

adolescents with SEN. This study had ethical approval from the Multicentre Research Ethics Committee for Scotland. It involved head teachers of 99 schools around Scotland identifying pupils aged 13–22 years whom they would estimate as functioning in the borderline to mild intellectual disability range (estimated IQ between 50–80) and were therefore receiving special educational assistance.

Adolescents with SEN were assessed with the Clinical Interview Schedule (CIS) to evaluate the presence of psychiatric symptoms. A total of 247 individuals with SEN were recruited to the study. They completed the CIS at baseline (T1), 1–2 years later (T2) and 6 years later (T3). At T3, the participants also completed the World Health Organisation Disability Assessment Schedule 2.0 (WHO-DAS) to measure the degree of functional impairment. Correlation statistical analyses were carried out to find whether there was a significant relationship between CIS and total WHO-DAS scores.

Results. There was a statistically significant correlation between total WHO-DAS score with slowness and anxiety symptoms (p values 0.008 and 0.024 respectively) measured on the CIS at T1. None of the symptoms measured on CIS at T2 had a statistically significant correlation with total WHO-DAS score. With the symptoms that were significant, after application of a Bonferroni correction, none of the symptoms measured on CIS had a statistically significant correlation at any time point with total WHO-DAS score.

Conclusion. Our results show that there is some evidence that anxiety and slowness in adolescence are associated with greater functional impairment in young adulthood. However, further research is required to confirm this relationship. Our data highlight the potential value of identification and treatment of psychiatric symptoms in early adolescence.

The Effect of the COVID-19 Pandemic on Young People With OCD

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Aims. The full impact of the ongoing COVID-19 pandemic is yet to be determined, but it is likely to have had a significant influence on the development of young people, especially those with mental health conditions such as Obsessive Compulsive Disorder (OCD). This study aims to investigate the change in symptoms and whether these were linked to COVID-19/lockdown, as well as the treatment and support received.

Methods. The Mood and Anxiety team for West Kent were contacted to request patients with a diagnosis of OCD. A total of 16 patients were included (12–18 years, 63% female), as they were known to services prior to March 2020. Data were retrospectively collected by searching electronic notes between September 2018 and October 2021 to identify patient demographics, OCD symptoms and severity (and whether this had been affected by COVID-19/lockdown), and if they were receiving medication and therapy. It was noted whether questionnaires had been completed, and how frequently patients were contacted by CAMHS.

Results. 75% of young people reported increasing OCD symptoms after March 2020. Of the patients who reported an increase in symptoms, nearly half (47%) explicitly attributed this to either the COVID-19 pandemic or lockdown. Prior to March 2020, 31% of patients were receiving medication for OCD, this increased to

69% of patients between March 2020 and September 2021. 31% of patients were undergoing therapy for OCD prior to March 2020, and over the following 18 months, 50% were receiving therapy, with the remainder of patients on the waiting list. The most common therapy was CBT. Prior to March 2020, 13% of patients had completed questionnaires relevant to OCD, which increased to 44% between March 2020–September 2021. Patients were contacted more frequently via CAMHS post-March 2020 (62.5% vs 25%), but the method of contact switched to mainly remote methods.

Conclusion. Overall, there was an increase in OCD symptoms during the pandemic, with a proportion of patients identifying either COVID-19 or lockdown as contributing factors. The number of patients receiving both psychological and pharmacological therapy for OCD increased. There were low numbers of patients completing questionnaires for OCD, which would be a useful way to identify changes in symptoms across patients. Contact from mental health services increased during the pandemic, although this shifted to virtual formats. This suggests that CAMHS need to prepare for the possible increasing need for services due to the pandemic and provide support targeted to those with OCD.

Gender Identity and Questioning in Klinefelter's Syndrome

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Aims. KS is a congenital condition with 47, XXY chromosome karyotype. Due to a lack of understanding of the condition amongst healthcare providers, KS is grossly underdiagnosed, with most patients never receiving a diagnosis. Within this population, gender dysphoria is suggested to be of higher incidence than in the general population. To establish the validity of this claim and to improve care for patients with KS, particularly in the area of gender service provision, we need to identify whether there is a significant proportion of XXY individuals that experience gender dysphoria. The aim of our study is to determine whether UK patients with a diagnosis of KS are more predisposed to gender dissatisfaction.

Methods. A PRISMA literature review was conducted on the epidemiology, management, and treatment outcomes of KS patients with gender dysphoria. Based on the results of the literature review, we then conducted a cross-sectional survey of patients serviced by the Klinefelter Syndrome Association on gender satisfaction. The survey recorded 81 responses.

Results. Of the entire study population, gender distribution was 65% male, 6% female, 4% non-binary, 2% gender fluid, 3% neither, 1% equally male and female, and 1% intersex. This contrasted with most patients' assigned birth on their birth certificate, which was 92.5% male and 3.75% female. Most patients surveyed enjoyed living as the sex written on their birth certificate (61.64%), which seemed to correlate closely with the proportion of patients that identified as male (65%).

Conclusion. Literature Review: As a whole, KS patients documented in research presented to psychiatric and sexual health services during adulthood, requesting either sex reassignment surgery or changes to hormonal replacement therapy. The sparse amount of research over a long period of time has created a reliance on outdated research techniques. Patient Survey: Survey results show that there are a significant proportion of survey respondents

that do not identify as male despite it being written on their birth certificate; however, the majority prefer to be identified as male. This suggests that certain individuals with KS are at higher risk of gender dissatisfaction and dysphoria. Importantly, these observations are not substantiated with clinical judgement of a psychiatrist/mental health worker, which should aim to be incorporated in future research. Additionally, longitudinal studies should aim to establish whether certain age groups would be more at risk of gender dissatisfaction and gender dysphoria or if trends change with age.

A Pilot Study of Service Utilisation Pathways of Patients With Distinct Psychotic and Antisocial Typologies

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Aims. There is a developing body of research that suggests that there may be distinct categories of patients that can explain the relationship between psychosis and antisocial behaviours. Specifically, three pathways of offending, antisocial behaviour and psychosis have been described and there is an evolving empirical evidence base to suggest that these pathways are aetiologically distinct. Firstly, there is a pathway for early-start offenders, which have been identified as those with psychosis preceded by Conduct Disorder (SZ + CD). Secondly, a group that start to display antisocial behaviours in parallel to the onset of psychosis (SZ-AS). The third group involves those with a long history of a psychotic disorder and no history of antisocial behaviours, who will present to services following a first conviction for non-violent or violent crime (SZ). The authors hypothesise that each typology will utilise services differently throughout the clinical trajectory. This pilot study aimed to (i) examine the concurrent validity of the antisocial behaviour and psychosis typologies, and (ii) examine differences in the service utilisation patterns of patients between these groups.

Methods. The sample consisted of adult male patients admitted to low and medium secure forensic hospitals within the Northwest of England. A total of 90 patients were used.

A categorisation checklist was developed, and the typology of patients determined from data collected from electronic health records. Data were collected on patient demographics, psychiatric diagnosis, aetiological factors, and service utilisation. Two researchers reviewed the data and determined the typology. Statistical analysis aimed to assess the difference in aetiological variables between the typologies and examine the relationship with how each typology utilised services.

Results. This study provided further evidence of distinguishing characteristics emphasising typology heterogeneity.

The CD-SZ group were more likely to have utilised mental health services <18 years (70%, $p = 0.062$), and to have used

services preceding a diagnosis of psychosis (60%, $p = 0.011$). Following the onset of a psychotic disorder, the AS-SZ and SZ groups had a higher proportion that used general adult psychiatry services ($p = 0.031$), with CD-SZ coming in to contact with forensic psychiatry services and criminal justice services earlier and more frequently.

Conclusion. This study demonstrates that each typology has a different clinical trajectory through mental health services. This provides further empirical evidence towards different clinical typologies and trajectories of individuals with psychosis and antisocial behaviour. Understanding more about how these typologies utilise services will enable clinicians to introduce interventions help develop effective management plans that address the distinct characteristics of each typology of offender with psychosis.

Theory of Mind Deficits in Bipolar Disorder in Remission

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Aims. Theory of mind (ToM) is the ability to represent one's own and other's mental state. Studies in bipolar affective disorder show mixed results possible due to confounding factors like intelligence, attention, phase of illness and current mood. Purpose of this study is to study ToM in remittent bipolar disorder patients and compare with normal controls to find if there are residual deficits during remission

Methods. 40 bipolar patients in remission and 40 age and sex matched controls were recruited. Clinical remission for 3 months with YMRS <4 and HAM-D <7 was inclusion criteria. ToM was assessed by Faux Pas test. Data were analysed using SPSS-11.5 for Windows with parametric and non-parametric tests as indicated. Level of significance taken as $p < 0.05$ (two tailed).

Results. Mean age of onset of illness in patient group was 23.8 years with duration of illness 11.3 years. Mean number of episodes 6.7 and duration of remission 4.15 months. ToM test result revealed deficit in recognizing social cues in faux pas test by bipolar patients as compared to normal controls. There was no difference between both groups in test result on control stories.

Conclusion. Results suggest that ToM deficits are present in bipolar disorder patients even during apparent clinical remission, indicating it may be a trait marker of the illness. There is no deficit in understanding a regular social context without faux pas. It also revealed that there is no correlation with ToM and duration of illness

The Prevalence of Autism in the Criminal Justice System: A Systematic Review

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