

## Trauma-Informed Care in an 8-Year-Old With Neurodivergence and Childhood Adversity: Clinical Reflections and the Impact of Secondary Trauma in CAMHS

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**Aims:** Children with neurodevelopmental conditions, particularly ADHD, often face heightened vulnerability to adverse childhood experiences (ACEs), shaping their mental health trajectories. Trauma-informed care (TIC) provides a structured framework for understanding and addressing these vulnerabilities within clinical practice. Additionally, working with trauma-exposed children places significant psychological demands on mental health professionals, contributing to secondary traumatic stress (STS) and burnout. This study presents a complex case from CAMHS, illustrating the intersection of ADHD, trauma, and systemic care challenges, alongside an exploration of clinician well-being within trauma-intensive settings.

**Methods:** A single case study approach was employed, utilizing Bronfenbrenner's Ecological Systems Theory to analyse the interplay between individual, familial, and systemic factors affecting an 8-year-old child's mental health. A review of trauma-related clinician distress was conducted, drawing from literature on secondary trauma and workforce resilience within CAMHS services.

**Results:** The case study underscores the bidirectional relationship between trauma and ADHD. Despite medical and educational interventions, ongoing adversity exacerbated symptom severity, necessitating a trauma-informed, whole-system approach. Additionally, clinicians working within trauma-intensive environments demonstrate significant risks for STS and burnout, emphasizing the need for structured trauma stewardship interventions.

A dual-focused approach in CAMHS – addressing both patient needs and clinician well-being – is critical for sustaining high-quality care. Conceptual frameworks such as the Biopsychosocial Model and the Boundary Seesaw Model provide strategies to navigate the competing demands of care provision and workforce resilience. Reflective practice, clinical supervision, and organizational support emerged as critical factors in maintaining a sustainable mental health workforce.

**Conclusion:** Trauma-informed care is essential for managing neurodevelopmental conditions within adversity-laden contexts. Optimizing CAMHS services requires integrating trauma-responsive strategies at both patient care and workforce levels to ensure sustainable, high-quality mental health support. This study underscores the urgency of workforce resilience policies within trauma-informed mental health systems.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

## Challenges of Treatment-Resistant Bipolar Depression in the Elderly: A Case Study of Successful Modafinil Augmentation

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**Aims:** Bipolar depression remains a major therapeutic challenge, particularly in elderly populations where treatment options are constrained by comorbidities and medication tolerability. Despite pharmacological advancements, many patients experience persistent depressive symptoms, even after multiple trials of mood stabilizers, antipsychotics, and antidepressants. Lithium, while effective, is associated with nephrotoxicity, limiting its use in the elderly. Modafinil, a wakefulness-promoting agent primarily used for narcolepsy, has emerged as a potential adjunctive treatment for treatment-resistant bipolar depression (TRBD). Its broad neurochemical effects, targeting multiple pathways, suggest promise in addressing refractory mood symptoms. However, its role in elderly patients remains underexplored.

**Methods:** We report the case of a 74-year-old Caucasian male with a long-standing history of bipolar disorder and multiple comorbidities, including hypertension, pulmonary fibrosis, cerebellar ataxia, and chronic kidney disease (CKD). His psychiatric symptoms began in 1995 with depression, progressing to a bipolar diagnosis after a manic episode in 1997. Initial treatment with lithium and venlafaxine stabilized his mood for several years. However, lithium was discontinued after nine years due to worsening renal function, leading to recurrent depressive episodes characterized by anhedonia, hypersomnia, and cognitive decline. Multiple pharmacological trials, including olanzapine, lamotrigine, fluoxetine, aripiprazole, quetiapine, and lurasidone, failed to achieve symptom remission. A retreat of lithium proved ineffective and was discontinued due to further renal deterioration. Given the lack of effective options, modafinil was introduced which improved his Montgomery-Åsberg Depression Rating Scale (MADRS) score from 29/60 to 6/60, reflecting enhanced mood, motivation, and wakefulness without adverse effects.

**Results:** TRBD in the elderly is complicated by age-related pharmacokinetic changes, comorbidities, and sensitivity to side effects. Standard mood stabilizers like lithium are often contraindicated due to nephrotoxicity, while atypical antipsychotics can introduce metabolic or cognitive risks. Modafinil's unique neurochemical profile offers a novel approach to addressing treatment-resistant symptoms. While concerns regarding potential side effects, such as cardiovascular risks or mania induction exist, recent studies suggest modafinil is generally well-tolerated with minimal mood switch. This supports emerging evidence that modafinil may serve as an effective adjunctive therapy in TRBD, particularly when conventional treatments are limited.

**Conclusion:** This case highlights the successful use of modafinil as an adjunctive treatment in an elderly patient with TRBD. The patient's significant improvement in depressive symptoms and overall functionality, without adverse effects, suggests that modafinil may be a viable option for elderly patients unresponsive to conventional therapies. However, further research, including randomized controlled trials, is needed to establish clear guidelines for its use.

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