MANCHESTER 1824

The University of Manchester

CLINPSYD RESEARCH CONFERENCE 2026

DIVISION OF PSYCHOLOGY & MENTAL HEALTH

MONDAY 7 SEPTEMBER 2026
ALAN TURING BUILDING

CLINPSYD RESEARCH CONFERENCE 2026 KEY NOTE SPEAKER

Professor Paul Hutton

What Are Mental Health Services For? Autonomy, Suffering, and the Contribution of Clinical Psychology

What should mental health services ultimately aim to achieve? Contemporary mental healthcare is often organised around the reduction of symptoms, distress, and risk. While these goals are undeniably important, they may not be sufficient to capture what good mental healthcare ought to be for.

In this keynote, Professor Paul Hutton will argue that autonomy, which involves the capacity to make meaningful decisions about one's own life and care, should be regarded as a fundamental goal of mental healthcare alongside the reduction of suffering, rather than simply as a means of achieving it. Drawing on philosophy, clinical psychology, lived experience accounts, and examples from severe mental illness and inpatient care, the talk will explore how different assumptions about mental illness shape clinical priorities, relationships, and systems of care.

The keynote will suggest that some current approaches risk treating distress reduction as the sole measure of good outcomes, even when this comes at the cost of agency, dignity, or self-determination. In contrast, Professor Hutton will propose a "need for care" approach centred on the ethical importance of both suffering and impaired autonomy, and discuss the implications this has for assessment, treatment, supported decision-making, and compulsory care.

The talk will conclude by considering the distinctive contribution clinical psychology can make to the future of mental healthcare: helping to build services that are scientifically grounded, psychologically informed, ethically reflective, and genuinely collaborative - services concerned not only with helping people suffer less, but with supporting their capacity to live self-directed and meaningful lives.

Professor Paul Hutton
School of Health and Social Care and Co-Director of the Dianna Manson Research Collaboration,
Edinburgh Napier University

CLINPSYD RESEARCH CONFERENCE 2026 SCHEDULE

THEME 1

CLINPSYD STUDENT	TITLE
Hannah Simpson	Personality disorder in general practice: Exploring the knowledge, attitudes and experiences of general practice professionals in England.
Shannan Salt	"Being uncomfortable makes it effective": Assertive defence of the self, assertive role-play for social anxiety.
Lily Hall	The Development of a Measure to Assess Recovery from Suicide Ideation and Behaviour
Guy Walkington	A qualitative investigation into Self Harm and Wall Punching
Grace Evans	A Digital Body-Mind Integration Toolkit for Functional Neurological Disorder
Annie Renninson	Developing a facilitator fidelity measure to evaluate Empowered Conversations (a training intervention for informal carers of people living with dementia)
Hayley Slater	Making Sense of Uncertainty in Medicine: An IPA Study of How Clinical Debrief Sessions in Medical School Prepare Foundation Doctors to Navigate Professional Challenges
Rebecca Williams	Preparing for Psychedelic Therapies - What do potential participants want to know?
Kelsey Bridge	Exploring Dental Anxiety and Associated Factors in People with Experience of Psychosis
Dhakshayini Maruthamuthu	The Lived Experience of Consultants in Rehabilitation Medicine when Working in Prolonged Disorders of Consciousness
Georgia Dunning	Investigating the after-effects of alcohol and cannabis use in those who experience psychosis: A Q-Methodological approach

CLINPSYD RESEARCH CONFERENCE 2026 SCHEDULE

THEME 1 (CONTINUED)

CLINPSYD STUDENT	TITLE
Tayla Barry	A Qualitative Exploration of the Support, Training and Clinical Supervision Needs of Psychological Therapists Who Work with Suicidal Prisoners
Callum Rooke	Patient Experiences of Adapting to Life After Moderate and Severe Musculoskeletal Trauma in the UK: Systematic Review and Thematic Synthesis

CLINPSYD RESEARCH CONFERENCE 2026 SCHEDULE

THEME 2

CLINPSYD STUDENT	TITLE
Ruth Warburton	"When you have someone to listen to you, it's a completely different story": A qualitative study of parents and caregivers' experiences of engaging with help through CAMHS for their child with distressing sensory experiences.
Dr Claire Hilton	A qualitative exploration of children and young people's (CYP) perceptions about their own distressing sensory experiences following a novel psychological therapy within a Children and Adolescent Mental Health Service (CAMHS) setting
Corey Lee	Professional's Views of the Impact of Informing Adopted and Cared-For Children That Their Genome was Sequenced at Birth: A Qualitative Study
Jade Clayton	The psychological experience of unmet breastfeeding expectations in first-time mothers after IVF: Impacts on maternal wellbeing and the mother-infant relationship
Jessica Raphael	Digital screening for postnatal depression in fathers and non-gestational parents: a mixed methods feasibility study
Ameera Iqbal	Examining Intergenerational Pathways to Adolescent Self-Harm in People Living in Northern Ireland: The Mediating Role of Complex PTSD and Emotional Difficulties
Maleeha Butt	Restrictive, repetitive behaviours in 14-month-old infants with NF1: A quantitative study
Samuel Gittins	Understanding the experiences of the mothers of children with Fetal Valproate Spectrum Disorder (FVSD): A qualitative study
Rebecca Hefferman-Clarke	Exploring mothers' bond with their child following previous perinatal loss: a qualitative study

CLINPSYD RESEARCH CONFERENCE 2026 SCHEDULE

THEME 2 (CONTINUED)

CLINPSYD STUDENT	TITLE
Eilidh Smith	International Student experiences moving to the UK for university and the factors that helped this transition.
Sophie King	The Association Between Loneliness and Addiction among Youth: A Meta analysis
Bradley Boardman	A qualitative study exploring the acceptability of an AI chatbot for supporting university students' stress management

CLINPSYD RESEARCH CONFERENCE 2026 SCHEDULE

THEME 3

CLINPSYD STUDENT	TITLE
Niamh Farrell	An Interpretative Phenomenological Analysis exploring transgender and gender diverse autistic adult's experiences with social communication and related wellbeing
Grace Jackson	'Out' of the Office: LGBTQ+ Psychological Wellbeing in Remote Work
Monique Bellchambers-Joseph	Black Trainee Clinical Psychologists' experiences of racism whilst training: a Grounded Theory analysis
Jasmin Towers-Islam	Lived Experiences of Mental Health and Access to Support Among Sexual Minority Women from Minoritised Ethnic Backgrounds in the UK: An Interpretative Phenomenological Analysis
Amina Mohamedova	Lived Experiences of Mental Health Difficulties and Service Uptake for Individuals from Minority Ethnic Backgrounds
Rebecca Stapleton	How older autistic adults navigate a neurotypical world
Will Hewins	Reasons for Substance Use in Psychosis: A Q-Methodological Approach
Nicholas Lloyd	Experiences and impacts of workplace violence and trauma on mental health care professionals: a qualitative meta-ethnography
Francesca Hill	Exploring the Therapeutic Relationship with Artificially Intelligent Mental Health Chatbots: An Attachment Informed Qualitative Study
Andrew Wynne	The experience of power within the multi-professional approved clinician role: a reflexive thematic analysis=
Imogen Young	A brief compassionate-focused intervention for older people with bipolar disorder
Laura Wicks	Prison officers' experiences of reflective practice within the Offender Personality Disorder Pathway.

CLINPSYD RESEARCH CONFERENCE 2026
THEME 1

HANNAH SIMPSON

Personality disorder in general practice: Exploring the knowledge, attitudes and experiences of general practice professionals in England.

Background
Personality disorder (PD) is prevalent in primary care. People with PD often experience complex physical and mental health difficulties. Despite this, professionals report limited training, diagnostic uncertainty, ongoing stigma and patients falling between specialist service thresholds. Existing research has largely focused on General Practitioners (GPs), with less attention given to the wider multi-disciplinary workforce in generalist primary care.

Aim
This study aimed to explore the knowledge, attitudes and experiences of general practice professionals working with people with PD.
Design and Setting: Semi-structured interviews were conducted between July and November 2025 with clinical and non-clinical professionals (n=20). Purposive and snowball sampling from general practices across England were used.

Method
Interviews were completed and analysed using Reflexive Thematic Analysis (RTA).

Results
The study found that general practice appeared to be functioning as a default service, absorbing unmet needs when patients fell between specialist service thresholds, with professionals managing risk, complexity and associated distress. Professionals described limited formal training, with their knowledge and attitudes largely shaped through experience. Relational care appeared as central, but also challenging, as this required time, emotional investment and adaptations to practice, often with limited formal support, which led to practical and emotional costs.

Conclusion
These findings suggest that general practice plays a key role in supporting people with PD. Training and structured support is crucial for improving patient care and staff wellbeing.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

SHANNAN SALT

"Being uncomfortable makes it effective": Assertive defence of the self, assertive role-play for social anxiety.

Objectives

Cognitive-behavioural therapy (CBT) is the primary treatment for social anxiety; however, dropout and relapse rates remain high, and protocol-driven approaches may not fully address fears of rejection and criticism. This study aimed to explore clients' experiences of the assertive defence of the self intervention enacted through chairwork.

Design

A qualitative study using an interpretative phenomenological analysis (IPA) approach.

Methods

Eleven individuals receiving primary care through NHS mental health services participated in semi-structured interviews. Data were analysed using IPA to capture in-depth experiential accounts.

Results

Four interrelated experiential themes were identified: (1) facing necessary discomfort; (2) claiming personal and practical agency; (3) "therapy outside my brain": externalisation and role-taking; and (4) learning safety and assertion through the therapist. Participants described the intervention as emotionally demanding yet meaningful, reporting increased self-compassion, confidence, and perceived coping.

Conclusions

Findings suggest that assertive defence chairwork may serve as a valuable experiential adjunct for individuals accessing CBT for social anxiety–related difficulties, particularly in addressing fears of rejection and criticism.

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SHANNAN SALT (CONTINUED)

Plain English Summary

Social anxiety (SA) is a common mental health problem that impacts how people feel and behave in social situations. People may feel scared to talk in large groups of people, in public or to strangers, as they fear they may be negatively judged. People with SA can also be self-critical. These difficult emotions and negative thoughts often get in the way of people living the life they want to. For example, not feeling able to socialise with friends. Cognitive behavioural therapy (CBT) can be helpful for people struggling with SA. CBT techniques can help people challenge their negative thoughts, but some of the most helpful methods involve trying new behaviours to change how people feel. One method is role-play (sometimes called chair-work) where people can practice new ways of coping and behaving in a safe setting.A particular role-play exercise is called 'assertive defence of the self'. It was created for people with social anxiety to help them answer back the criticism they fear from others. This can help people feel stronger and more able to cope with the 'worst scenario'. Whilst this method is popular in CBT, it has not yet been tested by research.In this study 11 individuals having therapy for social anxiety engaged in the 'assertive defence of the self' role-play and were then asked about their experience. The role-play involves the therapist pretending to be a critical person, to give the individual a chance to defend themselves. Four main themes were identified from participants experiences: (1) facing necessary discomfort; (2) claiming personal and practical agency; (3) "therapy outside my brain": externalisation and role-taking; and (4) learning safety and assertion through the therapist. The findings of the study show the role-play exercise could be helpful to include in CBT for SA and can help guide future training of therapists.

LILY HALL

The Development of a Measure to Assess Recovery from Suicide Ideation and Behaviour

Background

Traditionally, recovery from mental illness and suicidality (suicide ideation or behaviour) has been defined as the absence of clinical symptoms. However, this does not always fully align with the reported experiences of individuals with lived experience. Personal recovery frameworks for mental illness and suicidality highlight key processes involved in recovery including perceived connectedness, empowerment and self-understanding. Measures assessing recovery from mental illness exist, but there are limited measures assessing recovery from suicidality. Consequently, an individual's recovery from suicidality and the effectiveness of therapeutic interventions cannot be objectively or accurately measured. This study aimed to develop a new measure to assess self-reported recovery from suicide ideation and behaviours and complete preliminary assessments of validity and reliability.

Methods

Via volunteer sampling, 288 participants with experience of suicidal ideation and behaviours were recruited to complete an online, anonymous study. Alongside other measures of recovery and suicide ideation, participants completed a bespoke survey consisting of 110 items which had been generated by experts-by-experience in a previous study. Exploratory factor analysis examined the underlying factor structure alongside inspection of internal consistency and concurrent/convergent validity.

Results

A 3-factor solution was identified which demonstrated good internal consistency and construct/convergent validity with established measures of recovery and suicidal ideation. The resulting structure reflected interpersonal recovery processes, relational safety and support, and person-centred professional support.

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LILY HALL (CONTINUED)

Conclusions

The present study provides preliminary support for a valid, reliable, theoretically informed and co-produced measure of recovery from suicide ideation and behaviours. Suggestions for future research and clinical implications of these findings are considered.

Plain English Summary

Recovery from suicidal thoughts and behaviours is sometimes understood as simply "not feeling suicidal anymore" or having fewer mental health symptoms. However, people with lived experience often describe recovery as broader than this. It can include feeling connected to others, feeling understood, feeling safer in relationships, and having more control over life. There are very few measures that capture recovery from suicidality specifically. This makes it difficult for researchers and clinicians to understand how people are recovering, or whether support and therapy are helping in the ways that matter most. This study aimed to develop a new self-report measure of recovery from suicidal thoughts and behaviours. A total of 288 people with lived experience completed an anonymous online survey. The survey included completing 110 items that had been created with experts by experience in a previous study. Participants also completed existing measures of recovery and suicidal thoughts, so their scores could be compared with already existing tools. The analysis found three main areas of recovery: personal recovery, feeling safe and supported in relationships, and receiving person-centred professional support. The measure showed good early evidence of being reliable and valid, meaning it appears to measure recovery from suicidality in a consistent and meaningful way. Overall, this study provides promising initial support for a new measure of recovery from suicidal thoughts and behaviours, created with people with lived experience. It could help future research and clinical practice better understand recovery in a way that reflects people's experiences and priorities.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

GUY WALKINGTON

A qualitative investigation into Self Harm and Wall Punching

Objective

Wall punching, defined here as intentional striking of any inanimate object, wall or door with a fist, is more common in men than women but it remains unclear whether this should be considered a form of self-harm. This study explored how men perceive and understand wall-punching behaviour, and whether it is understood or experienced as a form of self-harm.

Methods

Thirteen men who had wall punched within the past six months participated in semi-structured qualitative interviews. Reflexive thematic analysis captured participants' experiences, functions, and meanings attributed to the behaviour.

Findings

Four themes were produced: Theme 1, Resistance to the self-harm label; Theme 2, How emotion becomes physical; Theme 3, Masculinity constrains and permits; and Theme 4, Long-term consequences. Despite resistance to the self-harm label, the functions described showed notable overlap with theoretical and clinical models of self-harm, particularly in relation to emotion regulation and the management of distress.

Conclusion

Men often perceive wall punching as an adaptive coping strategy rather than self-harm. However, similarities in function and underlying emotional distress suggest this behaviour may indicate unmet support needs. Supportive, non-judgemental engagement that addresses emotional distress and considers masculine norms may improve assessment and intervention. Incorporating lived experience perspectives may help strengthen clinical practice, peer support, and gender-sensitive strategies to facilitate men's emotional expression.

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GUY WALKINGTON (CONTINUED)

Plain English Summary

This study looked at "wall punching", meaning deliberately hitting an object like a wall or door with a fist. Although this behaviour is more commonly reported in men, it is not clear if it should be classified as self-harm. The aim was to explore how men understand their own wall punching, and if they see it as self-harm. Thirteen men who had punched walls took part in interviews to talk about their wall punching. The interviews were analysed using a method that focuses on identifying patterns in how people described their experiences, what the behaviour does for them, and the meanings they attach to it. Four main themes were identified. These were: (1) Resistance to the self-harm label, (2) how emotion becomes physical (3) Masculinity constrains and permits; and (4) long-term consequences. Even though the men generally did not describe their wall punching as self-harm, the reasons they gave for doing it closely matched researchers' and clinicians' understandings of self-harm, particularly in relation to managing strong emotions and distress. The men in this study generally saw their wall punching as a way of coping rather than self-harm. However, the emotional drivers and functions of the behaviour suggest it may still reflect significant distress and support needs that are not being met. Clinicians can help men who wall punch by making sure they are non-judgemental and sensitive to pressures men might feel to be seen as 'masculine', which may help improve support and assessment. Including the perspectives of those with lived experience could also improve clinical approaches and support for emotional expression in men.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

GRACE EVANS

A Digital Body-Mind Integration Toolkit for Functional Neurological Disorder

Background

Functional neurological disorder (FND) is prevalent in neurology clinics and is associated with high levels of distress and functional impairment. Treatment limitations exist, with a lack of trained clinicians and few FND-specific interventions available. Digital self-help is increasingly used in the National Health Service as part of a stepped-care model and has been recommended as part of potential FND pathways. This may address existing treatment barriers.

Objective

The study aimed to explore how individuals with FND would use a digital self-help toolkit, and whether they found it acceptable. The possibility of a relationship between toolkit usage and scores on measures of interoception and emotional processing was also assessed.

Methods

This was an exploratory single-arm study, in which participants used a four-module, unguided online toolkit aimed at improving body-mind connection. Participants completed pre-post outcome measures relating to acceptability, interoception, and emotional processing. Data were analysed using descriptive statistics and regression analyses. The study was pre-registered on the Open Science Framework: https://osf.io/v7aej.

Results

Fifty-two participants were given access to the toolkit. Five participants did not log in and three withdrew. Twenty-nine participants completed at least one post-toolkit outcome measure. The toolkit was rated highly acceptable by more than 80% of participants in terms of its general acceptability. However, some constructs (e.g., burden) were rated less highly. Sixteen participants showed reliable change on one or more MAIA-2 constructs. Increased toolkit usage was associated with higher scores on the MAIA-2, but not EmoMap Part 1.

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GRACE EVANS (CONTINUED)

Conclusions

The toolkit was generally deemed acceptable, with preliminary signs of a relationship between toolkit use and change on the MAIA-2. However, cautious interpretation is required given the high attrition rate, small sample size, and uncontrolled design. Further research is warranted

Plain English Summary

Functional neurological disorder (FND) is a condition where communication between the brain and the body is interrupted. Symptoms include weakness in the arms or legs, memory problems, and seizures. This can impact mood and daily life. Even though the symptoms can be similar to those of other neurological conditions, FND is not caused by damage or disease in the brain. At the moment, there are not a lot of treatments available for people with FND. In this study, participants were asked to use an online toolkit with four modules. The toolkit had different exercises to help them get better at noticing and understanding their physical and emotional body signals. The idea was that this could increase the connection between their body and mind. The main aim of the study was to see how people used the toolkit and what they thought of it. Fifty-two participants were given access to the online toolkit. Five participants did not log in and three withdrew. Participants were asked to complete questionnaires before and after using the toolkit for four weeks. Twenty-nine participants completed at least one questionnaire after using the toolkit. They were asked questions about how aware they were of their body and emotions, as well as what they thought about the toolkit exercises. Participants mostly said that the toolkit was acceptable. However, some participants reported barriers to using the toolkit. Even though the results were promising overall, there was only a small sample of people who used the toolkit and there was a high drop-out rate. Therefore, more research should be done to improve the toolkit and to assess who it is most useful for.

ANNIE RENNINSON

Developing a facilitator fidelity measure to evaluate Empowered Conversations (a training intervention for informal carers of people living with dementia)

Background

Dementia affects approximately 55 million people worldwide, with around 10 million new cases each year. Informal carers, such as family members, provide much of the care for people living with dementia and often experience anxiety and depression. Empowered Conversations is a six-session intervention designed to support carers through improved communication, relationships, and stress management. This study aimed to develop a fidelity measure for Empowered Conversations and evaluate intervention fidelity.

Methods

A fidelity measure was developed using guidance from previous research on complex health interventions. The lead researcher observed 50% of all sessions delivered during data collection. Fifteen sessions were purposively selected to represent all session types. Both the observer and facilitators completed the fidelity checklist using coding guidelines. Descriptive statistics were used to calculate session- and component-level fidelity. Qualitative comments were analysed using deductive content analysis to identify barriers to delivery.

Results

Overall session fidelity was moderate, with closely aligned observer and facilitator ratings. Fidelity varied across sessions, with the lowest fidelity in session one and the highest in sessions four and six. Components delivered earlier in sessions showed consistently high fidelity, while later and optional components were more frequently omitted. Three barriers to delivery were identified: time constraints, responding to group need, and differences in facilitator delivery. Time constraints were the most frequently reported barrier.

Conclusions

Findings highlight the need for clearer timing guidance, flexibility within the manual, and enhanced facilitator training to support consistent delivery.

HAYLEY SLATER

Making Sense of Uncertainty in Medicine: An IPA Study of How Clinical Debrief Sessions in Medical School Prepare Foundation Doctors to Navigate Professional Challenges

Introduction
Uncertainty is inherent to medical practice and can cause psychological distress, particularly during the transition to Foundation training. While reflective learning is embedded within UK medical education and may support engagement with uncertainty, little is known about how undergraduate Clinical Debrief (CD) prepares graduates for practice. This study explored Foundation Doctors' (FDs') experiences of uncertainty and the retrospective influence of CD on preparedness for work.

Methods
Six FDs who completed undergraduate training at the University of Manchester were purposively recruited. Semi-structured interviews were audio-recorded, transcribed, and analysed using iterative idiographic Interpretative Phenomenological Analysis (IPA). Ethical approval and reflexive practices supported methodological rigour.

Results
Three superordinate themes emerged: (1) "It's all hypothetical uncertainty": CD Meets Reality; (2) "Somewhere in the back of my mind": Latent Impact of CD; and (3) CD as a Template for Psychological Safety.

Discussion
This study identified a developmental trajectory: FDs initially encountered the limits of hypothetical preparation, later recognised the latent and internalised influence of CD in practice, and ultimately viewed CD as an early template for psychological safety that was variably sustained after qualification. Interpreted through a Theory of Change framework (Connell & Kubisch, 1998), the findings highlight potential mechanisms through which CD may support professional development across the transition from student to doctor. Medical curricula should help students recognise the developmental value of reflective practice, even when its relevance appears abstract. Future research should include interviews both early and later in the transition to capture the influence of increasing clinical experience.

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HAYLEY SLATER (CONTINUED)

Plain English Summary

Starting work as a doctor can be stressful because medicine often involves uncertainty, and new doctors may not always know the right answer straight away. Medical schools in the UK encourage students to reflect on their experiences, but little is known about whether Clinical Debrief (CD) sessions during medical school help graduates cope with uncertainty once they start work. This study explored how newly qualified Foundation Doctors experienced uncertainty in their daily practice and whether they felt that undergraduate Clinical Debrief sessions had helped prepare them. Six Foundation Doctors who had studied medicine at the University of Manchester took part in in-depth interviews. The interviews were recorded, transcribed, and carefully analysed to understand their experiences and perspectives. Three main findings emerged. First, many doctors felt that the uncertainty discussed during medical school seemed theoretical and did not fully prepare them for the realities of clinical practice. Second, although they did not always recognise it at first, many later realised that lessons from Clinical Debrief had influenced how they thought about and managed challenging situations. Third, Clinical Debrief provided an early example of a psychologically safe environment where they could discuss difficulties openly, although similar support was not always available after qualification. Overall, the findings suggest that the benefits of Clinical Debrief may develop gradually over time. While students may not immediately see its value, the skills and attitudes learned through reflection can become useful as they gain experience and responsibility. Medical schools should help students understand that reflective practice may have long-term benefits, even if its relevance is not obvious at the time. Future research should follow doctors throughout their transition into practice to better understand how these benefits emerge with experience.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

REBECCA WILLIAMS

Preparing for Psychedelic Therapies - What do potential participants want to know?

Psychedelic-assisted therapy (PAT) has re-emerged as a promising area of mental health research, with growing evidence suggesting potential benefits across a range of psychological difficulties. Despite increasing clinical interest, there are important ethical challenges regarding informed consent and the lack of participant perspectives currently reflected within preparation protocols. This study therefore aimed to explore the informational and preparatory needs of individuals considering participation in PAT. Twenty participants with experience of mental health difficulties were recruited through online and offline communities and participated in semi-structured interviews. Data was analysed using reflexive thematic analysis. Four overarching themes and nine subthemes were generated: Laying the Foundations; Nurturing Psychological Wellbeing; Safeguarding the PAT Journey; and Obstacles to Engagement. Participants emphasised the importance of comprehensive preparation, emotional safety, supportive therapeutic relationships, and transparent communication regarding risks, expectations, and therapeutic processes. Perceived risk, uncertainty, stigma, and concerns relating to safety and trust emerged as barriers to engagement. Findings highlight the importance of developing PAT preparation frameworks that are responsive to participant perspectives and ethically attuned to experiences of vulnerability and uncertainty. Future research should explore the preparatory needs of more culturally and geographically diverse populations, particularly among groups currently underrepresented in PAT research.

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REBECCA WILLIAMS (CONTINUED)

Plain English Summary

Psychedelic-assisted therapy (PAT) is being explored as a new approach to supporting people with mental health difficulties. Early research suggests it may help some individuals who have not benefited from existing treatments. As interest in this area grows, it is important to understand what people need to know and what support they need before deciding whether to take part in PAT. This study spoke with 20 people who had experienced mental health challenges to explore their views on preparing for PAT. Through in-depth interviews, participants discussed the information they felt would help them feel informed and ready for treatment. Participants wanted clear and honest information about what might happen during the experience, the potential benefits and risks, and how they would be supported throughout the process. Emotional safety was seen as particularly important, especially when people may feel vulnerable or uncertain about taking part. The study also found that some factors could make people hesitant to engage with PAT. These included uncertainty about what the experience would be like, concerns about possible negative effects, and stigma surrounding the use of psychedelic substances. Overall, the findings suggest that providing clear information, emotional support, and opportunities to build trust may help increase confidence about taking part. The study highlights the importance of listening to participants' perspectives when designing preparation programmes. Future research should include a wider range of people and communities to ensure these approaches meet diverse needs.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

KELSEY BRIDGE

Exploring Dental Anxiety and Associated Factors in People with Experience of Psychosis

Background

Oral health is a significant concern for people with psychosis. Poor oral health outcomes have been highlighted in both people with psychosis and people with dental anxiety. However, there is limited research exploring dental anxiety among people with psychosis.

Objectives

The current study aimed to investigate dental anxiety within a sample of people with psychosis and to test a mediation model in which dental anxiety mediates the relationship between distressing and traumatic events and oral health-related quality of life (OHRQoL).

Methods

An online cross-sectional study collected data from 92 adult participants using the Modified Dental Anxiety Scale, Oral Health Impact Profile, Level of Exposure-Dental Experiences Questionnaire, Brief Betrayal Trauma Survey, Revised Iowa Dental Control Index and Community Assessment of Psychotic Experiences. Results: There were high rates of dental anxiety (88%), which was associated with OHRQoL, distressing dental experiences, trauma and sense of control. Dental anxiety was not found to mediate the relationship between distressing and traumatic events and OHRQoL; however, distressing and traumatic events were found to have a direct effect on OHRQoL.

Conclusions

The findings highlight the pivotal role of Early Intervention in Psychosis services in the early detection and management of dental anxiety, whilst also advocating for greater awareness among dental professionals of service users' psychological needs. Future research is needed to provide further insight into the prevalence of dental anxiety within this population and to gather longitudinal data exploring how the relationship between distressing and traumatic events, dental anxiety and OHRQoL develops over time.

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KELSEY BRIDGE (CONTINUED)

Plain English Summary

People with psychosis often have problems with their oral health. People who are afraid of the dentist also tend to have poorer oral health. However, not much is known about dental anxiety in people with psychosis. This study explored dental anxiety in this group. It also tested a chain of events. First, a person experiences a stressful event or trauma. Next, this experience increases their anxiety around dental treatment. Finally, that anxiety impacts their oral health and wellbeing. This study used a one-time online survey. Ninety-two adults with experience of psychosis answered questions about:

- Dental anxiety
- Oral health-related quality of life
- Upsetting or stressful experiences related to the dentist
- Past trauma
- How much control they want to have or feel they have at the dentist
- Positive symptoms of psychosis (e.g. hallucinations and delusional beliefs)

The study found high levels of dental anxiety. In total, 81 participants (88%) reported dental anxiety. Higher dental anxiety was linked to poorer oral health, more stressful dental experiences, more traumatic experiences and wanting more control, but feeling less in control during dental treatment. Dental anxiety was not found to be the middle step in the chain of events. Instead, past trauma and stressful experiences had a direct impact on oral health. The findings suggest mental health teams must spot and treat dental anxiety early. Dentists also need better training to support people with psychosis. More studies are needed to confirm how common dental anxiety is in this group. We also need long-term studies that follow the same group of people over time. This will show how stressful events, dental fear, and oral health change over time.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

DHAKSHAYINI MARUTHAMUTHU

The Lived Experience of Consultants in Rehabilitation Medicine when Working in Prolonged Disorders of Consciousness

Objectives

Prolonged disorders of consciousness (PDOC) present clinicians with complex clinical, ethical, and relational challenges. While previous research has explored multidisciplinary experiences of PDOC care, little is known about how consultants in rehabilitation medicine make sense of their role within this context. This study aimed to explore the lived experiences of consultants working with patients in PDOC.

Design

Qualitative study using Interpretative Phenomenological Analysis (IPA).

Methods

Semi-structured interviews were conducted with seven consultants in rehabilitation medicine working with patients in PDOC across the United Kingdom. Interviews explored participants' experiences of clinical practice, decision-making, relationships with families and colleagues, and the personal impact of their work. Data were analysed using IPA to examine how participants understood and made meaning of their experiences.

Results

Four interrelated themes were identified: Supporting Vulnerable Staff, describing the emotional labour of containing and guiding multidisciplinary teams; Questioning Whether Rehabilitation Is the Right Path, reflecting tensions around the appropriateness and limits of rehabilitation; Occupying a Necessary but Highly Skilled Role, capturing participants' sense of responsibility and specialist expertise; and Occupying the role of the 'Bad Guy', highlighting the burden of leading difficult conversations and decisions regarding prognosis and treatment. Across themes, participants described balancing hope and realism while navigating uncertainty, responsibility, and moral complexity.

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DHAKSHAYINI MARUTHAMUTHU (CONTINUED)

Conclusions

Consultants in rehabilitation medicine experience PDOC work as highly specialised, emotionally demanding, and ethically complex. Findings suggest a need for dedicated reflective and therapeutic spaces that support consultants in processing the emotional impact of their work, exploring value-based tensions, and sustaining their wellbeing within challenging clinical environments.

Plain English Summary

Prolonged disorders of consciousness (PDOC) are conditions in which a person has severe difficulties with awareness following a significant brain injury. Caring for patients with PDOC can involve difficult decisions about diagnosis, rehabilitation, treatment, and long-term care. Consultants in rehabilitation medicine often play a leading role in these decisions, but little research has explored their experiences of this work. This study aimed to understand what it is like to work as a consultant in rehabilitation medicine with patients in PDOC. Seven consultants from across the United Kingdom took part in interviews about their experiences. The interviews were analysed using a qualitative approach called Interpretative Phenomenological Analysis (IPA), which focuses on understanding how people make sense of important experiences in their lives. Four main themes were identified. Consultants described the responsibility of supporting staff who may feel emotionally affected by the work. They spoke about uncertainty and conflict when considering whether rehabilitation was always the most appropriate course of action for a patient. Participants also described their role as highly specialised and requiring significant expertise, particularly when managing complex clinical and ethical issues. Finally, consultants reflected on the challenge of being viewed as the "bad guy" when leading difficult conversations about prognosis, treatment limitations, or end-of-life decisions. Overall, the findings suggest that working with patients in PDOC can be emotionally demanding and ethically complex. The study highlights the importance of providing consultants with opportunities for reflection, emotional support, and discussion of the personal values that may influence their work. Supporting consultants in these ways may benefit both staff wellbeing and patient care.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

GEORGIA DUNNING

Investigating the after-effects of alcohol and cannabis use in those who experience psychosis: A Q-Methodological approach

Background
Substance use is highly prevalent among individuals who experience psychosis and is associated with poorer clinical outcomes, including relapse and increased suicidality. Existing research has primarily focused on motives for use and acute intoxication effects, with limited attention given to the subjective after-effects following substance use. Understanding these experiences may provide insight into ongoing use and associated risks.

Aims
To explore and compare the subjective after-effects of alcohol and cannabis use in individuals with psychosis.

Method
A Q-methodological design was employed. Thirty participants with lived experience of psychosis were recruited from Community Mental Health Teams and Early Intervention in Psychosis services. Participants completed a Q-sort task using a 54-item statement set describing potential after-effects of either alcohol or cannabis use. Statements were ranked according to subjective experience, and by-person factor analysis was conducted to identify shared viewpoints.

Results
Two factors were extracted for each substance. Alcohol was associated with predominantly negative after-effects, characterised by cognitive and emotional depletion, guilt, shame, self-criticism, social withdrawal, and suicidal thoughts. Cannabis-related experiences were more heterogeneous, reflecting both perceived restorative effects (e.g., calmness, improved concentration, and a return to normality) and detrimental outcomes, including low mood, cognitive disruption, emotional numbness, paranoia, and hallucinations. Across both substances, common after-effects included fatigue, memory difficulties, irritability, low mood, and reduced functioning. Overall, alcohol after-effects reflected emotional distress and social withdrawal, whereas cannabis after-effects showed a more polarised pattern involving both perceived benefits and symptom exacerbation.

Continued >>>

GEORGIA DUNNING (CONTINUED)

Conclusions

Substance use after-effects in psychosis are complex, substance-specific, and highly individual. Assessing subjective after-effects alongside patterns of use may inform formulation-driven interventions, risk assessment, and harm reduction strategies.

Plain English Summary

People who experience psychosis are more likely to use alcohol and cannabis than the general population. Substance use can have a significant impact on mental health, but most research has focused on why people use substances or what happens while they are intoxicated. Less is known about how people feel after the effects have worn off. This study explored the experiences of 30 people with psychosis who reported on the after-effects of either alcohol or cannabis use. Participants described a range of emotional, physical, social, and cognitive effects. Alcohol was most commonly associated with negative after-effects, including tiredness, low mood, anxiety, memory difficulties, guilt, shame, and withdrawing from other people. Some participants also reported experiencing suicidal thoughts after drinking alcohol. Experiences following cannabis use were more varied. Some participants described negative effects, such as low mood, paranoia, racing thoughts, memory problems, and worsening psychotic symptoms. However, others reported feeling calmer, more like themselves, and better able to concentrate after using cannabis. The findings suggest that the after-effects of substance use are highly individual and differ between substances. While alcohol was generally linked to emotional distress and social difficulties, cannabis was associated with both positive and negative experiences. Understanding how individuals experience the after-effects of substance use may help clinicians provide more personalised support, improve risk assessment, and develop effective harm-reduction strategies for people experiencing psychosis.

TAYLA BARRY

A Qualitative Exploration of the Support, Training and Clinical Supervision Needs of Psychological Therapists Who Work with Suicidal Prisoners

Objectives
Psychological therapists may play a pivotal role in reducing prison suicide through therapeutic intervention; however, likely face institutional, relational and emotional challenges working with suicidal prisoners. Despite this, there is limited research regarding their experiences and resulting support needs. Therefore, the aim of the proposed study is to investigate the support, training and clinical supervision needs of accredited psychological therapists who work with suicidal prisoners. The findings may inform development of support, training and clinical supervision guidelines for prison-based psychological therapists.

Design
A qualitative, semi-structured interview design was employed with 9 accredited psychological therapists who have experience of working with suicidal prisoners. The data was analysed using a Reflexive Thematic Analysis approach.

Methods
Participants were recruited via advertisement within a local NHS trust and/or through social media. Inclusion criteria included accredited psychological therapists, with current or previous experience of engaging suicidal prisoners in psychological intervention/s.

Results
Three themes were developed: 1) Between Powerlessness and Perseverance: Sustaining Care Under Systemic Constraint, which provided context for the following themes, 2) "I did feel… lost at sea": Barriers to Effective Support, Training and Clinical Supervision, and 3) "There's a lot of psychological safety": Facilitators of Effective Support, Training and Clinical Supervision.

Continued >>>

TAYLA BARRY (CONTINUED)

Conclusions

Support, supervision and training guidelines should be developed in accordance with prison-based psychological therapists' experiences of working with suicidal prisoners. Recommendations are offered to inform guidelines for clinical practice.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

CALLUM ROOKE

Patient Experiences of Adapting to Life After Moderate and Severe Musculoskeletal Trauma in the UK: Systematic Review and Thematic Synthesis

Aims

Moderate and severe musculoskeletal trauma accounts for most cases of major trauma within the UK. Existing qualitative reviews are limited by their lack of focus on how experiences of adaptation evolve over time and by their UK-specific context. This systematic review aimed to synthesise qualitative evidence across time exploring how individuals adapt to life following musculoskeletal trauma in the UK.

Method

A search was conducted across PsycINFO, MEDLINE, EMBASE, CINAHL, and Web of Science, all in accordance with PRISMA guidelines. Study selection, data extraction, and quality appraisal were completed using predefined criteria. Data were synthesised using thematic synthesis.

Results

Twelve studies were included in the review. The synthesis identified an overarching theme of reconstructing the self over time, comprising three analytical themes: the embodied self, the psychological self, and the relational self. The embodied self was shaped by bodily disruption, including pain, medication management, and fatigue. The psychological self involved processing difficult emotions, perceived losses, and redefining recovery. The relational self was experienced through reciprocity with family and professionals and perceived transfer of responsibility. Adaptation appeared to be a non-linear process, particularly salient at transitional points in care.

Conclusions

Adaptation following moderate and severe musculoskeletal trauma in the UK may be best understood as a process shaped across time as individuals reconstruct the self. The findings highlight the importance of current trauma systems to move beyond functional restoration alone and recognise the embodied, psychological, and relational work needed to support individuals in adapting to life after musculoskeletal trauma.

CLINPSYD RESEARCH CONFERENCE 2026
THEME 2

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

RUTH WARBURTON

"When you have someone to listen to you, it's a completely different story": A qualitative study of parents and caregivers' experiences of engaging with help through CAMHS for their child with distressing sensory experiences.

Background
Experiences where young people hear, see, or perceive things that others do not, with associated distress and help-seeking (distressing sensory experiences; DSEs) are relatively common for children accessing Child and Adolescent Mental Health Services (CAMHS). Parents and caregivers often facilitate or preclude help-seeking, but relatively little is known about their experiences of seeking help for their children.

Method
Semi-structured interviews were conducted with eight parents and caregivers who had sought help for their young person with DSEs through CAMHS and had taken part in a clinical trial for DSEs. Qualitative interviews were analysed using Framework Method Analysis.

Results
Parents and caregivers described experiences that clustered into two major themes. The first, 'Influences of the System on the Help-Seeking Experience', captured how some parents felt their child's needs could be overlooked within strained CAMHS contexts, whilst other parents had positive experiences of timely therapy. The second major theme 'The Personal Experience' captured parent's emotional experiences of accessing support, including experiences of support or stigma.

Conclusion
The study was the first to qualitatively understand the experiences of parents and caregivers seeking help for their child's multisensorial DSEs through CAMHS. Findings give direction for clinicians supporting families; families should be involved in children's CAMHS care, parents should be supported through psychological formulation, and clinicians should be aware that help-seeking can be distressing for parents. Future research should explore the experiences of families who seek help for younger children and families from under-represented backgrounds.

Continued >>>

RUTH WARBURTON (CONTINUED)

Plain English Summary

The study was the first to qualitatively understand the experiences of parents and caregivers seeking help for their child's multisensorial DSEs through CAMHS. Findings give direction for clinicians supporting families; families should be involved in children's CAMHS care, parents should be supported through psychological formulation, and clinicians should be aware that help-seeking can be distressing for parents. Future research should explore the experiences of families who seek help for younger children and families from under-represented backgrounds.

Background

Young people can see, hear, or perceive things that other people do not experience. In research these experiences are called Distressing Sensory Experiences (DSEs). They are common in childhood, and lots of children who get help from mental health services experience (such as help from CAMHS; Child and Adolescent Mental Health Services). From research, we know that parents and caregivers of children who have DSEs play an important role in getting help. This study aimed to find out about parents and caregivers experiences of getting help for their child's DSEs in CAMHS. Method: Parents were asked about their experiences through interviews. These were semi-structured, meaning that questions were decided before meeting parents, but the interview also followed topics that felt important to parents to discuss. All parents and caregivers who were interviewed were also taking part in research for their child's DSEs. This research aimed to trial a new therapy for DSEs. Some families were offered the new therapy, and some were offered usual CAMHS care. Results and Conclusions: Parents and caregivers had mixed experiences of care from CAMHS for DSEs. Some parents had built good relationships with CAMHS workers and felt their child had been well supported. Other parents felt like their child's needs were not heard. Some parents felt like their child's experiences of DSEs were ignored, or that they had not had enough information about how to understand DSEs and help their child. Some parents were worried that DSEs are a sign that their child might be developing psychosis. Parents and caregivers can feel lots of emotions when seeking help for their child.

Continued >>>

RUTH WARBURTON (CONTINUED)

Some described feeling 'relief', whilst others felt sad, angry, scared, or guilty. Some parents and caregivers spoke about feeling judged by their loved ones, whilst other people felt well supported.These findings are helpful for thinking about how we can do more to support families. Parents want clear information to help them to understand DSEs. This can be offered by psychologists through a 'psychological formulation', where we work together with parents to understand DSEs. CAMHS workers can 'normalise' DSEs, which means giving parents information (e.g. DSEs are common in children and teenagers, especially those who seek help from CAMHS). CAMHS workers should also be aware that parents and caregivers face lots of emotions and some experiences of feeling judged when seeking help for their child, and they might benefit from their own support. We need more research to understand what these experiences are like for parents of younger children, and parents from minoritised backgrounds. However, this current research is helpful because it is the first study to explore parents' experiences of seeking help for DSEs in CAMHS.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

DR CLAIRE HILTON

A qualitative exploration of children and young people's (CYP) perceptions about their own distressing sensory experiences following a novel psychological therapy within a Children and Adolescent Mental Health Service (CAMHS) setting

Objectives

Distressing sensory experiences (DSE's) can include hearing voices, experiencing hallucinations and having delusions, and are connected to a range of mental health difficulties such as internalised stigma, threats to self-perception, self-harm and depression. There is currently no formal psychological therapy offered by CAMHS to help CYP manage their DSE's. The aim of this study was to qualitatively explore CYP's perceptions about their DSE's after engaging in talking therapy.

Design

A qualitative study design using semi-structured interviews was employed for this study.

Methods

CYP (aged between 8 and 16 years old) who took part in the ChUSE Trial (Parry et al., 2024) were interviewed. Participants were eligible if they self-identified as experiencing's DSE's and were under the care of a CAHMS. Framework analysis was used to order data into a clear matrix-based thematic table to draw out key themes, concepts and emergent categories.

Results

Initial results from seven interviews suggest that some CYP do experience a positive change in their perception about their DSE's. For some this related to psychoeducation about DSE's and the normalisation of their experiences which acts to comfort and reassure them. The therapeutic alliance and feeling that the therapist understood them was another important outcome from therapy. For some CYP who did not receive the intervention, even the recognition of being in a study looking at DSE's validated their experience and helped them feel more heard and understood.

Continued >>>

DR CLAIRE HILTON (CONTINUED)

Conclusions

Targeted talking therapy that focuses on the psychoeducation and normalisation of DSE's appears to be helpful to CYP.

Plain English Summary

Some children and young people experience distressing sensory experiences like hearing voices, having visions or believing things that others do not. This can become frightening for children and their family members as they worry it could be a sign of a serious mental health problem. There is currently no specific talking therapy to help children and young people with these experiences, so a new talking therapy was created to help children and their families understand their experiences. This study involved interviewing children and young people about taking part in the ChUSE Trial (Parry et al., 2024) that tested out this new talking therapy. Researchers were interested to find out whether the way children and young people thought about their distressing sensory experiences changed after the therapy and if this helped them to feel better. Seven interviews were completed and the audio was transcribed into written text. This was read through and organised into themes and categories to get an overview of the children and young people's experiences. Initial findings suggest that the therapy was helpful for many participants by helping them to change the way they viewed their experiences. This made them realise that their experiences are relatively common and happen to other people as well, which brought them comfort. Having a good relationship with the therapist was also important. Even for those that did not get to have the therapy, just being involved in a research trial that was exploring distressing sensory experiences helped some children and young people to feel seen and heard. This shows that having a specific talking therapy that helps children and young people and their families to understand their distressing sensory experiences is helpful. This type of therapy is also needed in Children and Adolescent Mental Health Services as there is no other talking therapy that focuses on distressing sensory experiences currently available.

COREY LEE

Professional's Views of the Impact of Informing Adopted and Cared-For Children That Their Genome was Sequenced at Birth: A Qualitative Study

Background
Numerous pilot studies of genomic newborn screening are sequencing the entire genomes of many 100,000s of babies combined. In some countries, 16-year-olds will be contacted to decide whether their genomic data can continue to be stored and used for research. There is insufficient research to design evidence-based services to support adolescents with this decision. Adopted and cared-for children experience unique mental health, relational, and identity challenges, meaning that service design is key to effectively support this population when they are asked if their genomic data can continue to be stored. Adopted and cared-for young people interact with a range of health and social care professionals who provide support to maintain their mental health. These professionals are well placed to envisage how adopted and cared-for young people will be impacted when they learn that their genome has been sequenced.

Methods
Six health and social care professionals who work with adopted and cared-for children completed reflective online learning modules over multiple days and an online interview. Data were analysed using reflexive thematic analysis

Results
Two themes were identified: 1) Contributors to Impact: how contact from genomic services may exacerbate current difficulties for adopted and cared-for young people, and 2) Increasing Isolation: how contact may negatively impact relationships with caregivers, birth parents, and professionals.

Conclusions
Findings suggest that policy makers should be aware of the potential long-lasting negative psychological impacts that contacting this group of adolescents about their genomic data may have.

JADE CLAYTON

The psychological experience of unmet breastfeeding expectations in first-time mothers after IVF: Impacts on maternal wellbeing and the mother-infant relationship

Objectives
In Vitro Fertilisation (IVF) is the most common type of fertility treatment worldwide. Women who conceive through using IVF report breastfeeding as particularly significant because they consider it to be one way to counteract the medicalised nature of conception. Thus, in this qualitative study, we explored the psychological experiences of unmet breastfeeding expectations in women who conceived via IVF, identifying how they coped with any psychological difficulties and the perceived impact on the mother-infant relationship.

Method
Women, who had given birth following successful IVF treatment and who reported their breastfeeding expectations as unmet, were interviewed. Data were analysed using Interpretative Phenomenological Analysis.

Results
Based on ten women's experiences, three group experiential themes were identified: 1) Breastfeeding - A Distressing experience. Women's narratives revealed that the disparity between prenatal breastfeeding expectations and reality contributed to significant emotional distress and negatively impacted their psychological wellbeing during a period of vulnerability. 2) Breastfeeding viewed as a special experience after a long and painful IVF journey. IVF-assisted conception contributed to women experiencing a perceived heightened internal and external pressure to breastfeed, often idealising this experience. 3) Dismissed and unsupported - Set-up to fail. This theme highlighted the perceived barriers women encountered when attempting to access breastfeeding information and support.

Continued >>>

JADE CLAYTON (CONTINUED)

Conclusions

When women's breastfeeding experiences differed to their prenatal expectations, they viewed this as a highly distressing time, laden with feelings of guilt, shame, loss and failure. The need for greater awareness and education for healthcare professionals and women regarding the increased vulnerability for postnatal distress is highlighted alongside realistic and adequate breastfeeding information and support.

JESSICA RAPHAEL

Digital screening for postnatal depression in fathers and non-gestational parents: a mixed methods feasibility study

Despite its prevalence (9%) in fathers, there is no routine screening for postnatal depression (PND) in fathers and non-gestational parents. In this single-arm, mixed-methods cohort study fathers and non-gestational parents whose partners were ≥36 weeks pregnant were recruited from National Health Service (NHS) antenatal services.

Participants completed baseline assessments exploring demographics, depression, anxiety and quality of life. Participants were then asked to use the CareLoop PND app daily to screen for depression until eight weeks postpartum. Follow-up assessments at eight weeks postpartum explored app acceptability, health service use, quality of life, depression, anxiety, suicidality and postpartum bonding. All participants were invited for an interview to explore app and study feasibility and acceptability. Data were analysed using framework analysis.

Of the 12 participants recruited at baseline, one was withdrawn, while the remaining used the app until eight weeks postpartum. Ten completed the eight-week follow-up questionnaires, and nine took part in the qualitative interview. A priori "accept" criteria of overall completion rate of app assessments was met; 49% of daily app-based Edinburgh Postnatal Depression Scale (EPDS) assessments were completed, with 64% of participants completing more than half of daily EPDS. Frequency of app use declined over the 12-week app use period; participant characteristics (demographics or method of study referral) did not predict app use over time.

The findings indicated it was feasible and acceptable for fathers and non-gestational parents to utilise an app for PND screening. Qualitative findings highlighted the importance of overcoming negative societal views of fathers and non-gestational parents with PND, acknowledging their valuable role throughout the perinatal period, and ensuring appropriate mental health support is available.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

AMEERA IQBAL

Examining Intergenerational Pathways to Adolescent Self-Harm in People Living in Northern Ireland: The Mediating Role of Complex PTSD and Emotional Difficulties

Background

Self-harm in children and young people (CYP) is a growing public health concern and a strong predictor of later suicide. Although complex post-traumatic stress disorder (CPTSD) is more prevalent and disabling than PTSD in young people, the relative contribution of its individual symptom clusters to self-harm has rarely been examined, and parental adversity has seldom been modelled as a distal influence.

Aims

To test whether ICD-11 PTSD and Disturbances in Self-Organisation (DSO) clusters were associated with self-harm and suicidal ideation, and whether child CPTSD, emotional difficulties and depression mediated the link between parental adversity and these outcomes.

Method

Structural equation modelling was applied to linked parent–child data from 984 adolescents (aged 10–18) in the Northern Ireland Youth Wellbeing Survey. Parental exposures (poor mental health, adverse childhood experiences) predicted four mediators, which in turn predicted binary self-harm and suicidal ideation outcomes.

Results

DSO, but not PTSD, was significantly associated with self-harm (OR = 7.57) and suicidal ideation (OR = 6.60); depression independently predicted both. PTSD and DSO were near-indistinguishable (r = .942). Parental exposures showed no meaningful association with child symptoms.

Conclusions

DSO features and depression, rather than core PTSD symptoms, appear central to adolescent self-harm. Findings support CPTSD-informed assessment and integrated trauma- and mood-focused intervention in youth mental health services. The cross-sectional design and constructs' high overlap warrant cautious interpretation.

Continued >>>

AMEERA IQBAL (CONTINUED)

Plain English Summary

Self-harm among children and teenagers has become increasingly common, and it appears to be one of the factors associated with a raised risk of later suicide attempts. We wanted to understand what makes some young people more likely to harm themselves. In particular, we looked at the after-effects of frightening or distressing experiences. Clinicians now recognise a condition called complex PTSD, which goes beyond the usual trauma reactions (such as flashbacks and feeling on edge) to include difficulty managing emotions, a deeply negative view of oneself, and trouble in relationships. We also wanted to know whether a parent's own difficult childhood or mental health problems might raise the risk of self-harm in their child. We used information from nearly 1,000 young people in Northern Ireland and their parents, who took part in a large national survey. This setting matters because the legacy of the Troubles means many families there carry experiences of trauma across generations. Using a statistical method that can test several connections at once, we examined how parents' histories, young people's trauma symptoms, and their mood related to self-harm and suicidal thoughts. We found that the emotional and relationship difficulties of complex PTSD, rather than the more familiar trauma symptoms, were strongly linked to self-harm and suicidal thoughts, as was depression. Surprisingly, parents' own difficulties were not clearly connected to their children's symptoms. These findings suggest that services supporting young people who self-harm should look closely at how they manage emotions, view themselves, and relate to others, and should treat low mood and trauma together.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

MALEEHA BUTT

Restrictive, repetitive behaviours in 14-month-old infants with NF1: A quantitative study

Background

Restricted, repetitive behaviours (RRBs) form one of the two core features of Autism Spectrum Disorder (ASD). A high frequency of RRBs has been reported across genetic syndromes, and the profile of RRBs have also been found to vary across syndromes. Previous research has attempted to explore the underlying biology of RRBs within these populations.

Aims: Neurofibromatosis 1 (NF1) is rare genetic condition with substantial cooccurring ASD. No study to date has explored RRBs in young infants with NF1 and therefore this study aimed to examine these RRBs in 14-month-old infants. This study also explored whether the frequency or duration of atypical RRBs at 14 months are associated with ASD symptomology at 36 months.

Methods

The frequency or duration of behaviours were coded from 157 videos of participants completing an Object Exploration task, previously recorded during the EDEN-STAARS studies. These were compared between infants with NF1, typically developing controls and those with an elevated risk of ASD, ADHD and both ASD and ADHD.

Results

Findings indicated no significant differences in atypical behaviours between NF1 and typically developing infants and minimal differences when compared to other elevated-risk groups. No significant association was found between atypical RRBs at 14 months and ASD symptomology at 36 months.

Conclusions

These findings suggest that at 14 months, atypical RRBs are yet to emerge in infants with NF1 and cannot be used to identify early signs of ASD. Further exploration of the trajectory of RRBs in pre-school children with NF1 is indicated.

Continued >>>

MALEEHA BUTT (CONTINUED)

Plain English Summary

Background: Neurofibromatosis 1 (NF1) is a condition that some people are born with. People with NF1 have tumours on their nerves. A quarter of people with NF1 also have Autism Spectrum Disorder (ASD). Some people with ASD repeat the same actions a lot or focus on certain objects. These are called repetitive behaviours. Research shows that children with NF1 may display more repetitive behaviours. However, there is no research into repetitive behaviours in very young infants with NF1.

Aims

- Do infants with NF1 show more or less repetitive behaviours compared to controls, and those with a sibling with ASD or ADHD?
- Are more repetitive behaviours at 14 months associated with more ASD symptoms at 3 years old?

Method

The study used videos of 157 children taken during a play activity where they explored toys. The researchers watched the videos and counted how many times infants showed repetitive behaviours, and how long these behaviours lasted. They compared babies with NF1 to controls, and to children who had a sibling with ASD or ADHD. The data was then analysed to explore the association between repetitive behaviours at 14 months, and ASD symptoms at the age of 3.

Results

The results showed that 14-month-old babies with NF1 did not show more repetitive behaviours than the controls. There were also only very small differences between the NF1 group and infants with a sibling with ASD or ADHD. In addition, the behaviours seen at 14 months did not relate to autism traits measured when the children were 3 years old. Conclusions: Higher levels of repetitive behaviours are not present in infants with NF1 at 14 months of age. They also do not predict later ASD traits. This may mean that these behaviours develop later in childhood and more research is needed to explore this.

SAMUEL GITTINS

Understanding the experiences of the mothers of children with Fetal Valproate Spectrum Disorder (FVSD): A qualitative study

Objectives
In utero exposure to sodium valproate (VPA) is associated with significant neurodevelopmental/neuropsychological and physical health difficulties. While research has continued to evidence the neuropsychological phenotypes of FVSD in affected children, few studies have investigated the experience of mothers. This study aimed to explore the psychological, relational, and practical experiences of mothers raising children diagnosed with FVSD.

Design and Methods
A qualitative design was employed using semi-structured interviews with women with epilepsy (WWE) whose children had been diagnosed with FVSD. Participants were recruited via convenience sampling. Interviews were analysed using Reflexive Thematic Analysis (RTA).

Results
Sixteen women were interviewed. Five interrelated themes were identified from the women's narratives: 1) Experiencing dismissal and betrayal by medical professionals, 2) Processing psychological distress in silence, 3) Living between parenthood and caregiving, 4) Exhaustion and isolation in a lifelong battle for professional support and 5) Reflecting on the future and the value of listening. The reported psychological distress appeared to be rooted in an initial experience of institutional/medical betrayal and potentially compounded through repeated dismissive encounters across healthcare, education and social care systems.

Conclusions
Mothers of children with FVSD outlined experiences of enduring and complex psychological, practical and relational impacts, with these findings demonstrating the importance of specialist, formulation-led psychological provision for these women. Further research should prioritise greater demographic diversity and inclusion of paternal perspectives.

REBECCA HEFFERMAN-CLARKE

Exploring mothers' bond with their child following previous perinatal loss: a qualitative study

Introduction

Perinatal loss can significantly affect a woman's psychological wellbeing and shape subsequent experiences of pregnancy and motherhood. For example, the psychological impact of a stillbirth can influence how women experience and bond with their subsequent pregnancies. However, no studies to date have qualitatively explored the impact of other types of perinatal loss experiences on bonding with a subsequent baby. Thus, the present study aimed to a) explore the psychological impact a previous perinatal loss had on maternal bonding with their subsequent baby (throughout pregnancy and post-birth) and b) identify the psychological and psychosocial support that helped in facilitating this bond.

Methods

In this qualitative study, women who had experienced a perinatal loss and had a subsequent child (up to the age of five) were recruited and interviewed. Data were analysed using Reflexive Thematic Analysis.

Results

Seventeen women took part. Two main themes, with five subthemes, were developed from their interview data. Theme 1, Bracing for Loss, represented how participants' experiences of subsequent pregnancies were accompanied by a persistent worry of another loss occurring. Theme 1 also explored how participants coped with high levels of worry and how it shaped early experiences of mother-infant bonding. Theme 2, Navigating Motherhood to a Lost and Living Baby, captured participants' experiences of reconstructing their family narrative following the birth of a live baby. Bonding with their subsequent baby was considered in conjunction to the lost baby. This theme also focused on social influences that shaped bonding, such as access to support networks and therapy.

Continued >>>

REBECCA HEFFERMAN-CLARKE (CONTINUED)

Discussion

This study was the first to explore mother-infant bonding following different types of previous perinatal loss. Mother-infant bonding following perinatal loss appeared to be a dynamic and non-linear process, shaped by worries of a potential future loss, self-preservation strategies, and mothers' efforts to integrate their identities as a mother to both their lost and living baby. Continuing bonds with their lost baby appeared to support grief integration and increase emotional capacity for bonding with their subsequent baby. The findings from the current study emphasise the need for trauma-informed and relational approaches within perinatal services that support both maternal wellbeing and the development of the mother infant bond.

Plain English Summary

The purpose of this research project was to learn more about how mothers' bond with babies born after the loss of a previous baby. Seventeen mothers took part in this study. Each mother talked about their experiences of their next pregnancy and early motherhood after losing a baby. The analysis involved finding themes within participants experiences. Two main themes were identified. The first theme, "Bracing for Loss," describes how many mothers felt a constant worry that they might lose another baby during the subsequent pregnancy. This ongoing fear shaped their experiences, including how they coped day-to-day and how they began to form a bond with their new baby. Some women described using coping strategies to protect themselves emotionally while managing high levels of anxiety. The second theme, "Navigating Motherhood to a Lost and Living Baby," focuses on how mothers made sense of their family story after the birth of a live baby. Their relationship with their next born baby was closely connected to their feelings about the baby they had lost. Mothers described trying to balance their identity as a mother to both their lost and living baby. Support from others, such as people who have also experienced baby loss and professional therapy, also played an important role in shaping their experiences. This study was the first to look at how different types of baby loss can affect how a mother experiences bonding with babies born following the loss.

Continued >>>

REBECCA HEFFERMAN-CLARKE (CONTINUED)

The findings show that bonding experiences can vary widely. They are shaped by ongoing fears of loss, ways of coping emotionally, and how mothers understand their identity and experiences. Importantly, maintaining an emotional connection to the baby who died (sometimes called "continuing bonds") appeared to help some mothers process their grief. This, in turn, could support their ability to bond with their next born baby. Overall, the findings highlight the importance of providing care that is sensitive to trauma and focused on relationships. Perinatal services should support both the emotional wellbeing of mothers and the development of a strong bond between mother and baby.

EILIDH SMITH

International Student experiences moving to the UK for university and the factors that helped this transition.

The global international student population is continuing to grow. Despite the benefits of studying abroad, international students experience unique academic, social and psychological challenges throughout this transition. Research has focused on identifying the underlying process that shape adjustment and acculturation. Attachment theory offers a valuable lens for understanding individual differences in help-seeking, relational experiences and adjustment, making it potentially relevant when exploring the international student experience. Using a qualitative design, this study utilised an attachment theory lens to explore the experiences of international students and the factors which supported this transition. Semi structured interviews were conducted with 26 international students attending the University of Manchester and data was analysed using Reflexive Thematic Analysis.

Four themes were developed: 1) Adapting takes effort, capturing the sustained emotional and practical labour of transition. 2) Self concept - Survive or thrive, highlighting variation in motivations, self beliefs, and internal resources. 3) Relationships with others, emphasising the importance of maintaining contact with established secure bases while forming new personal and academic networks in the UK. 4) Engagement with services, illustrating how students navigate support systems and the barriers they encounter. A key finding was the central role of supervisory and teaching staff relationships in shaping adjustment.

These insights underscore the need for a whole university approach to service development that recognises the international student experience and relational processes, across the institution. A stepped care model may offer a useful framework for enhancing staff training and ensuring that international students feel recognised and supported throughout their transition.

SOPHIE KING

The Association Between Loneliness and Addiction among Youth: A Meta analysis

Aim

Loneliness and addictive behaviours frequently co-occur during adolescence and emerging adulthood, yet the strength and direction of this association has not been comprehensively synthesised. This meta-analysis examined cross-sectional and longitudinal associations between loneliness and addiction among young people aged 10-24 years, with implications for clinical assessment and intervention.

Methods

A systematic search of PubMed, PsycINFO, Web of Science, and Scopus identified 138 cross-sectional and 10 longitudinal studies meeting inclusion criteria. Three-level random effects models estimated pooled associations and tested moderation by addiction type, age, gender, and loneliness measurement.

Results

Across 138 cross-sectional studies (N = 170,688), loneliness was moderately associated with addictive behaviours (r = .31). Stronger associations were observed for general internet, social media, and smartphone addiction compared with gaming and pornography-related addiction. Age, gender composition, and loneliness measure did not significantly moderate effects. Longitudinal analyses (10 studies; N = 17,695) indicated high temporal stability for both loneliness and addictive behaviours; however, neither construct reliably predicted change in the other after controlling for baselines levels.

Conclusions

Loneliness and addictive behaviours show stable co-occurrence rather than reciprocal escalation over time. Loneliness may represent a clinically relevant psychosocial vulnerability within youth addiction presentations. These conclusions support routine assessment of loneliness and the integration of belonging-focused interventions in prevention and early treatment approaches for addiction.

Continued >>>

SOPHIE KING (CONTINUED)

Plain English Summary

This review combined the findings of 138 studies involving almost 190,000 young people aged 10 to 24 years. We found that young people who reported higher levels of loneliness were also more likely to report addictive behaviours. The strongest links were found for general internet use, social media use, and smartphone use. When we looked at studies that followed young people over time, loneliness and addictive behaviours were both relatively stable. However, we found little evidence that loneliness caused increases in addictive behaviours over time, or that addictive behaviours caused increases in loneliness. Instead, the two appeared to occur together without one consistently driving changes in the other. These findings suggest that loneliness is an important issue to consider when supporting young people experiencing addictive behaviours. Assessing loneliness as part of routine clinical care and providing interventions that help young people build meaningful social connections and a sense of belonging may improve prevention and early treatment efforts.

BRADLEY BOARDMAN

A qualitative study exploring the acceptability of an AI chatbot for supporting university students' stress management

University students can experience high stress levels, which may contribute to mental health difficulties. Research suggests that artificial intelligence (AI) chatbots may be effective for supporting mental health difficulties (e.g. depression), but little is known about their effectiveness and acceptability for stress management.

This study aimed to explore the acceptability of a chatbot called Llama as a stress-management intervention for university students, informed by the Theoretical Framework of Acceptability (TFA). Eighteen university students were recruited through purposive sampling.

During a face-to-face session, participants interacted with Llama for stress management for up to 30 minutes before being interviewed about their experiences of the interaction. Interview transcripts were analysed using template analysis, a flexible version of thematic analysis where an initial template is created from existing theoretical constructs and then developed. The template was deductively informed by TFA domains and then refined inductively. From this, three main themes were generated: 'cultivating a therapeutic alliance'; 'when the therapeutic alliance breaks down'; and 'perceived effectiveness and limits of AI for stress management'. Overall, Llama was seen as an acceptable tool for stress management under some conditions.

Most participants viewed Llama as accessible, easy to use, and able to provide practical and emotional support. Acceptability appeared to be strengthened when participants experienced Llama as realistic, non-judgemental, and private. However, there were concerns around mistakes, perceived rejection, and overly positive responses. Findings suggest Llama may be suitable for low-intensity support or as an adjunct to traditional support, with appropriate boundaries, guidance, and signposting to traditional support.

CLINPSYD RESEARCH CONFERENCE 2026
THEME 3

NIAMH FARRELL

An Interpretative Phenomenological Analysis exploring transgender and gender diverse autistic adult's experiences with social communication and related wellbeing

Several researchers demonstrated that more gender-diverse people were autistic, compared to the cisgender population. Social communication differences are a common autistic experience. Social communication referred to the way a person uses and understands language and information in conversations with others. Differences in communication styles has predicted mental health challenges. This study aimed to explore the experiences of gender-diverse autistic people's social communication, wellbeing and challenges, and ways to improve support for these communities.

A semi-structured interview design recruited ten gender-diverse autistic adults who met the inclusion and exclusion criteria, in 2025. An IPA analysis identified commonalities across the participants experiences, whilst still reflecting each unique experience.

Gender-diverse autistic people faced additional social communication challenges due to their intersectional and multiple marginalised identities. Five group themes and nine subthemes were identified: 1) 'A mismatch in communication styles impacted social interactions'; 2) 'Expectations to adapt communication to meet gendered standards'; 3) 'Adapting communication negatively affected wellbeing'; 4) 'Communication and socialising was fun within their communities'; and 5) 'Services had the potential to help or harm'. The additional communication load negatively impacted gender-diverse autistic people's mental health and psychological wellbeing. Services could do better with supporting the community through knowledge of intersectional identities, honouring reasonable adjustments, adapting their own communication styles to meet service user's and simple kindness.

Continued >>>

NIAMH FARRELL (CONTINUED)

Plain English Summary

Studies have said that more gender-diverse people were autistic. Many autistic people find social communication difficult. Social communication is how people use and understand information when talking with others. Communicating differently to other people has been connected to facing mental health challenges. This study aimed to explore how gender-diverse autistic people experience social communication and how it impacts their wellbeing. The study also explored ways to improve support for this group. The study interviewed ten gender-diverse autistic adults. The results were sorted using IPA. IPA was used because it told us what the whole group and each participant experienced. The participants found communication harder. This was because other people shunned their identities and communication style. The participants were expected to change their communication style to fit in. This negatively impacted their mental health.The study had five group themes and nine subthemes. The group themes were: 1) 'A mismatch in communication styles impacted social interactions'; 2) 'Expectations to adapt communication to meet gendered standards'; 3) 'Adapting communication negatively affected wellbeing'; 4) 'Communication and socialising was fun within their communities'; and 5) 'Services had the potential to help or harm'. Services could do better with supporting the community through knowledge of intersectional identities, honouring reasonable adjustments, adapting their own communication styles to meet service user's and simple kindness.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

GRACE JACKSON

'Out' of the Office: LGBTQ+ Psychological Wellbeing in Remote Work

Background
Remote work during the Covid-19 pandemic had mixed impacts on wellbeing, varying according to individual differences. Research indicates that minoritised groups may experience the post-pandemic 'new normal' remote work differently, with wellbeing implications. This study explored the impact of remote working on LGBTQ+ employees' wellbeing, and non-LGBTQ+ employees' perspectives on supporting LGBTQ+ wellbeing, examined in the context of Minority Stress, Psychological Safety, and Queer Theory.

Method
Semi-structured interviews with 10 LGBTQ+ employees, plus a focus group with 6 non-LGBTQ+ employees to facilitate discussion within the dominant group. Data were analysed using Reflexive Thematic Analysis.

Results
Six themes were developed from the LGBTQ+ interviews: opportunity for informal chats, divergent impact of remote work, being perceived authentically, work-life separation of identity, dis/organised social connection, and delivery of organisational support. Three themes were developed from the non-LGBTQ+ focus group: promotion of wellbeing, work-appropriate interactions, and joint LGBTQ+ & allies events. Findings highlighted informal chats as central to wellbeing – remote work limited these opportunities, reducing authenticity and increasing Minority Stress. Work-focused communication encouraged separation of identity, while organisational support and social connection increased Psychological Safety and wellbeing. Non-LGBTQ+ employees identified joint events and work-appropriate interactions to support LGBTQ+ wellbeing and authenticity.

Conclusion
This study advances understanding of remote work and LGBTQ+ wellbeing by integrating Minority Stress Theory, Psychological Safety, and Queer Theory. Findings emphasise the social and structure nature of wellbeing in remote work, and highlight the need for systemic, organisational approaches to reduce minority stress and support authenticity, connection, and psychological safety.

Continued >>>

GRACE JACKSON (CONTINUED)

Plain English Summary

Aims

Our aims were to explore the impact of remote working on LGBTQ+ employees' wellbeing, to understand LGBTQ+ employees' experiences of remote work, to understand how to improve and better support LGBTQ+ employees' wellbeing, and to explore non-LGBTQ+ employees' experiences and perspectives on supporting LGBTQ+ employees' wellbeing.

Methods

We held interviews with LGBTQ+ employees to gain an understanding of their experiences and perspectives and further held a focus group with non-LGBTQ+ employees to facilitate discussion and reflection.

Results

The results found that opportunity for informal chats was a key theme – remote work limits these opportunities, which impacts LGBTQ+ employees' wellbeing by not being perceived authentically. Remote work encourages work-life separation of identity as communication is focused on work, which can increase minority stress. Organisational support and increased opportunity for social connection can increase psychological safety and wellbeing. Non-LGBTQ+ employees could promote LGBTQ+ wellbeing by attending joint LGBTQ+ events which facilitate informal chats and psychological safety and increase knowledge and experience of work-appropriate interactions which could support LGBTQ+ authenticity. The findings illustrate how remote work can unintentionally increase minority stress by limiting social connection and authenticity, and indicates the need for system-wide approaches to support wellbeing.

Recommendations

Increasing opportunities for informal chats may protect against the impact of remote work. Organisations should prioritise policies that build trust and safety to moderate the effects of minority stressors e.g. by increasing 'opportunities for informal chats' and 'facilitated fun' to improve wellbeing through 'positive relations with others'. Policies could include training managers to recognise how remote work can heighten minority stress and reduce psychological safety for LGBTQ+ employees. The inclusion of wellbeing outcomes (e.g. collaboration, support) in performance evaluations could encourage a shared responsibility for wellbeing. Non-LGBTQ+ people can further support wellbeing through joint events providing them with the psychological safety to navigate work-appropriate interactions and build relationships, leading to connection and opportunity for LGBTQ+ people to be perceived authentically.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

MONIQUE BELLCHAMBERS-JOSEPH

Black Trainee Clinical Psychologists' experiences of racism whilst training: a Grounded Theory analysis

Aims

This study examined how Black trainees who encountered racism during DClinPsy training made sense of, navigated, and responded to these experiences. A further aim was to develop a model to inform recommendations for improving the training experiences of future Black trainees.

Methodology

A qualitative design using constructivist grounded theory (CGT) was employed. Open-ended interviews were conducted with trainees from UK DClinPsy programmes, transcribed verbatim, and analysed using a critical realist epistemology and social constructionist ontology. This enabled exploration of both the structural conditions shaping trainees' experiences and the meaning-making processes through which they interpreted them.

Results

Interview data from 17 trainees across 12 programmes informed the development of the Clinical Psychology Training [Anti-] Racism Theory (CPTA-RT). The model comprises six categories—Societal influences, Mechanisms of oppression in training, Isolated sanctuary, Intersectionality, Coping strategies, and A way forward—alongside 12 subordinate themes. Findings showed that racism was rooted in wider societal structures and reinforced by institutional cultures lacking the capacity or willingness to address it. Trainees described significant emotional and cognitive labour in managing these experiences and drew on personal, relational and political strategies to cope. They also articulated recommendations to support the decolonisation of DClinPsy training.

Conclusion

The analysis highlights the need for systemic, proactive anti-racist approaches within DClinPsy programmes. CPTA-RT offers practical guidance for creating safer, more supportive environments for Black trainees and contributes to the profession's broader commitment to equity and social justice.

Continued >>>

MONIQUE BELLCHAMBERS-JOSEPH (CONTINUED)

Plain English Summary

More Black trainees are now entering clinical psychology training programmes in the UK. However, many still face racism and discrimination during their training. These experiences can harm their confidence, wellbeing, and sense of belonging. Despite this, very little research has explored what Black trainees actually go through or how they make sense of these experiences. This study set out to understand how Black trainees experience racism during their Doctorate in Clinical Psychology training, how they cope with it and what changes they believe are needed. To do this, 17 Black trainees from 12 different training programmes across the UK were interviewed. The interviews were analysed using a grounded theory approach, which helps build a model based on people's real-life experiences.From the interviews, a new model was developed called the Clinical Psychology Training [Anti-] Racism Theory (CPTA-RT). It describes six key areas that shape trainees' experiences: the influence of wider society, how racism shows up within training institutions, the importance of safe spaces, the role of intersectionality, the coping strategies trainees use and ideas for improving training. The findings show that racism in training is linked to broader social inequalities and is often made worse by training environments that do not fully understand or address racism. Trainees described having to put in a lot of emotional and mental effort to manage these experiences. They also shared practical suggestions for making training more inclusive and anti-racist. Overall, the study highlights the need for training programmes to take active, systemic steps to create safer and more supportive environments for Black trainees.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

JASMIN TOWERS-ISLAM

Lived Experiences of Mental Health and Access to Support Among Sexual Minority Women from Minoritised Ethnic Backgrounds in the UK: An Interpretative Phenomenological Analysis

Background
Sexual minority women from minoritised ethnic backgrounds (SMW-MEB) may experience unique challenges at the intersection of gender, sexual orientation, and ethnicity; however, their experiences remain underrepresented within clinical psychology research. This study aimed to explore the lived experiences of mental health and engagement with support among SMW-MEBs in the UK.

Design
Nine SMW-MEBs from diverse ethnic backgrounds participated in semi-structured interviews. Transcripts were analysed using Interpretative Phenomenological Analysis (IPA).

Results
Participants described complex journeys of understanding and accepting their identities and the ways these experiences shaped their mental health and engagement with support. Three superordinate themes were developed: (1) making sense of mental health through identity journey, (2) negotiating a sense of belonging through marginalisation and isolation, and (3) shared identity and mental health services as risky yet affirming.

Conclusion
The findings highlight how intersecting experiences of marginalisation shaped participants' psychological wellbeing, sense of belonging, and engagement with mental health support. Mental health difficulties were understood through experiences of identity conflict, internalised shame, and cumulative exclusion, while engagement with services involved ongoing assessments of safety, acceptance, and understanding. The findings support the need for culturally responsive and affirming mental health services that recognise the complexity of intersecting identities.

Continued >>>

JASMIN TOWERS-ISLAM (CONTINUED)

Plain English Summary

People from minority groups can face additional challenges when accessing mental health support. Women from ethnic minority backgrounds who are also lesbian, bisexual, pansexual, asexual, or identify with another minority sexuality may experience barriers linked to several aspects of their lives and identities. However, little research has explored how these experiences influence their mental health and experiences of support in the UK. This study explored the experiences of nine women from ethnic minority backgrounds who also identified as a sexual minority. Each participant took part in an in-depth interview about their mental health and experiences of seeking and receiving support. The interviews were analysed to identify shared experiences across participants. Participants described how experiences such as discrimination, exclusion, stigma, family expectations, and feeling different from those around them could contribute to emotional distress and affect their wellbeing. Many reported feeling isolated and struggling to find spaces where they felt understood and accepted. A key finding was the importance of mental health services and support. Participants described both positive and negative experiences of accessing help. Some felt unable to be fully open about their experiences due to fears of judgement, misunderstanding, or having to explain important aspects of their background and identity. Others described feeling valued, understood, and accepted when professionals demonstrated openness, curiosity, and an understanding of their experiences. Feeling safe enough to discuss all aspects of themselves was often viewed as an important part of effective support. Overall, the findings suggest that mental health services play an important role in supporting wellbeing for this group. Services may be improved by creating environments that feel safe, inclusive, and culturally responsive, and by recognising how multiple life experiences can shape mental health and engagement with support. This study helps increase understanding of the needs and experiences of a group that remains underrepresented within mental health research and services.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

AMINA MOHAMEDOVA

Lived Experiences of Mental Health Difficulties and Service Uptake for Individuals from Minority Ethnic Backgrounds

Background
People of minority ethnic backgrounds experience persistent inequalities in mental health outcomes and access to services, which remain under-researched. Therefore, this study sought to explore the lived experiences of individuals from minority ethnic backgrounds who had experienced mental health difficulties and accessed formal support. It examined how cultural, religious, and social factors shaped participants' understandings of distress and their engagement with services, including whether these operated as barriers, facilitators, or meaning-making frameworks.

Method
This study adopted a qualitative design using semi-structured interviews and Interpretative Phenomenological Analysis (IPA). Eight semi-structured interviews were conducted, each lasting approximately 90 minutes. The interviews were transcribed and analysed using IPA.

Results
Four themes were developed: Being Held and Being Silenced in Community; Leaning on Faith While Feeling Its Weight; When Help Comes With Conditions; and Becoming and Re-Becoming Through Mental Health.

Conclusion
The findings provide in-depth insight into how individuals from minority ethnic backgrounds make sense of their lived experiences of mental health difficulties and service engagement, with support experienced as both containing and conditional. This highlights clinical implications for developing culturally responsive and equitable mental health care.

REBECCA STAPLETON

How older autistic adults navigate a neurotypical world

Objectives
The aim of this study was to explore how older autistic adults have navigated the challenges arising from living in a world that has not been designed with autistic people's needs in mind.

Methods
Eighteen autistic adults, aged from 56 to 80 years (mean age = 61.5 years) were interviewed about how they navigated the challenges of living in a neurotypical world that has not been designed with their needs in mind. Questions included what challenges they have had, what strategies and coping mechanisms they have used and how these have changed over time. The transcribed interviews were analysed using reflexive thematic analysis and five themes were generated that reflect the process of adapting to a world not designed for autistic people in older age.

Results
Participants described early experiences of difference without understanding, followed by later-life self-interpretation through identification or diagnosis. Coping was characterised by sustained, effortful masking, which enabled participation in daily living skills, but carried cumulative costs, particularly in the context of ageing and marginalisation. Participants also described a shift towards connection to themselves and others on autistic terms, emphasising authenticity and belonging.

Conclusion
These findings highlight the cumulative impact of lifelong adaptation to a non-autism-adapted world and underscore the importance of autism-informed, person-centred approaches that support authenticity, reduce the need for masking, and facilitate meaningful connection in later life.

Continued >>>

REBECCA STAPLETON (CONTINUED)

Plain English Summary

What was the purpose of this study? The purpose of this study was to understand older autistic adults' experiences of challenges, how they have coped with these and how this may have changed as they got older. Why is this an important issue? There is little research on understanding how older autistic adults have coped. It is important to know more about this to ensure that they can be supported in the best possible way. What did the researchers do? We interviewed 18 older autistic adults via Microsoft Teams or telephone. We typed up participant's responses and looked for common themes in the data. What were the results of the study? Participants felt that they had spent a lot of their lives trying to manage in a world that often did not understand or meet their needs. Many had developed ways of coping, and these strategies had helped them get through life, but often came at a cost, including exhaustion, feeling misunderstood and having their needs overlooked.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

WILL HEWINS

Reasons for Substance Use in Psychosis: A Q-Methodological Approach

Background
Substance use is common among people living with psychosis and is associated with poorer clinical outcomes. Previous attempts to understand the reasons for substance use in psychosis have predominantly focused on single substances or combined substance use. Therefore, the study aimed to identify reasons for alcohol and cannabis use separately among people with psychosis and compare these reasons between substances.

Methods
Q-methodology was used with 30 adults receiving NHS support for psychosis. Participants completed either an alcohol or cannabis Q-sort, capturing 56 reasons for use. Centroid factor analysis was used to analyse Q-sorts and qualitative interviews were conducted to gain additional insight into personal reasons for substance use.

Results
Five overarching reasons for substance use were identified: two relating to alcohol and three relating to cannabis use. Alcohol-related reasons reflected drinking to relieve intrusive distress and drinking for socially embedded pleasure and normality. Cannabis-related reasons reflected cognitive and emotional support, active distraction and everyday support, and pleasurable escape. Across substances, reasons converged on the endorsement of substance use to relieve distress and disengage from everyday problems, and the rejection of psychosis-specific symptom management and compulsive or uncontrolled use.

Conclusions
Reasons for alcohol and cannabis use among people living with psychosis evidenced both overlap and substance-specific differences. These findings indicate that substance use should not be treated as a single, undifferentiated behaviour nor explained solely through self-medication of psychosis-specific symptom management. Formulation-driven and substance-specific approaches to psychological interventions are recommended when working with people living with psychosis and substance use.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

NICHOLAS LLOYD

Experiences and impacts of workplace violence and trauma on mental health care professionals: a qualitative meta-ethnography

Background
Mental health care professionals are regularly exposed to workplace violence, with psychiatric settings consistently reporting higher rates than other areas of healthcare and documented implications for staff wellbeing and workforce retention. Much of the qualitative synthesis in this area has drawn on general healthcare populations or centred on psychiatric nurses, leaving the experiences of the broader mental health workforce largely unaddressed.

Aim and Focus
This review aimed to synthesise qualitative evidence on mental health care professionals' experiences of workplace violence, examining how it is understood, what sustains it, and its impacts on wellbeing and professional functioning.

Methods
A meta-ethnography was conducted following Noblit and Hare's seven-phase framework, reported in accordance with PRISMA and eMERGe guidance. PsycINFO, MEDLINE, EMBASE, Web of Science, and grey literature were searched for English-language qualitative studies from 2015 onwards. Reciprocal and refutational translation produced third-order constructs, integrated into a line of argument synthesis.

Results
Twenty studies from 15 countries were included, representing 271 participants. Violence was consistently understood as structural rather than individual in origin, most often produced by chronic understaffing and the resource constraints staff worked within. Staff normalised their exposure over time, sustaining their professional role at the cost of gradual erosion in confidence and therapeutic engagement. Where institutional responses were absent, this erosion deepened. Peer connection became what most staff drew on.

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NICHOLAS LLOYD (CONTINUED)

Conclusions
Workplace violence in mental health care is structurally produced and institutionally sustained. Training responses alone are insufficient. Genuine progress requires workforce conditions that allow safe staffing and leadership that allows for institutional accountability. Policy should treat violence as a driver of attrition rather than an inevitable feature of the role.

Plain English Summary
Background Mental health staff are often exposed to violence at work. Rates are consistently higher in psychiatric settings than in other parts of healthcare. This harms staff wellbeing and pushes many people to leave the profession. Most earlier reviews looked at healthcare staff in general, or focused only on psychiatric nurses. The experiences of the wider mental health workforce have been largely overlooked. Aim This review brought together existing research on how mental health staff experience violence at work. We wanted to understand how they make sense of it, what keeps it happening, and how it affects their wellbeing and their ability to do their job. Methods We searched five research databases, along with relevant reports not published in journals, for English language studies from 2015 onwards. We included studies based on interviews and similar in-depth methods. We then compared the findings across studies, drew out shared themes, and built these into a single overall explanation. Our approach followed established guidance for this type of review. Results We included twenty studies from fifteen countries, covering 271 participants. Staff consistently saw violence as something produced by the system rather than by individual patients. Most often they linked it to long-term understaffing and the limited resources they had to work with. Over time, staff came to treat violence as normal. This let them keep doing their jobs, but it slowly wore down their confidence and their ability to engage with patients. Where employers offered little response, this decline was worse. In practice, support from colleagues was what most staff relied on. Conclusions Violence against mental health staff is created by the system and allowed to continue by institutions. Training on its own is not enough. Real change needs working conditions that allow safe staffing levels, and leadership that holds institutions accountable. Policy should treat violence as a reason staff leave, not as an unavoidable part of the job.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

FRANCESCA HILL

Exploring the Therapeutic Relationship with Artificially Intelligent Mental Health Chatbots: An Attachment Informed Qualitative Study

Background
Artificially Intelligent (AI) chatbots are increasingly used in mental health apps to deliver therapeutic content through human-like dialogue. Emerging evidence suggests such apps can be acceptable and effective for many users, however little qualitative research has explored how individuals perceive any potential therapeutic relationship with AI chatbots. Attachment theory may provide insight into understanding individual differences in such perceptions.

Objectives
This study aimed to explore how individuals perceive any potential therapeutic relationship with AI chatbots in mental health apps. The secondary aim was to explore potential patterns emerging across themes according to self-reported attachment style.

Methods
Semi-structured interviews were conducted with 15 UK adults. Participants were invited to share any experiences of mental health apps, and provided an example AI-user conversation to discuss. Interviews were analysed using Reflexive Thematic Analysis, with a secondary exploratory analysis of themes based on attachment style.

Results
Four themes were constructed: 1) Empathy Requires Careful Balancing to be Effective, 2) Increased Psychological Safety in AI interactions, 3) A Powerful Therapeutic Tool but Not-Quite-Therapist, 4) Weighing the Relationship Against Potential Long-Term Consequences. Participants described AI chatbots as emulating aspects of the therapeutic relationship, but raised concerns about the limits of chatbots and their broader societal impact.

Conclusion
Findings highlight the need for mental health chatbots to communicate empathy in a responsive, user-specific manner. Such chatbots may appeal to individuals who value the perceived control, autonomy, and safety of AI interactions. Attachment perspectives may offer a useful framework for further research in this area.

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FRANCESCA HILL (CONTINUED)

Plain English Summary

Artificial intelligence (AI) chatbots are becoming more common in mental health apps. These chatbots can offer emotional support and therapeutic tools through human-like conversations. While research suggests that many people find these tools helpful, less is known about how people feel about connecting or bonding with AI chatbots. This is an important part of traditional therapy called the 'therapeutic relationship'. We were also interested in whether people's attachment style (how they experience close relationships with others) might influence these views. This study explored how adults in the UK view AI chatbots in mental health apps. Fifteen adults took part in interviews. Participants talked about any experiences they had of mental health apps and were shown an example user-AI conversation. The interviews were analysed to identify common themes across participants, and four main themes were identified. Participants felt that chatbots could provide empathy and emotional support, but that this needed to be balanced and not repetitive. Many people described AI conversations as feeling safe and comfortable as they could control the conversation. Participants generally saw chatbots as useful tools for support, but not as replacements for human therapists. They also raised concerns about the limitations of chatbots and the possible long-term impact of using AI for emotional support. Overall, the findings suggest that AI chatbots may be able to provide some of the aspects of a therapeutic relationship. These chatbots may appeal to people who value being able to control when they can start a conversation with the chatbot and what they choose to talk about. Chatbots should be designed to be personalised and communicate in a way that best meets the needs of the person using it.

ANDREW WYNNE

The experience of power within the multi-professional approved clinician role: a reflexive thematic analysis

Background
The multi-professional approved clinician (MPAC) role was introduced following amendments to the Mental Health Act (1983; amended 2007) and represents a shift in statutory decision-making authority from psychiatry to other professional groups. Despite the significance of this role, little is known about how MPACs experience and understand power in practice. This study explored how MPACs experience power and the factors that shape its use.

Methods
Semi-structured interviews were conducted with 20 MPACs working across a range of mental health services in England and Wales. Data were analysed using reflexive thematic analysis.

Results
Four themes were developed. Power as Responsibility captured the emotional and legal burden associated with statutory authority. Power in the Service of Others reflected how power was used to restore liberty, amplify others' voices, and support recovery-oriented care. Navigating Power within Traditional Hierarchies highlighted tensions between MPAC authority and established medical hierarchies. Identity: Threat and Transformation described how statutory authority disrupted and reshaped professional identities. Across themes, power was understood as dynamic, relational, and continually negotiated within clinical, legal, and multidisciplinary contexts.

Conclusions
Power within the MPAC role was experienced as both transformative and contested. Findings suggest that power is negotiated across personal, relational, and organisational contexts, shaping professional practice and identity. The study highlights the importance of organisational support, role recognition, and collaborative decision-making structures in enabling the effective and sustainable development of the MPAC workforce.

Continued >>>

ANDREW WYNNE (CONTINUED)

Plain English Summary

The multi-professional approved clinician (MPAC) role allows experienced mental health professionals, such as psychologists, nurses, occupational therapists and social workers, to take on responsibilities that were traditionally held by psychiatrists. These responsibilities can include making important decisions about a person's care and treatment under the Mental Health Act. Although the role has existed for several years, little was known about how people working in the role experience and understand power. To explore this, I interviewed 20 MPACs working across a range of mental health services in England. Participants described power as both beneficial and challenging. Many spoke about the significant responsibility involved in making decisions that could affect people's safety, liberty, and wellbeing. At the same time, they described using their authority to support recovery, promote less restrictive care, and help ensure that service users and colleagues were listened to. Participants also discussed the challenges of working within healthcare systems where medical professionals have traditionally held most decision-making authority, and how becoming an MPAC could change their sense of professional identity. The findings suggest that power within mental health services is complex and involves more than formal authority. Power was often described as something that is negotiated through relationships, teamwork, and organisational culture. Also, how professionals understand and use power may influence service users' experiences of care, autonomy, and involvement in decision making. This study highlights the importance of providing clear role recognition, professional support, and opportunities for collaborative decision-making. These factors may help MPACs use their authority effectively while continuing to support recovery-oriented and person-centred care.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

IMOGEN YOUNG

A brief compassionate-focused intervention for older people with bipolar disorder

Background
Guilt and shame play a central role in the mechanisms of psychological distress and are particularly salient in both later life and bipolar disorder. Despite growing recognition of the psychological complexities associated with bipolar disorder in later life, the evidence base for interventions that explicitly address guilt, shame, and rumination remains limited within this population. Compassion Focused Therapy (CFT) offers a theoretically coherent framework for targeting these processes, however, it's application with older adults with bipolar disorder is yet to be explored.

Aims
The present study was a case series design evaluating the feasibility and acceptability of a brief, nine-session compassionate-focused therapy for older adults with bipolar disorder. Potential clinical benefits were assessed at baseline and 12 and 24-week follow-up.

Results
Feasibility was fully met and demonstrated as 'green' for both therapy session attendance and participant drop-out. Furthermore, results indicated that the intervention was highly acceptable to participants, where the following themes were identified:

- Developing self-compassion and self-acceptance
- The therapeutic value of chair-work and psychoeducation
- Positive therapeutic relationships

Notably, clinical benefits aligned with the mechanisms of therapy, where improvements were further observed in bipolar recovery and quality of life.

Conclusions
Findings from the study provide preliminary support for the utility of compassion-focused interventions for older adults with bipolar disorder. The observed improvements in guilt, shame, and self-compassion highlight the importance of targeting these processes in extension to existing provisions of support for older adults with bipolar disorder.

CLINPSYD RESEARCH CONFERENCE 2026 ABSTRACTS

LAURA WICKS

Prison officers' experiences of reflective practice within the Offender Personality Disorder Pathway.

Reflective practice is a core component of the Offender Personality Disorder Pathway, intended to support psychologically informed working, staff wellbeing and relational practice in complex custodial environments. However, limited research has explored how prison officers themselves experience reflective practice, despite their central role in the day-to-day delivery of prison-based OPD services. This qualitative study explored prison officers' experiences of reflective practice within two OPD prison sites.

Twelve prison officers took part in individual semi-structured interviews, which explored their experiences of reflective practice, its perceived impact on their work, relationships with colleagues and prisoners, and the wider unit environment. Data were analysed using reflexive thematic analysis.

Findings suggested that reflective practice was experienced as both valuable and difficult to embed within prison contexts. Officers described reflective spaces as offering opportunities for emotional processing, team connection and more thoughtful responses to prisoners. However, reflective practice could also feel unfamiliar, exposing or difficult to prioritise within a custodial culture shaped by risk, hierarchy and operational pressures.

The analysis highlighted the importance of psychological safety, relevance and organisational support in shaping whether reflective practice felt meaningful and useful. The findings suggest that reflective practice may support prison officers to manage the emotional and relational demands of OPD work, but its impact depends on wider conditions that enable trust, access and integration into everyday practice.