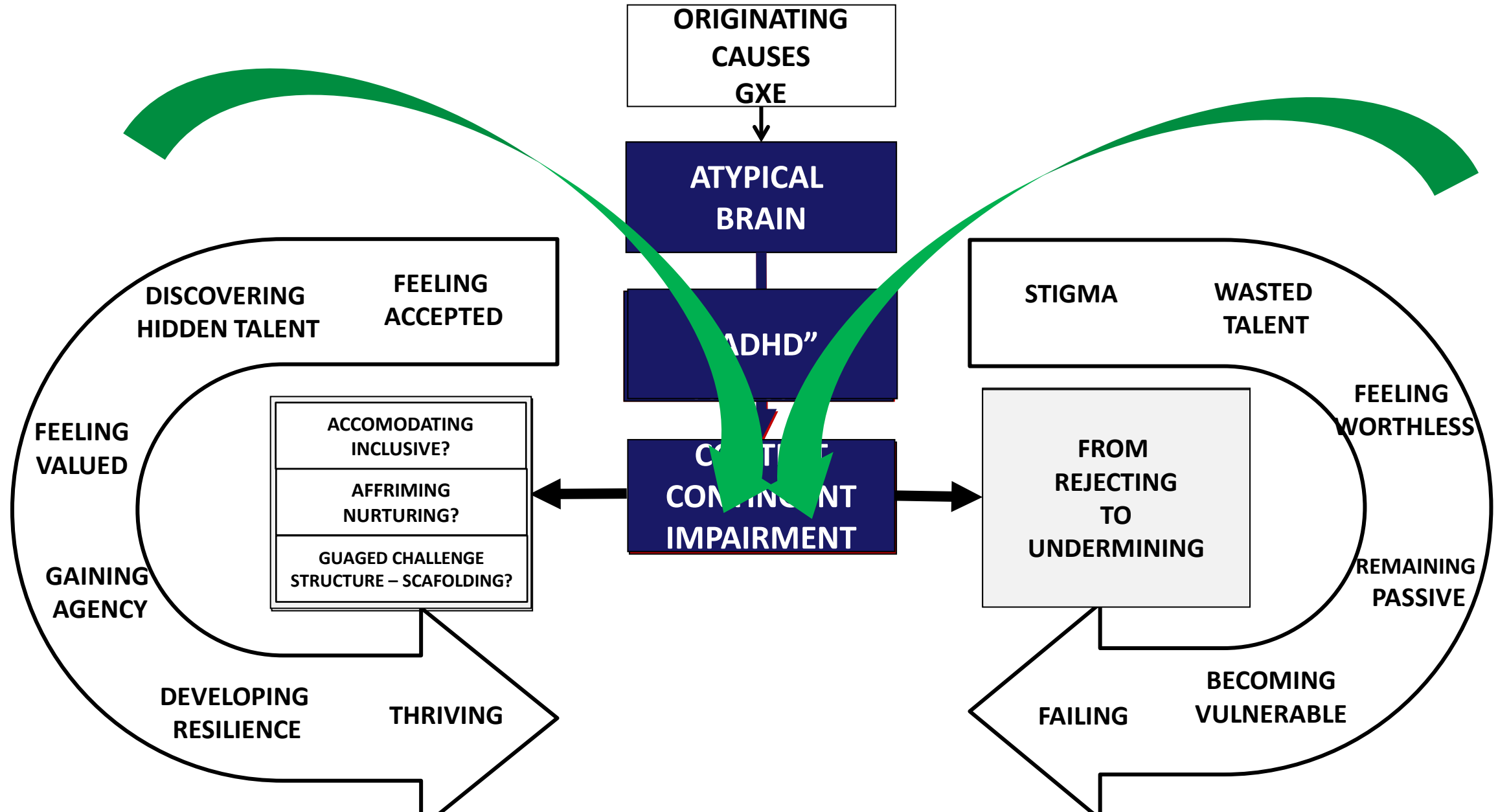


Breaks the link impairment and disorder – presents it as contingent, situated & socially constructed.



Focuses research on how cultural norms impose environmental constraints to impair, stigmatize & stifle potential.

Key science question: What defines “ADHD” positive environments?



Neurodiversity paradigm changes what's studied and how!

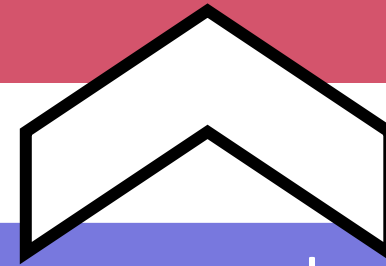
Reframes “ADHD” as divergent attention/activity caused by natural brain variations.



Redefines impairment as contingent, situated & socially constructed.



Places the personal experience of neuro-divergent people at the heart of these attempts.



Focuses research on how cultural norms impose environmental constraints to impair, stigmatize & stifle potential.



Regulating Emotion – Strengthening Adolescent Resilience

An experiment in co-intentional translational science

**Part of UKRI's *Adolescent Mental Health & the Developing Mind*
initiative.**

Integrated care to improve 21st Century child and adolescent health

Mina Fazel

Professor of Adolescent Psychiatry, University of Oxford

Consultant in Child & Adolescent Psychiatry, Children's Psychological Medicine, Oxford University Hospitals

The Changing Face of Medicine

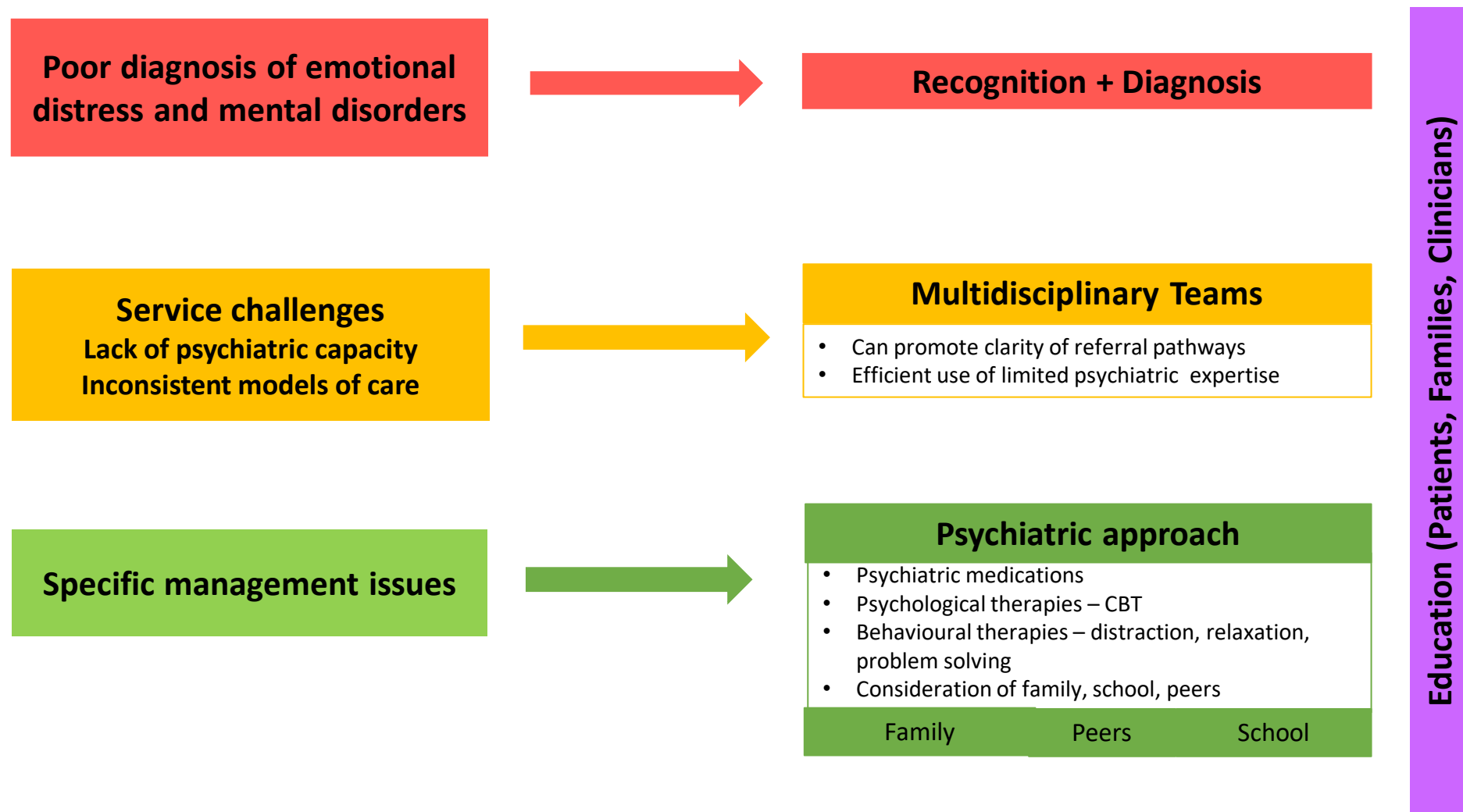
- Infancy, childhood and adolescence
 - Physical growth
 - Cognitive capacities
 - Social relationships
 - Communication
- Children with chronic and increasingly complex health problems
 - Medical and technical advances
 - Improved survival
 - Heavy burden of health care
- Legacy of separation

Models of care: how and by whom

- Complex needs mainly treated in tertiary hospitals
- Previous model: single specialist
- Contemporary paediatrics
 - Specialisation
 - Sophistication of technical tools
 - Multidisciplinary teams
- Can be easy to neglect non-biological aspects of care

Mental health

- Increasing awareness of mental health difficulties
- Especially for those children with chronic health difficulties
- Affects treatment adherence, health outcomes, quality of life
- Social and environmental determinants of health



Areas of need for psychiatry services in children's hospitals

Main areas

- Life limiting illnesses
 - High burden of care
- Disorders involving the brain
 - Epilepsy; TBI
- Common chronic conditions
 - Diabetes, Asthma
- Psychiatric emergencies
- Disorders where psych and paediatrics intertwined
 - Gender dysphoria
 - Severe eating disorders

Coordinated Care *needs communication*

Minimal
collaboration

Basic
collaboration
at a distance
(e.g telepsychiatry)

Co-located Care *needs physical proximity*

Basic
collaboration on
Site

Close
collaboration
with some
system
integration

Integrated Care *needs practice change*

Close collaboration
approaching an integrated
practice

Full collaboration in a
transformed/merged practice

Young Person's account

Disorders involving the brain

When I first came to the hospital I thought my problems were physical. When I was told I didn't have epilepsy I had a mixed bunch of emotions. Initially I was very confused because I had been taking antiepileptic medication for 5 years....

Now I really understand what epilepsy is, and that I don't have it, but I needed help to understand it. If at that point I had been told I needed to go somewhere else to get mental health support, I would have felt that they were brushing me off. I would have been angry and annoyed towards the health care system. I probably would have become depressed.

I don't think I would have been able to trust medical professionals again."

[15 year old presenting with seizure].

Parent account

A defining moment that still brings tears to my eyes is when I recall the meeting that we had with our neurologist and psychiatrist. This was the meeting where as a team, the neurologist and psychiatrist told us that they were 95% sure that our son did not have epilepsy. That was a very scary (and also a very hopeful) time for us. Before we left the meeting the doctor locked eyes with our son and said 'on behalf of the medical profession, I apologise'.

That statement was a turning point for our whole family. It took courage to say it and it helped us move on to the next step of getting care. We felt that we could do that because the psychiatrist was part of that process and that conversation. We were turned over to their care, quite literally, on that day with the neurologist in the room.

Models of integration

- Bring biological, psychodynamic, pharmacological, developmental, family, and systems perspectives into the consultation
- 1930 John Hopkins: first example of collaborative care paediatric psychology unit
- In North America
 - Triple Board training
 - Paediatric portal training

Conclusions

Increasing numbers

Psych comorbidity affects

- Treatment adherence, health outcomes, quality of life

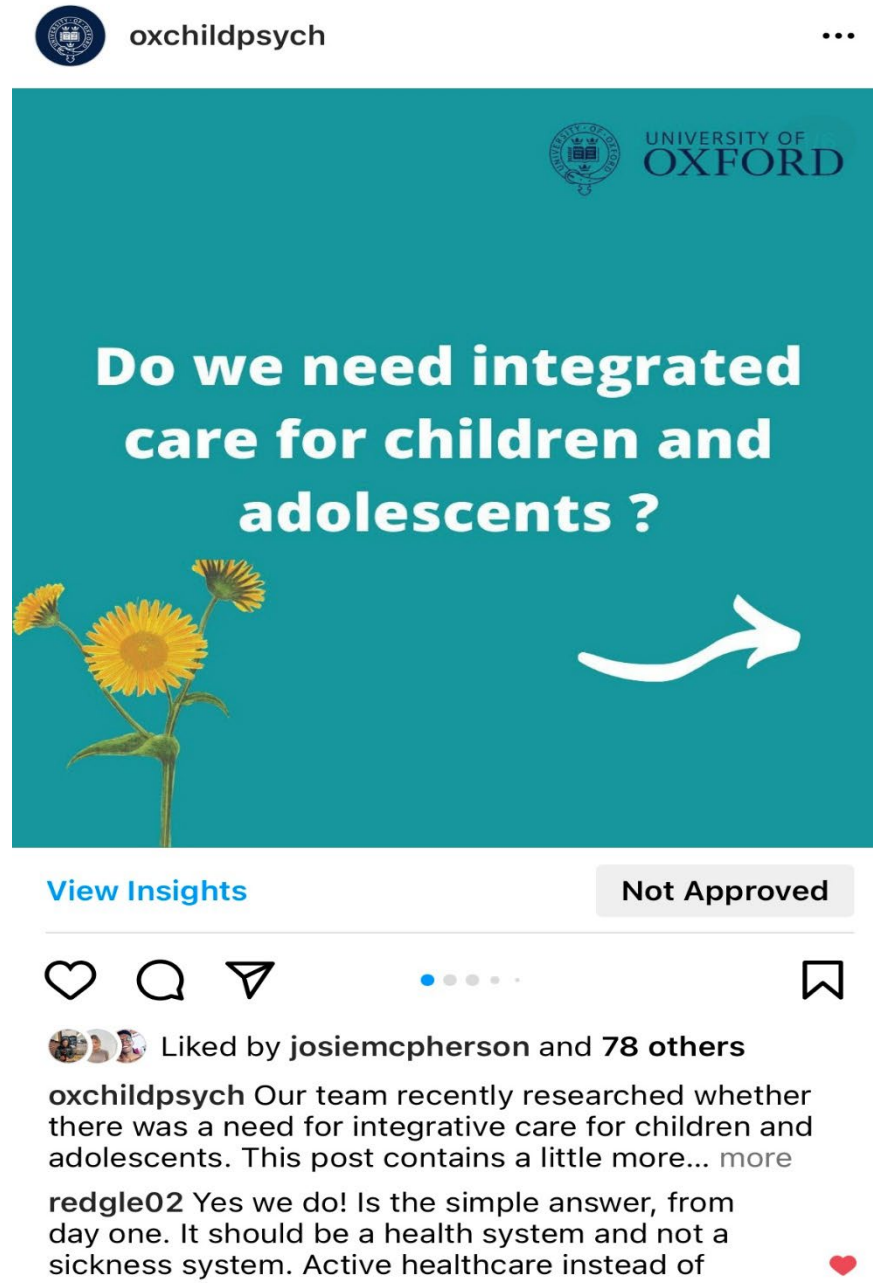
Current configuration erode opportunities to better integrate

- Inertia of institutions to change
- Need to incorporate adolescent voice to shape services

LMICs

- Focus on acute care
- Low mental health literacy
- Mental illness highly stigmatised

Dissemination - instagram





Our researchers recently published a paper on how new types of hospital 'integrated care' teams are needed for young people with the most complex health problems- with paediatricians, psychiatrists and surgeons all working together in larger teams with families, schools and allied health professionals

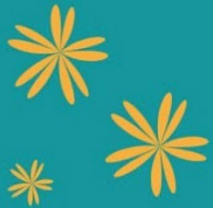


Here's what the patients thought....



Paediatricians don't understand mental health and sometimes say things that are inappropriate, and make you feel worse about yourself. Mental health people are not confident with physical stuff and often panic and send you to hospital. Maybe if physical and mental health were more together they could learn from each other and provide what is best for the patient.

-14 year old female with an eating disorder



It has been invaluable to have mental health as part of my treatment in the hospital. I am anxious and I know anxiety makes my symptoms worse. I was referred to Mental Health services in the community, but they didn't understand IBD [inflammatory bowel disease], and they didn't work out the connection. They thought that I had an eating disorder because I was under- weight. I need somebody that understands both and the impact on each other.

-13 year old with IBD



Definitely having mental health support is very important for children with cancer. It is a massive thing and it affects you in every way, physically, emotionally and socially. You need someone there and then, you can't wait.

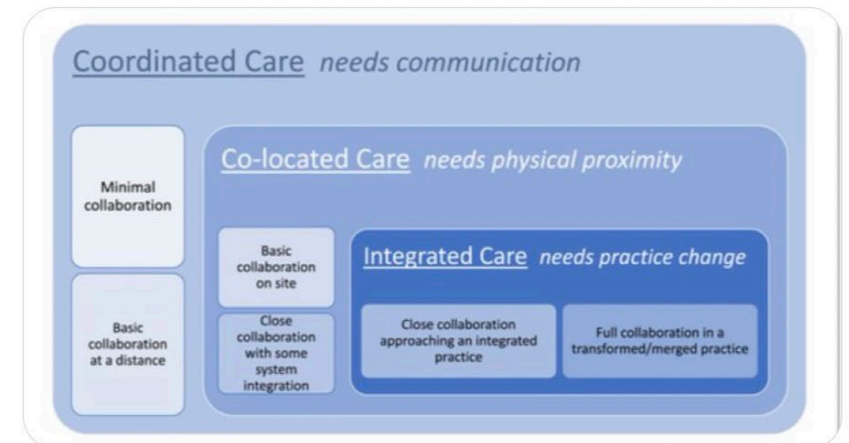


-18 year old with acute leukemia



Mina Fazel @minafazelox... · 26/10/2021 ...

Our newly published clinical review on integrated care. The art of medicine needs to adapt to the explosion & sophistication science has brought to 21st century child health @profmsharpe @OxPsychiatry @arc_oxtv @TheJCPPadvances @OUHospitals @susansawyer01 acamh.onlinelibrary.wiley.com/doi/10.1002/jc...



Thanks

M Fazel, A Townsend, H Stewart, M Pao, I Paz, J Walker, SM Sawyer, M Sharpe. Integrated care to address child and adolescent health in the 21st century: a clinical review. *JCPP Advances* 2021;e12045

Professor Michael Sharpe

Oxford University Hospitals

Young people who shared their experiences

Josie- insta and tiktok assistance

How small is *a small* effect size? Reflections on the pandemic

Argyris Stringaris
Professor of Child & Adolescent Psychiatry
University College London
04/06/2022

Research findings in plain English.

Scientists are asked to communicate in plain English in order to explain their findings to non-specialists, including politicians and journalists.

This became an urgent need during the pandemic when scientists found themselves at the epicentre of public debates.

For the sake of communication scientists often resort to **translations of numerical findings into plain language.**

How well does this translation work?

Research findings in plain English.

For example, some scientists have reassuringly told us that the negative effects of the pandemic on young people are “small”.

How reassured should we be? Haven't CAMHS presentations increased (¹) since the pandemic?

I will take this “small” as my point of departure and try to simulate the problem.

Ford TJ, John A, Gunnell D (2021) Mental health of children and young people during pandemic BMJ 2021;372,

Standard take on effect sizes.

The most common interpretation of effect sizes comes from **Jacob Cohen**. He declared (and apparently later regretted having done so), that for an effect size d , defined thus:

d = difference in the average between two conditions / standard deviation of these two conditions pooled together

the following holds:

- A value of 0.2 represents a small effect size.
- A value of 0.5 represents a medium effect size.
- A value of 0.8 represents a large effect size.

A good study to estimate effect size.

Assume you have done the ultimate study:

- Is *longitudinal* with two periods (*pre-* and *during*)
- Accounts for *regression to the mean*
- Does careful *statistical inference*

and have arrived at an effect size about the difference in depression scores in children before and during the pandemic.

You find an effect size of $d = 0.14$.

I will try to put this **small effect** in context

Mansfield R (2022) The impact of the COVID-19 pandemic on adolescent mental health: a natural experiment, R Soc Open Sci, doi: 10.1098/rsos.211114.

Simulating the pandemic: data.

Consider the Mood and Feelings Questionnaire, a common depression measurement tool, as your outcome.

Let the mean pre-pandemic¹ in adolescents be:

MFQ_mean_pre = 4.90 with an SD of **MFQ_sd_pre** = 4.49

For an effect size close to $d = 0.14$ as per Mansfield², the mean post-pandemic would have to be:

MFQ_mean_post = 5.53 (let's keep the standard deviation the same)

and let the **threshold** for caseness be the standard
MFQ_threshold = 12

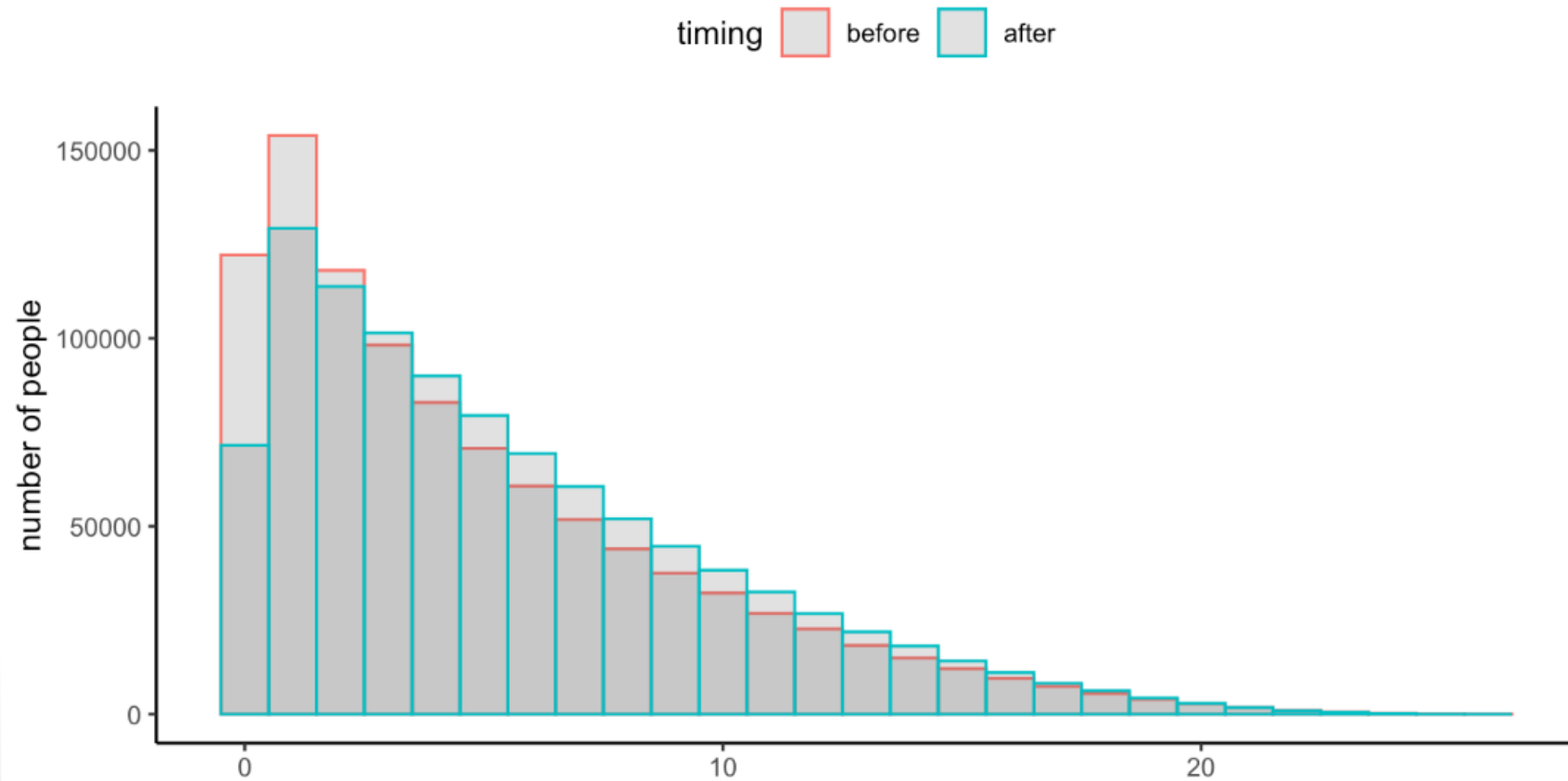
1.Kwong A (2019) Examining the longitudinal nature of depressive symptoms in the Avon Longitudinal Study of Parents and Children (ALSPAC), Wellcome Open Res,<https://doi.org/10.12688/wellcomeopenres.15395.2>.

Simulating the pandemic: two distributions.

Simulating the pandemic: two distributions.

I used a scaled beta distribution to simulate the data.

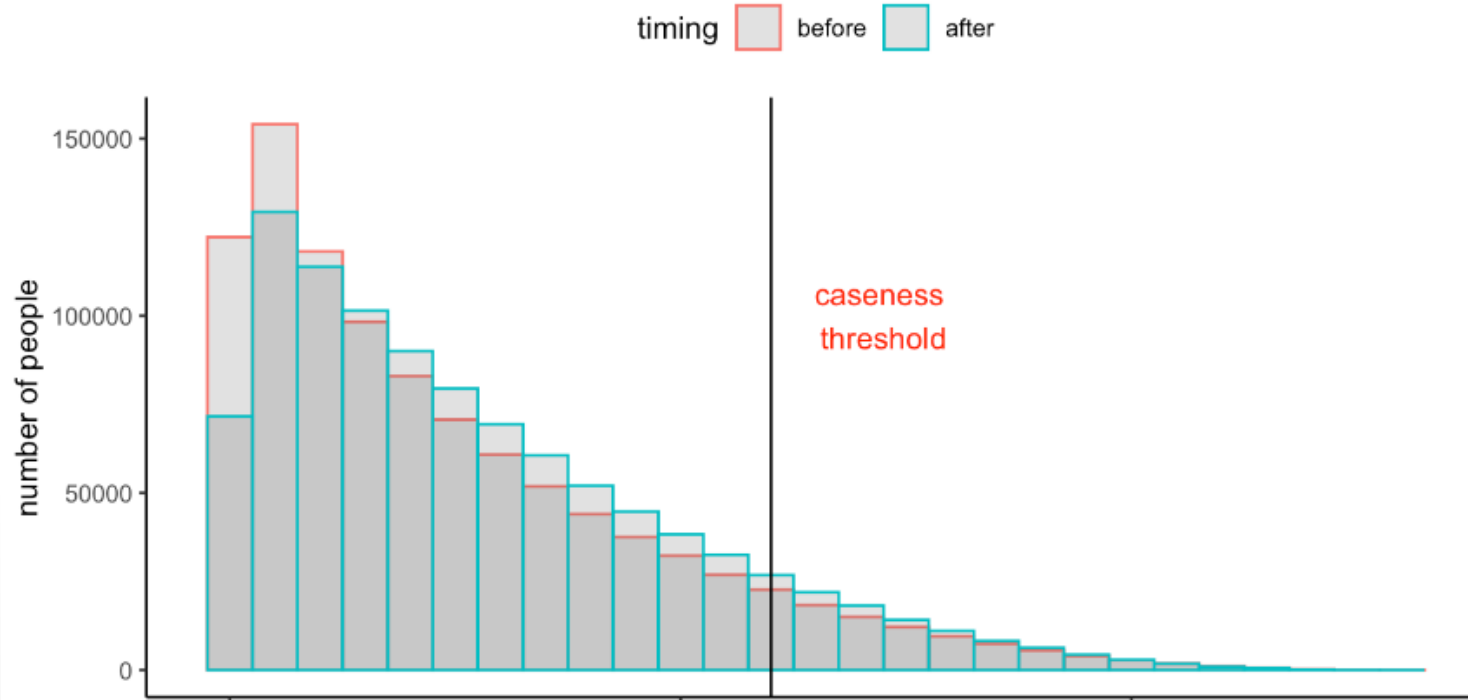
Shifts in depression ****means**** during a pandemic
affecting 1M YP at Cohen's $d \sim 0.14$



Simulating the pandemic: two distributions.

Here you see the two distributions with the threshold. It looks fairly innocuous.

Shifts in depression ****means**** during a pandemic affecting 1M YP at Cohen's $d \sim 0.14$

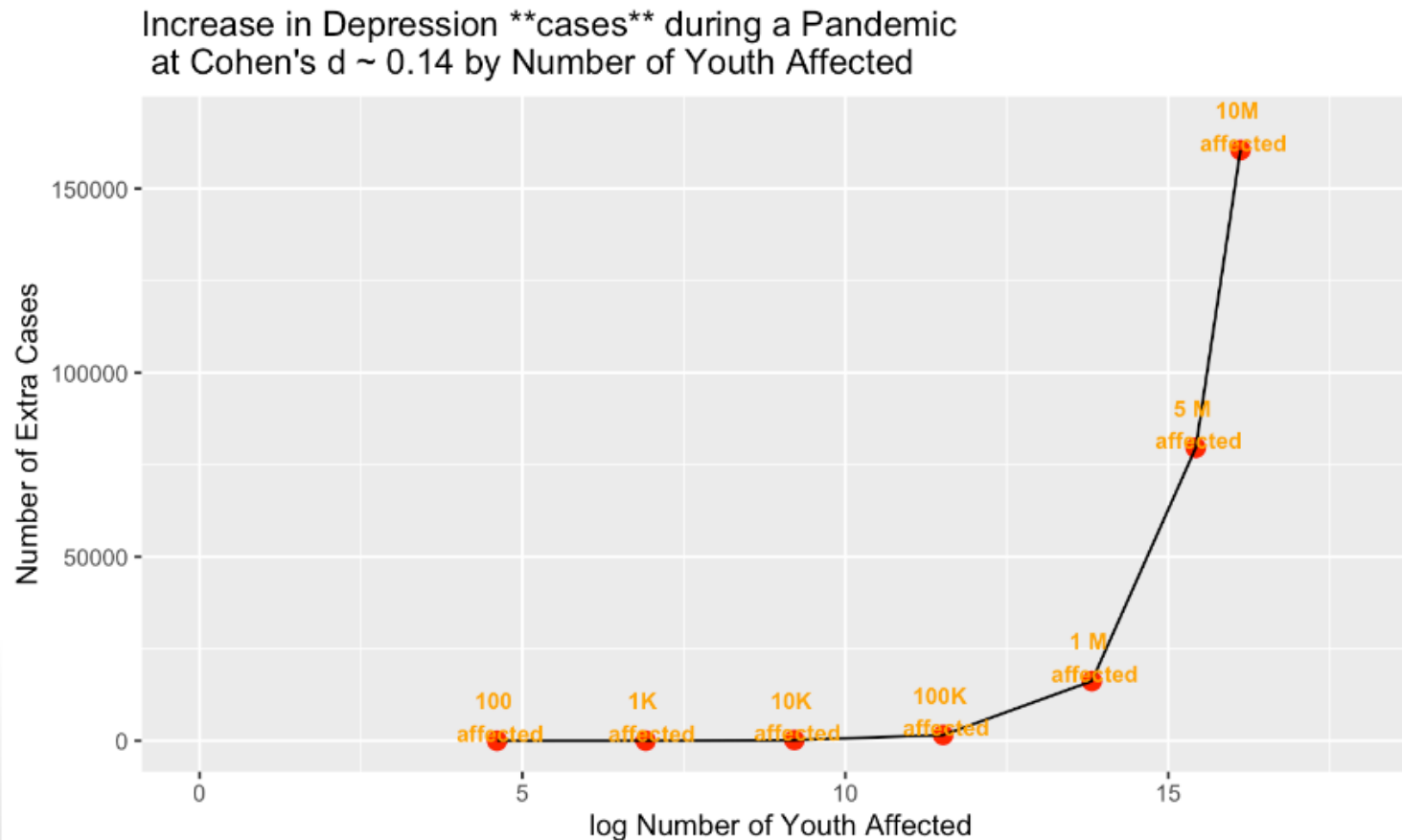


Simulating the pandemic: what happens to the cases.

But is it that innocuous?

Simulating the pandemic: excess cases due to the pandemic.

Here you see what the shift in mean values does to the tails.



Simulating the pandemic: a reality check.

According to Mansfield et al¹, the empirical **excess prevalence**, is about 1.6%.

This number corresponds to our simulation results:

e.g. for **1M** people, we get about **16K** excess cases of depression.

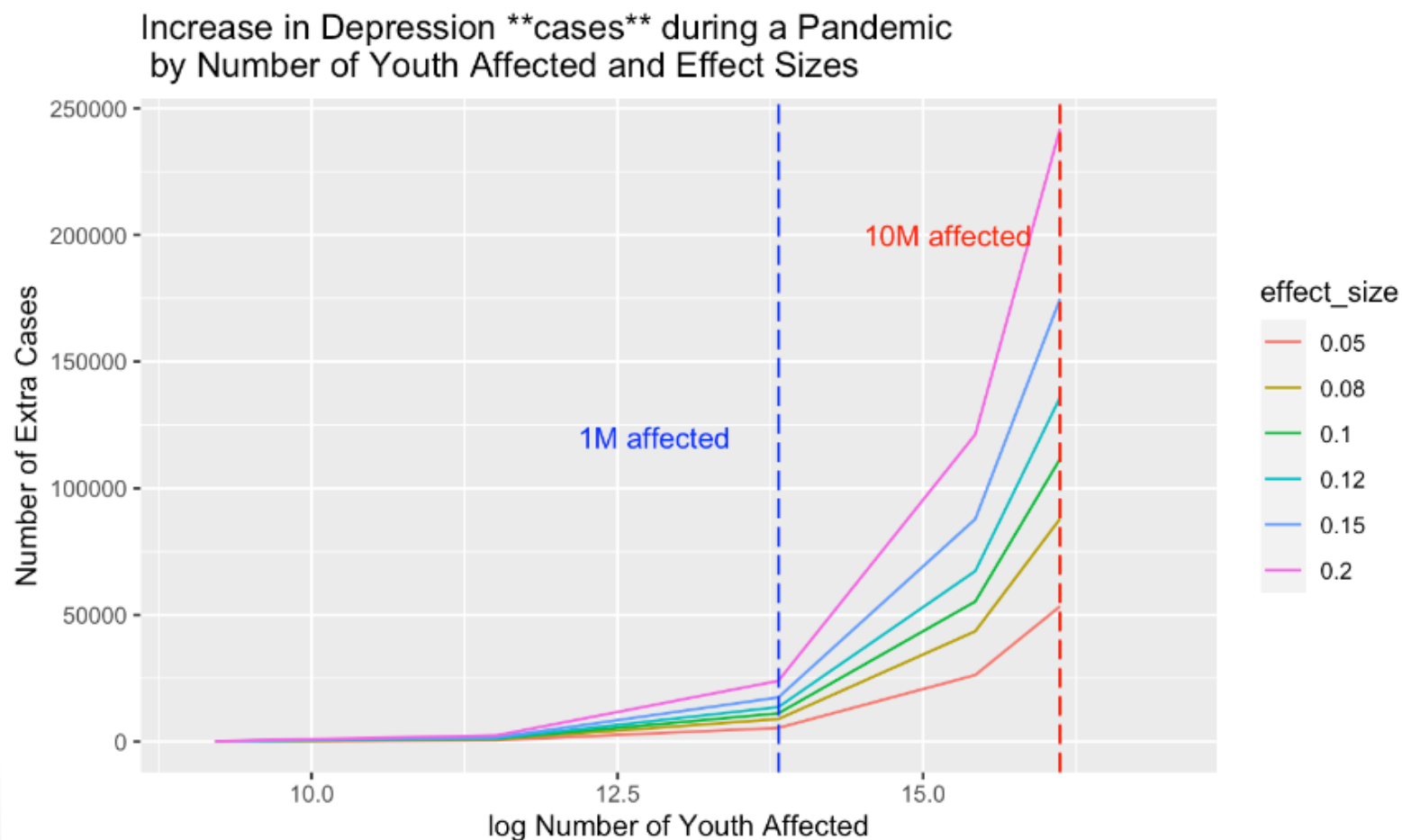
1.Mansfield R et al (2022) The impact of the COVID-19 pandemic on adolescent mental health: a natural experiment, R Soc Open Sci, doi: 10.1098/rsos.211114.

Simulating the pandemic: small effects

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Simulating the pandemic: small effects

I have now varied the small effects to give you an idea of the range.



Small effects at large scales

Small effects are **irrelevant** (mostly) in a clinic.

- That's why the label makes sense in clinical medicine.

Small effects are **very relevant** when they scale.

- That's why the label makes no sense in public health.

Other factors, such as *effects for what* are important too.

The approach presented here emphasises the value of simulation.

Useful Readings:

Matthay EC (2019) Powering population health research: Considerations for plausible and actionable effect sizes. *SSM Population Health*, 19, 100789

Funder DC, Ozer DJ (2019) Evaluating Effect Size in Psychological Research: Sense and Nonsense,

Small effects and reality

The findings here have implications about how we perceive reality and how we communicate about it.

Conventions (e.g. **small effects**) and summary statistics (e.g. **Cohen's d**) are useful and necessary.

But they can also be highly misleading.

We propose that presentations of raw data, absolute numbers and simulations become the norm in scientific abstracts.

Last but not least: think how important small effects may be for interventions.

Greenberg MT, Abenavoli R (2017) Powering population health research: Considerations for plausible and actionable effect sizes.

Journal of Research on Educational Effectiveness <https://doi.org/10.1080/19345747.2016.1246632>

Pre-registering child mental health research using existing data: Challenges and potential solutions

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Researcher bias

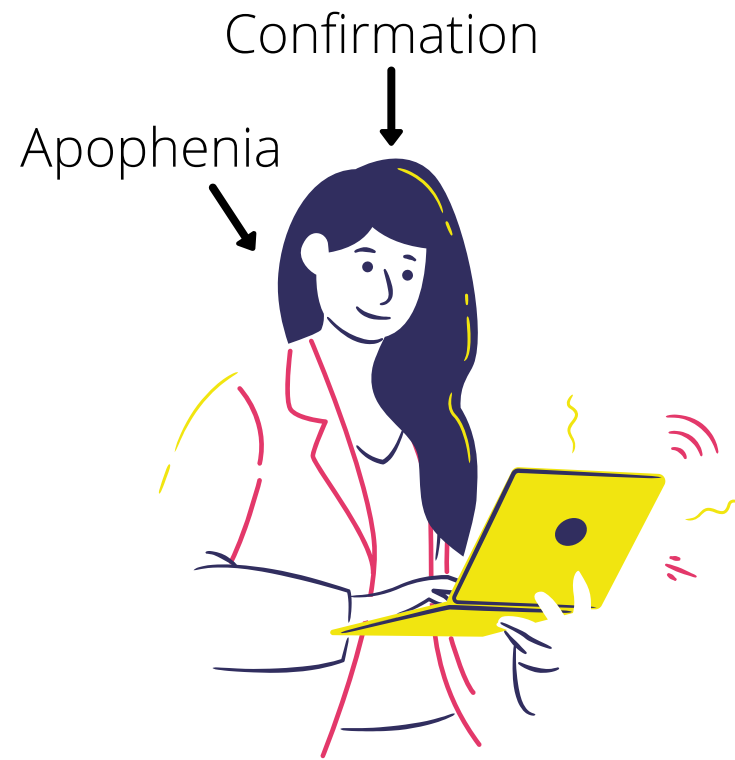


Researcher bias

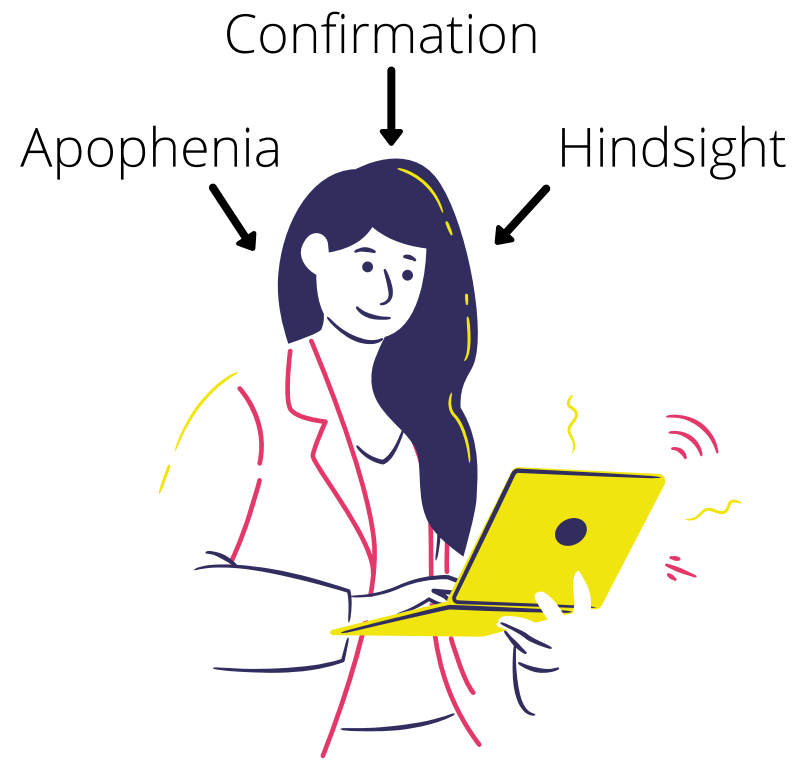
Apophenia



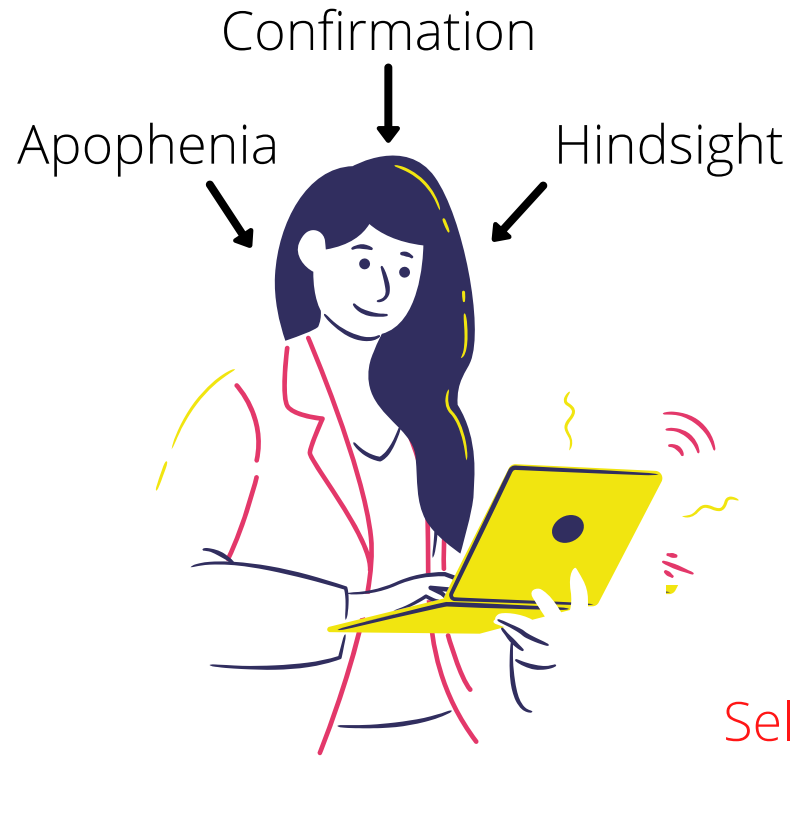
Researcher bias



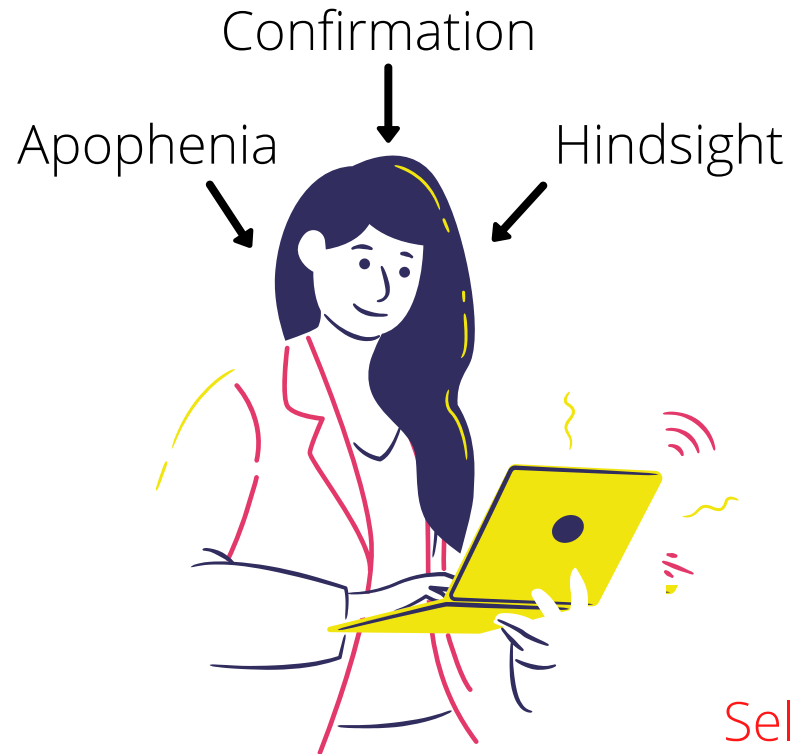
Researcher bias



Researcher bias



Researcher bias



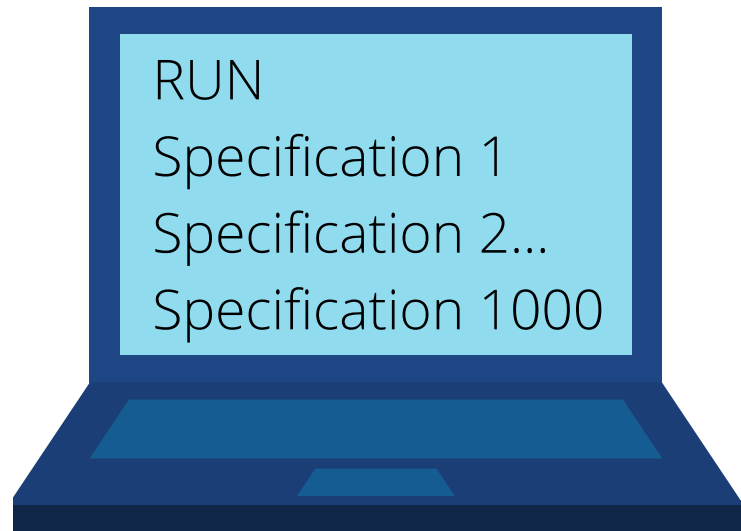
OSF
PREREGISTRATION

p-hacking
Selective reporting
HARKing

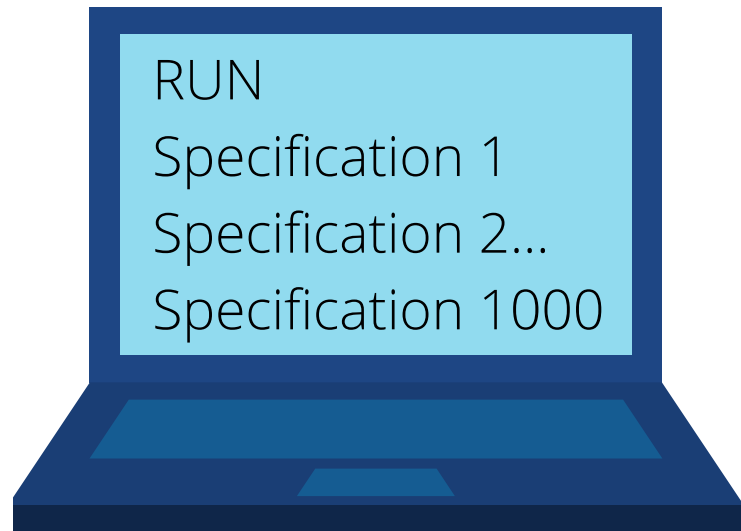
Challenge 1: Prior access to data

Solution: Multiverse analysis

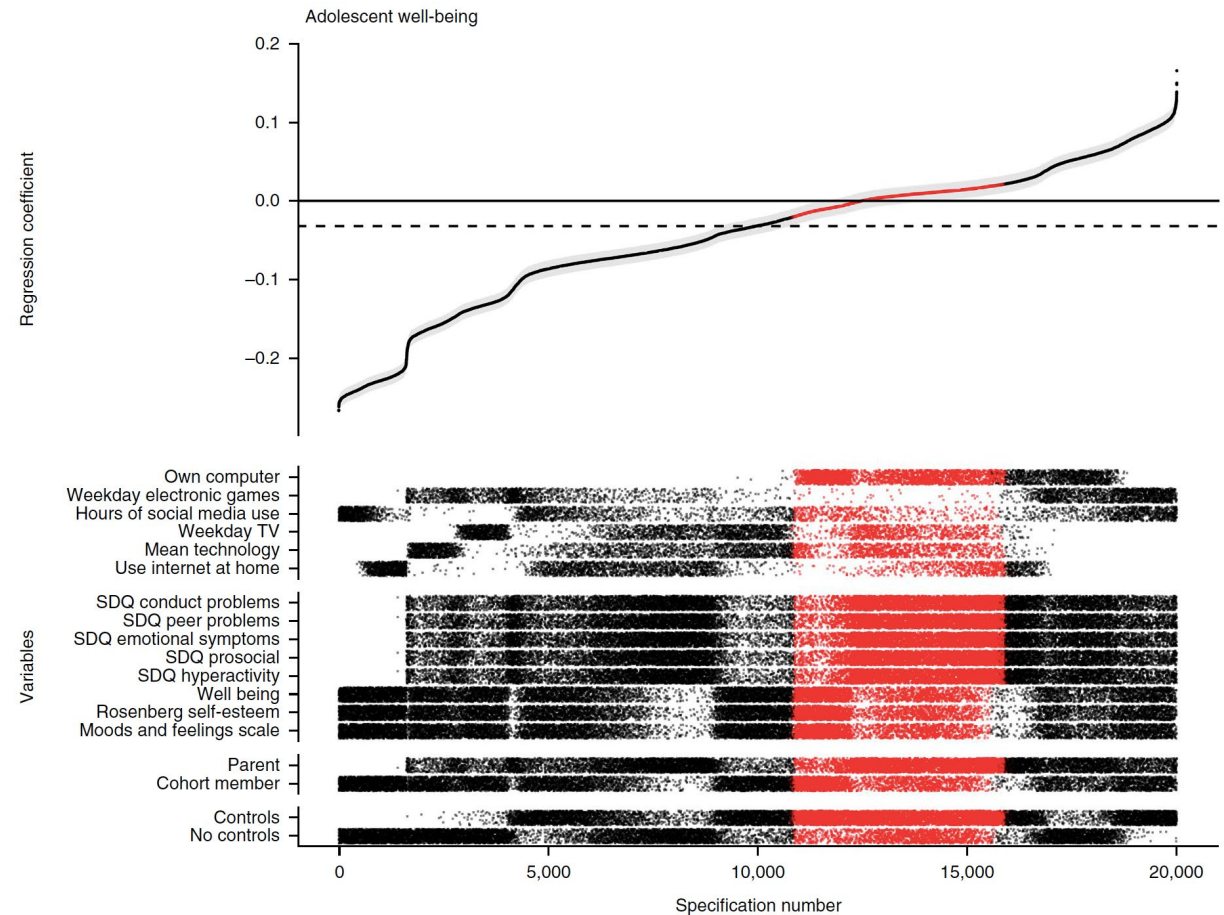
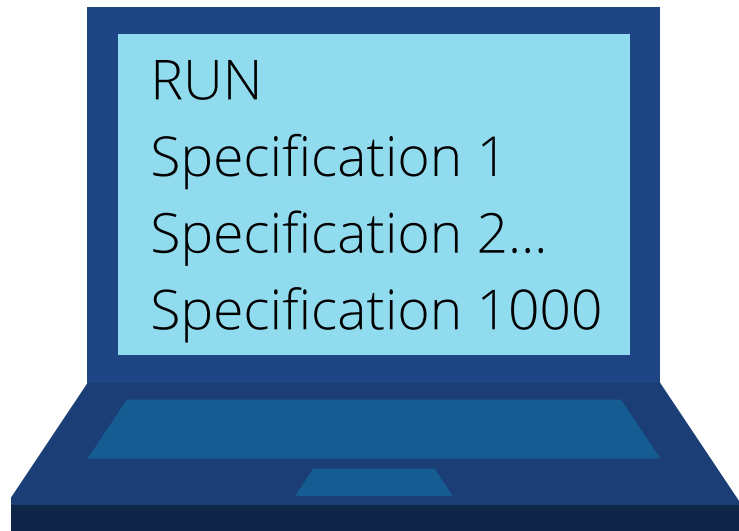
Solution: Multiverse analysis



Solution: Multiverse analysis



Solution: Multiverse analysis



Challenge 2: Pre-registered analyses not appropriate for the data

Solution: Trial analyses on blinded data

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Var 1	Var 2	Var 3
5	6	1
3	8	NA
NA	3	4

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Data distribution = same

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Data distribution = same

Missingness = same

Solution: Trial analyses on blinded data

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3	8	NA
NA	3	4



Var 1	Var 2	Var 3
3	3	NA
NA	6	4
5	8	1

Data distribution = same

Missingness = same

Associations = different

Solution: Trial analyses on data missing outcome

Solution: Trial analyses on data missing outcome

Exposure 1	Exposure 2	Covariate 1	Covariate 2	Outcome
5	7	6	1	NA
3	2	8	2	NA
2	1	3	4	NA

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Multivariable distributional characteristics ✓

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Exposure 1	Exposure 2	Covariate 1	Covariate 2	Outcome
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2	1	3	4	NA

Multivariable distributional characteristics ✓

Collinearity ✓

Solution: Trial analyses on data missing outcome

Exposure 1	Exposure 2	Covariate 1	Covariate 2	Outcome
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2	1	3	4	NA

Multivariable distributional characteristics ✓

Collinearity ✓

Predictors of missing data ✓

Challenge 3: Research may not be hypothesis-driven

**Solution: Pre-register research questions & conditions
for interpretation**

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Research question: Is X causally related to Y?	
Results	Interpretation
$\beta_{\text{adjusted}} = \beta_{\text{unadjusted}}$	Causal
$\beta_{\text{adjusted}} < \beta_{\text{unadjusted}}$ $\beta_{\text{adjusted}} > 0$	Partly confounded; partly causal
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Solution: Pre-register research questions & conditions for interpretation

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- Effect size thresholds for interpretation

Solution: Pre-register research questions & conditions for interpretation

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$\beta_{\text{adjusted}} = 0$	Non-causal

- Effect size thresholds for interpretation
- Smallest effect size of interest

Discussion

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- Pre-registration poses challenges for child mental health research based on existing data

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 - E.g., providing blinded datasets, encouraging pre-registration

Discussion

- Pre-registration poses challenges for child mental health research based on existing data
 - Prior knowledge, ensuring analyses are appropriate, not hypothesis-driven
- Approaches described aim to address challenges
- Data managers have a role to play in adopting approaches
 - E.g., providing blinded datasets, encouraging pre-registration
- Initiatives to increase ease of adoption = wider uptake

Acknowledgments

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Tabea Schoeler

Hannah Sallis

Marcus Munafò




European Journal of Epidemiology
<https://doi.org/10.1007/s10654-021-00839-0>

ESSAY



**Protecting against researcher bias in secondary data analysis:
challenges and potential solutions**

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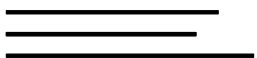


The extent and drivers of the gender-gap in adolescent mental health

Praveetha Patalay

June 2022

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LONGITUDINAL
STUDIES



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Estimate double the prevalence of internalising difficulties/disorders in females

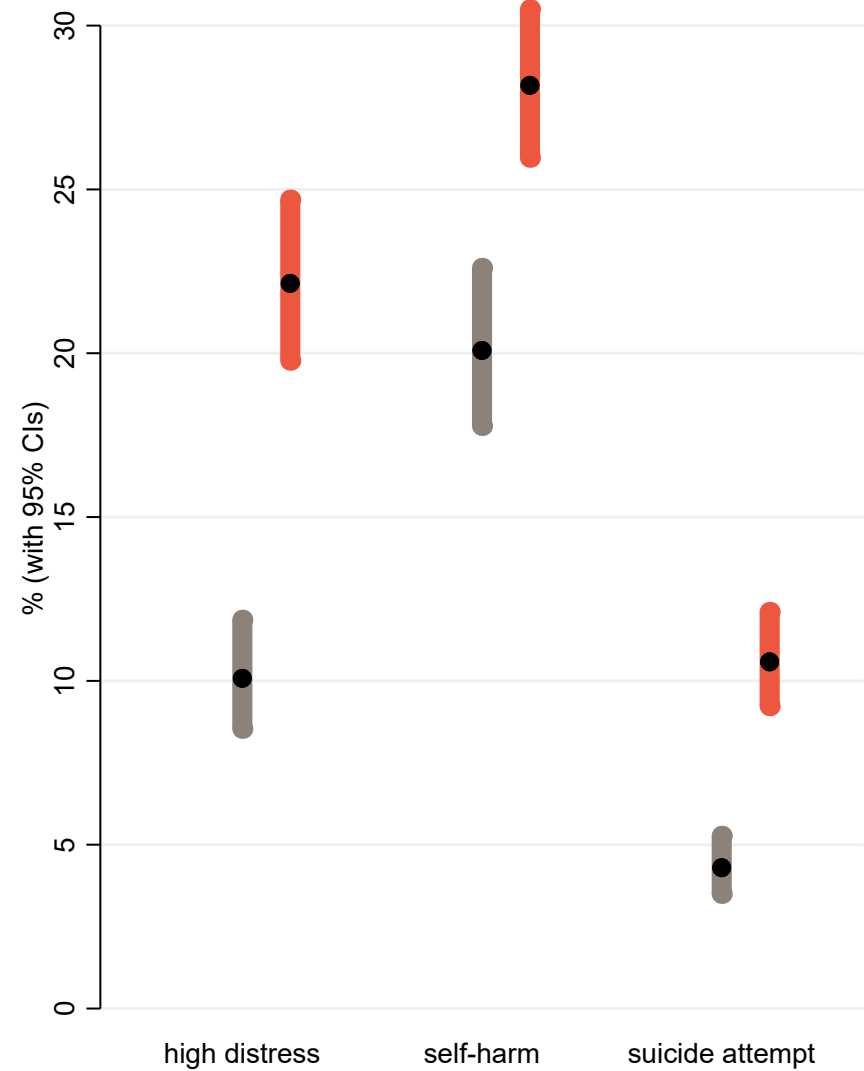
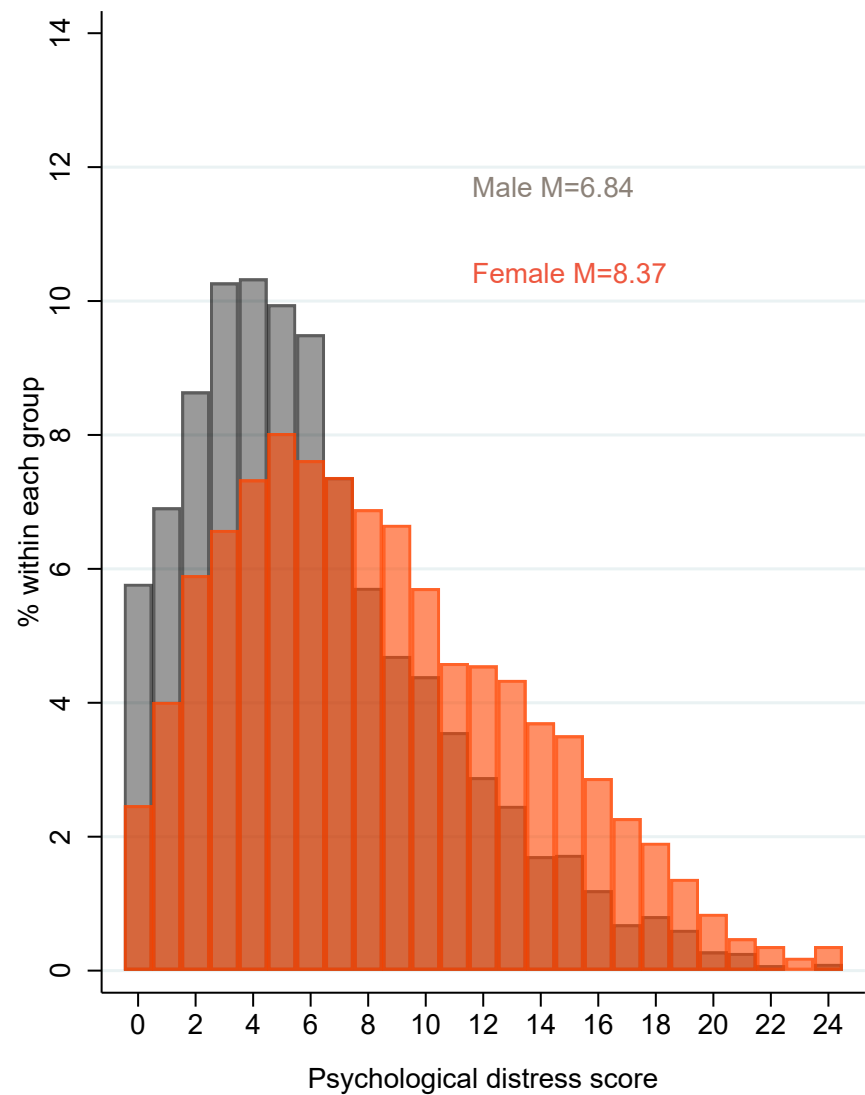
This gap seems to appear in adolescence, and persist across the lifecourse

Also seen in other key mental health outcomes such as life satisfaction and wellbeing



Still seen at age 17

Fig.1



Male Female

Why is there a gender gap?

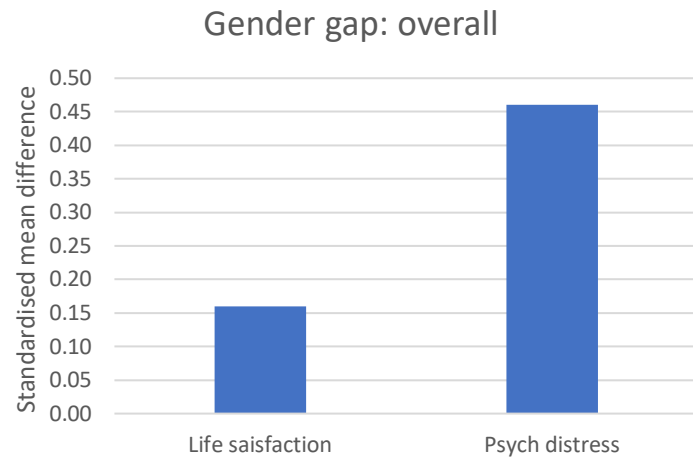
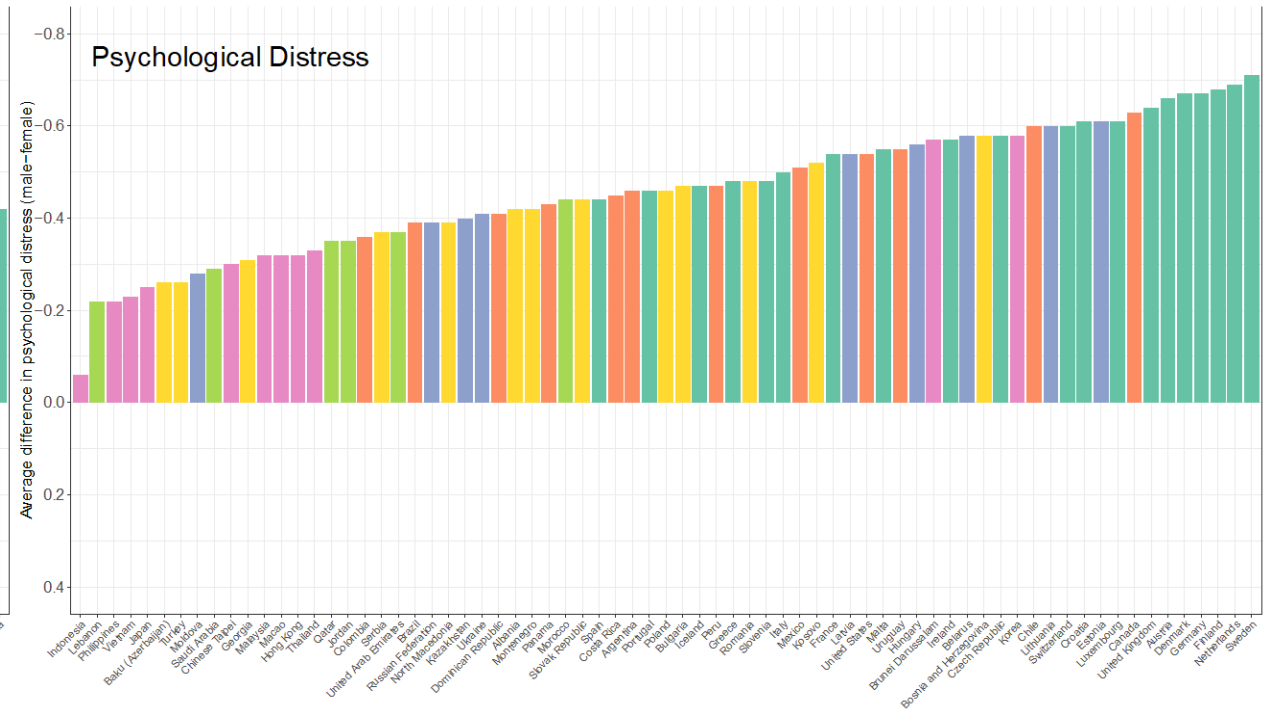
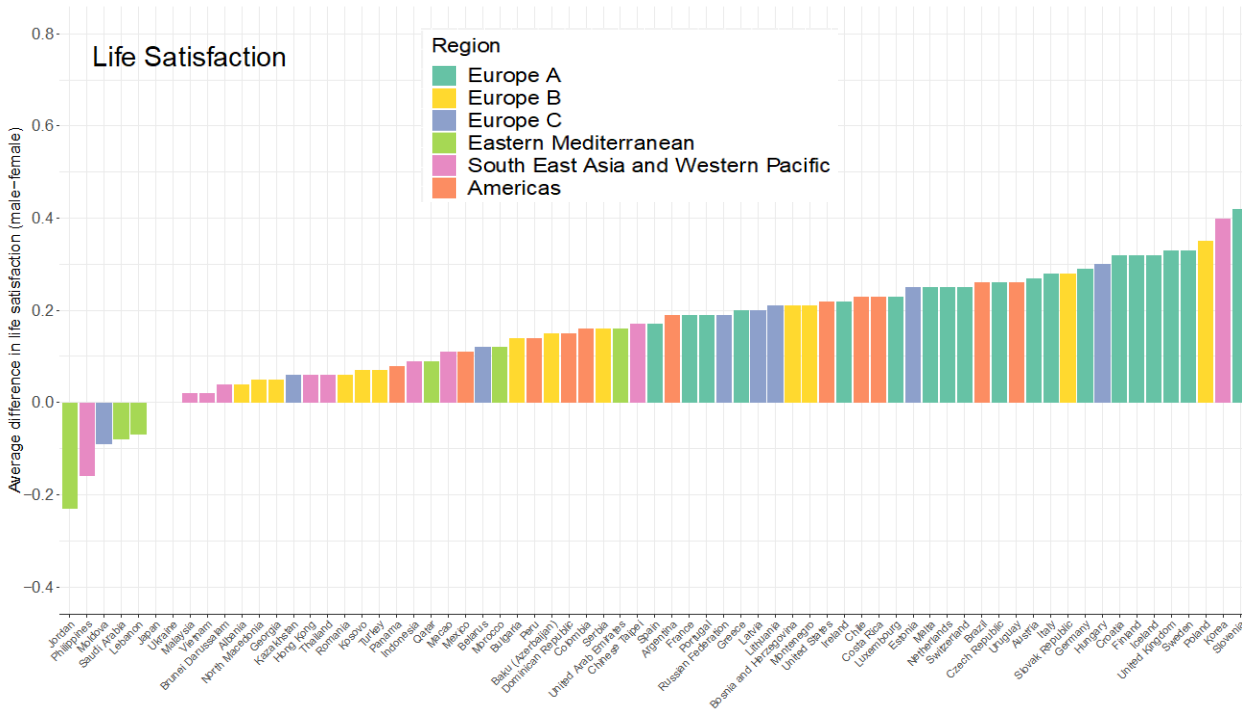
- Some literature investigating this question, no consensus and evidence base is weak

It is widely assumed that the gender-gap is universally consistent

Is it though?!?!?!?

- Coping styles
- Social support
- Hormones
- Neurotransmitter systems

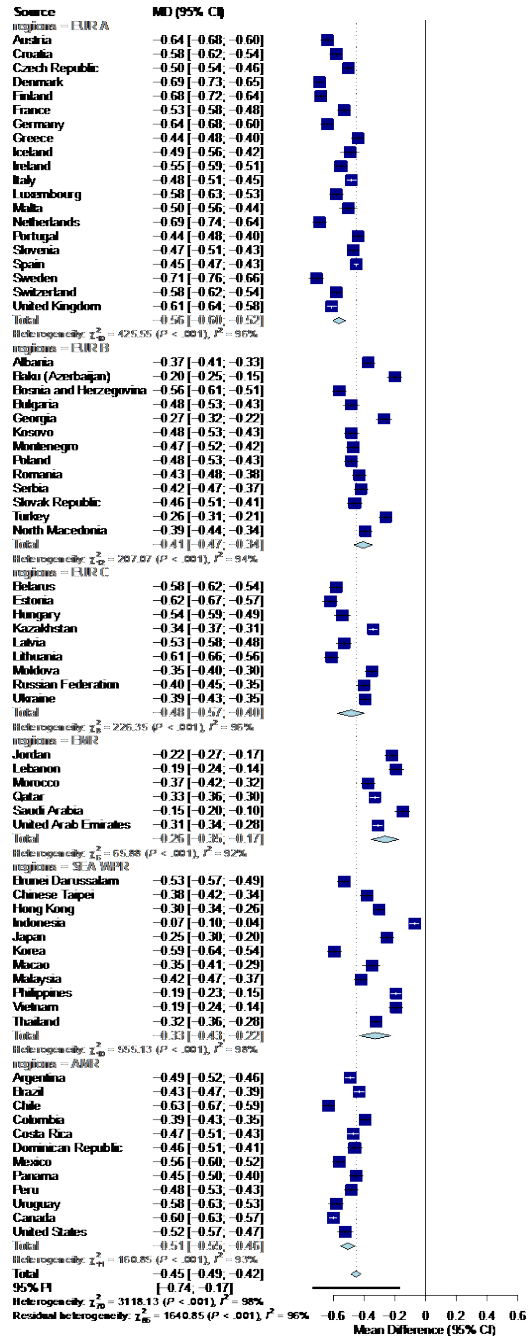
Note the lack of good quality and longitudinal evidence for possible causes for emergence of gender differences



Over 500,000 adolescents from over 70 countries (data: PISA 2018)



Psychological Distress



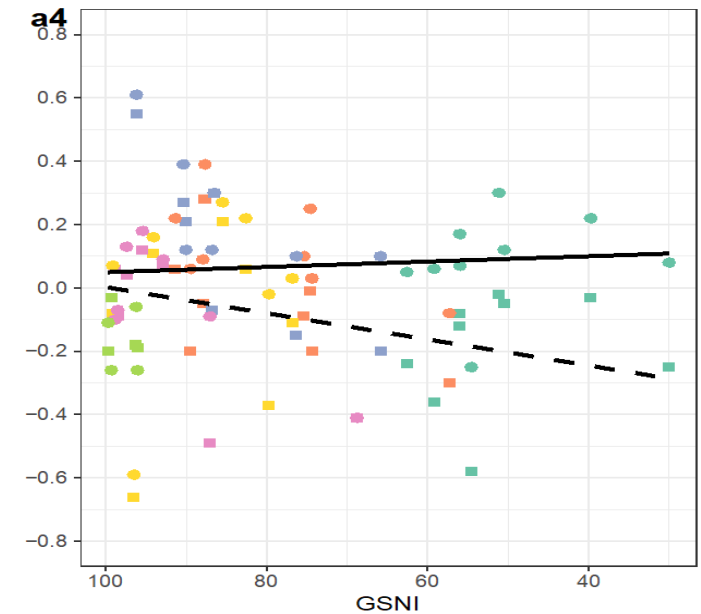
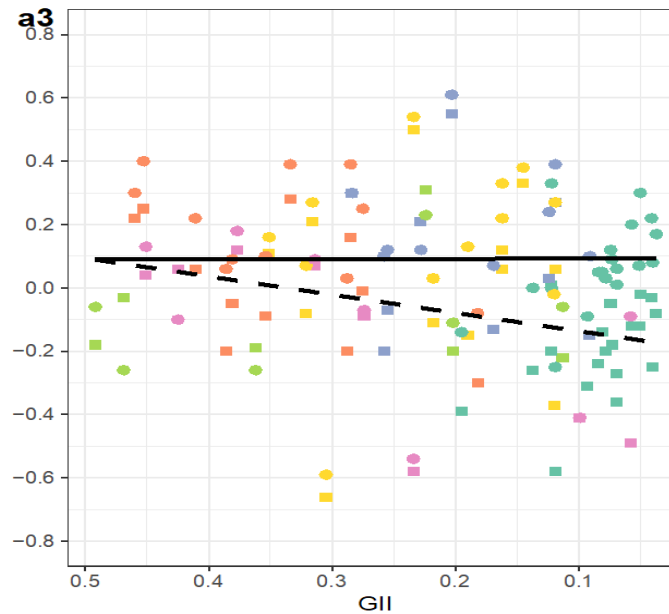
I^2 is the percentage of variation across nations due to heterogeneity rather than chance.

High $I^2 > 95\%$ indicates that there is considerable and non-random variation

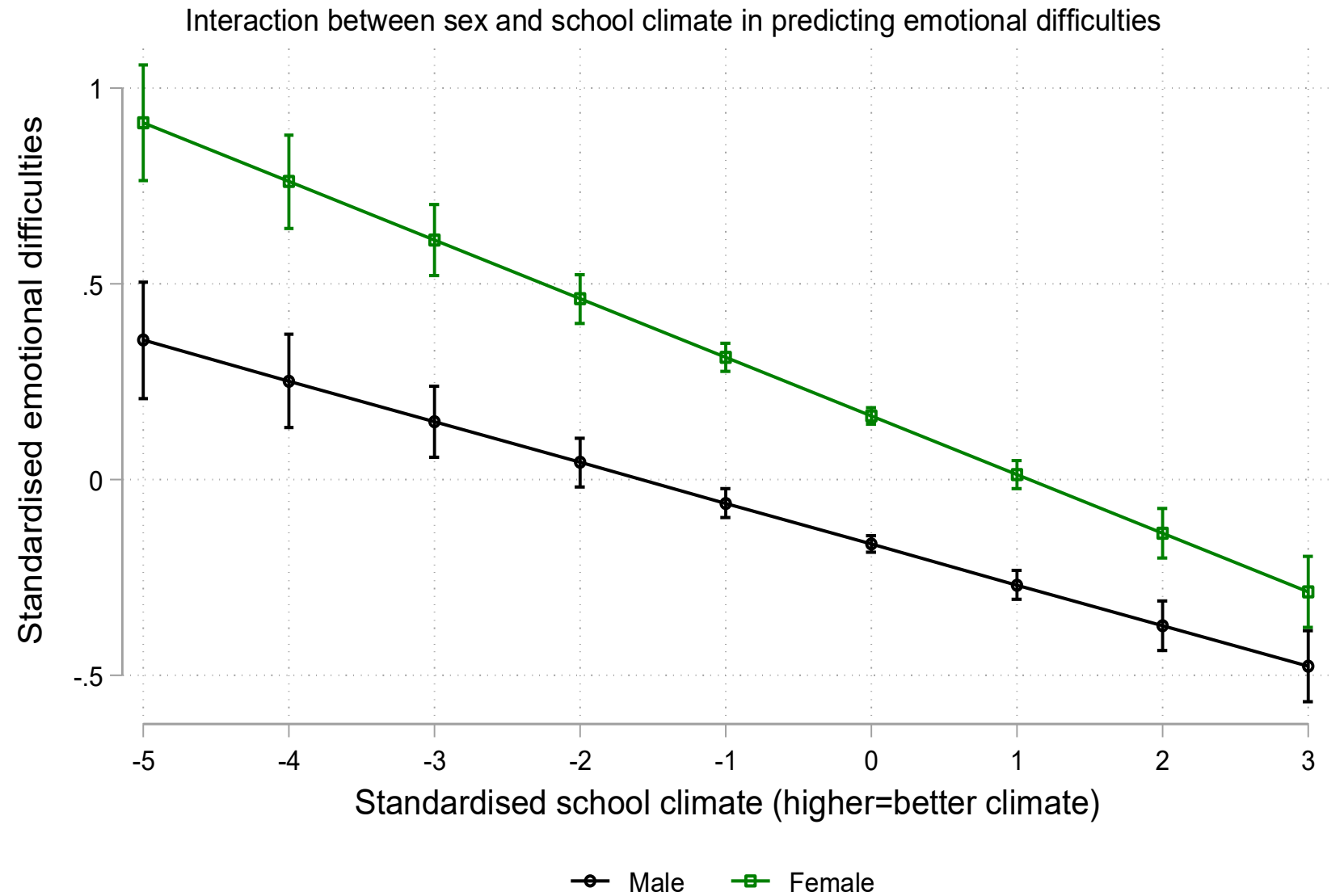
Why are we not interested in the reasons
for the excess common mental health
difficulties experienced by females ???

Country level gender equality: Complex associations

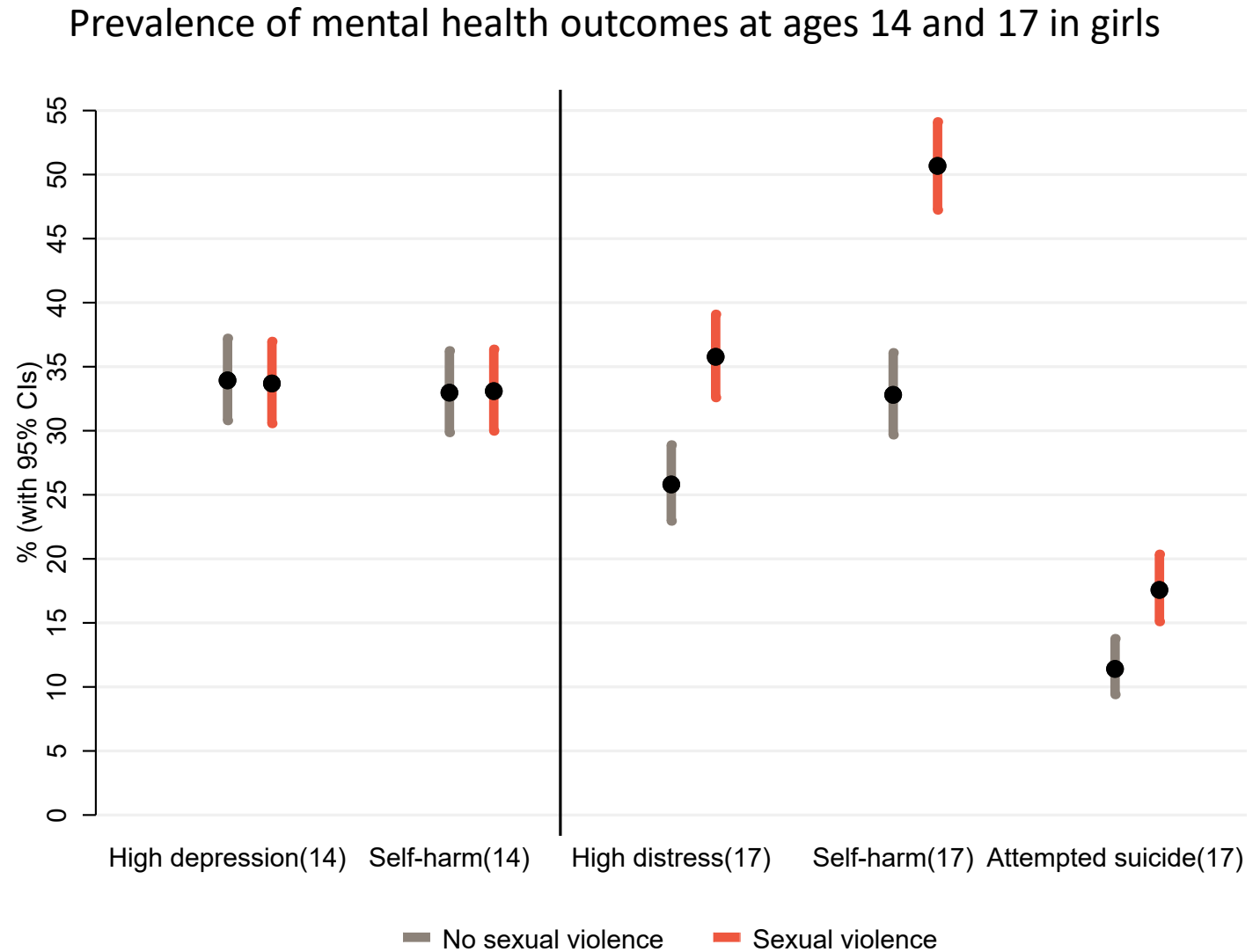
- Suggested by other studies too (inc for depression diagnosis)
- Hypothesized explanations inc expectation-reality gap; comparison group and multiple role pressures...
- Some studies suggest 'U' shape associations...no countries with perfect gender equality



Environments (e.g school): differential impacts?

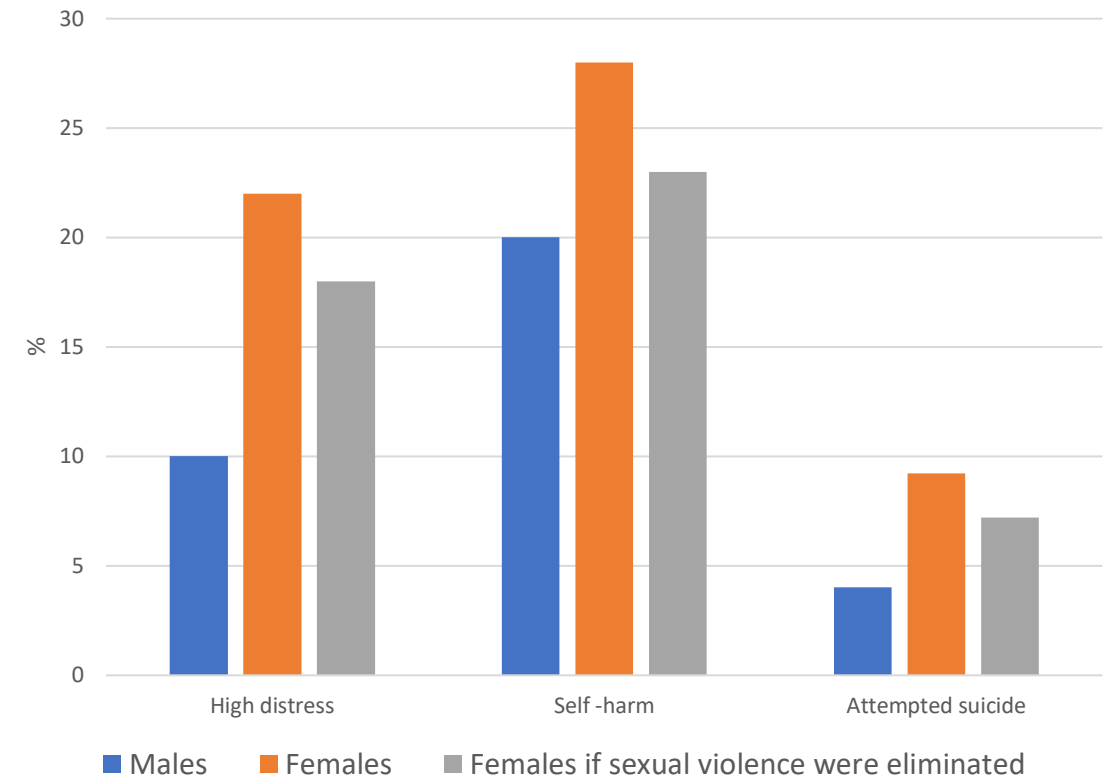


Gendered risk
factors:
e.g. sexual violence



Assuming this effect is causal...

- We estimated Population Attributable Fractions that could be attributed to sexual violence
 - 16-21% of mental health difficulties in females at this age may not occur in hypothetical scenario where mid-adolescent sexual violence does not occur



- Large sex/gender inequalities in internalising mental health that appear in adolescence (and then the gap persists through life)
- The gender gap in mental ill-health and wellbeing might not be inevitable
- Understanding why it varies and identifying context dependent factors that reduce it is important for reducing this disparity (prevention)

MRC

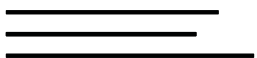
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2019-2021: Funders and universities demand change...



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Widely expected Plan S-style order hailed as 'major boost' to global movement

January 7, 2020

03 Mar 2021

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<https://www.crl.edu>The NERL Consortium issued a statement, "NERL Demands a Better Deal," articulating the values NERL will adopt in negotiating agreements with publishers.

European Commission Announces Official Launch of Open Research Europe, New Platform Powered by F1000 Research

Filed by [Gary Price](#) on March 24, 2021

From the [European Commission](#):

Today, the European Commission launched [Open Research Europe](#), a publishing platform for scientific papers that will be accessible to everyone. The platform will present the results of research funded by [Horizon Europe](#), the EU research and innovation programme for 2021-2027, and its predecessor, Horizon 2020.

Open Research Europe will give everyone, researchers and citizens alike, free-of-charge access to the latest scientific discoveries. It directly addresses major difficulties often associated with publishing scientific results, including delays and barriers to the re-use of results and high costs. The platform is an optional service for Horizon Europe and Horizon 2020 beneficiaries so that they can comply with their funding requirements for immediate open access, at no cost to them.



Plan S could...

announce 'Plan S' to make all scientific works

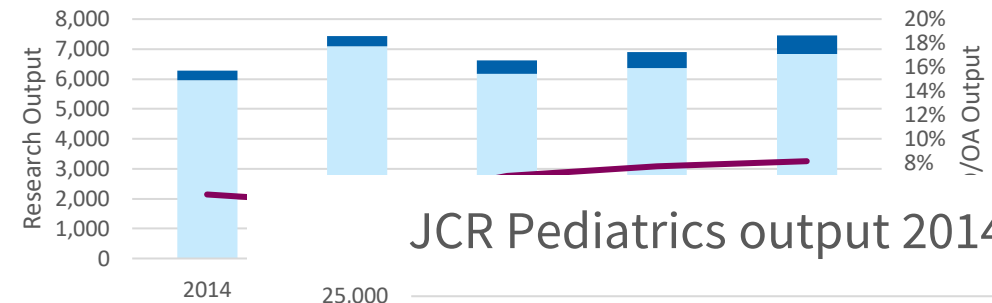
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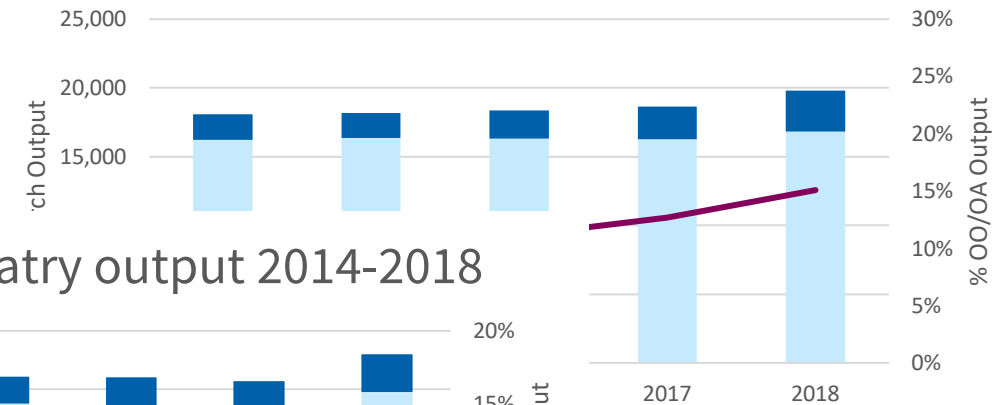
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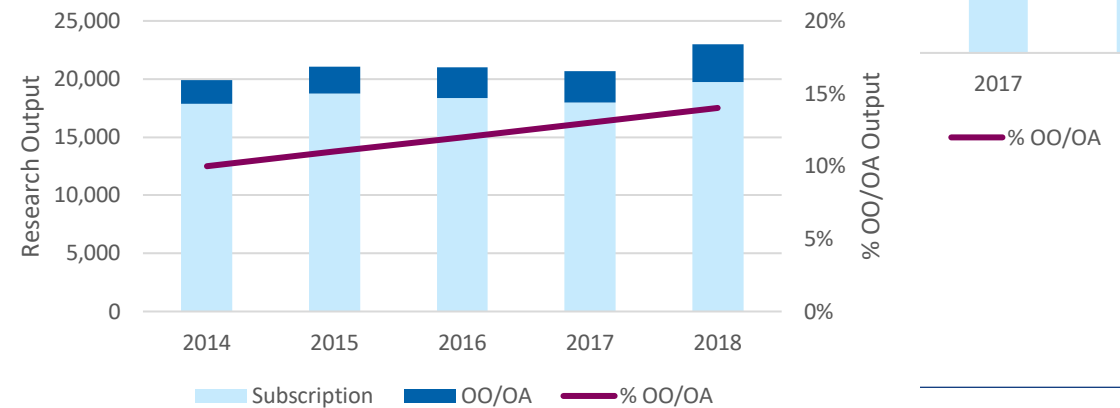
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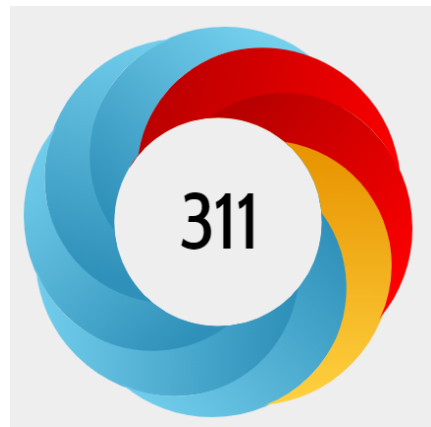
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Published in JCPP Advances, April 2021

DOI 10.1111/jcv2.12005 [↗](#)

Pubmed ID 34485985 [↗](#)

Authors Dolapo Adegboye, Ffion Williams, Stephan Collishaw, Katherine Shelton, Kate Langley, Christopher Hobson, Daniel Burley, Stephanie van Goozen [\[hide\]](#)



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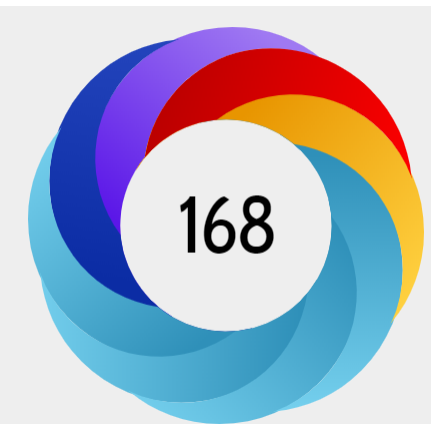
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DOI 10.1111/jcv2.12001 [↗](#)

Authors Bianca Arrhenius, David Gyllenberg, Miika Vuori, Elina Tiiri, Lotta Lempinen, Andre Sourander



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DOI 10.1002/jcv2.12021 [↗](#)

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