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<th>Trust Author</th>
<th>Author(s)</th>
<th>Year of Publication</th>
<th>Title</th>
<th>Citation</th>
<th>Language</th>
<th>Abstract</th>
<th>Publication Type</th>
<th>Source</th>
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<tr>
<td>Barry Wright</td>
<td>Barry Wright and Joseph Richmond Mynett</td>
<td>Jul-19</td>
<td>Training medical students to manage difficult circumstances: a curriculum for resilience and resourcefulness?</td>
<td>BMC Medical EducationServices 19, Article number: 280 (2019)</td>
<td>English</td>
<td>Background In response to the growing prevalence of physical and emotional burnout amongst medical students and practicing physicians, we sought to find a new methodology to scope a five-year undergraduate curriculum in detail to assess for teaching, learning objectives and experiences that seek to promote resilience in medical students. This was undertaken to test whether this methodology would enable curriculum discussions to enhance training for future cohorts through the introduction of a curriculum dedicated to the development of resilience and resourcefulness.</td>
<td>Journal article</td>
<td>Available from BMC Medical Education Services (onlinelibrary.wiley.com)</td>
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<td>Elspeth Guthrie and Peter Trigwell</td>
<td>Keobie Jasmin, Andrew Walker, Elspeth Guthrie, Peter Trigwell, Alan Quirk, Jenny Hewison, Carolyn Czoski Murray and Allan House</td>
<td>Jul-19</td>
<td>Integrated liaison psychiatry services in England: a qualitative study of the views of liaison practitioners and acute hospital staffs from four distinctly different kinds of liaison service</td>
<td>BMC Health Services Research 19, Article number: 522 (2019)</td>
<td>English</td>
<td>Background Liaison psychiatry services provide mental health care for patients in physical healthcare (usually acute hospital) settings including emergency departments. Liaison work involves close collaboration with acute hospital staff so that high quality care can be provided. Services however are patchy, relatively underfunded, heterogeneous and poorly integrated into acute hospital care pathways. Methods We carried out in-depth semi-structured interviews with 73 liaison psychiatry and acute hospital staff from 11 different acute hospitals in England. The 11 hospitals were purposively sample to represent hospitals in which four different types of liaison services operated. Staff were identified to ensure diversity according to professional background, subspecialism within the team, and whether they had a clinical or managerial focus. All interviews were audio-recorded and transcribed. The data were analysed using a best-fit framework analysis. Results Several key themes emerged in relation to facilitators and barriers to the effective delivery of integrated services. There were problems with continuity of care across the secondary-primary interface; a lack of mental health resources in primary care to support discharge; a lack of shared information systems; a disproportionate length of time spent recording information as opposed to face to face patient contact; and a lack of a shared vision of care. Relatively few facilitators were identified although interviewees reported a focus on patient care. Similar problems were identified across different liaison service types. Conclusions The problems that we have identified need to be addressed by both liaison and acute hospital teams, managers and funders, if high quality integrated physical and mental health care is to be provided in the acute hospital setting.</td>
<td>Journal article</td>
<td>Available from BMC Health Services Research (<a href="http://www.bmchealthservres.biomedcentral.com">www.bmchealthservres.biomedcentral.com</a>)</td>
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<td>Tim Hughes</td>
<td>Robert Smith, Lu Han, Shehzad Ali, Stephanie L Prady, Joanne Taylor, Tom Hughes, Ramsi A Ajan, Najma Siddiqi and Tim Doran</td>
<td>Jul-19</td>
<td>Glucose, cholesterol and blood pressure in type II diabetes: A longitudinal observational study comparing patients with and without severe mental illness</td>
<td>Journal of Psychiatric and Mental Health Nursing [online early view] July 2019</td>
<td>English</td>
<td>What is known on the subject? People with severe mental illness (SMI) have a life expectancy of 15–20 years less than the general population, partly due to increased risk of physical disease, including type II diabetes (T2DM) and cardiovascular disease. Little is known about changes in cardiovascular risk factors over time in people with both T2DM and SMI compared to those with T2DM and no SMI. What this paper adds to existing knowledge? We investigated whether levels of cardiovascular risk factors, cholesterol, HbA1c, systolic and diastolic blood pressure associated with adverse clinical outcomes are different in T2DM patients with and without SMI. We found significant differences in systolic blood pressure and HbA1c between the two groups. Fifty-five percent and twenty-nine percent of T2DM patients with comorbid SMI are at increased risk of adverse clinical outcomes due to sub-optimal HbA1c and systolic blood pressure levels, respectively. What are the implications for practice? Many patients with T2DM and SMI have higher levels of cardiovascular risk compared to patients with T2DM only, and good management of risk factors is therefore particularly important in patients with both conditions. Achieving better control of HbA1c levels is likely to be central to addressing inequalities in outcomes for patients with both SMI and T2DM.</td>
<td>Journal Article</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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</table>
### Saeideh Saeidi

#### Investigating LEGO-based therapy for children with autism spectrum disorder (ASD) - An RCT

**Authors:** Saeideh Saeidi, Ellen Kingsley, Ann Le Couteur, Anne Gomez de la Cuesta, Ellen Chater, Elizabeth Shehzad Ali, Tim Katie Biggs, David Marshall, Cindy Cooper, Barry Wright, Danielle Varley, Ranil Tan

**Journal:** BMJ Open, Volume 9, Issue 5 2019

**Methods and analysis**

This multicentre, pragmatic, cluster RCT will randomise 240 participants (aged 7–15 years) with a clinical diagnosis of ASD to receive usual care or LEGO-based therapy with usual care. Cluster randomisation will be conducted on a school level, randomising each school as opposed to each individual child within a school. All prospective participants will be screened for eligibility before assenting to the study (with parents giving informed consent on behalf of their child). All participants will be followed up at 20 and 52 weeks after randomisation to assess for social, emotional and behavioural changes. The primary outcome measure is the social skills subscale of the Social Competence and Socialisation in children with autism taking part in LEGO-based therapy clubs in School Environment (SOCIALISE): study protocol.

**Findings:**

Responses from questionnaires indicated the general process of team formulation was helpful across each domain. Interviewed highlighted benefits such as an increased capacity to think and work relationally. This was impacted upon by staff’s confidence in using the model and the practicalities of attending sessions.

**Practical implications:** Team formulation has been described as the facilitation of a group of professionals to create a shared understanding of service-users’ difficulties. Team formulation continues to demonstrate benefits for staff working within complex mental health. The challenges of this are considered, however overall, a cognitive analytic framework seems to offer the opportunity to integrate learning from a service-user’s history, and current relational difficulties, in a way that develops reflective capacity and informs intervention.

**Originality/value:** Limited research has explored the theoretical models underpinning team formulation, and the impact for staff learning and practice. The current study develops previous work by specifically focussing on the contribution of cognitive analytic theory to team formulation.

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### Barry Wright, Danielle Varley and Ellen Kingsley

#### Social Skills Training Interventions for Children with Autism Spectrum Disorder (ASD) Typically Focus on a Skills Deficit Model Rather Than Building on Existing Skills or Encouraging the Child to Seek Their Own Solutions.

**Journal:** BMJ Open, Volume 9, Issue 5 2019

**Introduction:**

Social skills training interventions for children with autism spectrum disorder (ASD) typically focus on a skills deficit model rather than building on existing skills or encouraging the child to seek their own solutions. LEGO-based therapy is a child-oriented intervention to help improve social interactional skills and reduce isolation. The therapy is designed for school-age children with ASD and uses group-based play in a school setting to encourage peer relationships and social learning. Despite the reported potential benefits of LEGO-based therapy in a prior randomised controlled trial (RCT) and its adoption by many schools, the evidence to support its effectiveness on the social and emotional well-being of children with ASD is limited and includes no assessment of cost-effectiveness.

**Methods and analysis**

This multi-centre, pragmatic, cluster RCT will randomise 240 participants (aged 7–15 years) with a clinical diagnosis of ASD to receive usual care or LEGO-based therapy with usual care. Cluster randomisation will be conducted on a school level, randomising each school as opposed to each individual child within a school. All prospective participants will be screened for eligibility before assenting to the study (with parents giving informed consent on behalf of their child). All participants will be followed up at 20 and 52 weeks after randomisation to assess for social, emotional and behavioural changes. The primary outcome measure is the social skills subscale of the Social Skills Improvement System completed by a teacher or teaching assistant associated with participating children in the 20–52 week follow-up time point.

**Ethics and dissemination**

Ethics approval has been obtained via the University of York Research Ethics Committee. The results of the trial will be submitted for publication in a peer-reviewed journal and will be disseminated to participating families, education practitioners and the third sector including voluntary and community organisations.

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### Saeideh Saeidi

#### Cognitive analytic team formulation: learning and challenges for multidisciplinary inpatient staff

**Authors:** Saeideh Saeidi, Ranil Tan

**Journal:** Mental Health Review Journal, Vol. 24 No. 2, pp. 85–97

**Purpose:** The purpose of this paper is to understand staff experiences of cognitive analytic team formulation, within an inpatient unit for women with a diagnosis of personality disorder.

**Design/methodology/approach:** In total, 16 staff completed an online questionnaire, rating their views on how helpful formulation sessions had been in regards to ten domains. Following this, six staff participated in semi-structured interviews exploring their experiences of the process and impact of cognitive analytic team formulation. Transcripts were analysed using thematic analysis.

**Findings:** Responses from questionnaires indicated the general process of team formulation was helpful across each domain. Interviewed highlighted benefits such as an increased capacity to think and work relationally. This was impacted upon by staff’s confidence in using the model and the practicalities of attending sessions.

**Practical implications:** Team formulation has been described as the facilitation of a group of professionals to create a shared understanding of service-users’ difficulties. Team formulation continues to demonstrate benefits for staff working within complex mental health. The challenges of this are considered, however overall, a cognitive analytic framework seems to offer the opportunity to integrate learning from a service-user’s history, and current relational difficulties, in a way that develops reflective capacity and informs intervention.

**Originality/value:** Limited research has explored the theoretical models underpinning team formulation, and the impact for staff learning and practice. The current study develops previous work by specifically focussing on the contribution of cognitive analytic theory to team formulation.
Vishal Sharma, Susanne Coleman, Jane Nixon, Linda Sharples, Julian Hamilton-Shield, Harry Rutter and Maria Bryant

A systematic review and meta-analysis estimating the population prevalence of comorbidities in children and adolescents aged 9 to 18 years

Obesity Reviews, 2019:1-9, published by John Wiley & Sons Ltd on behalf of World Obesity Federation

Evidence for the health impact of obesity has largely focussed on adults. We estimated the population prevalence and prevalence ratio of obesity-associated comorbidities in children and adolescents aged 9 to 18 years. Five databases were searched from inception to 14 January 2018. Population-based observational studies reporting comorbidity prevalence by weight category (healthy weight/overweight/obese) in children and adolescents aged 9 to 18 years from any country were eligible.

Comorbidity prevalence, stratified by weight category, was extracted and prevalence ratios (relative to healthy weight) estimated using random effects meta-analyses. Of 9183 abstracts, 52 eligible studies (1 553 683 participants) reported prevalence of eight comorbidities or risk markers including diabetes and nonalcoholic fatty liver disease (NAFLD). Evidence for psychological comorbidities was lacking. Meta-analyses suggested prevalence ratio for prediabetes (fasting glucose ≥ 100 mg/dL) for those with obesity relative to those of a healthy weight was 1.4 (95% confidence interval [CI] 1.2-1.6) and for NAFLD 26.1 (9.4-72.5). In the general population, children and adolescents with overweight/obesity have a higher prevalence of comorbidities relative to those of a healthy weight. This review provides clinicians with information when assessing children and researchers a foundation upon which to build a comprehensive dataset to understand the health consequences of childhood obesity.

Stephanie Kellett, Jo Exley and Judith Hartley

Delivering cognitive analytic consultancy to community mental health teams: Initial practice-based evidence from a multi-site evaluation

Psychology and Psychotherapy: Theory, Research and Practice [online early view] 2019

OBJECTIVES: This study sought to employ the hourglass model to frame the methodological evaluation of outcome studies concerning 5- session cognitive analytic consultancy (CAC).

DESIGN: Pre-post mixed methods evaluation (study one) and mixed methods case series (study two).

METHODS: In study one, three sites generated acceptability and pre-post effectiveness outcomes from N = 58 care dyads, supplemented with qualitative interviewing. The client outcome measures included the Clinical Outcomes in Routine Evaluation Outcome Measure, Personal Structure Questionnaire, Work and Social Adjustment Questionnaire, Service Engagement Scale, and the Working Alliance Inventory. Study two was a mixed methods case series (N = 5) using an A/B phase design with a 6-week follow-up. Client outcome measures were the Personal Structure Questionnaire, Clinical Outcomes in Routine Evaluation Outcome Measure, and the Working Alliance Inventory, and the staff outcome measures were the Working Alliance Inventory, Maslach Burnout Inventory, and the Perceived Competence Scale.

RESULTS: In study one, the cross-site dropout rate from CAC was 28.40% (the completion rate varied from 58 to 100%) and full CAC attendance rates ranged from 61 to 100%. Significant reductions in client distress were observed at two sites. Qualitative themes highlighted increased awareness and understanding across care dyads. In study two, there was zero dropout and full attendance. Clients were significantly less fragmented and negative. Five adult participants who grew up with a parent with psychosis were interviewed using a semi-structured interview approach. Four major themes were identified: Feeling uncared for; I’m different; What if people find out? and Finding my identity. Participants felt that, while some childhood experiences had been difficult, these contributed to their strengths and capabilities, such as independence and a capacity for caring for others.

Paul Blinkhorn and Lucy Goldsmith

Patient-reported outcome measures in community mental health teams: pragmatic evaluation of PHQ-9, GAD-7 and SWEMWBS

BJPsych Bulletin, 1-7, March 2019

We evaluated routine use, acceptability and response rates for the Patient Health Questionnaire (PHQ-9), Generalised Anxiety Disorder Scale (GAD-7) and Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) within adult community mental health teams. Measures were repeated 3 months later. Professionals recorded the setting, refusal rates and cluster diagnosis.

RESULTS: A total of 245 patients completed 674 measures, demonstrating good initial return rates (81%), excellent scale completion (98-99%) and infrequent refusal/unsuitability (11%). Only 32 (13%) returned follow-up measures. Significant improvements occurred in functioning (P = 0.01), PHQ-9 (P = 0.02) and GAD-7 (P = 0.003) scores (Cohen’s d = 0.52–0.77) but not in SWEMWBS (P = 0.91). Supercluster A had higher initial PHQ-9 and GAD-7 scores (P < 0.001) and lower SWEMWBS scores (P = 0.003) than supercluster B. Supercluster C showed the greatest functional impairment (P = 0.003). Clinical implications PHQ-9 and GAD-9 appear acceptable as patient-reported outcome measures in community mental health team. SWEMWBS seems insensitive to change. National outcome programmes could require good follow-up rates.

Milanee Blakeman, Carol Martin and Anjula Gupta

Making sense of growing up with psychosis: an interpretative phenomenological analysis study

Psychosocial, Psychological, Social and Integrative Approaches Volume 11, 2019 Issue 1 p.54-62

There is little research into the subjective experience of adults whose childhoods were spent living with a parent with psychosis. This study explored these experiences; the sense people made as a child and as an adult, and the ways their experiences shaped their adult lives. Participants were encouraged to consider all aspects of their experiences, positive and negative. Five adult participants who grew up with a parent with psychosis were interviewed using a semi-structured interview approach. Four major themes were identified: Feeling uncertain for me; I’m different. What if people find out? and Finding my identity. Participants felt that, while some childhood experiences had been difficult, these contributed to their strengths and capabilities, such as independence and a capacity for caring for others.

The findings highlight the importance of services supporting families to make sense of psychosis and supporting parents to help their children make sense of what is happening in the family. It also reinforced the importance of reducing the stigma surrounding psychosis through increasing knowledge and understanding in the general population.
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<th>Author(s)</th>
<th>Title</th>
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<tr>
<td>Tom Hughes, Alish B Palmos, Stuart Watson, Tom Hughes, Andreas Friskalmyer, Hamish McAlister-Williams, Nicol Farrer, Jan M Anderson, Rajesh Nair, Allan H Young, Rebecca Strawbridge, Anthony J Cleare, Raymond Chung, Souci Frissa, Laura Goodwin, Matthew Hotopf, Stephani L Hatch, Hong Wang, David A Collier, David A Collier, Sandrine Thuret, Gerome Breen, and Timothy R Powell</td>
<td>Associations between childhood maltreatment and inflammatory markers</td>
<td>Jan-19</td>
<td>BJPsych Open Volume 5 Issue 1 January 2019 Published online 2019 Jan 4 English</td>
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<td>Kay Gant</td>
<td>The Development and Assessment of a Scale to Measure the Experience of an Anorexic Voice in Anorexia Nervosa</td>
<td>Dec-18</td>
<td>Doctorate in Clinical Psychology English This thesis sought to develop and assess a novel scale to measure the experience of an anorexic voice in anorexia nervosa. It consists of three standalone papers. Papers one and two have been prepared for submission to two separate journals relevant to the methodology and research area for each, and comply with the journal guidelines. Paper one is a thematic synthesis of qualitative literature exploring “inner speech” for individuals with a diagnosed psychological disorder. Following a standardised procedure for thematic synthesis, six databases were searched and 10 studies were included. In total, three analytical themes were identified within the data: 1) Withdrawing to an inner world, 2) A fragmented and conflicted self and 3) Re-connecting with the outside world. The results found several similarities regarding the nature, function and negative consequences of engaging with critical inner dialogues across clinical samples. IS as both a coping mechanism and a maintaining factor of psychological distress was a key finding. The results indicated therapeutic approaches facilitating acceptance of internal experiences and disengagement from critical internal dialogues may be helpful. Journal Article Available from the University of Manchester: <a href="https://www.manchester.ac.uk">https://www.manchester.ac.uk</a></td>
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<td>Louis Appleby, Jenny Shaw, Nav Kapur, Sandra Flynn, Jane Siravey, Thabiso Nyathi, Jessica Raphael, Seri Abraham, Sandeep Singh-Derniev, Louise Robinson, Alice Edwards and Fahida Abreem</td>
<td>Safer care for patients with Personality Disorder</td>
<td>Dec-18</td>
<td>English</td>
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<td>Karina Love, Anne Rogers, Lauren Walker, Lindsay Cree, Andrew Grundy, Patrick Callaghan, Chris Roberts, Patrick Cahoon, Linda Davies, Caroline Sanders, Richard Drake and The EQUIP team.</td>
<td>EQUIP: Enhancing the Quality of User Involved Care Planning in Mental Health Services Summary of Results</td>
<td>Dec-18</td>
<td>English</td>
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<td>Nick Waggett (NSCAF)</td>
<td>Technology at Work. An Investigation of Technology as a Mediator of Organizational Processes in the Human Services and the Implications for Consultancy Practice Professional Doctorate thesis</td>
<td>Dec-18</td>
<td>English</td>
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<td>Gail Harrison</td>
<td>An evaluation of the implementation and impact of psychological formulation meetings in the Leeds Rehabilitation and Recovery service Pathway. Doctorate in Clinical Psychology The Leeds Rehabilitation and Recovery Service (R&amp;R) Integrated Care Pathway (ICP) stipulates that, in line with best practice guidelines regarding compassionate and psychologically informed care for people with a diagnosis of psychosis, a formulation meeting should take place within 4-6 weeks of each service-users' admission (JGP-MH, 2016; UK Schizophrenia Commission, 2012). The meetings are based on a cognitive interpersonal model, which involves exploration of how the service-user's life experiences may have shaped their core beliefs, interpersonal relationships and attempts to cope with their distress (Berry et al., 2009).</td>
<td>Dec-18</td>
<td>English</td>
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<td>Author(s)</td>
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<td>Kerry Hirsby and Alex Brooks</td>
<td>Evaluation the use of a collaborative dynamic risk assessment tool used with service users at the Newsam Centre</td>
<td>Doctorate in Clinical Psychology English</td>
<td>Forensic services have a responsibility to manage the risk of violence by their service users. This is typically done using structured professional judgement tools such as the HCR-20 and FACE risk assessment. These tools are primarily based on historical (static) risk factors and ultimately produce a categorical risk rating. Douglas and Skeem (2005) introduced the idea of risk state (opposed to risk status) and collated a number of dynamic (changeable) risk factors. The team at the Newsam Center have used this model to develop a conversational tool to use with service users to facilitate a collaborative risk assessment. They also developed a framework to be used as part of community multidisciplinary team meetings to support the formulation of risk management plans.</td>
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<td>Ranil Tan, Natalie Clinkscales, Ranil Tan and Lindsay Jones</td>
<td>What role am I playing?!: Inpatient staff experiences of an introductory training in Cognitive Analytic Therapy (CAT) informed care</td>
<td>International Journal of Cognitive Analytic Therapy &amp; Relational Mental Health Volume 2, 2018 English</td>
<td>The current paper aimed to ascertain multi-disciplinary team (MDT) staff's experiences of a two-day introductory training to Cognitive Analytic Therapy (CAT). This training was specifically designed for MDT staff working in inpatient services for women with a diagnosis of personality disorder. 45 MDT staff completed the training. Following this, each participant completed a feedback questionnaire. Responses were examined using thematic analysis. The results indicated the training had been positively received by staff and was anticipated to have a range of benefits across their work in inpatient services. This paper particularly focuses on one of the main themes: the practical applications of the CAT model to everyday clinical practice. The results are discussed in relation to previous research in this area, focusing on the unique impact within this training of the use of sequential diagrammatic reformulations (SDR’s). The conclusion emphasises the need for relationally based training to be available for staff working in inpatient services to meet the complex and changing needs of the client group. Furthermore, it is argued that CAT meets such a demand by providing a comprehensive and unified model of working which can offer a helpful and containing way of reformulating clients, while allowing staff to understand their own responses to the work. Limitations and areas for further work are also discussed.</td>
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<td>Ruth Sutherland and Aliya Zamir</td>
<td>Tweet, tweet, who’s there? Social media in Specialist Services for People with Longstanding Difficulties. Accepted for publication in Clinical Psychology Forum No 307 July 2018 English</td>
<td>Social media is widely used and can be a great resource within mental health settings for enhancing service communication, engagement and delivery. A questionnaire survey was undertaken to assess how and if service users can be supported through social media.</td>
<td>Journal Article Available from The British Psychological Society: <a href="https://shop.bps.org.uk">https://shop.bps.org.uk</a></td>
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Experiences of mental health nursing staff working with voice hearers in an acute setting: An interpretive phenomenological approach.

Introduction: Mental health nursing (MHN) staff in acute settings work with voice hearers at times of crises when they experience high levels of distress. Previous research has focused on community mental health staff's experiences and their service users' views on exploring the content of voices. No studies have explored this from an acute mental health service perspective.

Aim: This study therefore sought to explore the experiences of staff working with voice hearers in an acute mental health service.

Method: Due to the exploratory nature of the research, a qualitative design was chosen. Three MHNs and five healthcare support workers (HSWs) were interviewed. The data were analysed using Interpretative Phenomenological Analysis.

Results: A group analysis elicited three master themes: “It’s quite scary really, not unlike a horror movie,” “I can only influence what’s in front of me,” and “Just chipping away.”

Discussion: Staff working with voice hearers in acute settings experience feelings of powerlessness and helplessness, as they feel unable to reduce the distress experienced by voice hearers in their care. Staff employ coping strategies to help manage these difficult feelings, including using structured tools in their work with voice hearers and attending reflective practice forums.

Implications for Practice: Acute mental health services may need to protect time for staff to access regular reflective practice and other supervision forums to help manage their feelings of powerlessness and helplessness arising from work with voice hearers.

Abstract: Mental illness is now the leading cause of long-term sickness absence among Australian workers, with significant costs to the individual, their employers and society more broadly. However, to date, there has been little evidence-informed guidance as to what workplaces should be doing to enhance their employees' mental health and wellbeing. In this article, we present a framework outlining the key strategies employers can implement to create more mentally healthy workplaces. The five key strategies outlined are as follows: (1) designing work to minimize harm, (2) building organisational resilience through good management, (3) enhancing personal resilience, (4) promoting early help-seeking and (5) supporting recovery and return to work. A narrative review is utilised to outline the theoretical evidence for this framework and to describe the available research evidence for a number of key example interventions for each of the five strategies. While each workplace needs to develop tailored solutions, the five strategy framework proposed in this review will hopefully provide a simple framework for employers and those advising them to use when judging the adequacy of existing services and considering opportunities for further enhancements.
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<th>Journal Article</th>
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<tr>
<td>Allan House, Elspeth Guthrie, Jenny Hewson, Cathy Brennan, Carolyn Czozki-Murray, Andrew Walker, Peter Trigwell, Mike Crawford, Matt Fossey, Claire Huime, Adam Martin, Sandy Tudeuf and Alan Quinn</td>
<td>A programme theory for liaison mental health services in England.</td>
<td>Background</td>
<td>Available from BMC Health Services</td>
<td>edcentral.com</td>
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<td>Stephen Wright, Shanaya Rathod, Pendlebury, Richard Sridevi Kalidindi, Greenwood, French, Kathryn E Doherty, Paul Melanye J Davies, Edwardson, Swaby, Charlotte Shiers, Katherine McCrone, Tiyi Saxon,; Paul Bradburn, David Worrall, Michael J Daniel Hind, André Tomlin, Kabir, Mat Gronlund, Thomas Toto Anne Chapman, Butler, Kathy Churchill, Victoria Davies, Rachel Simons, Bethan Sampson, Lucy Hulme, Adam Crawford, Matt Trigwell, Mike Crawford, Matt Fossey, Claire Huime, Adam Martin, Sandy Tudeuf and Alan Quinn</td>
<td>Identifying research priorities for digital technology in mental health care: results of the James Lind Alliance Priority Setting Partnership.</td>
<td>Digital technology, including the internet, smartphones, and wearables, provides the possibility to bridge the mental health treatment gap by offering flexible and tailored approaches to mental health care that are more accessible and potentially less stigmatising than those currently available. However, the evidence base for digital mental health interventions, including demonstration of clinical effectiveness and cost-effectiveness in real-world settings, remains inadequate. The James Lind Alliance Priority Setting Partnership for digital technology in mental health care was established to identify research priorities that reflect the perspectives and unmet needs of people with lived experience of mental health problems and use of mental health services, their carers, and health-care practitioners. 644 participants contributed 1369 separate questions, which were reduced by qualitative thematic analysis into six overarching themes. Following removal of out-of-scope questions and a comprehensive search of existing evidence, 134 questions were verified as uncertainties suitable for research. These questions were then ranked online and in workshops by 628 participants to produce a shortlist of 36. The top ten research priorities, which were identified by consensus at a stakeholder workshop, should inform research policy and funding in this field. Identified priorities primarily relate to the safety and efficacy of digital technology interventions in comparison with face-to-face interventions, evidence of population reach, mechanisms of therapeutic change, and the ways in which the effectiveness of digital interventions in combination with human support might be optimised.</td>
<td>Available from The Lancet Psychiatry</td>
<td><a href="http://www.thelancet.com/journals">www.thelancet.com/journals</a></td>
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<td>Chris Hollis, Stephanie Sampson, Lucy Simons, Bethan Davies, Rachel Churchill, Victoria Botton, Debbie Butler, Kathy Chapman, Katherine Easton, Toto Anne Gronlund, Thomas Kabir, Mat Rawsthorne, Elizabeth Rye and Andrea Tomlin</td>
<td>Structured lifestyle education to support weight loss for people with schizophrenia, schizoaffective disorder and first episode psychosis: the STEPWISE RCT.</td>
<td>Health technology assessment (Winchester, England); Nov 2018; vol. 22 (no. 65); p. 1-160</td>
<td>BACKGROUND: Obesity is twice as common in people with schizophrenia as in the general population. The National Institute for Health and Care Excellence guidance recommends that people with psychosis or schizophrenia, especially those taking antipsychotics, be offered a healthy eating and physical activity programme by their mental health care provider. There is insufficient evidence to inform how these lifestyle services should be commissioned. OBJECTIVES: To develop a lifestyle intervention for people with first episode psychosis or schizophrenia and to evaluate its clinical effectiveness, cost-effectiveness, delivery and acceptability. DESIGN: A two-arm, analyst-blind, parallel-group, randomised controlled trial, with a 1:1 allocation ratio, using web-based randomisation; a mixed-methods process evaluation, including qualitative case study methods and logic modelling; and a cost-utility analysis. SETTING: Ten community mental health trusts in England. PARTICIPANTS: People with first episode psychosis, schizophrenia or schizoaffective disorder. INTERVENTIONS: Intervention group: (1) four 2.5-hour group-based structured lifestyle self-management education sessions, 1 week apart; (2) multimodal fortnightly support contacts; (3) three 2.5-hour group booster sessions at 3-monthly intervals, post core sessions. Control group: usual care assessed through a longitudinal survey. All participants received standard written lifestyle information. MAIN OUTCOME MEASURES: The primary outcome was change in weight (kg) at 12 months post randomisation. The key secondary outcomes measured at 3 and 12 months included self-reported nutrition (measured with the Dietary Assessment Questionnaire), objectively measured physical activity measured by accelerometry [GENEActiv (Activinsights, Kimbolton, UK)], biomedical measures, adverse events, patient-reported outcome measures and a health economic assessment.</td>
<td>Available from PubMed</td>
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Objective
Clinical interviewing with a population who tend to mistrust interpersonal communication is complex and challenging. This paper argues that, traditionally, the basis on which these types of interviews are conducted (to gather information to inform a diagnosis or formulation) has the potential to complicate the difficulties. An approach is outlined which challenges implicit assumptions about the neutrality of the interview and assumes, instead, that 'personality disorder' emerges from the failures in communication which often characterise these encounters. Workers are invited to understand how they themselves, their assumptions and routine organisational practices contribute to this dynamic process. They are invited to work instead with a focus on building trust and learning collaboratively about what helps. Understanding risk issues is considered to be an intrinsic part of this process given that the emotional events which underpin risk are assumed to be inevitably 'live' within the interview.

Violence risk assessment has always been a central focus and a key responsibility for forensic mental health services (Cooke & Michie, 2013). However, the way this has been done has shifted over time (Singh & Fazel, 2010). Risk assessment has moved through different phases; from unstructured professional judgement to actuarial measurement of risk and then to structured professional judgement. Forensic services moved away from using unstructured professional judgement because of the lack of evidence base, as well as the lack of transparency, utility and replicability (Quinsey et al, 1998). There was a shift to using actuarial measures of risk, so to bring structure and reliability to clinical decisions. These measures or instruments make a prediction based on the statistics of others; they categorise people into groups and use an algorithm to provide a risk rating. These measures give the illusion of certainty, yet they do not take into consideration other influences or individual difference. Actuarial measures are able to tell us what factors make someone risky but cannot tell us why. Consequently, there was a shift towards another phase of risk assessment, called structured professional judgement.

This chapter describes the wide-ranging role of occupational health in optimizing the health of the workforce and the workplace. In doing so it highlights the importance of the workplace for improving public mental health. It examines the relationship between work and public mental health from a number of angles, and describes how in the context of health inequalities mental health can each be seen as both an exposure and an outcome. It explores the impact that work can have on mental health. The main models describing the psychosocial work environment are explained. The chapter also explores the effect poor mental health can have on the workplace at an individual, organizational, and wider economic perspective. The unique role of occupational health in supporting employees and employers and benefits at the population level are emphasized.

Successful healthcare integration demands an understanding of current service utilisation by people with comorbidity. Physical illness may impact on mental health service use (MHSU), but longitudinal studies of comorbidity and MHSU are rare. This study 1) estimated associations between mental-physical comorbidity and longitudinal MHSU patterns; 2) tested whether associations between comorbidity and continuous MHSU are driven by "need".

Methods
Survey data from a South East London community cohort were used (N = 1052). Common mental disorder symptoms (CMDIS) were measured using the Clinical Interview Schedule Revised and self-report of long-standing disorders. A checklist of common conditions measured chronic physical conditions. MHSU captured self-reported use of mental health services in the past year at two time points. "Need" indicators included CMDIS at follow-up, suical ideation, somatic symptom severity, self-rated health, daily functioning problems and perceived functioning limitations due to emotional health. Analyses used logistic and multinomial regression.

Results
Continuous MHSU (at both time-points) was twice as commonly reported by those with comorbidity than those without physical comorbidity (30.3% vs 12.3%). CMDIS at follow-up, suicidal ideation, and perceived functioning limitations due to emotional health only partially explained the association between CMDIS-physical comorbidity and continuous MHSU. In the adjusted model, comorbidity remained associated with continuous MHSU (RRR = 3.23, 95% CI: 1.39–7.51; p < .002), while the association for non-comorbid CMDIS was fully attenuated (RRR = 1.08, 95% CI: 0.46–2.93; p = .85).

Conclusion
CMDIS-physical comorbidity was strongly associated with continuous MHSU, and "need" did not account for this association, suggesting that comorbidity itself represents a "need" indicator.
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<tr>
<td>Alix Smith and Lynda Ellis</td>
<td>TIGA CUB-manualised psychoanalytic child psychotherapy versus treatment as usual for children aged 5-11 with treatment-resistant conduct disorders and their primary carers: results from a randomised controlled feasibility trial</td>
<td>Journal of Child &amp; Adolescent Mental Health, 30:3, 167-182, DOI: 10.2989/17280583.2018.1532433</td>
<td>The survey revealed that clinical populations rated more severe behaviours as abusive when compared to a public population, suggesting that working in an environment where you are more likely to experience an abuse skews the view one has, and potentially increases the tolerance/threshold of abuse within a clinical population.</td>
<td>Available from Taylor &amp; Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>)</td>
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<td>Hollie Roblin</td>
<td>Community care for people with mental health difficulties far precedes the formation of the NHS. Through the middle ages, communities cared for their own, with the terms 'village idiot' and 'lunatic' being attributed to people with mental impairment. As far back as the 12th century monks known as 'soul friends' took perhaps the earliest description of a mental health nursing role in the community. The monks would visit people who were suffering from mental disorders and offer them (and their families) spiritual guidance.</td>
<td>Community care Magazine; Oct 2018; vol. 38 (no. 5); p. 9-9</td>
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<td>Available from PocketMags (<a href="https://pocketmags.com">https://pocketmags.com</a>)</td>
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<td>Chris Quinn, Chris Platania-Phung, Christopher Balo, Brenda Happel and Elizabeth Hughes.</td>
<td>Understanding the current sexual health service provision for mental health consumers by nurses in mental health settings: Findings from a Survey in Australia and England</td>
<td>International Journal of Mental Health Nursing (2018) Volume 27, Issue 5, October 2018, Pages 1522-1524</td>
<td>The interviews revealed that many staff were unsure of what constituted abuse, and for many of them it was a subjective experience which influenced their attribution of abuse or not. Several themes emerged which gave some suggestion that the conceptualisation of abuse is determined by two main components which interact with each other: perception from the individual about an abuse, and the reception of an abuse from the organisation.</td>
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<td>Peter Trigwell, Andrew Walker, Jessica Rose Barrett, William Lee, Robert M West, Elisabeth Guthrie, Peter Trigwell, Alan Quirk, Mike J Crawford and Allan House.</td>
<td>Sep-18</td>
<td>Organisation and delivery of liaison psychiatry services in general hospitals in England: results of a national survey</td>
<td>BMJ Open 2018 Volume 8, Issue 8, (1 September, 2018)</td>
<td>English</td>
<td>Objectives To describe the current provision of hospital-based liaison psychiatry services in England, and to determine different models of liaison service that are currently operating in England. Design Cross-sectional observational study comprising an electronic survey followed by targeted telephone interviews. Setting All 179 acute hospitals with an emergency department in England. Participants 168 hospitals that had a liaison psychiatry service completed an electronic survey. Telephone interviews were conducted for 57 hospitals that reported specialist liaison services additional to provision for acute care. Measures Data included the location, service structures and staffing, working practices, relations with other mental health service providers, policies such as response times and funding. Model 2-based clustering was used to characterise the services. Telephone interviews identified the range of additional liaison psychiatry services provided. Results Most hospitals (141, 79%) reported a 7-day service responding to acute referrals from the emergency department and wards. However, under half of hospitals had 24 hours access to the service (78, 44%). One-third of hospitals (57, 32%) provided non-acute liaison work including outpatient clinics and links to specialist hospital services. 156 hospitals (87%) had a multidisciplinary service including a psychiatrist and mental health nurses. We derived a four-cluster model of liaison psychiatry using variables resulting from the electronic survey; the salient features of clusters were staffing numbers, especially nursing; provision of rapid response 24 hours 7-day acute services; offering outpatient and other non-acute work, and containing age-specific teams for older adults. Conclusions This is the most comprehensive study to date of liaison psychiatry in England and demonstrates the wide availability of such services nationally. Although all services provide an acute assessment function, there is no uniformity about hours of coverage or expectation of response times. Most services were better characterised by the model we developed than by current classification systems for liaison psychiatry.</td>
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<td>Barry D Wright, Lucy Tindall and Rebecca Hargate</td>
<td>Aug-18</td>
<td>Clinical and cost-effectiveness of one-session treatment (OST) versus multisession cognitive-behavioral therapy (CBT) for specific phobias in children: protocol for a non-inferiority randomised controlled trial</td>
<td>BMJ Open 2018 Volume 8, Issue 8, (17 August, 2018)</td>
<td>English</td>
<td>The results point to potentially important training topics and culture changes that would be beneficial in supporting staff who have abusive experiences at work. Primarily training for staff on how to identify an abusive behaviour, how to report it, and how to manage psychological impacts.</td>
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Kathryn Berzins, Gemma Louch, Mark Brown, Jane K O’Hara and John Baker

Aug-18

Service user and carer involvement in mental health care safety: raising concerns and improving the safety of services

BMC Health Services Research 2018; 19(1): 644

English

Background: Previous research into improving patient safety has emphasised the importance of responding to and learning from concerns raised by service users and carers. Expertise gained by the experiences of service users and their carers has also been seen as a potential resource to improve patient safety. We know little about the ease of raising concerns within mental health services, and the potential benefits of involving service users and carers in safety interventions. This study aimed to explore service user and carer perceptions of raising safety concerns, and service user, carer and health professional views on the potential for service user and carer involvement in safety interventions.

Methods: UK service users, carers and health professionals (n = 185) were recruited via social media to a cross-sectional survey focussed on raising concerns about safety issues and views on potential service user and carer participation in safety interventions. Data were analysed using descriptive statistics, and free text responses were coded into categories.

Results: The sample of 185 participants included 90 health professionals, 77 service users and 18 carers. Seventy seven percent of service users and carers reported finding it very difficult or difficult to raise concerns. Their most frequently cited barriers to raising concerns were: services did not listen; concerns about repercussions; and the process of raising concerns, especially while experiencing mental ill health. There was universal support from health professionals for service user and carer involvement in safety interventions and over half the service users and carers supported involvement, primarily due to their expertise from experience.

Conclusions: Mental health service users and carers experience difficulties in raising safety concerns meaning that potentially useful information is being missed. All the health professionals and the majority of service users and carers saw potential for service users and carer involvement in interventions to improve safety, to ensure their experiences are taken into consideration. The results provide guidance for future research about the most effective ways of ensuring that concerns about safety can be both raised and responded to, and how service user and carer involvement in improving safety in mental health care can be further developed.

Michael Dixon, Vikram Luthra and Christopher Todd

Aug-18

Use of cinacalcet in lithium induced hyperparathyroidism


English

The case of a 61-year-old female patient with a long-standing history of bipolar affective disorder treated medically with lithium for the past two decades. In late 2012, the patient was diagnosed with hyperparathyroidism secondary to lithium therapy. The patient underwent parathyroidectomy in August 2013. During surgery, only two glands were conclusively located and removed. This resulted in a reduction in the patient’s plasma total calcium levels and parathyroid hormone. The psychiatric management of the bipolar affective disorder was reviewed, and lithium discontinued as a result of the findings. Over the following year, a variety of different mood stabilisers were trialled, however none were found to successfully maintain the patient’s mental health. In August 2014, the patient was admitted with a severe depressive relapse of her bipolar affective disorder. Her admission tests showed hypercalcaemia, which may also have contributed to her mood symptoms and mental state deterioration. The patient was reviewed by the endocrinology team and subsequently commenced on cinacalcet treatment (30 mg twice a day). Over the following months, the patient’s plasma total calcium levels returned to within normal range. The patient’s depressive symptomatology gradually improved with a combination of physical and pharmacological treatments.

Caroline Dada, Donna Stansfield and Tanya Cullen

Jul-18

Impact of a specialist mental health pharmacy team on medicines optimisation in primary care for patients on a severe mental illness register: a pilot study

European Journal of Hospital Pharmacy, Online First: 02 July 2018

English

Objective Medication arrangements for patients with severe mental illness (SMI), including schizophrenia and bipolar disorder, can be complex. Some have shared care between primary and secondary services while others have little specialist input. This study investigated the contribution a specialist mental health clinical pharmacy team could make to medicines optimisation for patients on the SMI register in primary care. Research shows that specialist mental health pharmacists improve care in inpatient settings. However, little is known about their potential impact in primary care.

Method Five general practice surgeries were allocated half a day per week of a specialist pharmacist and technician for 12 months. The technician reviewed primary and secondary care records for discrepancies. Records were audited for high-dose or multiple antipsychotics, physical health monitoring and adherence. Issues were referred to the pharmacist for review. Surgery staff were encouraged to refer psychotropic medication queries to the team. Interventions were recorded and graded.

Results 316/472 patients on the SMI register were prescribed antipsychotics or mood stabilisers. 23 (7%) records were updated with missing clozapine and depot information. Interventions by the pharmacist included clarifying discharge information (12/104), reviewing high-dose and multiple antipsychotic prescribing (18/104), correcting errors (10/104), investigating adherence issues (16/104), following up missing health checks (22/104) and answering queries from surgery staff (23/104). Five out of six interventions possibly preventing hospital admission were for referral of non-adoherent patients.

Conclusion The pharmacy team found a variety of issues including incomplete medicines reconciliation, adherence issues, poor communication, drug errors and the need for specialist advice. The expertise of the team enabled timely resolution of issues and bridges were built between primary and secondary care.
Tobacco smoking is extremely prevalent in people with severe mental illness (SMI) and has been recognized as the main contributor to widening health inequalities in this population. Historically, smoking has been deeply entrenched in the culture of mental health settings in the UK, and until recently, smokefree policies tended to be only partially implemented. However, recent national guidance and the government’s tobacco control plan now call for the implementation of complete smokefree policies. Many mental health Trusts across the UK are currently in the process of implementing the new guidance, but little is known about the impact of and experience with policy implementation.

Methods: This paper reports findings from a mixed-methods evaluation of policy implementation across 12 wards in a large mental health Trust in England. Quantitative data were collected and compared before and after implementation of NICE guidance PH48 and referred to 1) identification and treatment of tobacco dependence, 2) smoking related incident reporting, and 3) prescribing of psychotropic medication. A qualitative exploration of the experience of inpatients was also carried out. Descriptive statistical analyses were performed, and the feasibility of collecting relevant and complete data for each quantitative component was assessed. Qualitative data were analysed using thematic framework analysis.

Results: Following implementation of the complete smokefree policy, increases in the numbers of patients offered smoking cessation advice (72% compared to 38%) were identified. While incident reports demonstrated a decrease in challenging behaviour during the post-PH48 period (6% compared to 23%), incidents relating to the concealment of smoking materials increased (10% compared to 2%). Patients reported encouraging changes in smoking behaviour and motivation to maintain change after discharge. However, implementation issues challenging full policy implementation, including covert facilitation of smoking by staff, were reported, and difficulties in collecting relevant and complete data for comprehensive evaluation purposes identified.

Conclusions: Overall, the implementation of complete smokefree policies in mental health settings may currently be undermined by partial support. Strategies to enhance support and the establishment of suitable data collection pathways to monitor progress are required.
The development of an outcome measure for liaison mental health services

Aims and method To develop and pilot a clinician-rated outcome scale to evaluate symptomatic outcomes in liaison psychiatry services. Three hundred and sixty patient contacts with 207 separate individuals were rated using six subscales (mood, psychosis, cognition, substance misuse, mind-body problems and behavioural disturbance) plus two additional items (side-effects of medication and capacity to consent for medical treatment). Each item was rated on a five-point scale from 0 to 5 (nil, mild, moderate, severe and very severe).

Results The liaison outcome measure was acceptable and easy to use. All subscales showed acceptable interrater reliability, with the exception of the mind-body subscale. Overall, the measure appears to show stability and sensitivity to change.

Clinical implications The measure provides a useful and robust way to determine symptomatic change in a liaison mental health setting, although the mind-body subscale requires modification.

The role of job strain in understanding midlife common mental disorder: a national birth cohort study

Methods: Data from the National Child Development Study (n=6870) were analysed by use of multivariate logistic regression to investigate the prospective association between job strain variables at age 45 years and risk of future common mental disorders at age 50 years, controlling for lifetime psychiatric history and a range of other possible confounding variables across the lifespan. Population attributable fractions were calculated to estimate the public health effect of job strain on midlife mental health.

Findings: In the final model, adjusted for all measured confounders, high job demands (odds ratio 1.70, 95% CI 1.25–2.32; p=0.008), low job control (1.89, 1.29–2.77; p=0.010), and high job strain (2.22, 1.58–3.06; p<0.001) remained significant independent predictors of future onset of common mental disorder. If causality is assumed, our findings suggest that 14% of new cases of common mental disorder could have been prevented through elimination of high job strain (population attributable fraction 0.14, 0.06–0.20).

Genome-wide analysis of adolescent psychotic-like experience domains, with higher estimates for less skewed traits (Anhedonia, Cognitive like experience domain) and schizophrenia, bipolar disorder, and major depression. The full spectra of psychotic-like experience domains, both in terms of their severity and type (positive, cognitive, and negative), were assessed using self- and parent-ratings in three European community samples aged 15–19 years (Final N incl. siblings 46,297–10,098). A mega-genome-wide association study (mega-GWAS) for each psychotic-like experience domain was performed. Single nucleotide polymorphism (SNP) heritability of each psychotic-like experience domain was estimated using genomic-relatedness-based restricted maximum-likelihood (GREML) and linkage disequilibrium (LD) score regression. Genetic overlap between specific psychotic-like experience domains and schizophrenia, bipolar disorder, and major depression was assessed using polygenic risk score (PRS) and LD score regression. GREML returned SNP heritability estimates of 3–8% for psychotic-like experience trait domains, with higher estimates for less skewed traits (Anhedonia, Cognitive Disorganization) than for more skewed traits (Paranoia and Hallucinations, Parent-rated Negative Symptoms). Mega-GWAS analysis identified one genome-wide significant association for Anhedonia within IDO2 but which did not replicate in an independent sample. PRS analysis revealed that the schizophrenia PRS significantly predicted all adolescent psychotic-like experience trait domains (Anhedonia and Hallucinations only in non-zero scorers). The major depression PRS significantly predicted Anhedonia and Parent-rated Negative Symptoms in adolescence. Psychotic-like experiences during adolescence in the community show additive genetic effects and partly share genetic influences with clinically-recognized psychiatric disorders, specifically schizophrenia and major depression.
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<th>Authors</th>
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<tr>
<td>Ranil Tan, Peter J Taylor, Alex Perry, Paul Hutton, Ranil Tan, Naomi Fisher, Chiara Focone, Diane Griffiths and Claire Seddon</td>
<td>Cognitive Analytic Therapy for psychosis: A case series.</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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Alex Perry and Rani Tan

Cognitive Analytic Therapy for psychosis: A case series

Psychother, Psychother., 2018 May 2; doi: 10.1111/papt.12183. [Epub ahead of print]

English

Objectives: Cognitive Analytic Therapy (CAT) is an effective psychological intervention for several different mental health conditions. However, whether it is acceptable, safe, and beneficial for people with psychosis remains unclear, as is the feasibility of providing and evaluating it within a research context. The aim of this study was to begin to address these questions and to obtain for the first time a rich and detailed understanding of the experience of receiving CAT for psychosis.

Design: A mixed methods case series design.

Method: Seven individuals who experienced non-affective psychosis received CAT. They completed assessments at the start of CAT, 16 weeks, and 28 weeks post-baseline. Qualitative interviews were completed with four individuals following completion of or withdrawal from therapy.

Results: Six participants attended at least four sessions of therapy and four went on to complete therapy. There were no serious adverse events, and self-reported adverse events were minimal. Qualitative interviews suggested CAT is acceptable and provided a way to understand and work therapeutically with psychosis. There was limited evidence of change in psychotic symptoms, but improvement in perceived recovery and personally integration was observed.

Conclusions: The results suggest that CAT is a safe and acceptable intervention for psychosis. Personality Integration, perceived recovery, and functioning are relevant outcomes for future evaluations of CAT for psychosis.

John Baker

A cross-sectional survey of mental health service users, carers and professionals' priorities for patient safety in the United Kingdom

Health Expectations. 2018;1–10

English

Background: Establishing patient safety priorities in psychiatry has received less international attention than in other areas of health care. This study aimed to identify safety issues as described by people in the United Kingdom identifying as mental health service users, carers and professionals. Methods: A cross-sectional online survey was distributed via social media. Identified safety issues were mapped onto the Yorkshire Contributory Factors Framework (YCFF) which categorizes factors that contribute to patient safety incidents in general hospital settings. Service user and carer responses were described separately from professional responses using descriptive statistics. Results: One hundred and eighty-five responses from 95 service users and carers and 90 professionals were analysed. Seventy different safety issues were identified. These were mapped onto the 17 existing categories of the YCFF and two additional categories created to form the YCFF-MH. Most frequently identified issues were as follows: “Individual characteristics” (of staff) which included competence and listening skills; “Service process” that contained concerns about waiting times; “Management of staff and staffing levels” dominated by staffing levels; and “External policy context” which included the overall resourcing of services. Professionals identified staffing levels and inadequate community provision more frequently than service users and carers, who in turn identified crisis care more frequently. Conclusions: This study updates knowledge on stakeholder perceived safety issues across mental health care. It shows a far broader range of issues relating to safety than has previously been described. The YCFF was successfully modified to describe these issues and areas for further coproduced research are suggested.

George Crowther

The barriers and facilitators for recognising distress in people with severe dementia on general hospital wards

Oxford Academic: Age and Ageing, 2018 (Published online ahead of print)

English

Introduction: psychological symptoms and delirium are common, but underreported in people with dementia on hospital wards. Unrecognised and untreated symptoms can manifest as distress. Identifying distress accurately therefore could act as a trigger for better investigation and treatment of the underlying causes. The challenges faced by healthcare professionals to recognise and report distress are poorly understood.

Methods: semi-structured interviews with a purposive sample of 25 healthcare professionals working with older people in general hospitals were conducted. Interviews were analysed generating themes that describe the facilitators and barriers of recognising and caring for distress in dementia.

Results: regardless of training or experience all participants had a similar understanding of distress, and identified it as a term that is easily understood and communicated. All participants believed they recognised distress intuitively. However, defining what constitutes distress was challenging and varied between individuals. Difficulties were often described in the context of loss, anxiety, and grief.

Conclusions: this study identifies the feasibility of providing and evaluating it within a research context. The aim of this study was to begin to address these questions and to obtain for the first time a rich and detailed understanding of the experience of receiving CAT for psychosis.

David Harvey

The use of psychologically-informed warning letters in probation for high-risk clients with personality difficulties

Probation Journal Vol 65, Issue 2, pp. 170 - 183. April 2018

English

Warning letters may be issued to probation service users in the community on licence as an alternative action to recalling them to prison, when the risk of serious harm can be managed safely. Template-based, formalized warning letters may inadvertently increase or compound risk when working with high-risk clients with personality difficulties. As an alternative, psychologically-informed warning letters can be used. The aim of the letters is to facilitate joint meaning-making of violations and breaches of licence conditions between a client and an offender manager, whilst reinforcing boundaries in a thoughtful, empathic way. Practical guidelines are provided for writing and issuing psychologically-informed warning letters in probation when working with high-risk clients with personality difficulties, along with a case study. Finally, possible barriers to using these letters are identified and potential ways to overcome them are suggested.
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<td>John O’Dwyer, Dorota Juszczyk</td>
<td>Developing and maintaining service users’ difficulties, including the potential impact of team members own interpersonal responses. The aim of this service evaluation was to explore assertive outreach teams’ views and experiences of team psychological formulation and review meetings. Twenty-five assertive outreach team staff members who had experience attending formulation meetings were interviewed using a semi-structured approach. The interview data were analysed using thematic analysis. Themes identified: “Valuing the meetings and ‘Barriers to the meetings’, along with sub-themes of ‘increased knowledge and understanding’, ‘empathy’, ‘structure’, and ‘input’. Four barriers as sub-themes were identified: lack of knowledge about the service user, staff thinking their opinion will not matter, attendance and time constraints. Staff members found formulation meetings useful and valued the process. Recommendations include team members taking on the preparation for the meetings, prioritisation of the meetings, and developing a Care Programme Approach linked process for sharing and developing the formulation with service users.</td>
<td>Available from PubMed [<a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a>]</td>
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<td>Amy Russell</td>
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<td>Send to Pilot Feasibility Study. 2018 Apr 23;4:80</td>
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<td>Max Henderson</td>
<td>Development of an intervention to facilitate return to work of UK healthcare staff with common mental health disorders</td>
<td>Occupational &amp; Environmental Medicine, 2018, Volume 75, Issue 2</td>
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<td>Diabetic Medicine Volume35, Issue3 March 2018, Pages 352-359</td>
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<td>Effectiveness of systemic family therapy versus treatment as usual for young people after self-harm: a pragmatic, phase 3, multicentre, randomised controlled trial</td>
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<td>Simon Finn, Emma Ingleson, Molly Miegun, Linda Clare, Penny Wright, Jan R Oyebode</td>
<td>A Needs-led Framework for Understanding the Impact of Caring for a Family Member With Dementia</td>
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<td>Niwan Dissanayaka</td>
<td>Mental Health Act reform must include carers</td>
<td>The Lancet Psychiatry, February 2018, Volume 5, No. 2, pages 108-109</td>
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<td>Anjula Gupta, Elaine McMullan,</td>
<td>Experiences of mental health nursing staff working with voice hearers</td>
<td>Psychiatric and Mental Health Nursing, Early View (Online Version of Record published before inclusion in an issue) Feb 2018</td>
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<td>Counselling and Psychotherapy Research Early View (Online Version of Record published before inclusion in an issue)</td>
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<td>Kay Radcliffe, Ciara Masterson</td>
<td>Eight people from a National Health Service Psychological Therapies</td>
<td>Eight people from a National Health Service Psychological Therapies Department in the UK who felt their therapy had not resulted in improvement took part in semi-structured interviews, later analysed using interpretative phenomenological analysis.</td>
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<td>The Lancet Psychiatry, February 2018, Volume 5, No. 2, pages 108-109</td>
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*Last updated: August 2019 Next revised date: February 2020*
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<td><strong>Emily Peckham, Catherine Arntz, Deila Bailey, Tracy Callen, Christina Cusack, Suzanne Crossland, Penny Foster, Hannah Herthly, James Hope, Suzy Ker, Tayla McCloud, Crystal Bello Roman-Hooper, Alison Stribling, Peter Phip, Ellen Tait, Simon Gilbody and on behalf of the SCIMITAR+ Collaborative</strong>&lt;br&gt;Jan-18</td>
<td>Successful recruitment to RCTs: findings from the SCIMITAR+ Trial.</td>
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<td><strong>Alison Baird, Jenny Shaw, Isabelle M Hunt, Nav Kapur, Louis Appleby and Roger T Webb.</strong>&lt;br&gt;Jan-18</td>
<td>National study comparing the characteristics of patients diagnosed with schizophrenia who committed homicide vs. those who died by suicide.</td>
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<td><strong>Hussan Riaz, William Rhys Jones, Baqir Ahmad Masood and Saeideh Saedi</strong>&lt;br&gt;Dec-17</td>
<td>Knowledge and Attitudes of Gastroenterologists Towards Eating Disorders</td>
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Prescribers' views and experiences of assessing the appropriateness of prescribed medications in a specialist addiction service

Background Mental and physical health problems are common in people with substance misuse problems and medications are often required in their management. Given the extent of prescribing for service users who attend specialist addiction services, it is important to consider how prescribers in this setting assess the appropriateness of service users' prescribed medications. Objective To explore prescribers' views and experiences of assessing the appropriateness of medications prescribed for service users coming in for treatment as well as the differences between prescribers. Setting A specialist addiction service in the North of England. Method A phenomenological approach was adopted. Semi-structured interviews were conducted with four nurse prescribers and eight doctors. Data were analysed using thematic framework analysis. Main outcome measure Prescribers' views and experiences of assessing the appropriateness of prescribed medications. Results Assessment of the appropriateness of prescribed medications involved reviewing medications, assessing risk, history-taking, involvement of service users, and comparing guideline adherence and 'successful prescribing'. Doctors and nurse prescribers assessed the appropriateness of medications they considered to be within their competency. Doctors provided support to nurse prescribers and general practitioners (GPs) when dealing with issues around prescribing. Conclusion Assessment of the appropriateness of prescribed medications is complex. The recent reduction in medical expertise in specialist addiction services may negatively impact on the clinical management of service users. It appears that there is a need for further training of nurse prescribers and GPs so they can provide optimal care to service users.

Purpose Depression is currently the leading cause of illness and disability in young people. Evidence suggests that behavioural activation (BA) is an effective treatment for depression in adults but less research focuses on its application with young people. This review therefore examined whether BA is effective in the treatment of depression in young people.

Methods A systematic review (International Prospective Register of Systematic Reviews reference: CRD42015020453), following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, was conducted to examine studies that had explored behavioural interventions for young people with depression. The electronic databases searched included the Cochrane Library, EMBASE, MEDLINE, CINAHL Plus, PsycINFO, and Bicopus. A meta-analysis employing a generic inverse variance, random-effects model was conducted on the included randomized controlled trials (RCTs) to examine whether there were overall effects of BA on the Children’s Depression Rating Scale - Revised.

Results Ten studies met inclusion criteria: three RCTs and seven within-participants designs (total n = 170). The review showed that BA may be effective in the treatment of depression in young people. The Cochrane risk of bias tool and the Moncrieff scale used to assess the quality of the included studies revealed a variety of limitations within each.

Conclusions Despite demonstrating that BA may be effective in the treatment of depression in young people, the review indicated a number of methodological problems meaning that the results and conclusions should be treated with caution. Furthermore, the paucity of studies in this area highlights the need for further research.

Complete smokefree policies in mental health inpatient settings: results from a mixed-methods evaluation before and after implementing national guidance

Tobacco smoking is extremely prevalent in people with severe mental illness (SMI) and has been recognised as the main contributor to widening health inequalities in this population. Historically, smoking has been deeply entrenched in the culture of mental health settings in the UK, and until recently, smokefree policies tended to be only partially implemented. However, recent national guidance and the government’s tobacco control plan now call for the implementation of complete smokefree policies. Many mental health Trusts across the UK are currently in the process of implementing the new guidance, but little is known about the impact of and experience with policy implementation.

The experience of health care workers in a dementia care tertiary setting

The purpose of this study is to explore individual experiences of health care staff when working within dementia tertiary care. The study follows qualitative methods through the use of interviews with nine staff on a one to one basis about what they think, feel and experience daily. Through examining daily routines associated with various positions and roles, this allows for any positives experiences, challenges and recommendations to be discussed from the perspectives of care staff. Therefore, by investigating individual’s experiences this enables a greater understanding of what it is like for healthcare professionals working with patients who have dementia in a hospital setting. Staff identified or suggested specific areas that could be changed or improved from their perspective these included: the physical environment, the care environment, education and training and ensuring that staff maintain a good level of health and wellbeing. However, many healthcare staff focused on positive aspects of their work and aim to provide high quality care. Furthermore these outcomes can demonstrate areas for change, which then encourages further research or development in this area of care.
### Anuradha Menon

**TIGA-CUB – bJPsych**

On reading Dr Moorey’s earnest response to Dr Gipps’ views, I was struck by his description of the ‘depressive mode’ (1). This marvel of development, 100 years on from Freud’s classic paper (2) is – in Dr Moorey’s view- a ‘complex neural network, including multiple relevant brain regions that are activated or deactivated in depression.’ This, he argues, is the target of therapeutic practice in CBT, where unconscious schemas are automatic, not repressed. It seems to the reader that in this dehumanised framework, grief and loss are merely ‘problems’ that face human kind which need to be put on the CBT table to be sorted out openly between therapist and patient. The tools? Good old fashioned common sense, an indefatigably optimistic therapist, and well-positioned intelligence. As for the measures: specially designed scales that measure the very structure which they helped create.

I am writing this piece to explore how both Dr Moorey and Dr Gipps warily circle around a point which is never highlighted in its own right.

### Elizabeth Edginton, Lynda Ellis and Tom Hughes

**TIGA-CUB – manualised psychoanalytic child psychotherapy versus treatment as usual for children aged 5–11 years with treatment-resistant conduct disorders and their primary carers: study protocol for a randomised controlled feasibility trial**

**Background**

The National Institute for Health and Care Excellence (NICE) recommends evidence-based parenting programmes as a first-line intervention for conduct disorders (CD) in children aged 5–11 years. As these are not effective in 25–33% of cases, NICE has requested research into second-line interventions. Child and Adolescent Psychotherapists (CAPTs) address highly complex problems where first-line treatments have failed and there have been small-scale studies of Psychoanalytic Child Psychotherapy (PCP) for CD. A feasibility trial is needed to determine whether a confirmatory trial of manualised PCP (mPCP) versus Treatment as Usual (TaU) for CD is practicable or needs refinement. The aim of this paper is to publish the abridged protocol of this feasibility trial.

**Methods and design**

TIGA-CUB (Trial on improving Inter-Generational Attachment for Children Undergoing Behaviour problems) is a two-arm, pragmatic, parallel-group, multicentre, individually randomised (1:1) controlled feasibility trial (target n = 60) with blinded outcome assessment (at 4 and 8 months), which aims to develop an optimum practicable protocol for a confirmatory, pragmatic, randomised controlled trial (RCT) (primary outcome: child’s behaviour; secondary outcomes: parental reflective functioning and mental health, child and parent quality of life), comparing mPCP and TaU as second-line treatments for children aged 5–11 years with treatment-resistant CD and inter-generational attachment difficulties, and for their primary carers. Child-primary carer dyads will be recruited following a referral to, or re-referral within, National Health Service (NHS) Child and Adolescent Mental Health Services (CAMHS) after an unsuccessful first-line parenting intervention. PCP will be delivered by qualified CAPTs working in routine NHS clinical practice, using a trial-specific PCP manual (a brief version of established PCP clinical practice). Outcomes are: (1) feasibility of recruitment methods, (2) uptake and follow-up rates, (3) therapeutic delivery, treatment retention and attendance, intervention adherence rates, (4) follow-up data collection, and (5) statistical, health economics, process evaluation, and qualitative outcomes.

### Andria Hanbury

**Identifying Barriers to the Implementation of Patient-Reported Outcome Measures Using a Theory-Based Approach**

**European Journal for Person Centered Healthcare 2017 Vol 5 Issue 1 pp 35-44**

Objective, aims and objectives: Patient-reported outcome measures (PROMs) are gaining increasing attention within mental healthcare, yet can be difficult to implement into routine practice. To increase uptake, it is recommended to explore the barriers to uptake guided by a theory base, with this information then used to design a tailored improvement strategy. The aim of this study was to explore the barriers to collecting and using a specific PROM within a single setting to inform the design of PROMs promotion strategies.

**Methods:** Staff perceptions of relative advantage and the compatibility with norms and complexity of using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) in routine practice were explored through structured group discussions with mental healthcare teams within one Foundation Trust guided by diffusion of innovation theory.

**Results:** Respondents perceived some advantages to using SWEMWBS, notably patient involvement, but also highlighted the burden of paper-based data collection and the poor quality of feedback reports. There was also scepticism regarding the suitability of the tool, particularly for certain groups of patients and concerns regarding use of PROMs for performance management. Views were mixed regarding compatibility with existing norms.

**Conclusions:** To increase uptake, it is recommended that the positive perceptions of relative advantage, compatibility and ease of use identified in this study should be promoted, including through messages delivered by senior staff and tailored educational strategies. Negative (mis)perceptions should be similarly challenged and barriers around paper-based data collection and feedback reports systematically targeted.
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<tr>
<td>Charlotte Barry</td>
<td>Nov-17</td>
<td>Exploring the Experience of Living with Young Onset Dementia</td>
<td>2017</td>
<td>None</td>
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<td>Helen L Brooks, Karina Lovell, Penny Bee, Caroline Sanders, Anne Rogers</td>
<td>Nov-17</td>
<td>Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers</td>
<td>2017</td>
<td>Health Expectations: An International Journal of Public Health Care and Health Policy, Early View (Online Version published before inclusion in an issue)</td>
<td>English</td>
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<td>Kay Hadoff, Elaine McMullan, and Jo Ramsden</td>
<td>Nov-17</td>
<td>Developing offender manager competencies in completing case formulations: An evaluation of a training and supervision model</td>
<td>2017</td>
<td>sage Journals, Probation Journal, November 2017</td>
<td>English</td>
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The Offender Personality Disorder (OPD) pathway is a national initiative which co-commissions health and probation to care programme approach. Exploring the Introduction: Research into the experiences of those with a diagnosis of young onset dementia is extremely limited and the care programme approach. Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers. Developing offender manager competencies in completing case formulations: An evaluation of a training and supervision model. The care programme approach: Fundamentals of Mental Health Nursing: An Essential Guide for Nursing and Healthcare Students, Nov 2017, Chapter 23 ‘Mental health and adults’.

The care programme approach (CPA) is a central part of UK secondary mental health services. It is a framework designed to ensure that there are systematic arrangements for assessing the needs of service users, that a care plan is written, and regularly reviewed, and that each service user has a named key worker (care coordinator) allocated (DH, 1999).

A review of the CPA in 2008 encouraged services to use care assessment and planning processes that view a person in the round, seeing and supporting them in their individual diverse roles and needs they have’ (DH, 2008,p.7) Kemp (2016) describes the process undergone in Leeds and York Partnership NHS Foundation Trust to make their CPA care documentation more meaningful to service users. Box 23.1 is an adapted version of the result.

The findings of the study were explored in relation to existing literature and psychological theory. This research highlighted the transitory nature of participants experiences as a result of multiple and repeated challenges to one's psychological equilibrium. A critical appraisal of the strengths and limitations of this study were explored along with clinical implications. Future areas of research were also considered.

Findings: Care plans and care planning were characterized by a failure to meet the complexity of mental health needs, and care planning processes were seen to prioritize organizational agendas and risk prevention which distanced care planning from the everyday lives of service users.

Finally, participants spoke of a sense of contentment in relation to a preserved self, a sense of living alongside their dementia and an desire to live in the present; making the most of the here and now.

Discussion: The findings of the study were explored in relation to existing literature and psychological theory. This research highlighted the transitory nature of participants experiences as a result of multiple and repeated challenges to one's psychological equilibrium. A critical appraisal of the strengths and limitations of this study were explored along with clinical implications. Future areas of research were also considered.

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Max Henderson
Samuel B Harvey, Min-Jung Wang, Sarah Dorrington, Max Henderson, Sara Madani, Stephen I. Hatch and Matthew Hotopf.

Oct-17

NIPSAS: a new scale for measuring non-illness predictors of sickness absence

Occupational & Environmental Medicine, 2018, Volume 75, Issue 2

English

Objectives We describe the development and initial validation of a new scale for measuring non-illness factors that are important in predicting occupational outcomes, called the NIPSAS (non-illness predictors of sickness absence) scale.

Methods Forty-two questions were developed which covered a broad range of potential non-illness-related risk factors for sickness absence. 482 participants in the South East London Community Health study answered these questions and a range of questions regarding both short-term and long-term sickness absence. Factor analysis was conducted prior to examining the links between each identified factor and sickness absence outcomes.

Results Exploratory factor analysis using the oblique rotation method suggested the questionnaire should contain 26 questions and extracted four factors with eigenvalues greater than 1: perception of psychosocial work environment (factor 1), perceived vulnerability (factor 2), rest-focused attitude towards recovery (factor 3) and attitudes towards work (factor 4). Three of these factors (factors 1, 2, and 3) showed significant associations with long-term sickness absence measures (p<0.05), meaning a final questionnaire that included 20 questions with three subscales.

Conclusions The NIPSAS is a new tool that will hopefully allow clinicians to quickly assess for the presence of non-illness factors that may be important in predicting occupational outcomes and tailor treatments and interventions to address the barriers identified. To the best of our knowledge, this is the first time that a scale focused on transdiagnostic, non-illness-related predictors of sickness absence has been developed.

Mark Norburn

Oct-17

A Window into Supervision: An examination of the experience of Clinical Psychology Trainees and their Supervisors using Interpersonal Process Recall and Grounded Theory Analysis.

English

All clinical psychology trainees engage in supervision with their placement supervisors throughout training. We know much about the function of supervision, the supervisory relationship and that a great deal of learning and development takes place within the four walls of supervision. But what is less clear is how this process of learning and development takes place. This study focuses on key moments of learning in supervision for the trainee (from both the trainee and supervisor perspective). A qualitative design using Grounded Theory (GT) was adopted to develop a theory as to how such a shift occurs. Participants recorded a supervision session and Personal Process Recall (PPR) was then used as the method of data collection, to capture the participants’ experiences. Six core themes emerged from the analysis – anxiety context; drivers behind trains perspective, developmental context; drivers behind supervisor perspective, competency capacity, developmental enactments, supervisory enactments and shift in perspective. The findings suggest that the overtly evaluative nature of the supervisory relationship, the trainees’ anxiety and their reassurance/guidance seeking influences the learning and development that takes place. Supervisory enactments based on collaboration lead to a more profound shift in perspective. Enactments based on rupture still lead to a shift in perspective, but it takes longer to get there. The findings are discussed in relation to relevant theory and research. The implications for future research, theory and training are highlighted.

Rebecca Anne Tyner.

Oct-17

The impact of reformulation on insight and symptom change in cognitive analytic therapy

English

Objectives. This study aims to assess: clients’ responsiveness to the delivery of CAT-specific tools in order to gain a better understanding about which tools lead to therapeutic change; the impact of CAT upon insight; and clients’ perspectives on receiving CAT and how much they ascribe the process of change to CAT-specific tools.

Design. A hermeneutic single-case efficacy design, repeated with a small number of participants, was used to assess whether CAT-specific tools stimulate therapeutic change. Mixed methods were used to generate data on change processes.

Methods. The case-series comprised of six therapist/client dyads. Therapists were asked to keep a weekly record of the recognition and revision rating scale, two corrective experience questions, the insight sub-scale of the Self-Reflection and Insight Scale and the Clinical Outcome in Routine Evaluation-10. Outcomes were supplemented with qualitative data collected from client change interviews. Template analysis was used to analyse the qualitative data.

Results. For all but two participants there were no statistically significant changes on the CORE-10 in the session immediately or shortly after the introduction of a CAT-specific tool. Five themes emerged from the qualitative data: making links, breaking the links in patterns, experiences that disconfirm beliefs, working in partnership, and real world influences. CAT-specific mechanisms were identified by participants as helpful for bringing about recognition and revision of faulty patterns. Both CAT-specific and non-specific mechanisms of change were identified as being helpful.

Conclusions. CAT-specific tools were seen to facilitate cognitive and emotional insight which was a necessary element of the process of CAT in bringing about behavioural change through revision. It was also found that a genuine therapeutic relationship is an important mechanism operating through, and strengthened by CAT-specific tools.
I. Ideas about shared decision making (SDM) began to emerge in the 1970s as a challenge to the tradition of paternalism in healthcare. Theoretical models have focused on delineating this process and identifying discrete stages including exploration of service-user preferences, deliberation in relation to possible interventions and an emphasis on interactional, two-way communication processes that prioritise collaboration. There are particular challenges in terms of enacting the principles of shared decision-making with those with more complex mental health needs including experience of psychosis. Types of experience (unusual beliefs, intrusions, suspiciousness, changes to cognitive processes) along with issues of capacity, consent and the legal framework of the Mental Health Act (MHA; 1983) make it more challenging to implement these principles, even though they are laid out in best practice guidelines, and consistently correlate with positive outcomes for service-users.

This study focused on the construction of SDM in routine clinical practice by video-recording consultations involving decisions between service-users with experience of psychosis and mental health staff in a community setting. This was with a view to moving beyond exploration of the experience of SDM to look at the enactment of these ideas in practice. Three separate clinical meetings were recorded, which captured seven decisions related to different aspects of care and treatment. The final sample comprised 3 service-users, 1 carer and 5 professionals. Participants then watched the recording with the researcher, and reflective interviews were conducted to facilitate exploration of their experience in the meeting. The study proceeded from a social constructionist perspective, drawing from the principles of Discourse Analysis, more specifically Discursive Psychology. Analysis focused on constructions of psychosis, key features of participant talk and discursive and rhetorical features in order to examine impact on SDM.

The findings highlighted different ways of sharing opinions, directing or redirecting the dialogue, expressing agreement or disagreement and the challenge for staff in terms of promoting choice whilst also fulfilling legal and clinical responsibility. The findings also pointed to some important differences between physical and mental health SDM, and supported previous findings indicating that dominant discourses of psychosis impact collaboration at the micro-level of interactions between speakers in individual meetings. Based on these findings, I offer some reflections on implications for clinical practice, including consideration of idiosyncratic and decision-specific approaches to SDM with this population that account for the nuanced experience of psychosis. I also make some suggestions for directions for future research, including repeating the study in acute inpatient settings.

II. Background
The quality of care delivered to people with dementia in hospital settings is of international concern. People with dementia occupy up to one quarter of acute hospital beds, however, staff working in hospitals report lack of knowledge and skills in caring for this group. There is limited evidence about the most effective approaches to training hospital staff on dementia.

Objective
The purpose of this literature review was to examine published evidence on the most effective approaches to training and education for hospital staff.

Design and review methods
The review was conducted using critical synthesis and included qualitative, quantitative and mixed/multi-methods studies. Kirkpatrick’s four level model for the evaluation of training interventions was adopted to structure the review.

Data sources
The following databases were searched: MEDLINE, PsycINFO, CINAHL, AMED, British Education Index, Education Abstracts, ERIC (EbscoHost), The Cochrane Library-Cochrane reviews, Economic evaluations, CENTRAL (Wiley), H-MC (Ovid), ASSIA, IBSS (Proquest), Conference Proceedings Citation Indexes (Web of Science), using a combination of keyword for the following themes: Dementia/Alzheimer’s, training/education, staff knowledge and patient outcomes.

Results
A total of 20 papers were included in the review, the majority of which were low or medium quality, impacting on generalisability. The 16 different training programmes evaluated in the studies varied in terms of duration and mode of delivery, although most employed face-to-face didactic techniques. Studies predominantly reported on reactions to training and knowledge, only one study evaluated outcomes across all of the levels of the Kirkpatrick model. Key features of training that appeared to be more acceptable and effective were identified related to training content, delivery processes (e.g. interactive discussion and activity) and evaluation methods. The 16 different training programmes evaluated in the studies varied in terms of duration and mode of delivery, although most employed face-to-face didactic techniques. Studies predominantly reported on reactions to training and knowledge, only one study evaluated outcomes across all of the levels of the Kirkpatrick model. The quality of care delivered to people with dementia in hospital settings is of international concern. People with dementia occupy up to one quarter of acute hospital beds, however, staff working in hospitals report lack of knowledge and skills in caring for this group. There is limited evidence about the most effective approaches to training hospital staff on dementia.

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<tr>
<td>Johnny Lovell</td>
<td>Sharing Lived Experience with Service Users in Mental Health Interventions</td>
<td>Sep-17</td>
<td>Sharing lived experience by practitioners with service users is controversial. In 2015, 200 practitioners and 111 service users in LYPFT responded to a survey about sharing mental health and other types of lived experience. Half of the practitioners reported personal mental health lived experience. 13 survey respondents took part in focus groups to discuss issues raised. Respondents described almost 500 real-life examples of practitioners sharing things with service users. They rated the helpfulness of different types of hypothetical disclosure, including mental health lived experience. They also rated the helpfulness of sharing of mental health lived experience when undertaken by practitioners in different job roles, such as peer support workers, doctors and nurses. Almost all of the given real-life examples were well made and well received. Practitioners favour disclosures such as hobbies and pastimes which they perceive as less risky, and tend to avoid sharing mental health lived experience which they see as the domain of peer support workers. In contrast, service users value the sharing of mental health lived experience most highly, and value it when undertaken by practitioners in all job roles except for non-clinical staff. Sharing mental health lived experience carries risk if it is done badly, but also carries benefits when it is done well. Stigma, isolation, despair, and disengagement may be decreased by disclosure and increased by non-disclosure. Fear of disclosure appears to be out of proportion to actual risk. In practice, most practitioners make helpful disclosures that do not lead to negative consequences.</td>
<td>Available from eThesis (etheses.whiterose.ac.uk)</td>
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<td>Lee Marklew</td>
<td>Making sense of Community Treatment Orders: the service-user experience</td>
<td>Sep-17</td>
<td>Since their introduction in 2008, Community Treatment Orders (CTOs) have become an increasingly common feature of mental health treatment. Although compulsory community treatment is used in many countries, there is a lack of consistent evidence of its clinical effectiveness and a dearth of methodically robust studies. The international use of CTOs remains contentious based on the ethics of coercion and infringement of autonomy. Detailed understanding and interpretation of the experiential impact on service-users is necessary to inform the ongoing use and development of CTOs. Although some of the extant literature acknowledges the effect of historical and contextual influences on the implementation of CTOs, these influences have not been comprehensively evaluated. Existing exploratory studies reveal wide-ranging, often conflicting responses from service-users, describing mainly ambivalent reactions to a CTO. This indicates a need for rich detailed data and analysis of the service-users' experience of CTOs. This study aimed to investigate how service-users make sense of their CTO experience. Ten active CTO service-users were purposefully recruited from an Assertive Outreach Team caseload in the north of England. Each participant undertook one or two semi-structured interviews facilitated with photo-journals and diaries. A total of 18 interviews were completed and the data subject to Interpretative Phenomenological Analysis. Themes were generated and organised into three clusters: Pained and Powerless; Alignment and Reconnection; and Consolation and Compensation. Some participants felt powerless to challenge the 'sentence' imposed as therapeutic intent. Many participants described feeling disadvantaged, different and labelled, but were also committed to recovery and reintegration into the community. Some participants perceived that small interactions could combine to leave them feeling more secure, less anxious and, paradoxically, more in control. The study proposes a theoretical framework that may unlock the therapeutic potential of CTOs, improving lived experience without compromising their social significance or effectiveness.</td>
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<td>Barry Wright Natassia F Brennan, Anja Hiddinga and Barry Wright</td>
<td></td>
<td>Sep-17</td>
<td>Intersecting Cultures in Deaf Mental Health: An Ethnographic Study of NHS Professionals Diagnosing Autism in Deaf Children</td>
<td>Culture, Medicine, and Psychiatry, September 2017, Volume 41, Issue 3, pages 431–452</td>
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<td>Barry Wright Fiona Patterson, Fran Coussans, Helena Edwards, Anna Rosselli, Sandra Nicholson and Barry Wright</td>
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<td>Sep-17</td>
<td>The Predictive Validity of a Text Based Situational Judgment Test in Undergraduate Medical and Dental School Admissions</td>
<td>Academic Medicine, Sept 2017, volume 92 issue 9 pages 1250–1253</td>
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Ahmed Hankir, Mohammad Shhab, Sohail Akhtar, Aala Al and Rashid Zaman  

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>Sep-17</td>
<td>Working in psychiatry in New Zealand: Experiences of International (not New Zealand) Medical Graduates.</td>
<td>Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 504-511</td>
<td>English</td>
<td>On the 11th of February 2016, the Health Secretary in the United Kingdom (UK) Jeremy Hunt announced his plan to impose the Junior Doctor Contract despite thousands of healthcare professionals storming the streets of Westminster in defiant protest. A leading member of the Royal College of Psychiatrists Psychiatric Trainees Committee described the Junior Doctor Contract as 'poisonous', exclaiming that it would be a 'disaster for mental health' and that it would disincentivize doctors to work in an already desperately under-resourced specialty. The number of doctors who applied for documentation to work abroad surged by over 1000 per cent on the same day that the Health Secretary made the Junior Doctor Contract announcement. Not surprisingly, Jeremy Hunt was accused of acting as 'a recruiting agent' for hospitals in Australia. This paper provides background information about working conditions for Junior Doctors in the National Health Service in the UK and the anticipated effects that the Junior Doctor Contract will have on their morale, well-being and occupational functioning. Our paper then provides a brief overview of mental health services in New Zealand with a focus on a Maori mental health service provider in the North Island. We conclude our paper by offering insights from International Medical Graduates from the UK and from South Africa working as a Royal Australian and New Zealand College of Psychiatrists Psychiatric Registrar and Consultants in Waikato District Health Board (DHB) in Hamilton, New Zealand, respectively.</td>
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<td>Sep-17</td>
<td>A Labour of Love: A King's College London Psychiatry Society Event to challenge the stigma attached to mental health problems in post-natal women.</td>
<td>Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 469-475</td>
<td>English</td>
<td>BACKGROUND: On the 9th October 2000, Dr Daksha Emson, a London based psychiatrist with bipolar affective disorder, tragically killed herself and her three-month-old baby daughter during a psychotic episode. An independent inquiry into Dr Emson's death concluded that mental health stigma in the National Health Service was a factor that contributed to her death. Despite the morbidity and mortality attributed to the stigma attached to post-natal mental health problems there are very few programmes that have been developed to challenge it. King's College London Undergraduate Psychiatry Society organized an event entitled, 'A Labour of Love: Perinatal Mental Health to address this issue. The event included a talk from an expert by experience, a mother who developed post-partum mental health problems. DESIGN: We conducted a single-arm, pre-post comparison study on participants who attended the KCL Psych Soc event. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill (CAMI)) and behaviour (Reported and Intended Behaviour Scale (RIBS)) were administered before and immediately after exposure to the event. RESULTS: 27/27 (100%) of participants recruited responded. There was a statistically significant difference in the pre-MAKS score compared to the post-MAKS score (p=0.0003), the pre-RIBS score compared to the post-RIBS score (p=0.0068) and in the pre-CAMI score compared to the post-CAMI score (p=0.042).</td>
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<td>Sep-17</td>
<td>A King's College London Undergraduate Psychiatry Society event to challenge the stigma attached to psychological problems in healthcare professionals and students.</td>
<td>Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 457-463</td>
<td>English</td>
<td>BACKGROUND: There are higher levels of psychological distress in healthcare professionals and students compared to the general population. Yet, despite the availability of effective treatment, many in this group continue to suffer in silence. Fear of exposure to stigmatization has been identified to be a major barrier to accessing and using mental health services. King's College London Undergraduate Psychiatry Society (KCL PsychSoc) organized an event entitled, 'What does bipolar disorder even mean? Psychological distress: How can we challenge the stigma?'. Healthcare professionals who themselves recovered from psychological problems and a mental health advocate with first-hand experience of psychological distress were invited to deliver talks followed by an interactive question and answer session. DESIGN: We conducted a single-arm pre-post comparison study. People who attended the KCL Psych Soc event were recruited to participate. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill) and behaviour (Reported and Intended Behavior Scale (RIBS)) were administered on participants before and immediately after exposure to the event. RESULTS: 44/44 of the participants recruited completed the study (100% response rate). There were statistically significant changes in the respondents' scores for all 3 stigma scales (p value MAKS&lt;0.0001, p value CAMI&lt;0.0001, p value RIBS&lt;0.0001).</td>
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<td>Ahmed Hankir, Rashid Zaman</td>
<td>Ahmed Hankir, Rashid Zaman, Bassim Geers, Gus Rosie, Grainne Broslin, Lily Barr, Frederick R Carrick and Sal Anderson</td>
<td>The Federation of Student Islamic Societies programme to challenge mental health stigma in Muslim communities in Ireland: The FOSIS Dublin study.</td>
<td>Sep-17</td>
<td>21/28 (78%) of participants recruited for the study responded. The mean age of respondents was 22 years (Std. Dev 2.20). There was an increase in the MAKS score after students viewed the Wounded Healer Film indicating lower levels of stigma in mental health knowledge however this change was not statistically significant.</td>
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<tr>
<td>Ahmed Hankir, Samara Linton, Ahmed Hankir, Sal Anderson, Frederick R Carrick and Rashid Zaman</td>
<td>Ahmed Hankir</td>
<td>Harnessing the Power of Film to Combat Mental Health Stigma. A University College London Psychiatry Society Event.</td>
<td>Sep-17</td>
<td>16/150 (10.5%) of participants completed the pre-post MAKS scale and pre-post RIBS scale and pre-post CAMI scale. There was a statistically significant difference in the post-intervention score (p=0.0322). All participants either strongly agreed or agreed with the post-evaluation statement, &quot;I feel inspired to raise awareness of the importance of mental health and to take action to challenge stigma.&quot;</td>
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<td>Ahmed Hankir, Sajjaad Khalil, Zasim Waddod, Daanyal Madarbakus, Habibah Arifah Yunus, Saleena Bbi, Frederick R Carrick and Rashid Zaman</td>
<td>Ahmed Hankir</td>
<td>The Wounded Healer film: A London College of Communication event to challenge mental health stigma through the power of motion picture.</td>
<td>Sep-17</td>
<td>12/150 (8%) of participants completed the pre-post RIBS scale and post-post MAKS scale and 16/150 (10.5%) of participants completed the pre-post CAMI scale. There were statistically significant differences in the pre-RIBS score compared to the post-RIBS score (p=0.0026) and the pre-MAKS score compared to the post-MAKS score (p=0.0003) but not in the pre-CAMI score compared to the post-CAMI score (p=0.6214).</td>
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Ahmed Hankir, Ahmed Hankir, Bruce Klinkcady, Frederick R Carrick, Asad Badig and Rashid Zaman

Sep-17

The performing arts and psychological well-being.

Psychiatra Danubina, Sep 2017, issue 29 (Suppl 3) pages 196-202

English

Although psychotropic drugs have been hailed as, 'One of the success stories of modern psychiatry' the prescribing of these medicines has not been without criticism, concern and controversy. Moreover, the President of the World Psychiatry Association Professor Dinesh Bhugra and colleagues, after conducting a recent large-scale study (n=25,522) on psychiatric morbidity in the UK, collectively issued the clarion call that, 'The mental health of the nation was unlikely to be improved by treatment with psychotropic medication alone'. The provision of mental health services may likely benefit from a holistic approach that includes a variety of treatment options that prioritizes patient safety and preference. The performing arts is gaining popularity among service users as an adjunctive form of treatment for mental illness. There is a growing body of evidence that provisionally suggests that art therapy, 'Possesses the power to heal psychological wounds'. The North American Drama Therapy Association defines drama therapy as, 'The intentional use of drama and/or theatre processes to achieve therapeutic goals' and that it is 'active and experiential'. This review article discusses and describes the merits of dramatherapy and how this treatment modality can contribute to a patient's recovery from psychological distress.

Ahmed Hankir, Ahmed Hankir, Frederick R Carrick, Rashid Zaman, and Jaime Hacker Hughes

Sep-17

Part II: Muslims, social inclusion and the West. Exploring challenges faced by stigmatized groups.

Psychiatra Danubina, Sep 2017, issue 29 (Suppl 3) pages 164-172

English

The rise of radicalisation, the 'demonization' of Muslims in the media and the immigration crisis in Europe have all contributed and culminated to heightened levels of Islamophobia in the West. The stigmatisation of Muslims can and has resulted in negative outcomes in this group such as elevated levels of psychological distress and an increase in hate crime and terrorist attacks perpetrated against Muslims from members of the far right. There are 1.6 billion Muslims on the planet and Islam is the fastest growing religion in the world. Now, more than ever it seems, is a critical time to learn about what the true message of Islam is and who the blessed prophet Muhammad peace be upon him (PBUH) was from reliable and authentic sources. This paper aims to challenge the stigma attached to Muslims through the following means: 1. It contains information to educate people about Islam, debunk myths and challenge negative stereotypes; 2. It utilizes the power of 'story-telling' to engage readers and to equip them with facts and the necessary skills to combat Islamophobia. Part I includes a brief introduction of Islam and concludes with a concise description and evaluation of an anti-Islamophobia programme that was piloted in Cambridge University (UK) and delivered as a Keynote Address at the Carrick Institute for Graduate Studies International Symposium of Clinical Neuroscience in Orlando, (USA). Our hope is that through this initiative we can create a critical mass and inspire and empower people, Muslims and non-Muslims alike to stand in solidarity and collectively challenge extremism in any of its many forms. Our hypothesis is that this will result in better outcomes such as reductions in radicalization and Islamophobia.

Ahmed Hankir, Callum McKell, Ahmed Hankir, Ihshtaiwi Abu Zayed, Raeda Al-Issa and Amjad Awad

Sep-17

Barriers to accessing and consuming mental health services for Palestinians with psychological problems residing in refugee camps in Jordan.

Psychiatra Danubina, Sep 2017, issue 29 (Suppl 3) pages 127-163

English

The Baq'a refugee camp is the largest in Jordan, home to some 104,000 Palestinian refugees. Barriers to accessing and consuming mental health services for Arab-refugees are well documented in the literature however few studies have been conducted hitherto to identify barriers for Palestinian refugees with psychological problems residing in refugee camps in Jordan. AIM: To identify the barriers to accessing and consuming mental health services for Palestinian refugees with psychological problems residing in Baq'a refugee camp in Jordan and to formulate policy recommendations to overcome those barriers.

METHODS: 16 qualitative, semi-structured interviews were conducted with healthcare professionals working at health centres for Palestinian refugees in Jordan, 14 of which were in health centres at Baq'a refugee camp and the remaining two at the Field Office of the United Nations Relief and Works Agency (UNRWA) in Amman, Jordan. All the interviews were recorded and transcribed and thematic analyses conducted. Ethical approval was granted by the University of Leeds and UNRWA.

RESULTS: 16/16 (100%) respondents reported that financial deficits were the most common barriers that contributed towards the treatment gap. Sex (15/16, (94%)), stigma and religion (12/16, (75%)) and culture (10/16, (63%)) were other main barriers identified.
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<td>Ahmed Hankir, Hannah Pendegast, Frederick R Carrick and Rashid Zaman</td>
<td>The Federation of Student Islamic Societies programme to challenge mental health stigma in Muslim communities in Ireland: The FOSIS Dublin study</td>
<td>Psychiatria Danubina, Sept 2017 vol 29 (Suppl 3) pages 279-284</td>
<td>Sep-17</td>
<td>Available from eThesis (etheses.whiterose.ac.uk)</td>
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<td>George Crowther</td>
<td>Dementia Inpatient Study of The Recognition and Evaluation of Signs Signalling Emotional Distress: DISTRESSED study</td>
<td>Leeds and York Partnership Foundation Trust</td>
<td>Aug-17</td>
<td>Available from eThesis (etheses.whiterose.ac.uk)</td>
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<td>Duncan Raisinck</td>
<td>Aug-17</td>
<td>Are UK opioid substitution treatment agencies fit for purpose</td>
<td>British Journal of Addiction, Volume 112, Issue 8, Pages 1340-1342</td>
<td>Available from Emerald Insight (<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>)</td>
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<td>Sarah Talai, Karmani Balaji and Alison Jane Stansfield</td>
<td>Aug-17</td>
<td>What is the association between ADI-R scores and final diagnosis of autism in an all IQ adult autism diagnostic service?</td>
<td>Advances in Autism, Vol. 3 Issue: 4, pages 250-262</td>
<td>Available from APA PsycNET (psycnet.apa.org)</td>
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<td>Sarah Talai, Karmani Balaji and Alison Jane Stansfield</td>
<td>Aug-17</td>
<td>Autism spectrum conditions affect preferences in valued personal possessions</td>
<td>Evolutionary Behavioral Sciences. Advance online publication, Aug 08, 2017</td>
<td>Available from APA PsychNet (psycnet.apa.org)</td>
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<tr>
<td>Sarah Talai, Karmani Balaji and Alison Jane Stansfield</td>
<td>Aug-17</td>
<td>Finding our way: early learning from the Compass Project, an intensive Intervention Risk Management service for women</td>
<td>Advances in Autism, Vol. 3 Issue: 4, pages 250-262</td>
<td>Available from APA PsycNET (psycnet.apa.org)</td>
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Findings

- **ADI-R**: The diagnostic of autism in adults often involves the use of tools recommended by NICE guidance but which are validated in children. The purpose of the paper is to establish the strength of the association between the Autism Diagnostic Interview-Revised (ADI-R) scores and the final clinical outcome in an all intellectual quotients adult autism diagnostic service and to establish if this in any way relates with gender and intellectual ability.

- **Design/methodology/approach**: The sample includes referrals to Leeds Autism Diagnostic Service in 2015 that received a clinical outcome. Sensitivity, specificity and positive and negative predictive values were calculated to evaluate ADI-R and final clinical outcomes. Logistic regression model was used to predict the effect of the scores in all the domains of ADI-R and the two-way interactions with gender and intellectual ability.

- **Findings**: ADI-R has a high sensitivity and low specificity and is useful to rule out the presence of autism, but if used alone, it can over diagnose. Restricted stereotyped behaviours are the strongest predictor for autism and suggests that the threshold should be increased to enhance its specificity.
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<td>Gill Livingston, Julie Barber, Louise Marston, Penny Rapaport, Deborah Livingston, Sian Cousins, Sarah Robertson, Francesca La Frenais and Claudia Cooper.</td>
<td>Prevalence of and Background: Agitation is reportedly the most common neuropsychiatric symptom in care home residents with dementia.</td>
<td>Jul-17</td>
<td>Biopsych Open</td>
<td>Available from Cambridge Core</td>
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<td>Claire A Suri, Cara Gates, Donna Inning, Jan Cysbode, Sarah Jane Smith, Sandia Parveen, Michelle Drury and Alison Dennison</td>
<td>Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature</td>
<td>Jul-17</td>
<td>BMJ Psychiatry</td>
<td>Available from BMJ Psychiatry</td>
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<td>Emily Peckham, Sally Bratyn, Liz Cook, Garry Tew and Simon Gilbody</td>
<td>Smoking cessation in severe mental ill health: what works? an updated systematic review and meta-analysis.</td>
<td>Jul-17</td>
<td>BJPsych Open</td>
<td>Available from BMC Psychiatry</td>
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<td>Barry Wright, Lisa Hackney, Melissa Barrow, and Megan Garside</td>
<td>July 17</td>
<td>Decreasing rates of disorganised attachment in infants and young children who are at risk of developing, or who already have disorganised attachment. A systematic review and meta-analysis of early parenting interventions.</td>
<td>English</td>
<td>BACKGROUND: Disorganised attachment patterns in infants have been linked to later psychopathology. Services have variable practices for identifying and providing interventions for families of children with disorganised attachment patterns, which is the attachment pattern leading to most future psychopathology. Several recent government reports have highlighted the need for better parenting interventions in at-risk groups. OBJECTIVES: The objective of this review and meta-analysis was to evaluate the clinical effectiveness of available parenting interventions for families of children at high risk of developing, or already showing, a disorganised pattern of attachment. METHODS: Population: Studies were included if they involved parents or caregivers of young children with a mean age under 13 years who had a disorganised classification of attachment or were identified as at high risk of developing such problems. Included interventions were aimed at parents or caregivers (e.g., foster carers) seeking to improve attachment. Comparators included an alternative intervention, an attention control, treatment as usual or no intervention. The primary outcome was a disorganised pattern in childhood measured using a validated attachment instrument. Studies that did not use a true Randomised Controlled Trial (RCT) design were excluded from the review. Both published and unpublished papers were included, there were no restrictions on years since publication and foreign language papers were included where translation services could be accessed within necessary timescales. RESULTS: A comprehensive search of relevant databases yielded 15,298 papers. This paper reports a systematic review as part of an NIHR HTA study identifying studies pre-2012, updated to include all papers to October 2016. Two independent reviewers undertook two stage screening and data extraction of the included studies at all stages. A Cochran quality assessment was carried out to assess the risk of bias. In total, fourteen studies were included in the review. In a meta-analysis of these fourteen studies the interventions saw less disorganised attachment at outcome compared to the control (OR = 0.50, (0.32, 0.77), p = 0.008). The majority of the interventions targeted maternal sensitivity. We carried out exploratory analyses to examine factors that may influence treatment outcome but these should be treated with caution given that we were limited by small numbers of studies.</td>
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### Background
Few studies have explored patients' experiences of treatment for CFS/ME. This study aims to fill this gap by capturing the perspective of patients who have been treated by NHS specialist CFS/ME services in England.

Methods: Semi-structured interviews were conducted during the period June–September 2014 with 16 adults who were completing treatment at one of three outpatient NHS specialist CFS/ME services. Interviews were analysed thematically using constant comparison techniques, with particular attention paid to contrasting views.

### Results
Three themes were identified: 'Journey to specialist services', 'Things that help or hinder treatment', and 'Support systems'. Within these themes nine sub-themes were identified. A wide range of factors was evident in forming participants' experiences, including personal characteristics such as perseverance and optimism, and service factors such as flexibility and positive, supportive relationships with clinicians. Participants described how specialist services played a unique role, which was related to the contested nature of the condition. Many participants had experienced a lack of validation and medical and social support before attending a specialist service. Patients' experiences of life before referral, and the concerns that they expressed about being discharged, highlighted the hardship and obstacles which people living with CFS/ME continue to experience in our society.

Conclusions: The experiences of CFS/ME patients in our study showed that NHS specialist CFS/ME services played a vital role in patients' journeys towards an improved quality of life. This improvement came about through a process which included validation of patients' experiences, acceptance of change, practical advice and support, and therapeutic outcomes.

### Key results
- One study found that participants were less anxious three months after using a relaxation CD when comparing with those who were given no therapy. One study reported that participants were less anxious when treated with an antidepressant (buspirone hydrochloride) than with standard care, and only 14% of those receiving buspirone hydrochloride reported nausea or palpitations.
- The third study also reported that participants were less anxious when treated with an antidepressant compared with those who were given no therapy. One study reported that participants were less anxious when treated with an antidepressant (buspirone hydrochloride) than with standard care, and only 14% of those receiving buspirone hydrochloride reported nausea or palpitations.

### Quality of the evidence
- The Cochrane database of systematic reviews; May 2017, vol. 5; p. CD009966

### Conclusions
- Current evidence is insufficient to guide the treatment of anxiety after stroke. Additional well-conducted randomised trials are needed.
LyPFT list of published studies

### Involving the public in mental health and learning disability research: Can we, should we, do we?

**Journal of Psychiatric and Mental Health Nursing**

**Claire Paul and Janet Holt.**

**May-17**

**Aim:** This study explored the attitude of researchers working in mental health and learning disability services in the UK towards PPI in health research.

**Method:** Using a qualitative methodology, semi-structured interviews were conducted with a purposive sample of eight researchers. A framework approach was used in the analysis to generate themes and core concepts.

**Results:** Participants valued the perspective PPI could bring to research, but frustration with tokenistic approaches to involvement work was also evident. Some cultural and attitudinal barriers to integrating PPI across the whole research process were identified.

**Discussion:** Despite clear guidelines and established service user involvement, challenges still exist in the integration of PPI in mental health and learning disability research in the UK.

**Implications for practice:** Guidelines on PPI may not be enough to prompt changes in research practice. Leaders and researchers need to support attitudinal and cultural changes where required, to ensure the full potential of PPI in mental health and learning disability services research is realized.

**Relevance statement:** Findings suggest that despite clear guidelines and a history of service user involvement, there are still challenges to the integration of PPI in mental health and learning disability research in the UK. For countries where PPI guidelines are being developed, attention needs to be paid to cultural factors in the research community to win “hearts and minds” and support the effective integration of PPI across the whole research process.

### Can urinary indolylacryloylglycin e (IAG) levels be used to determine whether children with autism will benefit from dietary intervention? Autism, gastrointestinal problems and IAG

**Pediatric Research**

**Barry Wright, Julie C Wilson, Barry Wright, Sandra Jost, Robert Smith, Helen Pearce and Sally Richardson.**

**Apr-17**

**Background:** An increase in urinary indolyl-3-acryloylglycine (IAG) has been reported in children with autism spectrum disorders (ASD) who suffer with bowel problems in comparison to ASD children without gastrointestinal (GI) problems. The case for dietary intervention for ASD children with GI symptoms might be strengthened were such a difference to be autism-specific.

**Methods:** Quantitative analysis of urinary IAG levels was performed for 53 children on the autism spectrum and 146 age-matched controls. The parents of each child were asked to provide information on bowel symptoms experienced by the child and their eating habits over a period of 2 wk.

**Results:** We find no significant difference in urinary IAG levels between the ASD children with GI problems and ASD children without GI problems. Although we see some difference between ASD children with GI problems and controls in mainstream schools with GI problems, the difference between non-autistic children with other developmental disorders and controls in mainstream schools is more significant so that any difference is not autism-specific. We find a strong correlation between bowel symptoms and diet problems in ASD children, especially idiosyncratic feeding behavior and we show that ASD children suffering from multiple bowel symptoms tend to be those who also have dietary problems.

**Conclusion:** We found no evidence to support the hypothesis that children with ASD who suffer with bowel problems have increased levels of urinary IAG in comparison to children with ASD who do not have gastrointestinal problems.
Ian M Anderson, Andrew Blamire, Tim Branton, Sabrina Brigadoi, Ross Clark, Darragh Downey, Graham Dunn, Andrew Easton, Rebecca Elliott, Clare Ewell, Katherine Hayden, Fiona Holland, Salmon Karim, Jo Lowe, Colleen Loo, Rajesh Nair, Timothy Oakley, Antony Prakash, Parvaneh R. Sharma, Stephen R Williams and R Hamish McAllister-Williams

Apr-17

Randomised controlled trial of ketamine augmentation of electroconvulsive therapy to improve neuropsychological and clinical outcomes in depression (Ketamine-ECT study)

Efficacy and Mechanism Evaluation

Volume: 4, Issue: 2, Published in April 2017

English

Background: Electroconvulsive therapy (ECT) is the most effective acute treatment for severe depression, but there are concerns about its adverse cognitive effects. ECT may impair cognition through stimulation of glutamate receptors, and preliminary evidence has suggested that ketamine, a glutamate antagonist, may alleviate these effects. Ketamine has been shown to have a rapid, but temporary, antidepressant effect after a single infusion.

Objective: To determine the efficacy and safety of adjunctive low-dose ketamine to reduce cognitive impairments caused by ECT and, secondarily, to improve symptomatic outcome.

Design: Multicentre, two-arm, parallel-group, patient-randomised, placebo-controlled superiority trial.


Participants: Severely depressed hospitalised patients or outpatients who received ECT as part of their usual clinical care.

Interventions: Patients were randomised to ketamine (0.5 mg/kg) or saline as an adjunct to their anaesthetic for their ECT course in a 1:1 ratio.

Main outcome measures: The primary outcome was delayed verbal recall on the Hopkins Verbal Learning Task – Revised (HVLT-R) after four ECT treatments (mid-ECT), analysed using a Gaussian repeated measures model. Secondary outcomes included autobiographical, working and visual memory and verbal fluency, symptoms and quality of life; assessments occurred at mid-ECT, end of treatment and 1 and 4 months after the last ECT. Neuropsychological function was compared with that of healthy control subjects and a functional near-infrared spectroscopy (fNIRS) substudy investigated prefrontal cortex function. A patient survey of study participation was carried out.

Jo Rycroft Malone, Felix Gradinger, Heledd O Griffiths, Rebecca Crane, Andy Gibson, Stewart Mercer, Rob Anderson and Willem Kuyken.

Apr-17

Accessibility and implementation in the UK NHS services of an effective depression relapse prevention programme: learning from mindfulness-based cognitive therapy through a mixed-methods study (ASPIRE Study)

Health Services and Delivery Research

Volume: 5, Issue: 14, Published in April 2017

English

Background: Depression affects as many as one in five people in their lifetime and often runs a recurrent lifetime course. Mindfulness-based cognitive therapy (MBCT) is an effective psychosocial approach that aims to help people at risk of depression relapse to learn skills to stay well. However, there is an 'implementation cliff': access to those who could benefit from MBCT is variable and little is known about why that is the case, and how to promote sustainable implementation. As such, this study fills a gap in the literature about the implementation of MBCT.

Objectives: To describe the existing provision of MBCT in the UK NHS, develop an understanding of the perceived costs and benefits of MBCT implementation, and explore the barriers and critical success factors for enhanced accessibility. We aimed to synthesise the evidence from multiple data sources to create an explanatory framework of the how and why of implementation, and to co-develop an implementation resource with key stakeholders.

Design: A two-phase qualitative, exploratory and explanatory study, which was conceptually underpinned by the Promoting Action on Research Implementation in Health Services framework.

Methods: Phase 1 involved interviews with participants from 40 areas across the UK about the current provision of MBCT. Phase 2 involved 10 case studies purposefully sampled with differing degrees of MBCT provision, and from each UK country. Case study methods included interviews with key stakeholders, including commissioners, managers, MBCT practitioners and teachers, and service users. Observations were conducted and key documents were also collected. Data were analysed using a modified approach to framework analysis. Emerging findings were verified through stakeholder discussions and workshops.

Barry Wright

Mar-17

"I can't tell my child they are dying": Helping Parents Have Conversations With Their Child

Archives of Disease in Childhood - Education and Practice

2017, Volume 102, Issue 4, pages 182-187

English

This paper explores the challenges of resolving conflicting feelings around talking with a child about their terminal prognosis. When children are left out of such conversations it is usually done with good intent, with a parent wishing to protect their child from anxiety or loss of hope. There is however growing evidence that sensitive, timely, age appropriate information from those with whom children have a good relationship is helpful both for the child and their family. There is no evidence that involving children in sensitive and timely discussions creates significant problems, rather that withholding information may lead to confusion, frustration, distress and anger. The authors discuss ways in which families can be supported to have these significant conversations with their children.
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<tr>
<th>Author(s)</th>
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<tr>
<td>Lisa Joanne Maltman</td>
<td>Women at the centre – using formulation to enhance partnership-working: a case study</td>
<td>The Journal Of Forensic Practice, Volume 19, Issue 4, pages 278-287, English</td>
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<tr>
<td>Tom Hughes, Johanna Taylor, Jan R Böhnke, Judy Wright, Ian Kellar, Sarah L Alderson, Richard I G Holt and Najma Siddiqi</td>
<td>A core outcome set for evaluating self-management interventions in people with comorbid diabetes and severe mental illness: study protocol for a modified Delphi study and systematic review</td>
<td>BMC Trials, February 2017, Volume 18, article 70, English</td>
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**Purpose**

The 2011 Offender Personality Disorder Strategy promoted formulation-led approaches to offender management. The purpose of this paper is to demonstrate how formulation can inform partnership-working with women offenders, specifically those with complex needs including personality difficulties.

**Design/methodology/approach**

Learning from partnership case-work is shared to highlight a psychological understanding of the needs of one female offender, and the organisational system operating around her.

**Findings**

The paper describes the development of a "volcano metaphor" as a conceptual framework to assist workers, without psychological training, to better understand the complexity of a client’s intense emotional world. It also reflects the impact of an individualised formulation for through-the-gate working.

**Practical implications**

The challenges and advantages of "joined-up" inter-agency working are highlighted, including some ideas on how to promote consistency. These include the use of formulation as the basis for decision making and to help "contain" strong emotions attached to working with complex women offenders. Importance is attached to stable and appropriate housing for such women by anticipating their resettlement needs prior to points of transition, and coordinating provision through multi-agency public protection arrangements.

**Background**

People with diabetes and comorbid severe mental illness (SMI) form a growing population at risk of increased mortality and morbidity compared to those with diabetes or SMI alone. There is increasing interest in interventions that target diabetes in SMI in order to help to improve physical health and reduce the associated health inequalities. However, there is a lack of consensus about which outcomes are important for this comorbid population, with trials differing in their focus on physical and mental health. A core outcome set, which includes outcomes across both conditions that are relevant to patients and other key stakeholders, is needed.

**Methods**

This study protocol describes methods to develop a core outcome set for use in effectiveness trials of self-management interventions for adults with comorbid type-2 diabetes and SMI. We will use a modified Delphi method to identify, rank, and agree core outcomes. This will comprise a two-round online survey and multistakeholder workshops involving patients and carers, health and social care professionals, health care commissioners, and other experts (e.g. academic researchers and third sector organisations). We will also select appropriate measurement tools for each outcome in the proposed core set and identify gaps in measures where these exist.

**Discussion**

The proposed core outcome set will provide clear guidance about what outcomes should be measured, as a minimum, in trials of interventions for people with coexisting type-2 diabetes and SMI, and improve future synthesis of trial evidence in this area. We will also explore the challenges of using online Delphi methods for this hard-to-reach population, and examine differences in opinion about which outcomes matter to diverse stakeholder groups.
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<th>Title</th>
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<tr>
<td>Feb-17</td>
<td>Effect of Collaborative Care vs Usual Care on Depressive Symptoms in Older Adults With Subthreshold Depression: The CASPER Randomized Clinical Trial</td>
<td>Ian Owen, Rebecca Hargate, John Holmes, Amanda Lilley-Kelly and Madeline Pasterfield</td>
<td>Available from Karnac Books 2017.0130</td>
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<tr>
<td>Feb-17</td>
<td>On Attachment: The View from Developmental Psychology</td>
<td>Ian Owen</td>
<td>Book available for purchase</td>
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<td>Feb-17</td>
<td>Critical time Intervention for Severely mentally Ill Prisoners (GHBF): a randomised controlled trial</td>
<td>Ning Shaw, Sarah Conover, Dan Herman, Manuel Jarrett, Morven Leese, Paul McCrone, Caroline Murphy, Jane Senior, Ezra Susser, Graham Thurncroft, Nat Wright, Dawn Edge, Richard Emshley, Charlotte Lannoc, Alyson Williams, Henry Cust, Gareth Hopkins, and Caroline Stevenson</td>
<td>Available from National Center for Biotechnology Information (ncbi.nlm.nih.gov)</td>
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<td>Peter Taylor, Sarah Jones, Christopher Huntley and Claire Sodton.</td>
<td>Feb-17</td>
<td>What are the key elements of cognitive analytic therapy for psychosis? A Delphi study</td>
<td>BMJ Open 2017 Volume 7 Issue 1</td>
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<td>James Johnston</td>
<td>Jan-17</td>
<td>Learning from the cradle to the grave: the psychotherapeutic development of doctors from beginning to end of a career in medicine and psychiatry</td>
<td>BMJ Open 2017 Volume 7 Issue 1</td>
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<td>Barry Wright, Lucy Tredall and Shehzad Ali</td>
<td>Jan-17</td>
<td>Computerised cognitive-behavioural therapy for depression in adolescents: feasibility results and 4 month outcomes of a UK randomised controlled trial</td>
<td>BMJ Open 2017 Volume 7 Issue 1</td>
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</table>
Penn Smith and Anna Madill
Jan 17
Photo elicitation study of a novel rehabilitation and recovery service.
Innovation Research and Development Newsletter, 27, 10-11.

English
Background: The philosophy of the new service is to facilitate community recovery to reach into the inpatient ward and, in this way, provide more holistic and intensive support. The service seeks to meet the needs of service users throughout their journey by integrating fully in the rehabilitation pathway and citywide rehabilitation support services. This is anticipated to be of huge benefit to service users, reducing the number of readmissions and length of stay, so reducing also the cost to the public purse (Barnes & Dilks, 2014). Essentially, it is hoped that this model will help avoid institutionalisation and will promote better outcomes for service users who may be characterised as ‘high need’ and ‘slow moving’.

Method: This research involves undertaking photo elicitation with service users and purposefully sampled staff (including inpatient service and community partners) to explore their experience of the new service. Photo elicitation, first named in 1967 by John Collier (Harper, 2000), is a method in which participants are invited to take photographs in order to express their experience around the topic of investigation. The photographs are then used in research interviews in order to facilitate detailed discussions. A pilot study has been conducted in order to seek feedback on the process before continuing the main study data collection. Two members of staff, one male and one female, and one male service user were approached to take part in the pilot study. Participants were asked to take between five and seven photographs representing their experience of the service during a time period of seven to ten days. Interviews followed a semi-structured interview question format and were led by discussions prompted by the photographs.

Success using the method: Initial analysis has revealed interesting themes including the role of relationships in recovery as well as the importance of meaning-making in participants’ lives. This image depicts a staff member’s experience of supporting service users in their recovery journey. Each different combination represents a challenge to overcome and an opportunity to open up new possibilities. Overall the theme is ‘freedom to move forward’. Wanting the best for service users is key, in addition to advocating service user choice whilst acknowledging limitations. The pilot study has demonstrated photo elicitation works well as a method and generates rich data. As a commonly used medium, photography is well suited for vulnerable participants. Participants have engaged with the process of taking photographs and offered valuable feedback. Time to stop and reflect has been viewed as valuable, and the process itself described as powerful. This work demonstrates that taking photographs enables participants to find meaning through visualising.

Dec 16
STEPWISE – STRuctured lifestyle Education for People With Schizophrenia: a study protocol for a randomised controlled trial
BMC Trials, September 2016, Volume 17, article 475

English
Background People with schizophrenia are two to three times more likely to be overweight than the general population. The UK National Institute of Health and Care Excellence (NICE) recommends an annual physical health review with signposting to, or provision of, a lifestyle programme to address weight concerns and obesity. The purpose of this randomised controlled trial is to assess whether a group-based structured education programme can help people with schizophrenia to lose weight. Methods Design: a randomised controlled trial of a group-based structured education programme.Setting: 10 UK community mental health trusts.Participants: 396 adults with schizophrenia, schizoaffective, or first-episode psychosis who are prescribed antipsychotic medication will be recruited. Participants will be overweight, obese or be concerned about their weight Intervention: participants will be randomised to either the intervention or treatment as usual (TAU). The intervention arm will receive TAU plus four 2.5-h weekly sessions of theory-based lifestyle structured group education, with maintenance contact every 2 weeks and "booster" sessions every 3 months. All participants will receive standardised written information about healthy eating, physical activity, alcohol and smoking. Outcomes: the primary outcome is weight (kg) change at 1 year post randomisation. Secondary outcomes, which will be assessed at 3 and 12 months, include: the proportion of participants who maintained or reduced their weight; waist circumference; body mass index; objectively measured physical activity (wrist accelerometer); self-reported diet; blood pressure; fasting plasma glucose, lipid profile and HA1C (baseline and 1 year only); health-related quality of life (EQ-5D-5L and RAND SF-36); (adapted) brief perception rating scale for the Client Service Receipt Inventory; medication use; smoking status; adverse events; depression symptoms (Patient Health Questionnaire-9); use of weight-loss programmes; and session feedback (intervention only). Outcome assessors will be blind to trial allocation. Qualitative interviews with a subsample of facilitators and invention-arm participants will provide data on intervention feasibility and acceptability. Assessment of intervention fidelity will also be performed.

Barry Wright
Dec 16
Are there alternative adaptive strategies to human pro-sociality? The role of collaborative morality in the emergence of personality variation and autistic traits

English
Selection pressures to better understand others’ thoughts and feelings are seen as a primary driving force in human cognitive evolution. Yet might the evolution of social cognition be more complex than we assume, with more than one strategy towards social understanding and developing a positive pro-social reputation? Here we argue that social buffering of vulnerabilities through the emergence of collaborative morality will have opened new riches for adaptive cognitive strategies and widened personality variation. Such strategies include those that do not depend on astute social perception or abilities to think recursively about others’ thoughts and feelings. We particularly consider how a cognitive evolution. Yet might the evolution of social cognition be more complex than we assume, with more than one strategy towards social understanding and developing a positive pro-social reputation? Here we argue that social buffering of vulnerabilities through the emergence of collaborative morality will have opened new riches for adaptive cognitive strategies and widened personality variation. Such strategies include those that do not depend on astute social perception or abilities to think recursively about others’ thoughts and feelings. We particularly consider how this model will help avoid institutionalisation and promote better outcomes for service users who may be characterised as ‘high need’ and ‘slow moving’.
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<th>Authors</th>
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<th>Journal/Volume</th>
<th>English</th>
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<th>Last updated: August 2019 Next revised date: February 2020</th>
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<tr>
<td>Barry Wright and Christine Williams.</td>
<td>A guide to Writing Social Stories: Step-by-Step Guidelines for Parents and Professionals</td>
<td>University Press, 2016</td>
<td>English</td>
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<td>Barry Wright, David Alexander, Assad Aghahoseini and the York Surgical Outcomes Research Team</td>
<td>Does preoperative depression and/or serotonin transporter gene polymorphism predict outcome after laparoscopic cholecystectomy?</td>
<td>BMJ Journals, Volume 6, Issue 9</td>
<td>English</td>
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<td>Barry Wright and Danielle Varley and Lisa Hackney</td>
<td>Social Stories in schools for children with autism spectrum disorder: a feasibility randomised controlled trial</td>
<td>BMJ Journals, Volume 6, Issue 8</td>
<td>English</td>
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<tr>
<td>Barry Wright, Sophie Roberts, Carol Redmond, Kath Davies and Danielle Varley</td>
<td>Evolving the service model for child and adolescent mental health services</td>
<td>Journal of Hospital Administration, Volume 6, Issue 1, pages 34-42</td>
<td>English</td>
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Background: NHS specialist chronic fatigue syndrome (CFS/ME) services in England treat approximately 8000 adult patients each year. Variation in treatment programmes and treatment outcomes across services has not been described. Methods: We described treatments provided by 11 CFS/ME specialist services and we measured changes in patient reported fatigue (Chalder, Checklist Individual Strength), function (SF-36 physical subscale, Work & Social Adjustment Scale), anxiety and depression (Hospital Anxiety & Depression Scale), pain (visual analogue rating), sleep (Epworth, Jenkins), and overall health (Clinical Global Impression) 1 year after the start of treatment. p<values questions about impact of CFS/ME on employment, education/training and domestic tasks/unpaid work. A subset of these outcome measures was collected from former patients 2-5 years after assessment at 7 of the 11 specialist services. Results: Baseline data at clinical assessment were available for 852 patients, of whom 440 (52.2%) provided 1-year follow-up data. Treatment data were available for 435/440 (98.9%) of these patients, of whom 175 (40.2%) had been discharged at time of follow-up. Therapy programmes varied substantially in mode of delivery (individual or group) and number of sessions. Overall change in health 1 year after first attending specialist services was 'very much' or 'much better' for 27.5% (115/418) of patients, 'a little better' for 36.6% (152/418), 'no change' for 15.8% (66/418), 'a little worse' for 12.2% (51/418), and 'worse' or 'very much worse' for 7.9% (33/418). Among former patients who provided 2- to 5-year follow-up (30.4%, 385/1265), these proportions were 30.4% (117/385), 27.5% (106/385), 11.4% (44/385), 13.5% (52/385), and 17.1% (66/385), respectively. 85.4% (327/383) of former patients responded ‘Yes’ to ‘Do you think that you are still suffering from CFS/ME?’ 8.9% (34/383) were ‘Uncertain’, and 5.7% (22/383) responded ‘No’. Conclusions: This multi-centre NHS study has shown that, although one third of patients reported substantial overall improvement in their health, CFS/ME is a long term condition that persists for the majority of adult patients even after receiving specialist treatment. © 2017 The Author(s).
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<tr>
<th>Title</th>
<th>Authors</th>
<th>Publication</th>
<th>English</th>
<th>Purpose</th>
<th>Research Paper</th>
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<tr>
<td>How useful are the Adult Asperger Assessment and AQ-10 within an adult clinical population of all intellectual abilities?</td>
<td>Hayley Kenny and Alison Jane Stansfield</td>
<td>Advances in Autism, Vol. 2 No. 3 2016</td>
<td>English</td>
<td>Purpose – The Adult Asperger Assessment (AAA) was designed to be a screening tool to identify adults with Asperger syndrome and/or high-functioning autism. The AAA includes three questionnaires: the Autism Quotient (AQ), the Empathy Quotient (EQ) and the Relatives Questionnaire (RQ). The Autism Quotient 10 (AQ-10) was designed to be a “red flag” for healthcare professionals considering referral for ASD assessment. The purpose of this paper is to determine the usefulness of the AAA and AQ-10 as part of an adult autism diagnostic pathway that includes patients of all intellectual ability.</td>
<td>Available from Emerald Insight (<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>)</td>
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<td>Being a college tutor for psychiatry trainees</td>
<td>Prakash Hosalli</td>
<td>Advances in Psychiatric Treatment, May 2016, vol./is. 118-130</td>
<td>English</td>
<td>College tutors for psychiatry trainees are National Health Service (NHS) consultants who have responsibility for organisation and delivery of postgraduate education and learning opportunities for the core trainees in NHS trusts. College tutors are responsible for monitoring the progress of trainees through the core training schemes. Tutors have various roles and responsibilities in teaching and training. Being a tutor can be a rewarding experience and any consultant interested in postgraduate teaching should consider becoming one.</td>
<td>Journal Article EMBASE (<a href="http://www.bjpsych.org">www.bjpsych.org</a>)</td>
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<td>Deaf children have language difficulties too</td>
<td>Yvonne Blackford, Byaas Vader, Lenka Novakova, Deborah Squibb, Joanna Hoskin, Ros Herman and Bernice Woll</td>
<td>British Deaf News online post, March 1, 2016</td>
<td>English</td>
<td>Our January edition looked at work being done in DCAL to increase knowledge about language difficulties among sign language users. Here, Joanna Hoskin tells the BDN about a project under which she and other speech and language therapists along with deaf staff at a London mental health unit have been working together to implement new strategies to help them pick up on any language difficulties among those they come into contact with.</td>
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Unrecognised bipolar disorder among UK primary care patients prescribed antidepressants: An observational study
Background: Bipolar disorder is not uncommon, is associated with high disability and risk of suicide, often presents with depression, and can go unrecognised.
Aim: To determine the prevalence of unrecognised bipolar disorder among those prescribed antidepressants for depressive or anxiety disorder in UK primary care; whether those with unrecognised bipolar disorder have more severe depression than those who do not; and the accuracy of a screening questionnaire for bipolar disorder, the Mood Disorder Questionnaire (MDQ), in this setting.
Design and setting: Observational primary care study of patients on the lists of 21 general practices in West Yorkshire aged 16-40 years and prescribed antidepressant medication.
Method: Participants were recruited using primary care databases, interviewed using a diagnostic interview, and completed the screening questionnaire and rating scales of symptoms and quality of life. Results: The prevalence of unrecognised bipolar disorder was 7.3%. Adjusting for differences between the sample and a national database gives a prevalence of 10.9%. Those with unrecognised bipolar disorder were younger and had greater lifetime depression. The predictive value of the MDQ was poor.
Conclusion: Among people aged 16-40 years prescribed antidepressants in primary care for depression or anxiety, there is a substantial proportion with unrecognised bipolar disorder. When seeing patients with depression or anxiety disorder, particularly when they are young or not doing well, clinicians should review the life history for evidence of unrecognised bipolar disorder. Some clinicians might find the MDQ to be a useful supplement to non-standardised questioning.

Understanding Cognitive Screening Tools: Navigating Uncertainty in Everyday Clinical Practice
Swallow explores the role of low-technology cognitive screening tools in the process of diagnosing Alzheimer’s disease (AD) in everyday practice, at a time when focus in research is on developing innovative diagnostic methods, including biomarker technologies. The chapter facilitates a discussion of the value of cognitive screening tools in the clinic, demonstrating that the tools emerge as provisional, yet privileged devices for navigating uncertainty through the tinkering work of clinicians. However, as the tools are adopted in frameworks promoting early diagnosis, such as the National Dementia Commissioning for Quality and Innovation Framework (CQUIN), this tinkering work is constrained.

Two-year Follow-up of a Pragmatic Randomised Controlled Trial Examining the Effect of Adding a Care’s Skill Training Intervention in Inpatients with Anorexia Nervosa.
Background: Active family engagement improves outcomes from adolescent inpatient care, but the impact on adult anorexia nervosa is uncertain.
Aim: The aim of this study was to describe the 2-year outcome following a pragmatic randomised controlled trial in which a skill training intervention (Experienced Caregivers Helping Others) for carers was added to inpatient care.
Method: Patient, caregiver and service outcomes were measured for 2 years following discharge from the index inpatient admission.
Results: There were small-sized/moderate-sized effects and consistent improvements in all outcomes from both patients and carers in the Experienced Caregivers Helping Others group over 2 years. The marked change in body mass index and carers’ time caregiving following inpatient care was sustained. Approximately 20% of cases had further periods of inpatient care.
Consultation: In this predominately adult anorexia nervosa sample, enabling carers to provide active support and management skills may improve the benefits in all symptom domains that gradually follow from a period of inpatient care.
Background: A Social StoryTM (Carol Gray) is a child-friendly intervention that is used to give children with autism spectrum disorders (ASDs) social information in situations where they have social difficulties. Limited evidence mainly using single-case designs suggests that they can reduce anxiety and challenging behaviour. Objectives: The objectives were to conduct a systematic review, use this to develop a manualised intervention and run a feasibility trial to inform a fully powered randomised controlled trial (RCT) on their clinical effectiveness and cost-effectiveness in schools. Design: This is a three-stage study following the Medical Research Council framework for complex interventions. Specifically, it involved a theoretical phase, a qualitative stage and a feasibility trial stage. Setting: Qualitative interviews and focus groups took place in Child and Adolescent Mental Health Service and primary care settings. The feasibility study took place in 37 local mainstream schools. Participants: Fifty children (aged 5-15 years) in mainstream school settings with a diagnosis of ASD were entered into the trial. For each child, an associated teacher and parent was also recruited. Interventions: The intervention was a goal-setting session followed by a manualised toolkit for creating Social StoriesTM for use with school-aged children. The comparator treatment was a goal-setting session followed by an attention control. Both arms received treatment as usual.

Main outcome measures: Outcomes tested as part of the feasibility study included child-and proxy-completed questionnaires for mental health, quality of life and goal-based outcome measures. Adults additionally completed behaviour diaries and the parent stress index. Results: The review found that the research into social stories is predominantly based in the USA, carried out in under-12-year-olds and using single-case designs. Most studies either did not follow established Social Story criteria or did not report if they did. The assessment of effectiveness presents a largely positive picture but is limited by methodological issues. There were no adequate RCTs and insufficient information to assess a number of important sources of potential bias in most studies. A manualised intervention was produced using an iterative process between user focus groups and a writing team, and assessed in the feasibility study. All 50 participant groups were recruited within the study time frame. Two outcome measures, the Social Responsiveness Scale 2 and the custom-made goal-based measure, showed high levels of completion rates and appeared to be capturing social and behaviour skills targeted by the use of Social Stories. Detailed recommendations for a full trial are provided.

Purpose: Faecal incontinence is a physically, psychologically and socially disabling condition. NICE guidance (2007) recommends surgical intervention, including sacral nerve stimulation (SNS), after failed conservative therapies. The FENIXTM magnetic sphincter augmentation (MSA) device is a novel continence device consisting of a flexible band of interlinked titanium beads with magnetic cores that is placed around the anal canal to augment anal sphincter tone through passive attraction of the beads. Preliminary studies suggest the FENIXTM MSA is safe, but efficacy data is limited. Rigorous evaluation is required prior to widespread adoption.

Method and design: The SaFaRI trial is a National Institute of Health Research (NIHR) Health Technology Assessment (HTA)-funded UK multi-site, parallel group, randomised controlled, unblinded trial that will investigate the use of the FENIXTM MSA, as compared to SNS, for adult faecal incontinence resistant to conservative management. Twenty sites across the UK, experienced in the treatment of faecal incontinence, will recruit 350 patients randomised equally to FENIXTM MSA, as compared to SNS. The primary endpoint is success, as defined by device in use and >50% improvement in the Cleveland Clinic Incontinence Score (CCIS) at 18 months post-randomisation. Secondary endpoints include complications, quality of life and cost effectiveness.

Discussion: SaFaRI will rigorously evaluate a new technology for faecal incontinence, the FENIXTM MSA, allowing its safe and controlled introduction into current clinical practice. These results will inform the future surgical management of adult faecal incontinence.
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<td>Dec-16</td>
<td>Exploring why people with SMI smoke and why they may want to cut down or stop smoking: baseline data from the SCIMITAR RCT.</td>
<td>Journal of psychiatric and mental health nursing, Jun 2016, vol. 23, no. 5, p. 282-289, 1366-2860 (June 2016)</td>
<td>Emily J Peckham, Tim Bradshaw, Sally Bradyn, Sarah Knowles and Simon Gilbody</td>
<td>People with severe mental ill health are up to three times more likely to smoke than other members of the general population. Life expectancy in this client group is reduced by up to 30 years, and smoking is the single most important cause of premature death. The aim of this study was to explore why people with severe mental ill health smoked and why they might want to stop smoking or cut down on the amount of cigarettes that they smoked. The study found that people with severe mental ill health are motivated to cut down or stop smoking, and this is mainly due to concerns about their own health. The reasons people gave for smoking were to relieve stress, to help relax and for something to do when they are bored. Health professionals should offer evidence supported smoking cessation therapy to people with severe mental ill health. In addition to standard National Health Service smoking cessation treatments such as pharmacotherapy and behavioural support. Practitioners should help people with serious mental ill health to identify meaningful activities to relieve boredom and challenge any incorrect beliefs they hold that smoking helps relaxation and relieves stress. Smoking is the single most preventable cause of premature mortality for people with serious mental ill health (SMI). Yet little is known about the reasons why service users smoke or what their motivations for quitting might be. The aim of this paper is to explore smoking behaviours, reasons for smoking and motivations for cutting down or stopping smoking in individuals with SMI who expressed an interest in cutting down or stopping smoking. Prior to randomization, the smoking behaviours and motivations for wanting to cut down or stop smoking of participants in a randomized trial were systematically assessed. Participant's primary reasons for continuing to smoke were that they believed it helped them to cope with stress, to relax and relieve boredom. Participant's main motivations for wanting to cut down or stop smoking were related to concerns for their own health. Previous attempts to stop smoking had often been made alone without access to evidence supported smoking cessation therapy. Future recommendations include helping people with SMI to increase their activity levels to relieve boredom and inspire confidence in their ability to stop smoking and challenging beliefs that smoking aids relaxation and relieves stress. 2015 John Wiley &amp; Sons Ltd.</td>
<td>Article Available from PubMed (<a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a>)</td>
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<tr>
<td>Dec-16</td>
<td>Psychotherapy in Eating Disorders</td>
<td>Medical Psychotherapy (Oxford Specialist Handbooks in Psychiatry), Chapter 7</td>
<td>William Rhys Jones and John F Morgan</td>
<td>The purpose of this paper is to focus upon the challenges faced by a research team when conducting a computerised cognitive behaviour therapy (CCT) trial for adolescents with low mood/depression and how solutions were sought to eliminate these difficulties in future child and adolescent mental health clinical research. Design/methodology/approach The authors have presented a number of problems faced by the research team when conducting a randomised controlled trial (RCT) concerning adolescents with low mood/depression. Findings From examining the problems faced by the research team, the authors have provided key pieces of advice for prospective adolescent mental health RCTs. This advice includes developing clear project plans, setting strategies to encourage and maintain study information in the community and support recruitment, and keeping your organisation appraised of study needs and network and involve governance departments, IT and finance departments in these discussions early.</td>
<td>Book entry Book available for purchase.</td>
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This report explores the management of eating disorders in psychiatric inpatient settings, with a focus on the serious risk of relapsing syndrome and the risks related to malnutrition in addition to co-morbid psychiatric diagnoses. National guidance acknowledges the paucity of research base for pharmacological options, and the author explores local policy and guidelines, which aim to monitor potentially fatal physical complications alongside psychological distress to facilitate engagement with longer term psychological treatment.

To explore clients' experience of the therapy process in motivational interviewing (MI) for alcohol abuse. A qualitative study using grounded theory. Interviews with nine clients were conducted using interpersonal process recall (IPR), a methodology which utilizes a video recording as a cue to aid memory recall. Clients watched a videotape of their MI session and were asked to identify and describe the important moments in the therapy session. The transcribed interviews were then analysed using grounded theory. A single session of MI is seen by the clients in this study as a complex interpersonal interaction between client and therapist, which impacts on the client's cognitive and affective interpersonnal processes. The themes which emerged partly confirm processes of MI previously hypothesized to be important, but also highlight the importance of factors common to all therapeutic approaches. The aspects of therapy which clients in this study felt were important are similar to those hypothesized to underlie the effectiveness of MI, including a non-confrontational approach, affirmation, and developing discrepancies between beliefs and behaviour. These were embedded in aspects common to all therapies, including the qualities of the therapist and the therapeutic relationship. Client's perspectives on therapeutic processes are an important area of research, and IPR is a particularly suitable method. 2015 The British Psychological Society.

Background International research demonstrates that LGBT youth are at much higher risk of suicide and self-harm compared to their heterosexual or cisgender counterparts. Evidence in the UK is sparse and only beginning to establish sexual and gender identity as a risk factor for adolescent suicide and self-harm, and as a result of this research scarcity we also know very little about help seeking behavior. The Suicide Prevention Strategy (2012) has identified LGBT youth as a high risk group but currently there is limited evidence to develop effective suicide prevention policy and practice. Aim This study aimed to provide national evidence on LGBT youth suicide, self-harm and help-seeking behaviours in order to support the implementation of the Suicide Prevention Strategy (2012) and reduce the risk of suicide in LGBT young people. About the study The study was a two staged, sequential mixed methods design that used online and face-to-face methods. The first stage consisted of 15 online and 14 face-to-face qualitative interviews with LGBT young people (aged 15-25 years old). The second stage of the research consisted of an online LGBT youth questionnaire completed by 789 participants with experience of self-harm or suicidal feelings, and an online questionnaire completed by 113 mental health service staff. Key findings Understanding LGBT youth self-harm and suicide Similar to findings from other studies on youth suicide, those who had self-harmed and/or had a disability had an increased likelihood of planned or attempted suicide. Gender identity was also a risk factor for adolescent suicide and self-harm, and those who were gender diverse (Trans/unsure) were nearly twice as likely to have self-harmed and one and a half times more likely to have planned or attempted suicide than cisgender participants. Cisgender males were the least likely to plan or attempt suicide, or self-harm compared to other gender identities. There were five interconnecting areas which explained the elevated risk of suicide and self-harm in LGBT youth: 1) homophobia, biphobia or transphobia; 2) sexual and gender norms; 3) managing sexual orientation and gender identity across multiple areas of life; 4) being unable to talk and; 5) other life crises.

Objective: patterns of substance misuse are changing with the emergence of novel psychoactive substances, prescription drug abuse and internet drug purchasing however the impact of these changes on individuals with eating disorders is unclear. To our knowledge this is the first study to examine these changing trends in individuals with eating disorders.

Method: 72 participants recruited from two eating disorders services completed measures for substance use and eating disorder psychopathology. These were embedded in aspects common to all therapies, including the qualities of the therapist and the therapeutic relationship. Client's perspectives on therapeutic processes are an important area of research, and IPR is a particularly suitable method. 2015 The British Psychological Society.

Background International research demonstrates that LGBT youth are at much higher risk of suicide and self-harm compared to their heterosexual or cisgender counterparts. Evidence in the UK is sparse and only beginning to establish sexual and gender identity as a risk factor for adolescent suicide and self-harm, and as a result of this research scarcity we also know very little about help seeking behavior. The Suicide Prevention Strategy (2012) has identified LGBT youth as a high risk group but currently there is limited evidence to develop effective suicide prevention policy and practice. Aim This study aimed to provide national evidence on LGBT youth suicide, self-harm and help-seeking behaviours in order to support the implementation of the Suicide Prevention Strategy (2012) and reduce the risk of suicide in LGBT young people. About the study The study was a two staged, sequential mixed methods design that used online and face-to-face methods. The first stage consisted of 15 online and 14 face-to-face qualitative interviews with LGBT young people (aged 15-25 years old). The second stage of the research consisted of an online LGBT youth questionnaire completed by 789 participants with experience of self-harm or suicidal feelings, and an online questionnaire completed by 113 mental health service staff. Key findings Understanding LGBT youth self-harm and suicide Similar to findings from other studies on youth suicide, those who had self-harmed and/or had a disability had an increased likelihood of planned or attempted suicide. Gender identity was also a risk factor for adolescent suicide and self-harm, and those who were gender diverse (Trans/unsure) were nearly twice as likely to have self-harmed and one and a half times more likely to have planned or attempted suicide than cisgender participants. Cisgender males were the least likely to plan or attempt suicide, or self-harm compared to other gender identities. There were five interconnecting areas which explained the elevated risk of suicide and self-harm in LGBT youth: 1) homophobia, biphobia or transphobia; 2) sexual and gender norms; 3) managing sexual orientation and gender identity across multiple areas of life; 4) being unable to talk and; 5) other life crises.

Objective: patterns of substance misuse are changing with the emergence of novel psychoactive substances, prescription drug abuse and internet drug purchasing however the impact of these changes on individuals with eating disorders is unclear. To our knowledge this is the first study to examine these changing trends in individuals with eating disorders.

Method: 72 participants recruited from two eating disorders services completed measures for substance use and eating disorder psychopathology. These were embedded in aspects common to all therapies, including the qualities of the therapist and the therapeutic relationship. Client's perspectives on therapeutic processes are an important area of research, and IPR is a particularly suitable method. 2015 The British Psychological Society.
Antidepressant augmentation with metyrapone for treatment-resistant depression (the ADD study): A double-blind, randomised, placebo-controlled trial

The Lancet Psychiatry, February 2016, vol./ls. 3/2(117-127), 2215-0366;2215-0374 (01 Feb 2016)

Background: Many patients with major depressive disorder have treatment-resistant depression, defined as no adequate response to two consecutive courses of antidepressants. Some evidence suggests that antiglucocorticoid augmentation of antidepressants might be efficacious in patients with major depressive disorder. We aimed to test the proof of concept of metyrapone for the augmentation of serotonergic antidepressants in the clinically relevant population of patients with treatment-resistant depression.

Methods: This double-blind, randomised, placebo-controlled trial recruited patients from seven UK National Health Service (NHS) Mental Health Trusts from three areas (northeast England, northwest England, and the Leeds and Bradford area). Eligible patients were aged 18-65 years with treatment-resistant depression (Hamilton Depression Rating Scale 17-item score of >18 and a Massachusetts General Hospital Treatment-Resistant Depression staging score of 2-10) and taking a single-agent or combination antidepressant treatment that included a serotonergic drug. Patients were randomly assigned (1:1) through a centralised web-based system to metyrapone (500 mg twice daily) or placebo, in addition to their existing antidepressant regimen, for 21 days. Permutated block randomisation was done with a block size of two or four, stratified by centre and primary or secondary care setting. The primary outcome was improvement in Montgomery-Asberg Depression Rating Scale (MADRS) score 5 weeks after randomisation, analysed in the modified intention-to-treat population of all randomly assigned patients that completed the MADRS assessment at week 5. The study has an International Standard Randomised Controlled Trial Number (ISRCTN45338259) and is registered with the EU Clinical Trial register, number 2009-015165-31. Findings: Between Feb 8, 2011, and Dec 10, 2012, 165 patients were recruited and randomly assigned (83 to metyrapone and 82 to placebo), with 143 (87%) completing the primary outcome assessment (69 [83%] in the metyrapone and 74 [90%] in the placebo group). At 5 weeks, MADRS score did not significantly differ between groups (21.7 points [95% CI 19.2-24.4] in the metyrapone group vs 22.6 points [20.1-24.8] in the placebo group; adjusted mean difference of -0.51 points [95% CI -3.48 to 2.46]; p=0.74). 12 serious adverse events were reported in four (5%) of 83 patients in the metyrapone group and six (7%) of 82 patients in the placebo group, none of which were related to study treatment. 134 adverse events occurred in 58 (70%) patients in the metyrapone group compared with 95 events in 45 (55%) patients in the placebo group, of which 11 (8%) events in the metyrapone group and four (4%) in the placebo group were judged by principle investigators at the time of occurrence to be probably related to the study drug.

Last updated: August 2019 Next revised date: February 2020
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<th>Author(s)</th>
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<tr>
<td>Barry Wright and Lucy Tindall</td>
<td>Computerised cognitive–behavioural therapy for depression in adolescents: feasibility results and 4-month outcomes of a UK randomised controlled trial</td>
<td>Dec-16</td>
<td>Objectives Computer-administered cognitive–behavioural therapy (CCBT) may be a promising treatment for adolescents with depression, particularly due to its increased availability and accessibility. The feasibility of delivering a randomised controlled trial (RCT) comparing a CCBT program (Stressbusters) with an attention control (self-help websites) for adolescent depression was evaluated. Design Single centre RCT feasibility study. Setting The trial was run within community and clinical settings in York, UK. Participants Adolescents (aged 12–18) with low mood/depression were assessed for eligibility, 91 of whom met the inclusion criteria and were consented and randomised to Stressbusters (n=45) or websites (n=46) using remote computerised single allocation. Those with comorbid physical illness were included but those with psychosis, active suicidality or postnatal depression were not. Interventions An eight-session CCBT program (Stressbusters) designed for use with adolescents with low mood/depression was compared with an attention control (accessing low mood self-help websites). Primary and secondary outcome measures Participants completed mood and quality of life measures and a service Use Questionnaire throughout completion of the trial and 4 months post intervention. Measures included the Beck Depression Inventory (BDI) (primary outcome measure), Mood and Feelings Questionnaire (MFQ), Spence Children’s Anxiety Scale (SCAS), the EuroQol five dimensions questionnaire (youth) (EQ-5D-Y) and Health Utility Index Mark 2 (HUI-2). Changes in self-reported measures and completion rates were assessed by treatment group. Results From baseline to 4 months post intervention, BDI scores and MFQ scores decreased for the Stressbusters group but increased in the website group. Quality of life, as measured by the EQ-5D-Y, increased for both groups while costs at 4 months were similar to baseline. Good feasibility outcomes were found, suggesting the trial process to be feasible and acceptable for adolescents with depression.</td>
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<td>Helen Chin</td>
<td>Exploring curiosity in nursing practice in the NHS</td>
<td>Dec-16</td>
<td>This study set out to explore the lived reality of epistemic curiosity in nursing practice in the NHS. Narrative, in depth, unstructured interviews were conducted with six currently registered and practising NHS nurses, across two UK, NHS Trusts. Purposive sampling was adopted. Data was collected across a 6 month period utilising an innovative rhizomatic approach and thematically analysed. The thesis suggests a nursing narrative on curiosity which is socially constructed, with curiosity acting as a liberator and antecedent to reflexive knowledge correspondence and construction. Nurses viewed their engagement in curiosity as a key asset for melding the various sources of professional knowledge required for the provision of person-centered care. However, curiosity is also lived within the tension afforded by organisational compliance discourse, which demands engagement with prescriptive, formulaic forms of knowledge and a felt dismissal of the need for professional nursing knowledge and curiously crafted practice. Acts of resistance to dominant organisational compliance discourse are evident, as nurses engage in curiosity on a moral but covert basis, in an attempt to preserve epistemic truths, subvert and circumvent compliance and prescription and thus exercise professional freedom. Concerns are raised as to ‘knowledge lost’, which may be generated from covert curiosity practices. Nurses lament a lack of discourse on curiously led practice, resulting in perceptions that curiosity is significantly compromised as a critical motive to engage with professional knowledge correspondence, practice improvement or innovation initiatives.</td>
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<td>Alexandros Chatziagorakis and Geaard Fitzgerald</td>
<td>Psychoanalytic Core Trainees’ Perception of Homophobia in Psychoanalytic Psychotherapy: A Preliminary Survey</td>
<td>Dec-16</td>
<td>In 2009 the Royal College of Psychiatrists revised the curriculum for psychiatric training to include psychotherapy elements into the core curriculum. Trainees are now required to provide evidence of treating patients psychotherapeutically. The therapies that the trainees usually deliver are cognitive behavioural therapy and psychoanalytic psychotherapy (PAP). Psychoanalytic theory has largely viewed homosexuality as immaturity or pathology. Psychoanalytic theory and practice have traditionally been unable to incorporate homosexuality as a normal variant of sexuality and this has had significant consequences both for clinical practice and training. Our aim was to examine whether trainees have perceived their experience of PAP as homophobic. The study was done via an internet-based questionnaire survey. Simple descriptive statistics were used to analyse the results. Most trainees did not find PAP homophobic in theory, practice or supervision. A minority of trainees considered PAP as homophobic prior to undertaking a case and found it homophobic after undertaking a case. Some trainees found their experience of PAP has broadened their views on their sexuality. Participants’ experience was positive and PAP was not perceived as homophobic. A negative experience might have significant implications for their mental wellbeing, training and choice of future career.</td>
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Prakash Hosali and Tom Hughes

Johanna Taylor, Brendon Stubbs, Catherine Hewitt, Ramzi A Aljan, Sarah L Alderson, Simon Gilbody, Richard I G Holt, Prakash Hosali, Tom Hughes, Taron Kayalakukom, Ian Kellar, Helen Lewis, Neda Mahmoodi, Kristine McDonnell, Robert D Smith, Judy M Wright and Najma Siddiqi

Dec-16

The Effectiveness of Pharmacological and Non-Pharmacological Interventions for Improving Glycaemic Control in Adults with Severe Mental Illness: A Systematic Review and Meta-Analysis

People with severe mental illness (SMI) have reduced life expectancy compared with the general population, which can be explained partly by their increased risk of diabetes. We conducted a meta-analysis to determine the clinical effectiveness of pharmacological and non-pharmacological interventions for improving glycaemic control in people with SMI (PROSPERO registration: CRD42015015558). A systematic literature search was performed on 30/10/2015 to identify randomised controlled trials (RCTs) in adults with SMI, with or without a diagnosis of diabetes that measured fasting blood glucose or glycated haemoglobin (HbA1c). Screening and data extraction were carried out independently by two reviewers. We used random effects meta-analysis to estimate effectiveness, and subgroup analysis and univariate meta-regression to explore heterogeneity. The Cochrane Collaboration’s tool was used to assess risk of bias. We found 54 eligible RCTs in 4,392 adults (40 pharmacological, 13 behavioural, one mixed intervention). Data for meta-analysis were available from 48 RCTs (n = 4,002). Both pharmacological (mean difference (MD), -0.11 mmol/L; 95% confidence interval (CI), [-0.19, -0.02]; p = 0.02; n = 2,536) and behavioural interventions (MD, -0.28 mmol/L; 95% CI, [-0.43, -0.12]; p = 0.001; n = 956) were effective in lowering fasting glucose, but not HbA1c (pharmacological MD, -0.03%; 95% CI, [-0.12, 0.06]; p = 0.52; n = 1,515; behavioural MD, 0.18%; 95% CI, [0.07, 0.42]; p = 0.16; n = 1,403) compared with usual care or placebo. In subgroup analysis of pharmacological interventions, metformin and antipsychoic switching strategies improved HbA1c. Behavioural interventions of longer duration and those including repeated physical activity had greater effects on fasting glucose than those without these characteristics. Baseline levels of fasting glucose explained some of the heterogeneity in behavioural interventions but not in pharmacological interventions. Although the strength of the evidence is limited by inadequate trial design and reporting and significant heterogeneity, there is some evidence that behavioural interventions, antipsychotic switching, and metformin can lead to clinically important improvements in glycaemic measurements in adults with SMI.

Tom Isherwood

Rebekah Joy Sutherland and Tom Isherwood

Dec-16

The Evidence for Easy-Read for People With Intellectual Disabilities: A Systematic Literature Review

Producing accessible information for people with intellectual disabilities has been seen as a priority for the past 20 years. Easy-read resources are now widely available and several guidelines have been produced to support their development. However, little is known about the effectiveness of easy-read resources and the specific components that make it effective. A systematic review of the literature in electronic databases (Medline, Embase, BNI, CINAHL, HMIC, PsycINFO, ERIC, PubMed, and Cochrane Library) conducted between November 2013 and January 2014 yielded 11 publications that attempted to evaluate the impact of easy-read resources. The large variation in methodology among studies prevented a direct comparison of results; however, there were mixed findings concerning the impact of adding illustrations to written text on comprehension. A reader's level of familiarity with symbols emerged as an important factor, particularly with more abstract symbol systems that require some learning. Photographs and illustrations were generally found to be helpful, although it was acknowledged that these can be confusing and clear explanations are needed to ensure the correct message is conveyed. The format and level of difficulty of the text played an important role in the overall accessibility of information and particular linguistic features were associated with increased understanding. The methodological limitations of these studies were also considered and used to inform recommendations for future research. More attention needs to be focused on evaluating and distributing easy-read information, as well as producing it.

Alison Jane Stansfield, Alwyn Kam and Conor James Davidson

Alison Jane Stansfield, Alwyn Kam, Tara Badzams, Bethany Woodrow, Emma Roberts, Bhavika Patel and Conor James Davidson.

Nov-16

Are we good and are we safe? Measuring quality and assessing risk in an adult autism diagnostic service

Advances in Autism, Vol. 3 Issue: 1, pp.15-26, https://doi.org/10.1108/AIA-03-2016-0008

Purpose: Leeds autism diagnostic service is an adult autism diagnostic service for people of any intellectual ability which also offers consultancy to service users/carers or professionals, as well as a wide range of autism training. The service was set up as a pilot in 2011 and a paper describing the service development was published in the above journal in November 2015. The purpose of this paper is to describe the approach taken to measure the quality of the service the authors provide and accurately assess risk in adults with autism.

Design/methodology/approach: The process of evaluating appropriate outcome measures is described, along with considering appropriate risk assessment tools for use in the community. Over 200 people each year complete the autism diagnostic pathway, and 164 patients were invited to respond to service evaluation questionnaires in 2014.

Findings: To date, the most useful outcome measures for this group include a prospective service user questionnaire which enables service user opinion to influence service development. In the absence of any appropriate autism-specific risk assessment tools, the service has developed one which it is currently piloting. This has proved particularly useful in the consultancy setting

Originality/value: This paper is a follow-up paper looking at the day-to-day issues that the team have had to grapple with – how do you assess whether what you are doing is providing the best possible service for the people that you serve and how do you accurately assess risk in this population?
Cathryn Rodway, Louis Appleby, Nav Kapur, Jennifer Shaw, Pauline Turnbull, Saied Ibrahim, Su-Gwan Tham and Jessica Raphael

Suicide in children and young people in England: consecutive case series

BACKGROUND: There is concern about the mental health of children and young people and a possible rise in suicidal behaviour in this group. We have done a comprehensive national multi-agency study of suicide in under 20s in England. We aimed to establish how frequently suicide is preceded by child-specific and young person-specific suicide risk factors, as well as all-age factors, and to identify contact with health-care and social-care services and justice agencies.

METHODS: This study is a descriptive examination of suicide in a national consecutive sample of children and young people younger than 20 years who died by suicide in England between Jan 1, 2014, and April 30, 2015. We obtained general population mortality data from the Office for National Statistics (ONS). We collected information about antecedents considered to be relevant to suicide (eg, abuse, bullying, bereavement, academic pressures, self-harm, and physical health) from a range of investigations and inquiries, including coroner inquest hearings, child death investigations, criminal justice system reports, and the National Health Service, including data on people in contact with mental health services in the 12 months before their death.

FINDINGS: 145 suicides in people younger than 20 years were notified to us during the study period, of which we were able to obtain report data about antecedents for 130 (90%). The number of suicides rose sharply during the late teens with 79 deaths by suicide in people aged 16-19 years compared with 66 in people younger than 18 years. 102 (70%) deaths were in males. 92 (63%) deaths were by hanging. Various antecedents were reported among the individuals for whom we had report data, including academic (especially exam) pressures (35 [27%] individuals), bullying (28 [22%]), bereavement (36 [28%]), suicide in family or friends (17 [13%]), physical health conditions (47 [36%]), family problems (44 [34%]), social isolation or withdrawal (33 [25%]), child abuse or neglect (20 [15%]), excessive drinking (34 [26%]), and illicit drug use (28 [21%]). Suicide-related internet use was recorded in 30 (23%) cases. In the week before death 13 (10%) individuals had self-harmed and 35 (27%) had expressed suicidal ideas. 56 (43%) individuals had no known contact with health-care and social-care services or justice agencies.

Bethan Davies


CAT is a developmental model, which describes our experiences of relationships with ourselves, others and the world as being derived from our early experiences of relationships. The descriptions of reciprocal role procedures allow the nature of these relationships to be clearly defined. I think that this way of thinking about personality development might enable us to consider gender in a realistic and open-minded way. We can use our gender identity as developing as part of the wider picture of our personality development. It makes sense that males and females’ differing experiences, which it could be argued might be affected by genetic and biological factors as well as how they are treated, will lead to different reciprocal role repertoires. I will look at this in more detail later, but I think that CAT sits well with a post-modern approach, acknowledging the fact that our personalities and identities are constructed by our interpersonal and cultural experiences (our gender is not pre-determined or binary) and able to accept and work with a spectrum of people who may not all fit with traditional expectations.

Mahbub Khan

A Qualitative Investigation of the Conceptualisation of Psychosis in People of a Muslim Faith

Not available

Discussion: The results provide support for MI authors’ claims that therapists’ use of MI-specific linguistic techniques, not simply the MI spirit, affects clients’ subsequent talk about their drinking behaviour. These results were found when examining transitions between aggregated behaviours. This novel finding differs from contemporary research that has evidenced transitions between single utterances. The support for MI-specific techniques has therefore been extended to evidence patterns of multiple interactions. Further research with a larger sample, examining clients’ impact on therapist behaviour would be beneficial.
Background

Individuals with a learning disability (LD) are at higher risk of developing type 2 diabetes, but LD is not straightforward to define or identify, especially at the milder end of the spectrum, which makes case finding difficult. While supported self-management of health problems is now established, current material is largely educational and didactic with little that facilitates behavioural change. The interaction between the person with diabetes and others supporting their care is also largely unknown. For these reasons, there is considerable work needed to prepare for a definitive trial. The aim of this paper is to publish the abridged protocol of this preparatory work.

Methods/Design

Phase II is a prospective case-finding study (target n = 120 to 350) to identify and characterise potential participants, while developing a standardised supported self-management intervention. Phase III is a randomised feasibility trial (target n = 80) with blinded outcome assessment. Patients identified in Phase I will be interviewed and consented prior to being randomised to (1) standard treatment, or (2) supported self-management. Both arms will also be provided with an easy read accessible information resource on managing type 2 diabetes. The intervention will be standardised but delivered flexibly depending on patient need, including components for the participant, a supporter, and shared activities. Outcomes will be (i) robust estimates of eligibility, consent and recruitment rates with refined recruitment procedures; (ii) characterisation of the eligible population; (iii) a standardised intervention with associated written materials; (iv) adherence and negative outcomes measures; (v) preliminary estimates of adherence, acceptability, follow-up and missing data rates, along with refined procedures; and (vi) description of standard treatment.

Discussion

Our study will provide important information on the nature of type 2 diabetes in adults with LD living in the community, on the challenges of identifying those with milder LD, and on the possibilities of evaluating a standardised intervention to improve self-management in this population.
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<td>Diane Naomi Agoro</td>
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<td>Christian Hosker</td>
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<td>Alwyn Kam, Frances Needham, and Alison Jane Stansfield</td>
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<td>Advances in Autism, Volume 1, issue 2 pp. 66-78</td>
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<td>Barry Wright</td>
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<td>Hallucinations and Illusions in Migraine and Alice in Wonderland Syndrome.</td>
<td>Archives of Disease in Childhood, 01 March 2015, vol./iss. 100/3(296-298), 00039888</td>
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<td>Dominika Sieradzka, Robert A Power, Daniel Freeman, Alastair Cardno, Frank G Dudbridge and Angelica Ronald</td>
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<td>Rebecca Higgs, Nicholas Magil, Elizabeth Goddard, Charlotte Pheind, Simone Raekner, Pamela Macdonald, Gill Todd, Jon Arcels, John F Morgan, Jennifer Beecham, Ulrike Schmidt, Sabine Landau and Janet Treasure</td>
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<td>Victoria Betton and O Ingrams.</td>
<td>Should all NHS premises provide free access to wi-fi?</td>
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<td>H Donoghue, G Travis-Turner, Allan O House, Helen Lewis and Simon Gibbody</td>
<td>Life adversity in depressed and non-depressed older adults: A cross-sectional comparison of the Brief Life-Q questionnaire and life events and difficulties interview as part of the CASPER study.</td>
<td>Dec-15</td>
<td>Available from ScienceDirect (<a href="http://www.sciencedirect.com">www.sciencedirect.com</a>)</td>
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M T Jubb and J J Evans.

Dec-15

An investigation of the utility of the Addenbrooke's cognitive examination III in the early detection of dementia in memory clinic patients aged over 75 years

Dementia and Geriatric Cognitive Disorders, September 2015, vol.15, no.4(222- 322), 1426- 8008(1421-9824) (02 Sep 2015) English

Background/aims: To examine the validity of Addenbrooke’s Cognitive Examination III (ACE-III) in detecting early dementia in UK memory clinic patients aged 75-85 years. Methods: The ACE-III was administered to 59 patients prior to diagnosis. The extent to which scores predicted the membership of the dementia or no-dementia group was explored using receiver operating characteristic curve analysis and other parameters of diagnostic performance. Thirty-three participants (55.9%) were diagnosed with dementia (Alzheimer’s disease = 56.3%, Alzheimer’s disease with cerebrovascular disease = 31.3%, and vascular dementia = 12.5%). Results: The optimal cut-off for detecting dementia was 81/100 (scores >81 indicating dementia with a sensitivity of 0.79, a specificity of 0.96, and a positive predictive value of 0.96), with superiority over published cut-offs (88/100 and 82/100) at medium and lower prevalence rates. The number of years of full-time education had a significant positive relationship to total ACE-III scores (r = 0.697, p = 0.001) for the no-dementia group. Exploratory analysis indicated that optimal cut-offs were different for higher versus lower education groups. Conclusions: The ACE-III has excellent accuracy for the detection of dementia in day-to-day clinical practice. Lower cut-offs than those specified in the index paper, and the consideration of the patients’ years of full-time education may be necessary for optimal diagnostic performance.

Gillian Tober, Helen Crosby and Duncan Raistrick

Dec-15

ADAPTA: A pilot randomised controlled trial of an alcohol-focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting


Aims: To examine the relative feasibility, acceptability, applicability, effectiveness and explore cost-effectiveness of a healthy living focused intervention (HL) compared to an alcohol-focused intervention (AF) for problem drinkers identified in hospital. Methods: A pragmatic, randomised, controlled, open pilot trial. Feasibility and acceptability were measured by recruitment, attrition, follow-up rates and number of treatment sessions attended. Effectiveness was measured using the Alcohol Use Disorders Identification Test score at six months. Additional economic and secondary outcome measures were collected. Results: Eighty-six participants were randomised and 72% (n= 62) were retained in full participation. Forty-one participants attended at least one treatment session (48%). A greater proportion in the HL group attended all four treatment sessions (33% vs 19%). Follow-up rates were 29% at six months and 22% at twelve months. There was no evidence of a difference in AUDIT score between treatment groups at six months. Mean cost of health care and social services, policing and the criminal justice system use decreased while EQ-5D scores indicated minor improvement in both arms. However, this pilot trial was not powered to detect differences in either measure between groups. Conclusions: While no treatment effect was observed, this study demonstrated a potential to engage patients drinking at harmful or dependent levels in a healthy living intervention. However, recruitment proved challenging and follow-up rates were poor. Better ways need to be found to help these patients recognise the harms associated with their drinking and overcome the evident barriers to their engagement with specialist treatment.

Duncan Raistrick

Dec-15

A brief Addiction Recovery Questionnaire derived from the views of service users and concerned others

Drugs: Education, Prevention and Policy Volume 23, 2016 issue 1 English

Aims: (i) To quantify support across five stakeholder groups for 20 recovery indicators previously generated from focus groups of service users and concerned others and (ii) To create a brief recovery questionnaire. Methods: Indicators were ranked by stakeholders for their overall importance and the three most important ranked. The factor structure was determined by principal component analysis. Findings: The initial 20 recovery indicators covered the spectrum of substance misuse, social and psychological domains. Positive endorsement of each indicator by stakeholder group ranged from 53% to 74% of the maximum support possible with stronger support from service users and concerned others than from practitioners and commissioners. The greatest number of individuals in each stakeholder group, from 86% of combined problem drinkers and drug takers to 36% of specialist practitioners, rated abstinence as the single most important aspect of recovery and well being was rated second most important. The indicators were refined to create a 12-item Addiction Recovery Questionnaire – the items have good independent evidence of importance to outcome to support their inclusion. Originality: The questionnaire is derived solely from the views of service users and concerned others – it is a brief tool with high face validity and suitable for routine use.

John F Morgan and Saideh Saadie

Dec-15

BodyWise: Evaluating a Pilot Body Image Group for Patients with Anorexia Nervosa.

European eating disorders review - the journal of the Eating Disorders Association 23:1 2015 Jan 69-7 English

Body image disturbance can be enduring and distressing to individuals with eating disorders and effective treatments remain limited. This pilot study evaluated a group-based treatment-BodyWise developed for use in full and partial hospitalization with patients with anorexia nervosa at low weight. A partial crossover waitlist design was used. BodyWise (N= 50) versus treatment as usual (N= 40) were compared on standardized measures of body image disturbance. Results demonstrated significant improvement in the group compared to treatment as usual for the primary outcome measure (Eating Disorder Examination Questionnaire Shape Concern subscale) and other manifestations of body image disturbance including body checking and body image quality of life. BodyWise appeared acceptable to participants, and was easy to deliver within the pragmatics of a busy eating disorder service. There is potential for it’s wider dissemination as a precursor to more active body image interventions.

Last updated: August 2019 Next revised date: February 2020
Background: There are an estimated 125,000 deaf people in the UK who use British Sign Language (BSL) as their main form of communication, but there are no child mental health screening instruments that are accessible to deaf children whose first or main language is BSL (or to deaf adults reporting on children). This study sought to develop a new BSL translation of a commonly used mental health screening tool (Strengths and Difficulties Questionnaire, SDQ), with versions available for deaf young people (aged 11–16 years), parents and teachers. The psychometric properties of this translation, and its validity for use with the deaf signing UK population, were also investigated.

Objectives: (1) To translate the SDQ into BSL; and (2) to use this new version with a cohort of deaf children, deaf parents and deaf teachers fluent in BSL across England, and validate it against a ‘gold standard’ clinical interview.

Methods: This study was split into two broad phases: translation and validation. The BSL SDQ was developed using a rigorous translation/back-translation methodology with additional checks, and we have defined high-quality standards for translation of written/oral to visual languages. We compared all three versions of the SDQ (deaf parent, deaf teacher and deaf young person) with a gold standard clinical interview by child mental health clinicians experienced in working with deaf children. We also carried out a range of reliability and validity checks.

Results: The SDQ was successfully translated using a careful methodology that took into account the linguistic and cultural aspects of translating a written/verbal language to a visual one. We recruited 144 deaf young people (aged 11–16 years), 191 deaf parents of a child aged either 4–10 or 11–16 years (the child could be hearing or deaf) and 77 deaf teachers and teaching assistants. We sought deaf people whose main or preferred language was BSL. We also recruited hearing participants to aid cross-validation. We found that the test–retest reliability, factor analysis and internal consistency of the three new scales were broadly similar to those of other translated versions of the SDQ. We also found that using the established multi-informant SDQ scoring algorithm there was good sensitivity (76%) and specificity (73%) against the gold standard clinical interview assessment. The SDQ was successfully validated and can now be used to assess difficulties and strengths for alcohol use disorders in the deaf population.
Barry Wright
Dec-15
Screening for psychological and mental health difficulties in young people who offend: a systematic review and decision model.
Health Technology Assessment, 18(1), 13665278
English
Background
There is policy interest in the screening and treatment of mental health problems in young people who offend, but the value of such screening is not yet known.
Objectives
To assess the diagnostic test accuracy of screening measures for mental health problems in young people who offend; to evaluate the clinical effectiveness and cost-effectiveness of screening and treatment; and to model estimates of cost; to assess the evidence base for screening against UK National Screening Committee criteria; and to identify future research priorities.
Data sources
In total, 25 electronic databases including MEDLINE, PsycINFO, EMBASE and The Cochrane Library were searched from inception until April 2011. Reverse citation searches of included studies were undertaken and reference list of included studies were examined.
Review methods
Two reviewers independently examined titles and abstracts and extracted data from included studies using a standardised form. The inclusion criteria for the review were (1) population – young offenders (aged 10–21 years); (2) intervention/instrument – screening instruments for mental health problems, implementation of a screening programme or a psychological or pharmacological intervention as part of a clinical trial; (3) comparator – for diagnostic test accuracy studies, any standardised diagnostic interview; for trials, any comparator; (4) outcomes – details of diagnostic test accuracy, mental health outcomes over the short or longer term or measurement of cost data; and (5) study design – for diagnostic test accuracy studies, any design; for screening programmes, randomised controlled trials or controlled trials; for clinical effectiveness studies, randomised controlled trials; for economic studies, economic evaluations of screening strategies or interventions.
Results
Of 13,580 studies identified, nine, including eight independent samples, met the inclusion criteria for the diagnostic test accuracy and validity of screening measures review. Screening accuracy was typically modest. No studies examined the clinical effectiveness of screening, although 10 studies were identified that examined the clinical effectiveness of interventions for mental health problems. There were too few studies to make firm conclusions about the clinical

Barry Wright and Lisa Hackney
Dec-15
Clinical effectiveness and cost-effectiveness of parenting interventions for children with severe attachment problems: A systematic review and meta-analysis.
Health Technology Assessment, July 2015, vol./is. 19(52), 1366-5278:2046-4924 (01 Jul 2015)
English
Background and objectives: Services have variable practices for identifying and providing interventions for ‘severe attachment problems’ (disorganised attachment patterns and attachment disorders). Several government reports have highlighted the need for better parenting interventions in at-risk groups. This report was commissioned to evaluate the clinical effectiveness and cost-effectiveness of parenting interventions for children with severe attachment problems (the main review). One supplementary review explored the evaluation of assessment tools and a second reviewed 10-year outcome data to better inform health economic aspects of the main review. Data sources: A total of 29 electronic databases were searched with additional mechanisms for identifying a wide pool of references using the Cochrane methodology. Examples of databases searched included PsycINFO (1806 to January week 1, 2012), MEDLINE and MEDLINE In Process & Other Non-Indexed Citations (1946 to December week 4, 2011) and EMBASE (1974 to week 1, 2012). Searches were carried out between 6 and 12 January 2012. Review methods: Papers identified were screened and data were extracted by two independent reviewers, with disagreements arbitrated by a third independent reviewer. Quality assessment tools were used, including quality assessment of diagnostic accuracy studies - version 2 and the Cochrane risk of bias tool. Meta-analysis of randomised controlled interventions was undertaken. A health economics analysis was conducted. Results: The initial search returned 10,167 citations. This yielded 29 RCTs in the main review of parenting interventions to improve attachment patterns, and one involving children with reactive attachment disorder. A meta-analysis of eight studies seeking to improve outcome in at-risk populations showed statistically significant improvement in disorganised attachment. The interventions saw less disorganised attachment at outcome than the control (odds ratio 0.47, 95% confidence interval 0.34 to 0.65; p = 0.00001). Much of this focus was around interventions improving maternal satisfaction, with or without video feedback. In our first supplementary review, 35 papers evaluated an attachment assessment tool demonstrating validity or psychometric data. Only five reported test-retest reliability, with 24 reporting a level of 0.7 or above. Cronbach’s alpha were reported in 12 studies for the comparative tests (11 with alpha < 0.7) and four studies for the reference tests (four with alpha > 0.7). Three carried out concurrent validity comparing the Strange Situation Procedure (SSP) with another assessment tool. These had good sensitivity but poor specificity. The Disturbances of Attachment Interview had good sensitivity and specificity with the research diagnostic criteria (RDC) for attachment disorders. In our supplementary review of 10-year outcomes in cohorts using a baseline reference standard, two studies were found with disorganised attachment at baseline, with one finding raised psychopathology.
BACKGROUND: Bipolar II disorder (BP II) is a chronic, frequently co-morbid, and complex disorder with similar rates of attempted suicide to BP I. However, case identification for BP II studies that is based on clinician diagnosis alone is prone to error. This paper reports on differences between clinical and research diagnoses and then describes the clinical characteristics of a carefully defined BP II cohort.

METHODS: A cohort of rigorously defined BP II cases were recruited from a range of primary and secondary health services in the North of England to participate in a programme of cross-sectional and prospective studies. Case identification, and rapid cycling, comorbidities and functioning were examined.

RESULTS: Of 355 probable clinical cases of BP II disorder, 176 (~50%) met rigorous diagnostic criteria. The sample mean age was ~44 years, with a mean duration of mood disorder of ~18 years. Two thirds of the cohort were female (n=116), but only 40% were in paid employment. Current and past year functioning was more impaired in females and those with rapid cycling.

LIMITATIONS: This paper describes only the preliminary assessments of the cohort, so it was not possible to examine additional factors that may contribute to the explained variance in functioning.

CONCLUSIONS: This carefully ascertained cohort of BP II cases show few gender differences, except for levels of functional impairment. Interestingly, the most common problem identified with using case note diagnoses of BP II arose because of failure to record prior episodes of mania, not failure to identify hypomania. Consequent under-recognition of mania results in a failure to appropriately label the episodes as mania, because of failure to record prior episodes of mania, not failure to identify hypomania. Systematic review of the literature reporting first-hand accounts of the reasons for self-harm from the individual’s perspective. A systematic review of the literature reporting first-hand accounts of the reasons for self-harm other than intent to die. A thematic analysis and ‘best fit’ framework synthesis was undertaken to classify the responses. The most widely researched non-suicidal reasons for self-harm were dealing with distress and exerting interpersonal influence. However, many first-hand accounts included reasons such as self-validation, and self-harm to achieve a personal sense of mastery, which suggests individuals thought there were positive or adaptive functions of the act not based only on its social effects. Associations with different sub-population characteristics or with the method of harm were not available from most studies included in the analysis. Our review identified a number of themes that are relatively neglected in discussions about self-harm, which we summarised as self-harm as a positive experience and defining the self. These self-reported "positive" reasons may be important in understanding and responding especially to repeated acts of self-harm. Copyright 2016 The Authors. Published by Elsevier B.V. All rights reserved.

Self-harm is a major public health problem yet current healthcare provision is widely regarded as inadequate. One of the barriers to effective healthcare is the lack of a clear understanding of the functions self-harm may serve for the individual. The aim of this review is to identify first-hand accounts of the reasons for self-harm from the individual’s perspective. A systematic review of the literature reporting first-hand accounts of the reasons for self-harm other than intent to die. A thematic analysis and 'best fit' framework synthesis was undertaken to classify the responses. The most widely researched non-suicidal reasons for self-harm were dealing with distress and exerting interpersonal influence. However, many first-hand accounts included reasons such as self-validation, and self-harm to achieve a personal sense of mastery, which suggests individuals thought there were positive or adaptive functions of the act not based only on its social effects. Associations with different sub-population characteristics or with the method of harm were not available from most studies included in the analysis. Our review identified a number of themes that are relatively neglected in discussions about self-harm, which we summarised as self-harm as a positive experience and defining the self. These self-reported "positive" reasons may be important in understanding and responding especially to repeated acts of self-harm. Copyright 2016 The Authors. Published by Elsevier B.V. All rights reserved.

Adapted behavioural activation for the treatment of depression in Muslims. Incorporating religious beliefs into mental health therapy is associated with positive treatment outcomes. However, evidence about faith-sensitive therapies for minority religious groups is limited. Behavioural Activation (BA), an effective psychological therapy for depression encompassing client values, was adapted for Muslim patients using a robust process that retained core effective elements of BA. The adapted intervention built on evidence synthesised from a systematic review of the literature, qualitative interviews with 29 key informants and findings from a feasibility study involving 19 patients and 13 mental health practitioners. Core elements of the BA model were acceptable to Muslim patients. Religious teachings could potentially reinforce and enhance BA strategies and concepts were more familiar to patients and more valued than the standard approaches. Patients appreciated therapist professionalism and empathy more than shared religious identity but did expect therapist acceptance that Islamic teachings could be helpful. Patients were generally enthusiastic about the approach, which proved acceptable and feasible to most participants; however, therapists needed more support than anticipated to implement the intervention. The study did not re-explore effectiveness of the intervention within this specific population. Strategies to address implementation issues highlighted the need further research. The adapted intervention may be more appropriate for Muslim patients than standard therapies and is feasible in practice. Therapist comfort is an important issue for services wishing to introduce the adapted therapy. The fusion of conceptual frameworks within this approach provides increased choice to Muslim patients, in line with policy and research requirements. Copyright 2015 The Authors. Published by Elsevier B.V. All rights reserved.

Purpose - The implementation of the Offender Personality Disorder (OPD) strategy requires partnership between NHS providers and custodial and community-based practitioners in the National Offender Management Service (NOMS). What this partnership looks like is dependent on the nature and resources of involved services. However, what it is meant to achieve - reduced reoffending, a more knowledgeable workforce, and a more engaged client group - is clearer. It is fundamental to the OPD strategy that these outcomes are achieved through partnership so as to minimise harmful transitions between services, and to effectively share the expertise required for the holistic case management of personality disordered (PD) offenders. The paper aims to discuss these issues. Design/methodology/approach - The implementation of the OPD strategy is ongoing, and data will be forthcoming in due course that will allow for the empirical test of the hypothesis that working together is better than working separately. However, with the emphasis on public protection and workforce development, some of the crucial partnership issues may remain less well understood or explored. This paper overviews the services in which the authors are involved, describing their initiation and development. Findings - The paper articulates how NHS/NOMS partnerships have been developed and experienced. Practical implications - The paper concludes with a discussion of a number of principles for partnership work in relation to the OPD strategy. Originality/value - This paper is intended to assist developing services to make the best of collaborative working across the PD pathway in England and Wales.
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<tr>
<th>Author(s)</th>
<th>Comparing carer well-being: implications for eating disorders</th>
<th>Mental Health Review Journal, Vol. 20 Iss. 2, pp.105 - 118</th>
<th>Purpose</th>
<th>English</th>
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<td>Stephen Linacre, Suzanne Heywood Everett, Visha Sharma and Andrew J Hill.</td>
<td>Around 50 per cent of carers of people with eating disorders (EDs) experience mental health difficulties. The purpose of this paper is to investigate well-being of carers of people with ED and carers of people with severe and enduring eating disorders (SEEDs). Design/methodology/approach: Carers (n=104) were recruited from UK support groups and stratified using duration of the care recipient’s ED (0-2, 2-6, &gt;6 years) with the &gt;6 years category classified as SEED. Data were compared with existing carer well-being studies of other patient groups. Findings: Carers of people with SEED were not significantly different on well-being to carers of people with ED. However, carers of people with ED reported significantly less well-being than community norms, carers of people with brain injury and of people with dementia. Specifically, poorer social functioning was reported. Research limitations/implications: Further research on carers of people with SEED is warranted as carers of people with SEED were not equally balanced in gender. It would be beneficial if support groups and skill-based workshops were more available for carers. Originality/value: This is the first known study to compare carer well-being of people with SEED with carers of other clinical populations. Further research is required to identify the needs of carers.</td>
<td>Purpose</td>
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<td>Anne Cooper and Alison Inglehearn.</td>
<td>Perspectives: Managing professional boundaries and staying safe in digital spaces.</td>
<td>Perspectives: Managing professional boundaries and staying safe in digital spaces. 2015, Vol./Is. 20(762-633), 17489871</td>
<td>Healthcare professionals who engage in social media face new challenges in maintaining boundaries in online platforms. The online environment has the potential to threaten and subvert these boundaries, in particular the boundary between the personal and the professional. Using DoH Guidance ‘Safe, Think, Act’ provides a useful template for maintaining boundaries. Understanding the potential risks in social media is a key competency for social media healthcare professionals. Knowing how to act in situations which may be risky is a critical skill for those who engage in innovative social media practice.</td>
<td>Perspectives:</td>
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<td>James Johnston, Vikram S Luthra, Jackson Mzizi and Alastair Cardno.</td>
<td>Medical psychotherapy consultation: psychoanalytic psychiatry for the patient and professional</td>
<td>Psychoanalytic Psychotherapy Volume 30, 2016 Issue 3</td>
<td>An NHS Mental Health Trust Medical Psychotherapy Consultation Service using psychoanalytic psychiatry to help the patient and professional is described. The Consultation Service established in 2000 is offered to secondary acute and community mental health teams and primary care. The service was evaluated as a basis for regional and national development. Between 2006 and 2013, 87 consultations from 210 were sampled to ascertain demographic and diagnostic profiles and outcomes of the consultation process. We conducted an online survey of local consultant psychiatrists’ views about the service, and undertook a thematic analysis of the free text comments. We also conducted a survey of members of the Royal College of Psychiatrists’ Medical Psychotherapy Faculty to ascertain whether similar consultation services existed elsewhere in the UK and had been evaluated. The Leeds model of psychoanalytic consultation – a ‘consultation sandwich’ – is described. From a psychoanalytic perspective, the work of consultation is seen as an extension of the dynamic field of the analytic situation. This paper develops the concept of a bastion – an omnipotent reserve in and between the patient and professional derived from adhesive identifications leading to stuck relationships. The adhesive identification in the patient and professional acts like a ‘grievance glue’ – a mutual manifestation in a last bastion of painful limitations not faced, losses not grieved.</td>
<td>Journal Article</td>
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<td>Anuradha Menon, Claire Flannigan and James Johnston.</td>
<td>Burnout or heartburn? A psychoanalytic view on staff Burnout in the context of service transformation in a crisis service in Leeds.</td>
<td>Psychoanalytic Psychotherapy, October 2015, vol./Is. 29(4330-342), 0266-8734/1474-9734 (20 Oct 2015)</td>
<td>Crisis resolution and home treatment teams (CRHT) are integral to acute psychiatric services. This survey quantifies staff burnout using the MBI-HSS (Maslach Burnout Inventory) and notes sources of stress and satisfaction before (2012) and after (2013) service transformation of a CRHT in Leeds into a single point of access, with home treatment devolved to community teams. Moderate to high Burnout scores were observed over the study period, with a rise in the mean depersonalisation score from 5.8 to 7.2 over the study period. Contact with colleagues, work with patients and variety of work emerged as rewarding while themes of suicide and violence were most linked with stress, with clinicians reporting self-doubt in the face of difficult clinical decisions. Clinicians positively rated a weekly psychoanalytic reflective practice group. A pictorial representation of qualitative results uses psychoanalytic theory inconceptualising ‘skins’ around various aspects of the clinical setting, which then become impermeable in response to a patient in crisis when clinicians feel poorly supported by the changing organisation.</td>
<td>Journal Article</td>
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Last updated: August 2019 Next revised date: February 2020
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<th>Charles Phillip</th>
<th>Nadia Ekong, Mags Portman, Jennifer Muria, John Roche, Charles Phillip and Janet Wilson</th>
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<tr>
<td>Dec-15</td>
<td>Club drug use, sexual behaviour and STI prevalence in sexual health clinic attendees in a UK city</td>
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<td>Sexually Transmitted Infections, September 2015, vol.16, 9(A196), 1368-4979 (September 2015)</td>
<td>English</td>
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<td>Introduction Club drug (CD) use is increasing, but use in nonswinging heterosexuals and associations with sexual behaviour and STI prevalence is undocumented worldwide. Methods Sexual health clinic attendees aged &gt;16 years were invited to complete a questionnaire on sexual behaviour and drug use for two weeks per quarter in 2013-14. CD use was compared with age, sexuality, sexual behaviour and STI rates to determine any associations. Results 2332 questionnaires were analysed; mean age 27 (16-81) years; 52% male; 75% white British; 82.6% heterosexual; 11% MSM. Lifetime CD use was 38%; 36% of these had used in the past 4 weeks (active use). CD use was higher in MSM than heterosexuals, in heterosexual males than females, and in those &gt;25 years. Self-perceived risky sex was higher in MSM than heterosexuals using mephedrone (OR3.8 p = 0.0001), ecstasy, GHB and ketamine. MSM reported more difficulty in controlling their drug use (OR1.6 p = 0.02). Lack of condom use in the past 12 months in heterosexual CD users and non-users was the same, but CD users were more likely to have &gt;3 partners (OR2.3 p = 0.0001). Heterosexual CD active users were more likely to have had anal sex in the past 4 weeks (OR2.6 p = 0.0001); recent heterosexual anal sex was associated with chlamydia (OR2.41, p = 0.0007). There were no associations between lifetime or active use of CD and STI prevalence in heterosexuals (lifetime OR0.91, p = 0.54; active OR1.02, p = 0.94) or MSM (lifetime OR1.30, p = 0.35; active OR1.21, p = 0.63). Conclusion This is the first sexual health clinic study in the UK to assess CD use in all sexualities. Lifetime use of CD was high. CD use in heterosexuals was associated with higher risk sex but lifetime or recent CD use was not associated with a higher prevalence of STIs. STI acquisition is multifactorial and is not solely determined by CD use.</td>
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<th>Allan House</th>
<th>Sarah L. Alderson, Robbie Foy and Allan House.</th>
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<td>Dec-15</td>
<td>Understanding depression associated with chronic physical illness: a Q-methodology study in primary care.</td>
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<td>Detection of depression can be difficult in primary care, particularly when associated with chronic Illness. Patient beliefs may affect detection and subsequent engagement with management. Q-methodology can help to identify viewpoints that are likely to influence either clinical practice or policy intervention. To identify socially shared viewpoints of comorbid depression, and characterise key overlaps and discrepancies. A Q-methodology study of patients registered with general practices or community clinics in Leeds, UK. Patients with coronary heart disease or diabetes and depression from three practices and community clinics were invited to participate. Participants ranked 57 statements about comorbid depression. Factor analyses were undertaken to identify independent accounts, and additional interview data were used to support interpretation. Thirty-one patients participated; 13 (42%) had current symptoms of depression. Five accounts towards comorbid depression were identified: overwhelmed resources; something medical or within me; a shameful weakness; part of who I am; and recovery-orientated. The main differences in attitudes related to the cause of depression and its relationship with the patient's chronic illness, experience of shame, and whether medical interventions would help recovery. There are groups of patients who do not perceive a relationship between their depression and chronic illness; they may not understand the intention behind policy initiatives to identify depression during chronic illness reviews. Tailoring detection strategies for depression to take account of different clusters of attitudes and beliefs could help improve identification and personise management. British Journal of General Practice 2015.</td>
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| Prof John R Niedess, Alexandra Gardner, Jennifer Randall, Merryn Vossey, Elizabeth Tunbridge, Christopher Hinds, Ly Mei Yu, Jane Hanseworth, Mary Jane Attenburrow, Prof Judith Simon, Prof Guy M Goodwin and Prof Paul J Harrison |
|----------------|--------------------------------------------------------------------------------------------------|
| Dec-15 | Comparative evaluation of quetiapine plus lamotrigine combination versus quetiapine monotherapy (and folic acid versus placebo) in bipolar depression (CEQUEL): a 2 × 2 factorial randomised trial |
| The Lancet Psychiatry , Volume 3, Issue 1, 31 - 39 | English |
| Background Depressive symptoms are a major cause of disability in bipolar disorder and there are safe and effective treatments. The combination of lamotrigine plus quetiapine potentially offers improved outcomes for people with bipolar depression. We aimed to determine if combination therapy with quetiapine plus lamotrigine leads to greater improvement in depressive symptoms over 12 weeks than quetiapine monotherapy plus lamotrigine placebo. Methods - In this double-blind, randomised, placebo-controlled, parallel group, 2 × 2 factorial trial (CEQUEL), patients with DSM-IV bipolar disorder I or II, who were aged 16 years or older, and required new treatment for a depressive episode, were enrolled from 27 sites in the UK. Patients were randomly assigned (1:1) by an adaptive minimisation algorithm to lamotrigine or placebo and to folic acid or placebo. Participants and investigators were masked to the treatment groups. The primary outcome was improvement in depressive symptoms at 12 weeks with the Quick Inventory of Depressive Symptomatology—self-report version 16 (QIDS-SR16). Analysis was by modified intention-to-treat. This trial is registered with EURACT, number 2007-004513-33. Findings - Between Oct 21, 2008, and April 27, 2012, 202 participants were randomly assigned; 101 to lamotrigine and 101 to placebo. The mean difference in QIDS-SR16 total score between the group receiving lamotrigine versus the placebo group at 12 weeks was −1.73 (95% CI −3.57 to 0.11; p=0.066) and at 52 weeks was −2.69 (−4.89 to −0.49; p=0.017). Folic acid was not superior to placebo. There was a significant interaction (p=0.028), with folic acid reducing the effectiveness of lamotrigine at 12 weeks. The mean difference on QIDS-SR16 was −4.14 (95% CI −6.90 to −1.37; p=0.004) for patients receiving lamotrigine without folic acid compared with 0.12 (−2.58 to 2.82; p=0.931) for those receiving lamotrigine and folic acid. Interpretation - Addition of lamotrigine to quetiapine treatment improved outcomes. Folic acid seems to nullify the effect of lamotrigine. CEQUEL should encourage clinicians and patients to consider lamotrigine for bipolar depression, but also to be aware that concurrent folic acid might reduce its effectiveness. |

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<th>Lyndsey Jayne Charles</th>
<th>Lyndsey Jayne Charles</th>
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<td>Dec-15</td>
<td>TQM8: Supporting learning disability allied health professionals</td>
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<th>Journal: EMBASE</th>
<th>Available from BMJ Journals (journals.bmj.com)</th>
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<td>Journal: Lancet</td>
<td>Available from The Lancet (<a href="http://www.thelancet.com">www.thelancet.com</a>)</td>
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Background: Individuals with a learning disability (LD) are at higher risk of developing type 2 diabetes, but LD is not straightforward to define or identify, especially at the milder end of the spectrum, which makes case finding difficult. While supported self-management of health problems is now established, current material is largely educational and didactic with little that facilitates behavioural change. The interaction between the person with diabetes and others supporting their care is also largely unknown. For these reasons, there is considerable work needed to prepare for a definitive trial. The aim of this paper is to publish the abridged protocol of this preparatory work.

Methods/Design: Phase I is a prospective case-finding study (target n = 120 to 350) to identify and characterise potential participants, while developing a standardised supported self-management intervention. Phase II is a randomised feasibility trial (target n = 80) with blinded outcome assessment. Patients identified in Phase I will be interviewed and consented prior to being randomised to (1) standard treatment, or (2) supported self-management. Both arms will also be provided with an easy to access information resource on managing type 2 diabetes. The intervention will be standardised but delivered flexibly depending on patient need, including components for the participant, a supporter, and shared activities.

Outcomes will be (i) robust estimates of eligibility, consent and recruitment rates with refined recruitment procedures; (ii) characterisation of the eligible population; (iii) a standardised intervention with associated written materials; (iv) adherence and negative outcomes measures; (v) preliminary estimates of adherence, acceptability, follow-up and missing data rates, along with refined procedures; and (vi) description of standard treatment.

Discussion: Our study will provide important information on the nature of type 2 diabetes in adults with LD living in the community, on the challenges of identifying those with milder LD, and on the possibilities of evaluating a standardised intervention to improve self-management in this population.

Trial registration: Current Controlled Trials ISRCTN41897033 (registered 21 January 2013). Keywords: Randomised controlled trial, Self-management, Learning disability, Type 2 diabetes.
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<th>Name</th>
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<td>Dr Robert Baskind, Dr Joe Johnson and Anneka Tomlinson.</td>
<td>Dec-14 Neurocognitive deficits in adult ADHD: preclinical and clinical studies</td>
<td>English</td>
<td>Aims: Adults with ADHD often have difficulties in recognizing emotions from facial expressions. However, it is not known whether medication treatment can normalize these deficits. In this study we aimed to investigate firstly, whether treatment with methylphenidate improves emotion recognition in adult ADHD patients. Secondly, investigate emotion recognition abilities of adult ADHD patients compared with a healthy control group. Finally we aim to explore if emotion recognition impairments are as a result of a general cognitive dysfunction or are a specific impairment in social perception.</td>
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<td>David Yeomans</td>
<td>Dec-14 Clustering in mental health payment by results: A critical summary for the clinician</td>
<td>English</td>
<td>Mental health payment by results (PHR) is a disruptive new prospective payment system intended to replace National Health Service block contracts in England and provide a mechanism for opening up the mental health economy. Patients are allocated to one of 21 treatment clusters, each with a different price or tariff. Clinicians perform cluster allocation using the Mental Health Clustering Tool. The clustering process makes demands on clinicians’ time even with support from information systems. Clustering is novel and it is unclear how it will work in practice. The process is likely to be susceptible to gaming.</td>
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<td>William Rhys Jones and John F Morgan</td>
<td>Dec-14 Balancing risk requires a balanced approach: Commentary on…Severe and enduring eating disorders: Recognition and management</td>
<td>English</td>
<td>Paul Robinson’s article provides an excellent summary of some of the challenges faced by clinicians working with patients with severe and enduring eating disorders (SEED) and outlines a robust approach to the recognition and management of this complex group of patients. This commentary expands on some of the points raised, adds some further views and suggests a tailored approach to establishing a therapeutic alliance with patients and carers.</td>
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<td>Barry Wright and Lucy Tindall</td>
<td>Dec-14 Computerised cognitive behaviour therapy for depression in adolescents: Study protocol for a feasibility randomised controlled trial</td>
<td>English</td>
<td>Introduction: The 1-year prevalence of depression in adolescents is about 2%. Treatment with antidepressant medication is not recommended for initial treatment in young people due to concerns over high side effects, poor efficacy and addictive potential. Evidence suggests that cognitive behaviour therapy (CBT) is an effective approach for depression and is currently one of the main treatment options recommended in adolescents. Given the affinity young people have with information technology they may be treated effectively, more widely and earlier in their illness evolution using computer administered CBT (CCBT). Currently little is known about the clinical and resource implications of implementing CCBT within the National Health Service for adolescents with low mood depression. We aim to establish the feasibility of running a fully powered randomised controlled trial (RCT). Methods and analysis: Adolescents aged 12-18 with low mood depression, (scoring &gt;20 on the Mood and Feelings Questionnaire (MFQ)), will be approached to participate. Consenting participants will be randomised to either a CCBT programme (Stressbusters) or accessing information technology they may be treated effectively, more widely and earlier in their illness evolution using computer administered CBT (CCBT). Currently little is known about the clinical and resource implications of implementing CCBT within the National Health Service for adolescents with low mood depression. We aim to establish the feasibility of running a fully powered randomised controlled trial (RCT). Methods and analysis: Adolescents aged 12-18 with low mood depression, (scoring &gt;20 on the Mood and Feelings Questionnaire (MFQ)), will be approached to participate. Consenting participants will be randomised to either a CCBT programme (Stressbusters) or accessing selected websites providing information about low mood depression. The primary outcome measure will be the Beck Depression Inventory (BDI). Participants will also complete generic health measures (EQ5D-Y; HUI2) and resource use questionnaires to examine the feasibility of cost effectiveness analysis. Questionnaires will be completed at baseline, 4 and 12-month follow-ups. Progress and risk will be monitored via the MFQ administered at each treatment session. The acceptability of a CCBT programme to adolescents; and the willingness of clinicians to recruit participants and of participants to be randomised, recruitment rates, attrition rates and questionnaire completion rates will be collected for feasibility analysis. We will estimate ‘numbers needed’ to plan a fully powered RCT of clinical and cost-effectiveness. Ethics and dissemination: The current trial protocol received a favourable ethical opinion from Leeds (West) Research and Ethics Committee. (Reference: 10/H1307/137). Trial registration number: ISRCTN12119579.</td>
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<td>Barry Wright, David Marshall, Lisa Hackney and Rebecca Hargate</td>
<td>Autism Spectrum Social Stories In Schools Trial (ASSIST): study protocol for a feasibility randomised controlled trial analysing clinical and cost-effectiveness of Social Stories in mainstream schools.</td>
<td>English</td>
<td>INTRODUCTION: Current evidence suggests that Social Stories can be effective in tackling problem behaviours exhibited by children with autism spectrum disorder. Exploring the meaning of behaviour from a child's perspective allows stories to provide social information that is tailored to their needs. Case reports in children with autism have suggested that these stories can lead to a number of benefits including improvements in social interactions and choice making in educational settings. METHODS AND ANALYSIS: The feasibility of clinical and cost-effectiveness of a Social Stories toolkit will be assessed using a randomised control framework. Participants (n=50) will be randomised to either the Social Stories intervention or a comparator group where they will be read standard stories for an equivalent amount of time. Statistics will be calculated for recruitment rates, follow-up rates and attrition. Economic analysis will determine appropriate measures of generic health and resource use categories for cost-effectiveness analysis. Qualitative analysis will ascertain information on perceptions about the feasibility and acceptability of the intervention. ETHICS AND DISSEMINATION: National Health Service Ethics Approval (NHS; ref 11/YH/0340) for the trial protocol has been obtained along with NHS Research and Development permission from Leeds and York Partnership NHS Foundation Trust. All adverse events will be closely monitored, documented and reported to the study Data Monitoring Ethics Committee. At least one article in a peer reviewed journal will be published and research findings presented at relevant conferences. TRIAL REGISTRATION NUMBER: ISRCTN96286707. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <a href="http://group.bmj.com/group/rights-licensing/permissions">http://group.bmj.com/group/rights-licensing/permissions</a>. Note: Original Date Completed: 20140710</td>
</tr>
<tr>
<td>Nick D Hart and Lorna Robbins</td>
<td>Imagine your bedroom is the entrance to the zoo: Creative relaxation - Exploring and evaluating the effectiveness of a person-centred programme of relaxation therapies with adults with a mild to moderate intellectual disability.</td>
<td>English</td>
<td>Over an 18-month period, a group of adult service users with mild to moderate learning disabilities referred to the Leeds and York Partnership NHS Foundation Trust, and who were identified as suffering from anxiety-related disorders, attended a 12-week course of relaxation therapy and the results recorded. To remain true to person-centred values, a creative approach was taken in delivery of the core relaxation techniques. Three core techniques were used: controlled breathing; guided imagery; and progressive muscle relaxation. These were creatively adapted to each individual. Results were recorded using the Clinically Useful Anxiety Outcome Scale (CUOXIS) measurement tool and pulse readings taken using a pulse oximeter. The results indicated an overall decrease in physical and psychological symptoms of anxiety. It was concluded that relaxation therapy can be beneficial to this client group, especially when used in a creative and person-centred way. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</td>
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<tr>
<td>Michael Dixon and Caroline Dada</td>
<td>How oximetry patients can be monitored safely and effectively</td>
<td>English</td>
<td>Not available</td>
</tr>
<tr>
<td>Christopher Todd, Justine Raynsford and Kay Radcliffe</td>
<td>Borderline personality disorder: Management</td>
<td>English</td>
<td>The pharmacological management of borderline personality disorder is controversial as the effectiveness of treatment is disputed. NICE recommends that drug treatment is not used specifically for borderline personality disorder, but it can be used as a short-term measure in times of crisis and to treat comorbid conditions. Patients with borderline personality disorder are at increased risk of self-harm, and drug treatment is not appropriate for patients at high risk of overdose. Dialectical behaviour therapy (DBT) is recommended by NICE for women with borderline personality disorder.</td>
</tr>
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Clinical psychologists’ views of intensive interaction as an intervention in learning disability services.

**Clinical Psychology & Psychotherapy**, September 2014, vol./is. 21/6(403-10), 1063-3999:1099-0879 (2014 Sep-Oct)

**UNLABELLED**: Intensive Interaction was initially developed in the 1980s as an educational approach for developing social communication and engagement with people with severe or profound intellectual disabilities and/or autism. Intensive Interaction has subsequently been adopted by a range of practitioners and professionals working in learning disability services and has a broad multi-disciplinary acceptance, being recommended in a number of UK governmental guidance documents. Despite this, there has been limited work on developing a deeper psychological understanding of the approach. This study utilises a qualitative description/thematic analysis approach to explore how clinical psychologists conceptualise the approach with regard to currently accepted psychological theories, as well as looking at other factors that influence their adoption and advocacy. The sample deliberately consisted of eight NHS (National Health Service) clinical psychologists known to be using or advocating the use of Intensive Interaction with people with a learning disability. The results of this study indicate that although the participants referred to some theories that might explain the beneficial outcomes of intensive interaction, these theories were rarely explicitly or clearly referred to, resulting in the authors having to attribute specific theoretical positions on the basis of inductive analysis of the participants’ responses. Moreover, the participants provided varying views on how intensive interaction might be conceptualised, highlighting the lack of a generally accepted, psychologically framed definition of the approach. In conclusion, it was felt that further research is required to develop a specifically psychological understanding of intensive interaction alongside the formation of a Special Interest Group, which might have this task as one of its aims. KEY PRACTITIONER MESSAGES: There appeared to be a limited recognition amongst the participants of the specific psychological theories that can be seen to explain the beneficial outcomes of intensive interaction. The participants were found to differ in how they explained the approach and typically used every day “non-psychological” language or individual concepts/terms rather than clearly or extensively referencing particular theoretical models. The participants appeared to differ in the range of clients who they thought might benefit from intensive interaction. An intensive interaction special interest group, which includes clinical psychologists, should be set up to instigate psychologically informed theory development and research with the broader aims of fostering greater understanding and adoption of intensive interaction within services for people with severe or profound intellectual disabilities and/or autism. Copyright 2013 John Willey & Sons, Ltd.

David Protheroe

Study design: Sacral nerve stimulation versus the FENIXTM magnetic anal sphincter for adult faecal incontinence: A randomised investigation (SaFaRI)

**Colorectal Disease**, July 2014, vol./is. 16(197), 1462-910 (July 2014)

**Introduction**: Fecal incontinence (FI) is a physically and psychologically disabling condition, affecting 5-10% of the adult population. NICE guidance (2007) recommends surgical intervention, including sacral nerve stimulation (SNS), where initial conservative management has failed. The FENIXTM magnetic anal sphincter (MAS) has recently been introduced into clinical practice. It consists of a flexible band of interlinked titanium beads with magnetic cores, placed around the anal canal to augment sphincter tone through passive bead attraction. Preliminary data suggests that the FENIXTM MAS is safe with promising, but limited, data on efficacy. Rigorous evaluation of this new technology is now required. **Method**: An NHS HTA funded UK multi-centre, parallel group, randomised clinical trial is in setup to investigate the FENIXTM MAS, as compared to SNS, for adult FI resistant to conservative management. At least 20 centres, who are ACPG&I members and experienced in the treatment of FI, will recruit a total of 350 patients randomised equally to receive either SNS or FENIXTM MAS. Quality of life, cost-effectiveness and complications will be assessed at 3 weeks, 6-, 12- and 18-months post-randomisation. Patients will also be reviewed at 2-weeks post-operatively. The primary endpoint will be the proportion of patients with the device in-situ at 18-months and experiencing >50% improvement in the FES scores. Secondary endpoints will include complications, quality of life and cost-effectiveness. Results: There is no result available yet. Conclusion: SaFaRI will allow a timely and rigorous evaluation of a new technology, the FENIXTM MAS, as it is introduced into NHS clinical practice. The results will inform the future management of adult FI.

David Protheroe

Establishing a nurse-based psychiatric CL service in the accident and emergency department of a general hospital in Germany.

**Der Nervenarzt**, September 2014, vol./is. 85(6)(217-1224), 0286-2804:1433-0407 (Sep 2014)

**Introduction**: Patients with mental health problems in accident and emergency departments (A&E) are frequent users of healthcare services. Nursing staff with regard to the management of psychiatrically ill patients. Conclusion: Nurse-based psychiatric CL-services in A&E departments were introduced to the A&E of the Konigin Elisabeth Herzberge (KEH) general hospital in the city of Berlin. Pathways for the nurses’ tasks were developed and patient data collected from May 2008 till May 2009. An evaluation by questionnaires of attitudes towards the service of A&E staff and psychiatrists of the hospital’s psychiatric department was performed at the end of this period. Results: Although limited by German law that many clinical decisions to be performed by physicians only, psychiatric CL-nurses can work successfully in an A&E if prepared by special training and supervised by a CL-psychiatrist. The evaluation of the service showed benefits with respect to satisfaction and skills of staff with regard to the management of psychiatrically ill patients. Conclusion: Nurse-based psychiatric CL-services in A&E departments of general hospitals, originally developed in English-speaking countries, can be adapted for and implemented in a European country like Germany. (PsychoINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)
Factor analysis of treatment outcomes from a UK specialist addiction service. Relationship between the Leeds Dependence Questionnaire, Social Satisfaction Questionnaire and 10-item Clinical Outcomes in Routine Evaluation.


Introduction and Aims: To examine the relationship between three outcome measures used by a specialist addiction service (UK): the Leeds Dependence Questionnaire (LDQ), the Social Satisfaction Questionnaire (SSQ) and the 10-item Clinical Outcomes in Routine Evaluation (CORE-10). Design and Method: A clinical sample of 715 service user records was extracted from a specialist addiction service (2011) database. The LDQ (dependence), SSQ (social satisfaction) and CORE-10 (psychological distress) were routinely administered at the start of treatment and again between 3 and 12 months post-treatment. A mixed pre-post-treatment dataset of 526 service users was subjected to exploratory factor analysis. Parallel Analysis and the Hull method were used to suggest the most parsimonious factor solution. Results: Exploratory factor analysis with three factors accounted for 66.2% of the total variance but Parallel Analysis supported two factors as sufficient to account for observed correlations among items. In the two-factor solution, LDQ items and nine of the 10 CORE-10 items loaded on the first factor >0.41, and the SSQ items on factor 2 with loadings >0.63. A two dimensional summary appears sufficient and clinically meaningful. Discussion and Conclusions: Among specialist addiction service users, social satisfaction appears to be a unique construct of addiction and is not the same as variation due to psychological distress or dependence. Our interpretation of the findings is that dependence is best thought of as a specific psychological condition subsumed under the construct psychological distress. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Developing a web-based intervention to increase motivation to change and encourage uptake of specialist face-to-face treatment by hospital inpatients: Change Drinking.

Drug and Alcohol Review, November 2014, vol./is. 33/6(674-677), 0959-5236(2014-3362) (Nov 2014) English

Introduction and Aim: Problem drinking is rarely identified unless health care professionals are specifically instructed to assess alcohol consumption. Individualised web-based alcohol interventions provide opportunities to enhance screening and early identification. We aimed to create a web-based brief personalised feedback intervention to enable client-centred screening and self-referral by problem drinkers recently admitted to hospital. Design and Methods: To increase transparency of the development process, this short report describes the theoretical underpinnings and development of ChangeDrinking including identification of needs and matching with resources, screening tool selection, and look and feel. Results: The website structure and content was modelled on motivational dialogue. ChangeDrinking is closely coupled to an independent questionnaire management system; this architecture enables internal logic to allow branching based on dynamic user inputs. The motivational underpinnings led to development of personalised predetermined dialogue with strong theory-practice links. Applying principles of conveying empathy and reflection was challenging within the confines of a predetermined dialogue. Reflective listening in ChangeDrinking does not extend to inviting statements of resistance to be entered. Discussion and Conclusions: ChangeDrinking has become an optional component of routine treatment for patients with an alcohol-related admission to two large UK National Health Service general hospitals. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Effectiveness of a nurse led hospital in-reach team and assertive follow-up of frequent attenders with alcohol misuse complications – a retrospective mirror image evaluation.

Drugs & Alcohol Today, October 2014, vol./is. 14/4(187-193), 17459265 English

Purpose - Physical comorbidities of alcohol misuse are common and result in frequent attendance to hospitals with estimated £3.5bn annual cost to the NHS in England. The purpose of this paper is to evaluate the effect of the hospital in-reach team of the Leeds Addiction Unit (LAU) in reducing hospital service utilization in people with alcohol dependence. Design/methodology/approach - This is a retrospective cohort study, with a mirror-image design. The authors included all patients who had wholly alcohol attributable admission(s) to Leeds Teaching NHS Hospitals Trust (LTHT) during a four-month period between January and April 2013 and received treatment from LAU. The primary outcome measures were changes in A and E attendance (A&E) attendances, number of hospital admissions and days spent in hospital between the three months before and after the LAU intervention. Findings - During the four-month period, there were 1,711 wholly alcohol attributable admissions related to 1,145 patients. LAU saw 285 patients out of them 49 who had wholly alcohol attributable admissions engaged in treatment with LAU. Of those who engaged with LAU (67.3 per cent) had fewer A&E attendances, 39 (69.4 per cent) had fewer admissions and 39 (80 per cent) spent fewer days in hospital in the three months after compared to three months before. There was a significant reduction in total number of hospital admissions (78 vs 41, mean=-1.56 vs 0.82, p<0.001) and days spent in hospital (490 vs 146, mean=-9.8 vs 2.92, p<0.001).

Originality/value - This mirror-image study suggests that an alcohol hospital in-reach team could be effective in reducing acute hospital service utilization by engaging with the frequent attenders with alcohol misuse complications.
Sarah Thurgood, Helen Crosby, Duncan Raistrick and Gillian Tobi

Aims: The aim of this study was to investigate the views of service users (SUs), family and friends on what constitutes a good outcome for the treatment of substance misuse problems. Methods: Six focus groups were arranged to explore and identify important elements of good outcome. Transcripts of the focus groups were analysed using thematic analysis. The content of the main theme, good outcome, was cross checked with SUs and the four authors. The main theme was analysed further into sub-themes. Findings: Participants were 24 SUs and 12 family and friends recruited from specialist drug and alcohol services. The participants represented a broad range of treatment journey experiences in a variety of treatment modalities. A total of 20 outcome elements were elicited and categorised into seven sub-themes: abstinence, health, activities, relationships, social circumstances, self-awareness and wellbeing of family and friends. Conclusions: This focus of the study was on the ideal outcome rather than intermediate outcomes that might be valuable as individual treatment goals. Considerable weight was placed by both SUs and their family and friends, on abstinence and ways of maintaining abstinence. (PsychoINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Conor Davidson, Nick Greenwood, Alison Jane Stansfield and Stephen Wright

BACKGROUND: There is a lack of systematic studies into comorbidity of Asperger syndrome and psychosis. AIM: To determine the prevalence of Asperger syndrome among patients in an early intervention in psychosis service. METHODS: This study was a cross-sectional survey consisting of three phases: screening, case note review and diagnostic interviews. All patients on caseload (n=197) were screened using the Autism Spectrum Disorder in Adults Screening Questionnaire. The case notes of patients screened positive were then reviewed for information relevant to Asperger syndrome. Those suspected of having Asperger syndrome were invited for a diagnostic interview. RESULTS: Thirty patients were screened positive. Three of them already had a diagnosis of Asperger syndrome made by child and adolescent mental health services. After case note review, 13 patients were invited to interview. Four did not take part, so nine were interviewed. At interview, four were diagnosed with Asperger syndrome. In total, seven patients had Asperger syndrome. Thus, the prevalence rate in this population is at least 3.6%. CONCLUSIONS: The results suggest that the prevalence of Asperger syndrome in first-episode psychosis is considerably higher than that in the general population. Clinicians working in early intervention teams need to be alert to the possibility of Asperger syndrome when assessing patients. Copyright 2013 Wiley Publishing Asia Pty Ltd.

John F Morgan
Dec-14 Body checking and avoidance in low weight and weight restored individuals with anorexia nervosa and non-clinical females. Eating Behaviors, January 2014, vol./is. 15/(5-8), 1471-0150 (Jan 2014) English

Body dissatisfaction (BD) is central to the development, maintenance and relapse of anorexia nervosa (AN). BD has been conceptualized as a multi-dimensional construct incorporating behaviours, cognitions and affect, yet little is known about the impact of weight and disordered eating on these aspects. 56 below DSM-V weight criteria for AN (bBMI 17.5 kg/m2) and 44 ‘above DSM-V weight criteria for AN (bBMI 17.5 kg/m2) individuals currently receiving treatment for an eating disorder, and 60 non-disordered females completed the Body Checking Scale, Body Image Avoidance Questionnaire and the Body Image Anxiety Questionnaire. As expected, females diagnosed with AN showed significantly more avoidance and affective body dissatisfaction than the control group. Patients at lower weights showed significantly more avoidance behaviours and less body image anxiety than those with anorexia at higher weights. No difference was seen in checking behaviours between these groups. Weight based differences in avoidance behaviours continued to exist even when the effects of anxiety were controlled for. Affective and behavioural aspects of BD should be considered in clinical practice at all stages of treatment. (PsychoINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

John F Morgan

Recent research has emphasised the importance of therapeutic alliance to treatment outcomes for anorexia nervosa. This study aimed to examine the experiences of service users in developing therapeutic alliance whilst in treatment for their eating disorders. This qualitative study, using purposive sampling, recruited a sample of service users receiving treatment at a national eating disorder services. In-depth interviews were audiotaped and transcribed, with transcripts being subject to interpretative phenomenological analysis. Participants were eight adult women receiving tertiary level eating disorder treatment in a specialist setting. The text analysis produced four dominant categories: alliance as a key experience; being active, not passive; taboo talking; and first impressions count. The development of therapeutic alliance is a core component of this treatment. This study identifies important areas that contribute to the successful cultivation of positive therapeutic alliance. (PsychoINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

John F Morgan and Saedeh Saedi

Objective: To determine the efficacy of 10 session body image therapy (BAT-10) in the treatment of anorexia nervosa with adherence to the methodological guidance for complex interventions. Method: Fifty-five adult inpatients with anorexia nervosa at two national centres received the group-based manualised body image therapy (BAT-10). BAT-10 was refined, developed and evaluated over two decades, by using the mindfulness-based cognitive behavioural therapy, including mirror exposure. Outcomes were evaluated using Body Checking Questionnaire, Body Image Avoidance Questionnaire, Physical Appearance State and Trait Anxiety Scale, Eating Disorders Examination Questionnaire and Quality of Life in Eating Disorders. Participant experience was evaluated qualitatively by an interpretative phenomenological analysis. Results: Ten session body image therapy achieved highly statistically significant changes in body checking, body avoidance and anxiety, as well as shape concern and weight concern, without the between-therapist effects. The quality of life improved greatly but not in relation to the psychological subcategory. Discussion: Ten session body image therapy delivers behavioural and cognitive improvements in body image in the short-term, suggesting an effective, feasible and acceptable manual-based therapy. (PsychoINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Vanessa Huke, Saedeh Saedl and John F Morgan.


English Objective This study examined autism spectrum disorder (ASD) features in relation to treatment completion and eating disorder psychopathology in anorexia nervosa (AN). Method Thirty-two adult women were recruited from specialist eating disorder services. Features of ASD and disordered eating were measured. Premature termination of treatment was recorded to explore whether ASD traits had impact on early discharge. A healthy control group was also recruited to investigate ASD traits between clinical and nonclinical samples. Results Significant differences were found between the AN group and the healthy control group in obsessive-compulsive disorder traits, depression and anxiety and ASD traits, with significant differences between groups in Social Skill and Attention Switching. The AN group reported no significant relationship between disordered eating severity and ASD traits. No significant effect was found between ASD features and treatment completion. Discussion Raw data on premature termination of treatment, despite no statistic impact, showed that seven out of the eight participants with high features of ASD completed treatment as planned compared with 50% of those with low ASD traits. Unexpectedly, this suggests enhanced treatment adherence in ASD. Copyright 2013 John Wiley & Sons, Ltd and Eating Disorders Association.

Paul Blenkiron, A Brooks, R Dearden and J McVey.


English OBJECTIVE: The National Institute for Health and Care Excellence recommends the use of structured tools to improve holistic care for patients with cancer. The Distress Thermometer and Problem Checklist (DT) is commonly used for screening in physical health settings. However, it has not been integrated into the clinical pathway within specialist psycho-oncology services. We used the DT to examine the broad clinical effectiveness of psycho-oncology intervention and to ascertain factors from the DT linked to an improved outcome. We also evaluated patients' satisfaction with their care. METHOD: We asked 111 adult outpatients referred to York Psycho-Oncology Service to complete the DT at their first appointment. Individuals offered a period of psycho-oncology care re-rated their emotional distress, problems and service satisfaction on the DT at discharge. RESULTS: Median distress scores decreased significantly (from 6 to 4, Wilcoxon's z=-4.83, P<.001) indicating a large clinical effect size (Cohen's d=1.22). Frequency of emotional problems (anxiety, depression and anger) fell significantly by 15-24% despite no significant change in patients' physical health or practical problems. Number of emotional problems was the best predictor of distress at discharge (beta=0.468, P<.002). Satisfaction was high and correlated with lower distress scores (r=-0.42, P=.005) and fewer emotional problems (r=-0.31, P=.04) at discharge but not with number of appointments attended. Qualitative thematic analysis showed patients particularly value supportive listening and advice on coping strategies from professionals independent of their physical care. CONCLUSION: The DT is an acceptable and useful tool for enhancing the delivery of structured psycho-oncology care. It may also provide evidence to support the effectiveness of specialist psycho-oncology interventions. Copyright 2014 Elsevier Inc. All rights reserved.

John F Morgan.

Dec-14 Confirmatory Factor Analysis of Two Eating Disorder Symptom Impact Scale (EDSIS) and Accommodation and Enabling Scale for Eating Disorders (AESED) are self-report scales to assess elements of caregiving theorised to contribute to the maintenance of an ED. Further validation and confirmation of the factor structures for these scales are necessary for rigorous evaluation of complex interventions which target these modifiable elements of caregiving. Method: EDSIS and AESED data from 268 carers of people with anorexia nervosa (AN), recruited from consecutive admissions to 15 UK inpatient or day patient hospital units, were subjected to confirmatory factor analysis to test model fit by applying the existing factor structures: (a) four-factor structure for the EDSIS and (b) five-factor structure for the AESED. Results: Confirmatory factor analytic results support the existing four-factor and five-factor structures for the EDSIS and the AESED, respectively. Discussion: The present findings provide further validation of the EDSIS and the AESED as tools to assess modifiable elements of caregiving for someone with an ED.
### John Rocher

**N E Kong, M Portman, C Phillips, J Rocher and J Wilson.**

**Dec-14**

**Sex, drugs and STIs**

**HIV Medicine, April 2014, vol./is. 15(14), 1464-2662 (April 2014)**

**English**

**Background:** The link between club drug use and high risk sexual behaviour! STIs in MSM is well documented. The Global Drug Survey 2013 studied links between drug use and sexual risk but links with STIs in heterosexuals in the UK is undocumented. Aims: Study club drug use in all attendees of a city centre Sexual Health (SH) clinic outside London; Determine if club drug use is associated with higher risk sexual behaviour; Establish if club drug users have higher rates of STIs Methods: Consecutive patients attending clinic were invited to complete a questionnaire on their sexual behaviour, alcohol and drug use. Rates of drug use were compared across age, sexuality, sexual behaviour and STI rates. Results: An interim analysis of this ongoing study includes 614 respondents. Mean age was 28y, 51% respondents were male; 21% MSM, 5% respondents were HIV+. 4% reported injecting drug use - 79% of which was steroid use. 41% heterosexuals reported anal sex (AI); 5% respondents had paid for sex. There was high club drug (cocaine, mephedrone, ecstasy, GBL, ketamine) use by all; 41% had ever used a club drug, but of these only 28% had used in the past month. There was no difference in drug use by age (<25 v >25 years), and sexuality except for GBL, where use was significantly higher in MSM (OR 2.79; p=0.04) and bisexuals (OR 5.59; p=0.01) compared to heterosexuals. Heterosexuals reporting club drug use were more likely to have AI (OR 3.02; p=0.001). Drug users were more likely to have unprotected sex and >3 partners in the past year (OR 8.55; p=0.006). Self-reporting of unprotected risky sex with GBL, cocaine and ecstasy was higher in heterosexuals (67%, 81%, 77%) than MSM (33%, 14%, 15% respectively). The rate of STIs was higher in club drug users than non-users in MSM (38% v 17%; OR 6.15, p=0.03) and heterosexuals (14% v 9%) but not significantly so. Only 9% admitted difficulty in controlling their substance use and 13% wanted to reduce intake. Conclusion: This is the first study to look at club drug use, sexual behaviour and STIs in heterosexuals as well as MSM. Heterosexuals report equally high levels of club drug use as MSM. Club drug use in heterosexuals was associated with AI, more sexual partners and self-reporting of risky sex. Although rates of STIs were higher in club drug users this did not achieve significance. 72% of those who had ever used club drugs reported not having used drugs in the past month. This may suggest that current users are not attending sexual health services.

### Louise Bergin

**B J Pritchard, Louise Bergin and T D Wade.**

**Dec-14**

**A case series evaluation of a guided self-help for bulimia nervosa using a cognitive manual**

**International Journal of Eating Disorders, 01 September 2004, vol./is. 36/2(144-156), 02783478**

**English**

**OBJECTIVE:** The current study examined the usefulness of a new, cognitive-based self-help manual for bulimia nervosa.

**METHOD:** Twenty people were provided with assessment and six sessions of guided self-help using the manual. Participants were assessed for eating-related behaviors and attitudes and psychopathology at pretreatment, posttreatment, and at the 3-month follow-up. Assessment instruments included the Eating Disorder Examination, Symptom Checklist-90-Revised, Rosenberg Self-Esteem Scale, Screening Test for Co-morbid Personality Disorders, and The University of Rhode Island Change Assessment. Data from 15 people were available at pretreatment and from 13 people at follow-up.

**RESULTS:** Using intention-to-treat analyses, binge eating, vomiting, four of the five eating attitudes and self-esteem significantly improved between pretreatment and posttreatment. At follow-up, there was continued improvement on all measures, with the exception of binge eating.

**DISCUSSION:** Guided self-help using cognitive techniques is a promising first-line treatment for bulimia nervosa, with further evaluation required in a randomized, controlled trial with long-term follow-up.

### John F Morgan

**Richard Sly, Victoria A Mountford, John F Morgan and Robert John Lacey.**

**Dec-14**

**Premature termination of treatment for anorexia nervosa: Differences between patient-initiated and staff-initiated discharge.**

**International Journal of Eating Disorders, January 2014, vol./is. 47/1(40-46), 0278-3478,1098-108X (Jan 2014)**

**English**

**Objectives:** To investigate treatment dropout by comparing clinical indicators of patients whose discharge was initiated by staff with those who initiated discharge themselves. Method: Ninety participants with anorexia completed questionnaires at admission and four weeks into hospitalized treatment. Weight data was collected over this same period. At discharge, participants were categorized into completers (n = 38) or patient-initiated (n = 36) staff-initiated (n = 16) premature termination groups. Results: Significant differences between staff-initiated and patient-initiated discharge groups were found at admission. Staff initiated groups were on average older (p = 0.05). At 4 weeks those in the patient-initiated group had put on weight at a faster rate (p = 0.02) and reported a decrease in anxiety (p = 0.017). At discharge, staff initiated discharge demonstrated greater time in treatment (p = 0.011), greater weight gain (p = 0.027), and a higher discharge BMI (p = 0.031). At discharge, staff-initiated drop-outs had comparable end-of-treatment outcomes to those who completed treatment as planned. Discussion: There are key differences between those who prematurely discharge themselves from treatment, compared to those who are prematurely discharged by clinical staff. Future research into drop-out needs to take into account and recognize these differences. (PsychINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Duncan Raistrick, Noreen D Mdege, Duncan Raistrick and Graham Johnson.

Dec-14

Medical specialists’ views on the impact of reducing alcohol consumption on prognosis of, and risk of, hospital admission due to specific medical conditions: Results from a Delphi survey.

Rationale, aims and objectives: To find consensus, or lack thereof, on the impact of reducing alcohol consumption on prognosis and the risk of hospital admissions for a number of alcohol-attributable disorders. Methods: A modified two-round Delphi survey utilizing web-based questionnaires to collect quantitative and qualitative data was used. Alcohol treatment experts from cardiology, medicine, gastroenterology and oncology in the United Kingdom were invited to participate. The main outcomes were median impact ratings (on a scale of 1-9) and consensus (unanimous, strong, moderate, weak or no consensus). Results: Of 192 experts invited to participate, 59 completed first questionnaires. The overall retention rate to the second questionnaires was about 51% (30/59). There was strong support that reducing alcohol consumption could result in improvement in prognosis for gastrointestinal and emergency medicine patients; but uncertainty on the benefits for cardiology and oncology patients. Overall, the responses from the expert panel did not reflect the assumption that reducing alcohol consumption would result in benefits on hospital admissions for any of the specialties. The specialists viewed the severity of disorders as important when considering the impact of reducing alcohol consumption. Conclusions: The highest impact of treatment for problem drinking in hospitals is considered to be for alcohol-related disorders associated with gastroenterology and emergency medicine. At policy level, if targeted screening for alcohol problems by presenting disease or condition is the strategy of choice, it would be logical to implement screening and easily accessible interventions or addiction specialists within these areas where alcohol treatment is considered as having a high impact. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Duncan Raistrick and Gillian Tober

Dec-14

Attitudes of healthcare professionals in a general hospital to patients with substance misuse disorders

Journal of Subistence Use, 2014, vol./is. 20(1)/56-60, 1465-8891/1475-9942 (01 Feb 2015)

English

Aims and method: To repeat a survey (reported 2007) of the attitudes of staff in a general hospital setting towards working with people who have substance misuse problems. Therapeutic attitude and the frequency of undertaking tasks related to dealing with substance misuse problems were measured using a modified version of the Alcohol and Alcohol Problems Perception Questionnaire (AAPQC). The questionnaire was given to staff on wards in general hospitals where people with substance misuse problems are commonly admitted. Results: The questionnaire return rate of 24% was lower than 2007 and the possible reasons are discussed. Doctors, nurses and healthcare assistants all reported low levels of therapeutic commitment and lower than 2007. Older doctors scored the lowest and younger doctors highest. Brief training seemed to have a positive effect. Implications: The authors conclude that there should be a policy shift away from trying to “piggy-back” care of people with substance misuse problems onto practitioners in other clinical specialties. Although addiction problems are found in most areas of health and social care, the role of staff in treating addiction is limited-effective substance misuse treatment is best delivered by trained addiction practitioners.

Jo Mallinder, Jo Mallinder, Mark Lowton and Emma Joyes.

Dec-14

The impact of case formulation focussed consultation on criminal justice staff and their attitudes to work with personality disorder.


English

Purpose - The purpose of this paper was to examine the impact of a highly structured, formulation focussed consultation process on knowledge and attitudes towards personality disorder and on perceived practice with personality disordered offenders. Consultation was delivered by the Yorkshire/Humber regional Pathway Development Service (PDS). This pilot study sought to inform the development of this service and the support offered to probation Trusts across Yorkshire/Humber to implement the national Personality Disorder Offender Pathway. Design/methodology/approach - Consultation was offered to a number of offender managers working in the Yorkshire/Humber region. The impact of the consultation on their knowledge and understanding of personality disorder in general was examined as was their attitudes to working with this population and their perceived confidence and competence in delivering supervision to each individual. Findings - The findings from this small pilot study would suggest that the structured format used by the Yorkshire PDS was helpful in enhancing the probation officers' knowledge and understanding of personality disorder as well as their perceived confidence in and attitudes towards working with individuals with a personality disorder. Originality/value - The study indicates that the structured format used by the PDS is of value and may be applied to the support offered to probation Trusts across Yorkshire/Humber as they implement the community specification of the national Personality Disorder Offender Pathway. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Barry Wright

Paul Desingra, Dido Green, Barry Wright, Carla Rush, Masako Sparrowhawk, Karen Pratt, Victoria Algar, Naomi Hooke, Danielle Moore, Zenobia Zaiwalla and Luci Wiggs

Dec-14

Weighted blankets and sleep in autistic children. A randomized controlled trial.


English

OBJECTIVE: To assess the effectiveness of a weighted-blanket intervention in treating severe sleep problems in children with autism spectrum disorder (ASD). METHODS: This phase III trial was a randomized, placebo-controlled crossover design. Participants were aged between 5 years and 16 years 10 months, with a confirmed ASD diagnosis and severe sleep problems, refractory to community-based interventions. The interventions were either a commercially available weighted blanket or otherwise identical usual weight blanket (control), introduced at bedtime; each was used for a 2-week period before crossover to the other blanket. Primary outcome was total sleep time (TST) recorded by actigraphy over each 2-week period. Secondary outcomes included actigraphically recorded sleep latency, sleep efficiency, assessments of child behavior, family functioning, and adverse events. Sleep was also measured by using parent-report diaries. RESULTS: Conducted on 67 children who completed the study. Using objective measures, the weighted blanket, compared with the control blanket, did not increase TST as measured by actigraphy and adjusted for baseline TST. There were no group differences in any other objective or subjective measure of sleep, including behavioral outcomes. On subjective preference measures, parents and children favored the weighted blanket. CONCLUSIONS: The use of a weighted blanket did not help children with ASD sleep for a longer period of time, fall asleep significantly faster, or wake less often. However, the weighted blanket was favored by children and parents, and blankets were well tolerated over this period. Copyright 2014 by the American Academy of Pediatrics.

Journal Article

R & D

LYPFT list of published studies

Last updated: August 2019 Next revised date: February 2020

Aims and method People with severe mental illness (SMI) die relatively young, with mortality rates four times higher than average, mainly from natural causes, including heart disease. We developed a computer-based physical health screening template for use with primary care information systems and evaluated its introduction across a whole city against standards recommended by the National Institute for Health and Care Excellence for physical health and cardiovascular risk screening. Results A significant proportion of SMI patients were excluded from the SMI register and only a third of people on the register had an annual physical health check recorded. The screening template was taken up by 75% of GPs and was associated with better quality screening than usual care, doubling the rate of cardiovascular risk recording and the early detection of high cardiovascular risk. Clinical implications A computerised annual physical health screening template can be introduced to clinical information systems to improve quality of care.


Aims and method To investigate the use of additional conditions attached to community treatment orders (CTOs) and whether they influence the process of recall to hospital. We conducted a retrospective descriptive survey of the records and associated paperwork of all the CTOs started in the trust in the year from January 2010. Each CTO was followed up for 12 months. Results A total of 65 CTOs were included in the study; 25 patients were recalled during the study and all but one of these had their CTO revoked and remained in hospital. Each patient whose CTO was revoked had experienced a relapse in their condition. Many patients had not complied with CTO conditions prior to relapsing and could potentially have been recalled earlier. Clinical implications Our findings suggest that the breaches of additional CTO conditions does not tend to result in a patient’s recall to hospital. This has implications regarding how the workings of CTOs are explained to patients and regarding the utility of additional conditions more generally.


Aims and method: To determine values for reliable change and clinically significant change for the Leeds Dependence Questionnaire (LDQ) and Social Satisfaction Questionnaire (SSQ). The performance of these two measures with the Clinical Outcomes in Routine Evaluation (CORE)-10 as three dimension measures of addiction was then explored. Results: The reliable change statistic for both LDQ and SSQ was 54; the cut-offs for clinically significant change were LDQ ≤40 males, 45 females, and SSQ ≤56. There was no overlap of 95% CIs for means by gender between ‘well-functioning’ and pre- and post-treatment populations. Clinical implications: These data enable the measurement of clinically significant change using the LDQ and SSQ and add to the evidence for the performance of the LDQ, CORE-10 and SSQ as dimension measures of addiction. The CORE-10 and SSQ can be used as treatment outcome measures for mental health problems other than addiction. (PsychINFO Database Record (c) 2014 APA, all rights reserved) Journal Article MEDLINE Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)


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MIDSHIPS: Multicentre intervention designed for self-harm using interpersonal problem-solving: Protocol for a randomised controlled feasibility study

Paul Blenkiron, David Protheroe, Michelle Collinson, David Owens, Kayleigh Burton, Liz Graham, Simon Hatcher, Allan House, Katie Martin, Louise Pembroke, David Protheroe, Sandy Tukeff and Amanda Farrin

Background: Around 150,000 people each year attend hospitals in England due to self-harm, many of them more than once. Over 5,000 people died by suicide each year in the UK, a quarter of them having attended hospital in the previous year because of self-harm. Self-harm is a major identifiable risk factor for suicide. People receive variable care at hospital; many are not assessed for their psychological needs and little psychological therapy is offered. Despite its frequent occurrence, we have no clear research evidence about how to reduce the repetition of self-harm. Some people who have self-harmed show less active ways of solving problems, and brief problem-solving therapies are considered the most promising psychological treatments. Methods/Design: This is a pragmatic, individually randomised, controlled, feasibility study comparing interpersonal problem-solving therapy plus treatment-as-usual with treatment-as-usual alone, for adults attending a general hospital following self-harm. A total of 60 participants will be randomised equally between the treatment arms, which will be balanced with respect to the type of most recent self-harm event, number of previous self-harm events, gender and age. Feasibility objectives are as follows: a) To establish and field test procedures for implementing the problem-solving intervention; b) To determine the feasibility and best method of participant recruitment and follow up; c) To assess therapeutic delivery; d) To assess the feasibility of obtaining the definitive trial’s primary and secondary outcomes; e) To assess the perceived burden and acceptability of obtaining the trial’s self-reported outcome data; f) To inform the sample size calculation for the definitive trial. Discussion: The results of this feasibility study will be used to determine the appropriateness of proceeding to a definitive trial and will allow us to design an achievable trial of interpersonal problem-solving therapy for adults who self-harm. Trial registration: Current Controlled Trials (ISRCTN54086115). 2014 Collinson et al.; licensee BioMed Central Ltd.

The Clinical Implications of High Levels of Autism Spectrum Disorder Features in Anorexia Nervosa: A Pilot Study

Vanessa Huke, Jeremy Turk, Saeideh Saeidi, Andrew Kent and John F Morgan

Objective: This study examined autism spectrum disorder (ASD) features in relation to treatment completion and eating disorder psychopathology in anorexia nervosa (AN).

Method: Thirty-two adult women were recruited from specialist eating disorder services. Features of ASD and disordered eating were measured. Premature termination of treatment was recorded to explore whether ASD traits had impact on early discharge. A healthy control group was also recruited to investigate ASD traits between clinical and nonclinical samples.

Results: Significant differences were found between the AN group and the healthy control group in obsessive-compulsive disorder traits, depression and anxiety and ASD traits, with significant differences between groups in Social Skill and Attention Switching. The AN group reported no significant relationship between disordered eating severity and ASD traits. No significant effect was found between ASD features and treatment completion.

A pragmatic cluster randomised controlled trial of an oral health intervention for people with serious mental illness (three sites early intervention dental trial)

Hannah Jones, Clive Adams, Andrew Clifton, Patrick Callaghan, Peter Liddle, Heather Buchanan and Vishal Aggarwal

People with mental illness have poor oral health compared to those without due to medication side effects, issues with self-care, barriers to treatment and poor recognition of dental problems. Guidelines recommend giving oral health advice and monitoring oral health for people with mental illness, but this is not reflected in current practice and Cochrane reviews found no existing randomised trials of these interventions.

The aim is to investigate whether a dental checklist, preceded by dental awareness training for Care Co-ordinators in Early Intervention in Psychosis (EIP) teams, affects oral health and behaviour of people with serious mental illness.

The intervention (dental checklist) was adapted from guidelines with clinicians and service users. The checklist comprises questions regarding current oral health state and practice, and general mental state. EIP teams were randomly allocated to either the intervention or to continue with standard care for 12 months. Both arms of the trial were balanced for team size and location. Intervention team Care Co-ordinators received 30 minutes of dental awareness training before initial use of the checklist with their service users. Twelve months later the checklist is repeated. Control group Care Co-ordinators continue to deliver standard care for 12 months before receiving dental awareness training and using the checklist with service users.

This collaborative study design is unique. The simple intervention and method shows how a bottom-up design may work. These trials are potentially powerful and can produce interventions that, if effective, could be widely implemented with little time and cost implications.
David Yeomans  

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<th>Psychiatry beyond the current paradigm.</th>
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<td>Spanish</td>
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A series of editorials in this journal have argued that psychiatry is in the midst of a crisis. The various solutions proposed would all involve a strengthening of psychiatry's identity as essentially "applied neuroscience". While not discounting the importance of the brain sciences and psychopharmacology, we argue that psychiatry needs to move beyond the dominance of the current, technological paradigm. This would be more in keeping with the evidence about how positive outcomes are achieved and could also serve to foster more meaningful collaboration with the growing service-user movement.” (PsychINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Duncan Raistrick  
Duncan Raistrick.  

<table>
<thead>
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<th>Too many rating scales: Not enough validation.</th>
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<td>Addiction, January 2013, vol./is. 108/1(11-12), 0965-2140:1360-0443 (Jan 2013)</td>
<td>Commentary on an article by Udi E. Ghitza et al. (see record 2012-35058-002). Ghitza et al. set out to generate debate on what screening and initial assessment tools should be used in primary care to detect substance misuse disorders. There is a long tradition in the additions field of bringing together expert groups to find a consensus on some aspect of data collection and, invariably, the conclusion is that there should be a variety of measures available to suit different needs. Ghitza et al. present work tailored to the demands of Medicare and Medicaid services in the USA with barely a hint at its relevance to other countries. The method described by Ghitza et al. for building their consensus is an example, it is understandable, but strangely unscientific. A systematic review would have strengthened the starting position but herein lies a second reason the lack of validation studies for reaching, at best, only tentative or preliminary conclusions and, at worst, compromised or misleading ones. Happily, there is no need for an expert group to consider what criteria constitute a truly robust validation. Wherever possible it makes sense to use assessment measures that will also be outcome measures. The government has encouraged the use of patient reported outcome measures (PROMs) not least as a means of determining levels of payment to treatment providers.” (PsychINFO Database Record (c) 2013 APA, all rights reserved)</td>
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Duncan Raistrick  
Duncan Raistrick, Yassir Abbasi, Veronica Dale and Charlie Lloyd.  

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<th>A study of the psychotropic prescriptions of people attending an addiction service in England</th>
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<td>Advances in Dual Diagnosis, Vol. 6, Iss. 2, pp.54 - 65</td>
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The purpose of this paper is to examine the prescribed psychotropic medications taken by newly referred people with a range of substance use disorders (SUD) who attend a specialist community addiction service. |

Design/methodology/approach |

Anonymous data on newly referred people (n=1,537) with SUD attending a specialist community addiction service for their first episode of treatment between August 2007 and July 2010 were obtained from the database of the service. Data were cleaned and the percentage of people taking prescribed psychotropic medications at their first episode of treatment was calculated. |

Findings |

More than half (56.1 percent) of people attending the service were taking prescribed antidepressants and anxiolytics at their first episode of treatment whilst 15.2 percent of people were taking prescribed antipsychotics. Alcohol and opioids were the primary referral substances for 77.4 percent and 15.2 percent of people respectively. People referred for “other” substances (cannabis, stimulants, sedatives, hallucinogens, solvents and polydrug use) made up the remaining 7.5 percent and had the highest percentage of prescribed psychotropics (antipsychotics=47 percent, antidepressants and anxiolytics=64.3 percent) compared to those referred for alcohol and opioids (p<0.005). |

Originality/value |

To the best of the authors' knowledge, this is the first study of psychotropic prescribing among people with a range of SUD in the UK. The high prevalence of psychotropic prescribing raises questions about the appropriateness of these prescriptions and calls for scrutiny of prescribing practice in this group of people.
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<th>Author(s)</th>
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<td>Mahbub Khan</td>
<td>Mahbub Khan and Nigel Beal</td>
<td>Dec-13</td>
<td>Advances in Mental Health and Intellectual Disabilities, 2013, vol./is. 75/277-283, 2044-1282:2044-1290 (2013)</td>
<td>English</td>
<td>Purpose: Psychological therapies are increasingly being made available to adults with intellectual disabilities. However, little is known about service user satisfaction with this type of intervention. The aim was to ascertain quantitative and qualitative data on user satisfaction with the psychological therapy they had received. Design/methodology/approach: In total, 20 recipients of psychological therapy completed the Satisfaction with Therapy and Therapist Scale-Revised (STTS-R: Oei and Shuttleworth, 1999) and the Experience of Service Questionnaire (Commission for Health Improvement, 2002). The scales were adapted for language and administered in an assisted completion format by an independent researcher after a course of psychological therapy had been completed. Descriptive statistics were used to analyse the quantitative data and thematic analysis was used to analyse the qualitative data. Findings: Generally, recipients were highly satisfied with their therapist and the therapy they received. Originality/value: The results confirm previous findings from two small-scale qualitative studies. Service user satisfaction is a key quality outcome measure and can be collated in routine practice for people with intellectual disabilities. The collation of qualitative responses in addition to quantitative measures is important to enable the expression of dissatisfaction and greater detail in order to inform service improvement. (PsychINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</td>
<td>Journal, Peer Reviewed Journal</td>
<td>April 2020</td>
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<td>William Rhys Jones and John F Morgan</td>
<td>William Rhys Jones, John F Morgan and Jon Arceles.</td>
<td>Dec-13</td>
<td>Advances in Psychiatric Treatment, May 2013, vol./is. 19/3(201-202), 1355-5146(1472-1481) (May 2013)</td>
<td>English</td>
<td>Eating disorders encompass physical, psychological and social pathologies that increase health risk. Anorexia nervosa has the highest mortality of any psychiatric disorder, but patients are not always managed by specialist eating disorders services and the duty of care sometimes falls to the general psychiatrist. This article is an aide-memoire for assessing and managing physical risk in patients with anorexia nervosa. Eating disorders cause significant psychiatric morbidity and the adverse physical consequences of dieting, weight loss and purging sometimes prove fatal. Mortality rates in patients with eating disorders are high (Arceles 2011), with anorexia nervosa having a higher standardised mortality ratio (5.86) than that of schizophrenia, bipolar affective disorder and unipolar depression. That study also found that 1 in 5 deaths in anorexia nervosa were the result of suicide. Although many patients with anorexia nervosa are treated exclusively by a specialist eating disorders team, not all patients can be managed by these services. Indeed, in a disorder that can persist for decades, some of the longer-term care may at times need to be provided by the community mental health team and general psychiatrist, who must monitor the patient's physical and mental health and try to support both patients and their families. This is alarming when one considers that many general psychiatrists report a lack of training in eating disorders and are not always confident in managing these conditions in non-specialist settings (Jones 2012a). Here, we remind the general psychiatrist of how to assess and manage physical risk in patients with anorexia nervosa.</td>
<td>Journal Articles, EMBASE, PsychINFO</td>
<td>Available from EJPsych, Advances (apt.rcpsych.org)</td>
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<td>Barry Wright</td>
<td>Barry Wright, Naomi Hooke, Stephen Neupert, Chan Nyein and Suzy Ker.</td>
<td>Dec-13</td>
<td>Advances in Psychiatric Treatment, November 2013, vol./is. 19/6(446-456), 1355-5146(1472-1481) (November 2013)</td>
<td>English</td>
<td>Young people who cut themselves: Can understanding the reasons guide the treatment? Young people who cut themselves may do so for reasons that go beyond diagnosis. Relevant processes include responses to trauma, coping, emotion regulation and cultural identification. Some clinicians regard those who self-harm negatively or consider one therapeutic approach to be suitable for all. This article explores the possible mechanisms involved when young people cut themselves and discusses therapeutic approaches in the light of these. Clinicians and researchers are encouraged to refine, develop and research interventions for young people who self-harm by cutting.</td>
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<td>Available from EJPsych, Advances (apt.rcpsych.org)</td>
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<td>Gillian Tobar</td>
<td>Gillian Tobar.</td>
<td>Dec-13</td>
<td>Alcohol and Alcoholism, May 2013, vol./is. 48/3(276-277), 0735-0414(1464-3502) (May-Jun 2013)</td>
<td>English</td>
<td>Reviews the book, Motivational Interviewing: Helping People Change by William R. Miller and Stephen Rollnick (see record 2012:17300-900). This third edition elaborates on the method described in the two previous editions, but without the assistance of contributing authors and with the change of the sub-title to 'Helping People Change'. This book covers a lot of ground. Three hundred pages describe MI at various stages of change; another 50 pages focus on the doing of it, something called experiencing it, which is different from learning, applying and integrating it. The third edition of Motivational Interviewing is full of useful material, some of it backed up by evidence and much detail that makes good sense to people versed in the literature of effective counseling skills. The book offers examples of dialogue clearly set apart from the explanatory text, it has key learning points, albeit ones that are rather general and evangelical; many do not apply to MI in particular but are good practice principles. (PsychINFO Database Record (c) 2013 APA, all rights reserved).</td>
<td>Book Review, PsychINFO</td>
<td>Available from Oxford Academic (academic.oup.com)</td>
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Identifying patients who are likely to harm themselves or others has become central to psychiatry. John Morgan argues

A multi-centre cohort study of short term outcomes of hospital treatment for anorexia nervosa in the UK.

Background: Individual, family and service level characteristics and outcomes are described for adult and adolescent

Results: One hundred and seventy-seven patients with a severe and enduring illness with wide functional impairment took part in the study. Following inpatient care, physical improvement was moderate/good with a large improvement in BMI, although most patients continued to have a clinical level of eating disorder symptoms at discharge. The potentially modificative predictors of outcome included confidence to change, social functioning and carer expressed emotion and control. Conclusions: Overall, the response to inpatient treatment was modest particularly in the group with a severe enduring form of illness. Adolescents had a better response. Although inpatient treatment produces an improvement in physical health there was less improvement in other eating disorder and mood symptoms. As predicted by the carer interpersonal maintenance model, carer behaviour may influence the response to inpatient care, as may improved social functioning and confidence to change. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

John F Morgan

John F Morgan.

Dec-13

No.

Study protocol for the randomised controlled trial: Antiglucocorticoid augmentation of anti-depressants in Depression (The ADD Study).


Background: Some patients with depression do not respond to first and second line conventional anti-depressants and are therefore characterised as suffering from treatment refractory depression (TRD). On-going psychosocial stress and dysfunction of the hypothalamic-pituitary-adrenal axis are both associated with an attenuated clinical response to anti-depressants. Preclinical data shows that co-administration of corticosteroids leads to a reduction in the ability of selective serotonin reuptake inhibitors to increase forebrain 5-hydroxytryptamine, while co-administration of antiglucocorticoids has the opposite effect. A Cochrane review suggests that antiglucocorticoid augmentation of antidepressants may be effective in treating TRD and includes a pilot study of the cortisol synthesis inhibitor metyrapone. The Antiglucocorticoid augmentation of Anti-Depressants in Depression (The ADD Study) is a multicentre randomised placebo controlled trial of metyrapone augmentation of serotonergic antidepressants in a large population of patients with TRD in the UK National Health Service. Methods/design: Patients with moderate to severe treatment refractory Major Depression aged 18 to 65 will be randomised to metyrapone 500 mg twice daily or placebo for three months, in addition to on-going conventional serotonergic antidepressants. The primary outcome will be improvement in Montgomery-Asberg Depression Rating Scale score five weeks after randomisation (i.e. two weeks after trial medication discontinuation). Secondary outcomes will include the degree of persistence of treatment effect for up to 6 months, improvements in quality of life and also safety and tolerability of metyrapone. The ADD Study will also include a range of sub-studies investigating the potential mechanism of action of metyrapone. Discussion: Strengths of the ADD study include broad inclusion criteria meaning that the sample will be representative of patients with TRD treated within the UK National Health Service, longer follow up, which to our knowledge is longer than any previous study of antiglucocorticoid treatments in depression, and the range of mechanistic investigations being carried out. The data set acquired will be a rich resource for a range of research questions relating to both refractory depression and the use of antiglucocorticoid treatments. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

John F Morgan

NHS Foundation Trust

Dec-13

Does the emphasis on risk in psychiatry serve the interests of patients or the public? Yes.


Identifying patients who are likely to harm themselves or others has become central to psychiatry. John Morgan argues that though the methods are flawed, identifying risk is essential, but Matthew Large (doi:10.1136/bmj.f857) thinks we should focus on the wider harms that patients may experience...

John F Morgan

John F Morgan.

Dec-13

Too many psychiatric beds have been lost.


That MPs are calling for an investigation into how psychiatric patients are detained doesn’t surprise me in the slightest. It is an open secret among general adult psychiatrists that there is a national bed emergency...
Pimozide for schizophrenia or related psychoses.

Cochrane Database of Systematic Reviews, 2013, vol./ls. 11/(CD001949), 1361-61371469-493X (2013)

BACKGROUND: Pimozide, formulated in the 1960s, continues to be marketed for the care of people with schizophrenia or related psychoses such as delusional disorder. It has been associated with cardiotoxicity and sudden unexplained death. Electrocardiogram monitoring is now required before and during use.

OBJECTIVES: To review the effects of pimozide for people with schizophrenia or related psychoses in comparison with placebo, no treatment or other antipsychotic medication. A secondary objective was to examine the effects of pimozide for people with delusional disorder.

SEARCH METHODS: We searched the Cochrane Schizophrenia Group's Register (28 January 2013). SELECTION CRITERIA: We sought all relevant randomised clinical trials (RCTs) comparing pimozide with other treatments.

DATA COLLECTION AND ANALYSIS: Working independently, we inspected citations, ordered papers and then re-inspected and assessed the quality of the studies and of extracted data. For homogeneous dichotomous data, we calculated the relative risk (RR), the 95% confidence interval (CI) and mean differences (MDs) for continuous data. We excluded data if loss to follow-up was greater than 50%. We assessed risk of bias for included studies and used GRADE to rate the quality of the evidence. MAIN RESULTS: We included 32 studies in total: Among the five studies that compared pimozide versus placebo, only one study provided data for global state relapse, for which no difference between groups was noted at medium term (1 RCT n = 20, RR 0.22 CI 0.03 to 1.78, very low quality of evidence). None of the five studies provided data for no improvement or first-rank symptoms in mental state. Data for extrapyramidal symptoms demonstrate no difference between groups for Parkinsonism (rigidity) at short term (1 RCT, n = 19, RR 5.50 CI 0.30 to 101.28, very low quality of evidence) or at medium term (1 RCT n = 25, RR 1.33 CI 0.14 to 12.82, very low quality of evidence), or for Parkinsonism (tremor) at medium term (1 RCT n = 25, RR 1 CI 0.2 to 4.85, very low quality of evidence). No data were reported for quality of life at medium term. Of the 26 studies comparing pimozide versus any antipsychotic, seven studies provided data for global state relapse at medium term, for which no difference was noted (7 RCTs n = 227, RR 0.82 CI 0.57 to 1.17, moderate quality of evidence). Data from one study demonstrated no difference in mental state (no improvement) at medium term (1 RCT n = 23, RR 1.09 CI 0.08 to 15.41, very low quality of evidence); another study demonstrated no difference in the presence of first-rank symptoms at medium term (1 RCT n = 44, RR 0.53 CI 0.25 to 1.11, low quality of evidence). Data for extrapyramidal symptoms demonstrate no difference between groups for Parkinsonism (rigidity) at short term (6 RCTs n = 186, RR 1.21 CI 0.71 to 2.05,low quality of evidence) or medium term (5 RCTs n = 219, RR 1.12 CI 0.24 to 5.25,low quality of evidence), or for Parkinsonism (tremor) at medium term (4 RCTs n = 174, RR 1.46 CI 0.68 to 3.11, very low quality of evidence). No data were reported for quality of life at medium term. No data were available for the six included studies assessing extrapyramidal symptoms which were not related to antipsychotic treatment. Qualitative synthesis and meta-analysis of serious adverse events showed that four outcomes were statistically significant: All-cause mortality (three RCTs n = 208, RR 1.82 CI 1.40 to 2.34, very low quality of evidence); extrapyramidal symptoms (seven RCTs n = 251, RR 2.70 CI 0.98 to 7.33, very low quality of evidence); the road to recovery. Interdependence of service users and clinicians was given strong emphasis. Practical implications – A number of challenges arise in co-producing an aftercare programme which is largely service user led and adds to the local recovery capital. The benefits of co-producing aftercare outweigh the difficulties and the programme can be set up within existing resources. Given the study's focus on the process of setting up and maintaining an aftercare programme, no attempt was made to evaluate the improvement in outcomes or cost-effectiveness. Originality/value – Many peer mentor-led aftercare programmes have been set up and this paper describes stakeholders' thoughts about the challenges and benefits of co-producing an aftercare programme.
Katrina Rumball and Gillian Tober

Katrina Rumball and Gillian Tober.

Dec-13

Modification of a traditional motivational interviewing-based brief intervention training for hospital staff: The approach and refer method.


English

Aims: To provide a general hospital training programme that enhances the likelihood of identifying and approaching patients with alcohol-related problems upon which interventions and referrals to specialist addiction in-reach nurses would impact. Delivery of training: Twenty wards were identified as having a high rate of admissions for alcohol related disorders, and a brief mandatory training session with follow-up supervision was provided in collaboration with senior hospital and ward management. Training content: Feedback during training and follow-ups was used to develop the Approach and Refer method, a more succinct intervention with fewer formal elements. Following modification, less resistance to delivering the intervention was expressed. Attendance: A total of 561 nursing staff were identified as potential recipients of training, 75% (n = 421) attended and 135 (32% of 421) had followup supervisions, some of whom received repeat supervisions with 187 follow-ups provided in total. A further 142 staff from other wards or professional groups attended training. Conclusions: Duration of training, proximity to wards and mandatory designation were important elements in the successful delivery of the programme. Pre- and post training evaluation is underway and will inform future training plans. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PyscINFO

Available from Taylor & Francis Online (www.tandfonline.com)

John F Morgan

Richard Sly, Joh F Morgan, Victoria Mountford and Hubert John Lacey.

Dec-13

Predicting premature termination of hospitalised treatment for anorexia nervosa: The roles of therapeutic alliance, motivation, and behaviour change.

Eating Behaviors, April 2013, vol./is. 14(2):119-123, 1471-0153 (Apr 2013)

Objectives: This study aims to investigate treatment drop-out, and the associated roles of motivation, alliance, and behaviour change exhibited over the first four weeks of hospitalised treatment for anorexia. Methods: 90 participants meeting DSM-IV criteria for anorexia nervosa completed questionnaires at admission, and four weeks into treatment. Weight data was collected over this same time period. At the end of treatment, participants were categorised into computer or premature termination groups. Results: The overall rate of premature termination was 57.8%. Those who prematurely terminated treatment demonstrated lower discharge BMI (p < .0005), and weight gain (p < .005) than those who completed. Therapeutic alliance proved significantly different between outcome groups at admission (p = .004). Discussion: End-of-treatment outcomes for those who do not complete treatment are invariably poor. Therapeutic alliance appears to be a particularly important factor in this area. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PyscINFO


William Rhys Jones, Saeideh Saiedi and John F Morgan

William Rhys Jones, Saeideh Saiedi and John F Morgan.

Dec-13

Knowledge and attitudes of psychiatrists towards Eating Disorders.


OBJECTIVE: This study examined the eating disorder mental health literacy of psychiatrists. METHOD: This study examined the eating disorder mental health literacy of psychiatrists. METHOD: A sample of psychiatrists meeting DSM-IV criteria for anorexia nervosa completed questionnaires at admission, and four weeks into treatment. Weight data was collected over this same time period. At the end of treatment, participants were categorised into computer or premature termination groups. Results: The overall rate of premature termination was 57.8%. Those who prematurely terminated treatment demonstrated lower discharge BMI (p < .0005), and weight gain (p < .005) than those who completed. Therapeutic alliance proved significantly different between outcome groups at admission (p = .004). Discussion: End-of-treatment outcomes for those who do not complete treatment are invariably poor. Therapeutic alliance appears to be a particularly important factor in this area. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PyscINFO

Available from Wiley online library (onlinelibrary.wiley.com)

Vanessa Huke, Saeideh Saiedi and John F Morgan

Vanessa Huke, Jeremy Turk, Saeideh Saiedi, Andrew Kent and John F Morgan.

Dec-13

Autism spectrum disorders in eating disorder populations: A systematic review.

European Eating Disorder Review, September 2013, vol./is. 21(5):345-351, 1072: 4133:1999-9368 (Sep 2013)

English

Objective: Empirical research addressing cognitive processing deficits in eating disorders has noted an overlap with autism spectrum disorders. We conducted a systematic review investigating the prevalence of autism spectrum disorder in its entirety in disordered populations. Methods: A comprehensive search for relevant studies was performed on five electronic databases. Studies were not included if solely focused on specific traits of autism spectrum disorders, for instance, theory of mind, set shifting or central coherence. Titles, abstracts and full texts were screened by two members of the research team independently. Quantitative studies published in English were included. Results: A total of eight studies were found to fit the inclusion criteria. Results showed significantly raised prevalence rates of autism spectrum disorder in eating disorder populations compared with those in healthy control participants. Discussion: This discovery has clinical implications and may assist in deciphering poor responses to conventional treatment, facilitating new psychological interventions for eating disorders. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PyscINFO


Tariq Mahmood

Tariq Mahmood, Gislar Cardino, Saddeer Nazar, Steven Clapcote and Chris F Inglehearn.

Dec-13

Consanguinity multiply and schizophrenia: the royal road to genes of major effect.

European Psychiatry, Volume 29, Supplment 1, 2013, Pages 1

English

Introduction: Multi-factorial aetiology of schizophrenia has an undeniable large genetic component. Attempts to elucidate its genetics with large case control studies have met with limited success and other approaches are warranted. Method & results: In an extended family (pedigree 1) in which two sets of siblings - children of a brother and sister - are affected, six members with DSM-IV schizophrenia share a 4Mb region of homoygosity on chromosome 13p. One out of twelve genes at this locus shows a sequence change in its promoter region. [Pedigree 1] Figure options: Another family (pedigree 2) with two affected brothers has revealed two loci of homogygosity on chromosomes 5 and 9. [Pedigree 2] Figure options: A third family with nine cases of psychosis is being investigated. Conclusion: An approach which focuses on families with multiple cases in one generation and evidence of consanguinity in parents may be particularly successful for identifying recessive genes.

Journal Article

European Psychiatry

Available from Science Direct (www.sciencedirect.com)
AESOPS: A randomised controlled trial of the clinical effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care

Dec-13

Health Technology Assessment, 2013, vol./is.: 17/25(1-157), 1366-5278;2046-4924 (2013)

English

Background: There is clear evidence of the detrimental impact of hazardous alcohol consumption on the physical and mental health of the population. Estimates suggest that hazardous alcohol consumption annually accounts for 150,000 hospital admissions and between 15,000 and 22,000 deaths in the UK. In the older population, hazardous alcohol consumption is associated with a wide range of physical, psychological and social problems. There is evidence of an association between increased alcohol consumption and increased risk of coronary heart disease, hypertension and haemorrhagic and ischaemic stroke, increased rates of alcohol-related liver disease and increased risk of a range of cancers. Alcohol is identified as one of the three main risk factors for falls. Excessive alcohol consumption in older age can also contribute to the onset of dementia and other age-related cognitive deficits and is implicated in one-third of all suicides in the older population. Objective: To compare the clinical effectiveness and cost-effectiveness of a stepped care intervention against a minimal intervention in the treatment of older hazardous alcohol users in primary care. Design: A multicentre, pragmatic, two-armed randomised controlled trial with an economic evaluation. Setting: General practices in primary care in England and Scotland between April 2008 and October 2010. Participants: Adults aged >55 years scoring ≥8 on the Alcohol Use Disorders Identification Test (10-item) (AUDIT) were eligible. In total, 529 patients were randomised in the study. Interventions: The minimal intervention group received a 5-minute brief advice intervention with the practice or research nurse involving feedback of the screening results and discussion regarding the health consequences of continued hazardous alcohol consumption. Those in the stepped care arm initially received a 20-minute session of behavioural change counselling, with referral to step 2 (motivational enhancement therapy) and step 3 (local specialist alcohol services) if indicated. Sessions were recorded and rated to ensure treatment fidelity. Main outcome measures: The primary outcome was average drinks per day (ADD); derived from extended AUDIT. Consumption (3-item) (AUDIT-C) at 12 months. Secondary outcomes were AUDIT-C score at 6 and 12 months; alcohol-related problems assessed using the Drinking Problems Index (DPI) at 6 and 12 months; health-related quality of life assessed using the Short Form Questionnaire-12 items (SF-12) at 6 and 12 months; ADD at 6 months; quality-adjusted life-years (QALYs) (for cost-utility analysis derived from European Quality of Life-5 Dimensions); and health and social care resource use associated with the two groups. Results: Both groups reduced alcohol consumption between baseline and 12 months. The difference between groups in log-transformed ADD at 12 months was very small, at 0.025 (95% confidence interval (CI): 0.006 to 0.119), and not statistically significant. At month 6 the stepped care group had a lower ADD, but again the difference was not statistically significant. At months 6 and 12, the stepped care group had a lower ADD, but again the difference was not statistically significant. At months 6 and 12, the stepped care group had a lower ADD, but again the difference was not statistically significant. At months 6 and 12, the stepped care group had a lower ADD, but again the difference was not statistically significant. At months 6 and 12, the stepped care group had a lower ADD. Deliberately alcohol consumption was not statistically significant at months 6 and 12. The stepped care group had a lower ADD, but the difference was not statistically significant. At months 6 and 12, the stepped care group had a lower ADD.

John F Morgan

Elizabeth Goddard, Laura Salemo, Rebecca Hibbe, Simone Raaner, Ulrike Naumann, Jon Arceius, Agnes Aytos, Nicky Boughton, Frances Connran, Ken Goss, Hubert John Lacey, Bert Lato, John F Morgan, Kim Moore, David Robertson, Christa Schreiber, Kournine, Sonu Sharma, Linette Whitehead, Ulrike Schmidt and Janet Treasure.

Dec-13

International Journal of Eating Disorders, December 2013, vol./is.: 46(8)/867-874, 0276-3478/1098-108X (Dec 2013)

English

Objective: A cognitive interpersonal maintenance model of anorexia nervosa (AN) was first proposed in 2006 and updated in 2013 (Schmidt and Treasure, J Br J Clin Psychol, 45, 343-366, 2006; Treasure and Schmidt, J Eat Disorders, in press.). The aim of this study was to test the interpersonal component of this model in people with AN requiring intensive hospital treatment (inpatient/daypatient). Method: On admission to hospital women with AN or eating disorder not otherwise specified (AN subtype; n = 152; P) and their primary carers (n = 152; C) completed questionnaires on eating symptoms (P), depression and anxiety (P, C), accommodation and enabling (C), and psychological control (C). Structural equation modeling was used to examine relationships among these components. Results: Carers' expressed emotion and level of psychological control were significantly related to carers' distress, which in turn, was related to patients' distress. This pathway significantly predicted eating symptoms in patients. Discussion: The cognitive interpersonal maintenance model of eating disorders (EDs) was confirmed in part and suggests that interventions targeting interpersonal maintaining factors such as carer distress might impact on patient outcomes. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
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<td>Simone Raenker, Rebecca Hibbs, Elizabeth Goldard, Ullrike Haumann, Jon Arcelius, Agnes Ayton, Bryony Blamford, Nicky Boughton, Frances Connan, Ken Goss, Bert Lazlo, John F Morgan, Kim Moore, David Robertson, Christa Schreiber, Kirstyn Shore, Sonu Sharma, Linette Whitehead, Jennifer Beecham, Ullrike Schmidt and Janet Treasure.</td>
<td>Carrying and coping in carers of people with anorexia nervosa admitted for intensive hospital care.</td>
<td>Dec-13</td>
<td>This article focuses on a case study of family interventions using a co-working model, and showing a flexible, integrative approach to helping families experiencing psychosis. The authors emphasise use of cognitive behaviour and cognitive interactional models to consider the appraisals and interactional processes relating to family distress. By formulating their difficulties and mapping typical scenarios, the family reappraised thoughts and responses to reconsider more useful alternative approaches.</td>
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<td>Elizabeth Edginton</td>
<td>Between the woods and frozen lake: a child psychotherapist's experiences of developing a grant application for an RCT feasibility study.</td>
<td>Dec-13</td>
<td>Intensive interaction is a way of improving communication with children and adults who have severe or profound learning disabilities and/or autism. Research shows intensive interaction interventions often lead to more or new responses. This article discusses the Leeds NHS intensive interaction programme, which was developed to help staff implement the approach with individual service users. It also describes an evaluation of the programme during which feedback was generally positive and responders said they would recommend the programme to other services.</td>
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<td>Graham Paley, Amy Danss, Keesley Edwards, Catherine Reid, Miriam Fearon, Inga Janmere and Helen Rawse.</td>
<td>Organising an inpatient psychotherapy group.</td>
<td>Dec-13</td>
<td>Psychotherapy groups can be established on acute inpatient wards to benefit clients and contribute to staff development. A communication group has been running for more than three and a half years in Leeds and is now part of the weekly routine on the ward. Full support of the ward team and management, and protected time have ensured success and reduced workload pressures.</td>
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<td>Ged Bergin</td>
<td>A flexible and integrated approach to family interventions.</td>
<td>Dec-13</td>
<td>This article describes the development and evaluation of a new specialist intensive community-based service for adults (those aged 18 years and above) with severe and enduring eating disorders (SEEDs). The service was developed by the Yorkshire Centre for Eating Disorders based in Leeds. We developed and evaluated a nurse-delivered community-based service that aimed to manage the complex needs of people with SEEDs without hospital admission. The service was shown to improve quality of life, reduce the number of hospital admissions and improve communication with other health professionals involved in service users' care.</td>
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<td>Victoria Betton and Victoria Tomlinson.</td>
<td>Benefits of social media for nurses and service users.</td>
<td>Dec-13</td>
<td>People with mental health problems are increasingly using social media channels as part of their recovery and to improve their lives. This article discusses social media and how it can be used to complement healthcare, offers useful tips on using social media, and explores case studies for nurses to use in clinical practice.</td>
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Saeideh Saeidi, Mark Johnson and Prink Sahanda. Dec-13 The management of obesity in primary care: a pilot study. Practice Nursing, 01 October 2013, vol./is. 24/10(510-514), 0949271 English Background: Obesity is recognized as a global public health issue, with prevalence in the UK increasing sharply during the 1990s and early 2000s. The National Institute for Health and Care Excellence (2006) recommends that ‘managers and health professionals in all primary care settings should ensure that preventing and managing obesity is a priority, at both strategic and delivery levels’. The aim of this study was to develop and evaluate a facilitated self-help weight-management intervention for obese adults attending general practice.

Barry Wright, Ben Johnston-Day, Gareth Prendergast, Sophie Bennett, Mary Docherty, Claire Whitton, Laura Manea, Andre Guoues, Heather Tomlinson and Barry Green. Dec-13 Cognitive behavioural therapy (CBT) can be an effective treatment for spider phobia, but the underlying neural correlates of therapeutic change are yet to be specified. The present study used magnetoencephalography (MEG) to study responses within the first half second, to phobogenic stimuli in a group of individuals with spider phobia prior to treatment. Participants viewed static photographs of real spiders, other fear-inducing images (e.g. snakes, sharks) and neutral stimuli (e.g. kittens). Beamforming methods were used to localise sources of significant power changes in response to stimuli. Prior to treatment, participants with spider phobia showed a significant maximum response in the right frontal pole when viewing images of real spiders specifically. No significant frontal response was observed for either control participants or participants with spider phobia post-treatment. In addition, participants’ subjective ratings of spider stimuli significantly peaked responses in right frontal regions. The implications for understanding brain-based effects of cognitive therapies are discussed.

James Johnston and Graham Paley. Dec-13 Mirror mirror on the wall: Who is the unfairest of them all? Reflections on reflective practice groups in acute psychiatric settings. Psychoanalytic Psychotherapy, June 2013, vol./is. 27(1- 166), 0266-8734/1474-8734 (Jun 2013) English Consultant psychiatrists in medical psychotherapy, adult psychotherapists, child and adolescent psychotherapists and clinical psychologists increasingly complement their direct therapeutic activity with applications of their psychotherapeutic thinking in acute mental health work through facilitating reflective practice groups for staff working in mental health teams. The authors offer their reflections on facilitating National Health Service reflective practice groups using the metaphor of a mirrored dialogue between patient and professional, and professional and institution as a basis for informing the development of reflective practice for colleagues. Their reflections are based on working on three acute in-patient wards, in a crisis resolution team and in community mental health teams. They describe the practicalities of setting up and facilitating reflective practice groups, and offer insights into some of the issues that arise in reflective practice groups. They conclude that these groups are mutually beneficial in forging links between psychotherapists, professionals and professionals working in other disciplines and areas of mental health. Facilitating these groups often requires a challenging adaptation of technique, which will not suit all psychotherapists, as well as a wider understanding of organisational dynamics and the interplay between clinicians and management.

Sandip Deshpandem, Sandra Coburn and Peter Trigwell. Dec-13 Sexual problems are common and patients seek treatment from various clinicians. Specialist psychosexual clinics within the NHS in the UK are one of the key providers of sexual medicine services. This retrospective service evaluation covers a population of 846 patients referred over a three-year period to the Leeds Psychosexual Medicine Service. Of patients referred, 65% were males and the majority of patients were in the age range of 18-40 years. Of referrals, 70% were from primary care physicians, with complaints of a broad range of sexual problems. Around half of the referred patients failed to attend either their first or subsequent appointments. A third of the total referrals completed all planned sessions of their treatment. Of these, 70% showed major improvement and only a small proportion (6.5%) either showed no change or worsening of their problems. Our data suggests that brief therapy lasting four to eight sessions is beneficial in most patients. This evaluation is timely as there are financial constraints on the NHS currently and with improved service delivery models, which aim to minimise patient non-attendance, brief interventions can be effective.

Mary Lewis. Dec-13 The scope of the Improving Access to Psychological Therapies (IAPT) initiative has been extended to include the treatment of medically unexplained symptoms (MUS). However, MUS was not one of the original common mental health problems that the therapists were trained to treat. No studies have explored whether primary-care cognitive behavioural therapists feel competent to treat people with MUS. This paper aimed to explore and gain an understanding of primary-care therapists’ perceived competence in providing cognitive behavioural therapy (CBT) to people with MUS. Eight CBT therapists working in primary care participated in semi-structured interviews; the Framework approach was used to analyse the data. Five themes were generated from the data analysis, regarding the therapists’ perceived competence. The therapists described unfamiliarity with MUS. They also described some issues in engaging clients in therapy and that progress in therapy could sometimes be slow. Participants often used more general CBT skills and techniques, rather than models and interventions designed specifically for MUS. They had a number of different emotional reactions to this work. CBT therapists in primary care described unfamiliarity with MUS, in comparison to common mental health problems. They identified some difficulties in treatment, but most did not see this group as being more complex to treat. All were interested in receiving training about this client group.
Alcohol misuse is a major cause of premature mortality and II health. Although there is a high prevalence of alcohol problems among patients presenting to general hospital, many of these people are not help seekers and do not engage in specialist treatment. Hospital admission is an opportunity to set alcohol towards specialist treatment, which can reduce health care utilization and costs to the public sector and produce substantial individual health and social benefits. Alcohol misuse is associated with other lifestyle problems, which are amenable to intervention. It has been suggested that the development of a healthy or balanced lifestyle is potentially beneficial for reducing or abstaining from alcohol use, and relapse prevention. The aim of the study is to test whether or not the offer of a choice of health related lifestyle interventions is more acceptable, and therefore able to engage more problem drinkers in treatment, than an alcohol focused intervention. This is a pragmatic, randomized, controlled pilot study in a UK general hospital setting with concurrent economic evaluation and a qualitative component. Potential participants are those admitted to hospital with a diagnosis likely to be responsive to addiction interventions who score equal to or more than 16 on the Alcohol Use Disorders Identification Test (AUDIT). The main purpose of this pilot study is to evaluate the acceptability of two sorts of interventions (healthy living related versus alcohol focused) to the participants and to assess the components and processes of the design. Qualitative research will be undertaken to explore acceptability and the impact of the approach, assessment, recruitment and intervention on trial participants and non-participants. The effectiveness of the two treatments will be compared at 6 months using AUDIT scores as the primary outcome measure. There will be additional economic, qualitative and secondary outcome measurements. Development of the study was a collaboration between academics, commissioners and clinicians in general hospital and addiction services, made possible by the Collaboration in Leadership in Applied Health Research and Care (CLAHRC) program of research. CLAHRC was a necessary vehicle for overcoming the barriers to answering an important NHS question--how better to engage problem drinkers in a hospital setting. ISRCTN47728072.

John F Morgan
Dec-12


English

This chapter focuses on eating disorders in men. The causes and treatments of eating disorders in men and women have more similarities than differences, and the greatest challenge for men with eating disorders is to access local, evidence-based treatment despite personal and societal stigma. Men with eating disorders are particularly driven to a body image ideal combining leanness with muscularity, with compulsive over-exercise a common route into male eating disorders. Societal pressures on younger men in general appear to be growing, and young boys are under ever-increasing pressure to conform to an impossible body image ideal. Eventually the same processes that would have aided a woman in the same predicament will help men: evidence-based psychological therapy combined with nutritional rehabilitation, and a gradual return to healthy exercise. However, barriers to recovery for men are multiple. While at least one in ten cases of eating disorders are male, a far smaller proportion access treatment. All eating disorder services must consider why they are failing to reflect the gender diversity of the populations which they serve, and public health must embrace the fact that fat is more than a feminist issue. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

John F Morgan
Dec-12


English

This volume provides an authoritative up-to-date overview of a range of carefully selected topics, covering issues of contemporary concern, the interface of medicine and psychiatry, and therapeutic challenges in clinical psychiatry. With contributions from distinguished psychiatrists, the chapters cover a wide range of psychiatric sub-specialties and will not only prove to be a useful resource for a busy psychiatrist in day-to-day clinical practice, but will also help to shape the clinical practice of psychiatry trainees and allied mental health professionals worldwide.

John F Morgan
Dec-12

Kate Webb
Hubert John Lacey
and John F Morgan.


English

This volume provides an authoritative up-to-date overview of a range of carefully selected topics, covering issues of contemporary concern, the interface of medicine and psychiatry, and therapeutic challenges in clinical psychiatry. With contributions from distinguished psychiatrists, the chapters cover a wide range of psychiatric sub-specialties and will not only prove to be a useful resource for a busy psychiatrist in day-to-day clinical practice, but will also help to shape the clinical practice of psychiatry trainees and allied mental health professionals worldwide.

Alastair Cardno
Dec-12

A twin study of schizoaffective-mania, schizoaffective depression and other psychotic syndromes. American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, 159B:172-182.

English

The nosological status of schizoaffective disorders remains controversial. Twin studies are potentially valuable for investigating relationships between schizoaffective-mania, schizophrenia, depression, and other psychotic syndromes, but no such study has yet be reported. We ascertained 224 probandwise twin pairs (106 monzygotic (MZ), 118 same-sex dizygotic (DZ), where probands had psychotic or maniac symptoms, from the Maudsley Twin Register in London (1984-1993). We investigated Research Diagnostic Criteria schizoaffective-mania, schizoaffective depression, schizophrenia, mania and depressive psychosis primarily using a non-hierarchical classification, and additionally using hierarchical and data-derived classifications, and a classification featuring broad schizophrenic and manic syndromes without separate schizoaffective syndromes. We investigated inter-rater reliability and co-occurrence of syndromes within twin probands and twin pairs. The schizoaffective syndromes showed only moderate inter-rater reliability. There was general significant co-occurrence between syndromes within twin probands and MZ pairs, and a trend for schizoaffective-mania and mania to have the greatest co-occurrence. Schizoaffective syndromes in MZ probands were associated with relatively high risk of a psychotic syndrome occurring in their co-twins. The classification of broad schizophrenic and manic syndromes without separate schizoaffective syndromes showed improved inter-rater reliability, but high genetic and environmental correlations between the two broad syndromes. The results are consistent with regarding schizoaffective-mania as due to co-occurring elevated liability to schizophrenia, mania, and depression; and schizoaffective-depression as due to co-occurring elevated liability to schizophrenia and depression, but with less elevation of liability to mania. If in due course schizoaffective syndromes show satisfactory inter-rater reliability and some specific etiological factors they could alternatively be regarded as partly independent disorders.
Background - Antipsychotic medication remains the mainstay of treatment for schizophrenia and has been in use for a long time. As evidenced by ongoing research and partial effectiveness of the antipsychotics on cognitive and negative symptoms, the search is on for drugs that may improve these domains for someone suffering from schizophrenia. Acetylcholinesterase inhibitors have long been in use for treating cognitive symptoms of dementia. Objectives - The aim of the review was to evaluate the clinical effects, safety and cost-effectiveness of acetylcholinesterase inhibitors for treating people with schizophrenia. Search methods - We searched the Cochrane Schizophrenia Group's Register (February 2009), and inspected the references of all identified studies for further trials. Selection criteria - We included all clinical randomised trials comparing acetylcholinesterase inhibitors with antidepressants or placebo either alone, or in combination, for schizophrenia and schizophrenia-like psychoses. Data collection and analysis - We extracted data independently. For dichotomous data, we calculated risk ratios (RR) and their 95% confidence intervals (95% CI) on an intention-to-treat (ITT) basis (on an random-effects model). For continuous data, we calculated mean differences (MD), again based on a random-effects model. Main results - This review included 17 RCTs comparing acetylcholinesterase inhibitor plus antipsychotic showed benefit over antipsychotic and placebo in the following outcomes. 1. Mental state - PANSS negative symptoms average end point score (2 RCTs, n = 31, MD -1.69 95% CI -2.80 to -0.57), PANSS General Psychopathology average end point score (2 RCTs, n = 31, MD -3.86 95% CI -5.40 to -2.32), and improvement in depressive symptoms showed at least by one short-term trial study as measured by CES-D scale (data skewed). 2. Cognitive domains - attention, (1 RCT, n = 73, MD 0.23 95% CI 0.14 to 0.32), visual memory (2 RCTs, n = 48, MD 1.90 95% CI 0.52 to 3.28), verbal memory and language (3 RCTs, n = 42, MD 3.46 95% CI 0.67 to 6.26) and executive functioning (1 RCT, n = 24, MD 17.10 95% CI 0.70 to 33.50). 3. Tolerability - EPSE, AIMS, (1 RCT, n = 35, MD 1.50 95% CI 1.04 to 1.96). No difference was noted between the two arms in other outcomes. The overall rate of authors' conclusions is that the results in this analysis is the first to be reported pragmatic randomised studies.

**Journal Article**

Available from Royal College of Psychiatrists (www.rcpsych.ac.uk)

**Book entry**

Available from International Journal on Mental Health and Deafness (www.ijmhd.org)

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Advent of “atypical” antipsychotics has spawned new trials in the recent years and the number of such trial reports has already existed. This leads clinicians to question as to whether, in future, we need to feel less guilty about crying out intervals, merely increasing precision, and decreasing the risk of Type II error. Perhaps surprisingly, CATIE and Reviews that existed before CATIE and CUtLASS and added data from CATIE and CUtLASS to the pool for a “before” typical antipsychotics were as good as the newer “atypicals.” We pooled “leaving the study early data” from Cochrane Utility of the Latest Antipsychotic Drugs in Schizophrenia Study (CUtLASS), which proved that thoughtfully chosen 1.21 to 5.18, NNTH 3, CI 2 to 7). Dizziness was common with levomepromazine compared with other antipsychotic akathisia compared with chlorpromazine, but more hypotension compared with risperidone (n=42, 1 RCT, RR 2.50 CI (n=79, 2 RCTs, RR 0.39 CI 0.17 to 0.90, NNTB 5, CI 2 to 21) compared with haloperidol. Levomepromazine caused less tremor (n=41, 1 RCT RR 0.12 CI 0.02 to 0.87 NNTB 3, CI 2 to 8), less antiparkinsonian medication administration Risperidone recipients noticed a significant difference for the outcome ‘at least 20% reduction’ on BPRS endpoint score Risperidone was better for CGI endpoint scores (n=42, 1 RCT, RR 2.33 CI 1.11 to 4.89, NNT 3 CI 2 to 10) compared with chlorpromazine. Levomepromazine caused less akathisia compared with chlorpromazine, but more hypotension compared with risperidone (n=42, 1 RCT, RR 2.50 CI 1.21 to 5.18, NNTH 3, CI 2 to 7). Dizziness was common with levomepromazine compared with other antipsychotic medications.

Main results: The review currently includes 4 RCTs with 192 participants. For our primary outcome of leaving the study data (%0.12 CI 0.02 to 0.87 NNTB 3, CI 2 to 8), less antiparkinsonian medication administration Risperidone recipients noticed a significant difference for the outcome ‘at least 20% reduction’ on BPRS endpoint score Risperidone was better for CGI endpoint scores (n=42, 1 RCT, RR 2.33 CI 1.11 to 4.89, NNT 3 CI 2 to 10) compared with chlorpromazine. Levomepromazine caused less akathisia compared with chlorpromazine, but more hypotension compared with risperidone (n=42, 1 RCT, RR 2.50 CI 1.21 to 5.18, NNTH 3, CI 2 to 7). Dizziness was common with levomepromazine compared with other antipsychotic medications.

Levodopa CNE [Electronic Resource], 2012, vol:is. T7/041262, 1932-6203:1932 6203 (2012) English Background: Behavioural studies have highlighted irregularities in recognition of facial affect in children and young people with autism spectrum disorders (ASDs). Recent findings from studies utilising electroencephalography (EEG) and magnetoencephalography (MEG) have identified abnormal activation and irregular maintenance of gamma (>30 Hz) range oscillations when ASD individuals attempt basic visual and auditory tasks. Methodology/Principal Findings: The pilot study reported here is the first study to use spatial filtering techniques in MEG to explore face processing in children with ASD. We set out to examine theoretical suggestions that gamma activation underlying face processing may be different in a group of children and young people with ASD (n = 13) compared to typically developing (TD) age, gender and IQ matched controls. Beamforming and virtual electrode techniques were used to assess spatially localised induced and evoked activity. While lower-band (3-30 Hz) responses to faces were similar between groups, the ASD gamma response in occipital areas was observed to be largely absent when viewing emotions on faces. Virtual electrode analysis indicated the presence of intact evoked responses but abnormal induced activity in ASD participants. Conclusions/Significance: These findings lend weight to previous suggestions that specific components of the early visual response to emotional faces is abnormal in ASD. Elucidation of the nature and specificity of these findings is worthy of further research. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Peter Trigwell
Sexual Dysfunction.
Dec-12
Seminars in Liaison Psychiatry provide an up-to-date review of this important psychiatric specialty. Packed with practical advice for clinicians carrying out psychiatric assessment and treatment in the general hospital setting, the second edition has been expanded to cover a wide range of common clinical areas at the interface between physical and psychological health. There are new chapters on alcohol and substance misuse in the general hospital, HIV and liaison psychiatry, palliative care, disaster management and psychosexual problems. For liaison psychiatrists involved in developing new services, there are chapters on service development and management, trainees about to sit the MRCPsych examinations can test themselves using the multiple-choice questions (MCQs) and extended matching items (EMIs) provided.

David Yeomans
A series of editorials in this Journal have argued that psychiatry is in the midst of a crisis. The various solutions proposed would all involve strengthening psychiatry's identity as essentially 'applied neuroscience'. Although not discounting the importance of the brain sciences and psychopharmacology, we argue that psychiatry needs to move beyond the dominance of the current, technological paradigm. This would be more in keeping with the evidence about how positive outcomes are achieved and could also serve to foster more meaningful collaboration with the growing service user movement. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
We report here on a case of severe pervasive refusal syndrome. This is of interest for three reasons. Firstly, most pervasive refusal syndrome is discussed, raising the question whether Pervasive Refusal Syndrome would be better renamed in a way that does not imply that the condition is always volitional and oppositional, as this can distract focus away from an alliance between family and clinicians. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

A team approach has been identified as integral to working with an assertive outreach client group. The authors discuss the dilemmas and challenges experienced by an assertive outreach team in York offering recovery-focused intervention. They examine how the team adapted its practice to incorporate new ways of working to deliver targeted recovery work without compromising the benefits of using a team approach.

We report here on a case of severe pervasive refusal syndrome. This is of interest for three reasons. Firstly, most reported cases are adolescent girls; our case is regarding an adolescent boy. Secondly, he was successfully treated at home and thirdly, the serology showed an apparent infective pre-cursor to the illness with evidence of possible autoimmune serology. A 14-year old boy deteriorated from a picture where diagnosed CFS/ME developed into Pervasive Refusal Syndrome. This included the inability to move or speak, with closed eyes, multiple tics, facial grimacing, heightened sensitivity to noise (hyperacusis) and touch (hypoesthesia), and inability or unwillingness to eat anything except small amounts of starchy food. Successful rehabilitation is reported. Finally the issue of nomenclature is discussed, raising the question whether Pervasive Refusal Syndrome would be better renamed in a way that does not imply that the condition is always volitional and oppositional, as this can distract focus away from an alliance between family and clinicians. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

The aim and objective of this paper is to describe the findings of audits which assessed the quality and safety of the detoxification experience and to implement changes to improve practice. Design/methodology/approach – All community detoxifications in March 2009 and March 2010 were included for the successive audits. Notes were inspected retrospectively three months post completion of detoxification using the audit standard. Findings – A total of 50 and 59 people were eligible in respective audits. At 30ths post-detoxification 23 per cent of patients had dropped out of treatment compared to 15 per cent in the re-audit. In 2009, 31 per cent of patients remained completely abstinent and 10 per cent were drinking within safe limits but in 2010 figures increased to 36 per cent and 22 per cent, respectively. Disulfiram was continued by 68 per cent of abstinent patients in the initial audit and 89 per cent in the readout. Improved follow-up protocol, regular advice and monitoring of disulfiram resulted in better abstinence and reduced drop out rates over successive years. Social and Behavioural Network Therapy and disulfiram taken under medical supervision after detoxification play a pivotal role in relapse prevention. Originality/value – This study considers the importance of the post-detoxification period, in terms of maintaining a patient's abstinence from alcohol.
William Rhys Jones and John F Morgan

Mar-12

Eruptophilia in bulimia nervosa: a clinical feature.


English

This report offers the first detailed description of repetitive eructation (belching) in a patient with bulimia nervosa. The case was a man in his 30’s with bulimia nervosa characterized by daily bingeing and purging behavior. Detailed assessment revealed repetitive eructation which was construed as a learned behavior precipitated and maintained by aerophagia (air swallowing) secondary to regular binge-eating. Eructation was associated with a strong sense of “relief” that shared a common phenomenology with other purging behaviors. Repetitive eructation was addressed as part of outpatient treatment using a cognitive-therapy approach. Eructation became less frequent during outpatient treatment but the patient disengaged after six sessions. We define a new term “eructophilia” where repetitive eructation takes on an ego-syntonic, self-contained, and autonomous quality which serves as a reinforcing stimulus in itself. Issues of phenomenology and motivating factors are further discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Barry Wright

Feb-12


PLoS ONE, February 2012, vol./is. 7/2, 1932-6203 (Feb 15, 2012)

Background: Urinary mercury concentrations are used in research exploring mercury exposure. Some theorists have proposed that autism is caused by mercury toxicity. We set out to test whether mercury concentrations in the urine of children with autism were significantly increased or decreased compared to controls or siblings. Methods: Blinded cohort analyses were carried out on the urine of 56 children with autism spectrum disorders (ASD) compared to their siblings (n = 42) and a control sample of children without ASD in mainstream (n = 121) and special schools (n = 34). Results: There were no statistically significant differences in creatinine levels, in uncorrected urinary mercury levels or in levels of mercury corrected for creatinine, whether or not the analysis is controlled for age, gender and amalgam fillings. Conclusions: This study lends no support for the hypothesis of differences in urinary mercury excretion in children with autism compared to other groups. Some of the results, however, do suggest further research in the area may be warranted to replicate this in a larger group and with clear measurement of potential confounding factors. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

David Yeomans

Feb-12

Care clusters and mental health payment by results [2]


English

Comments on an article by Macdonald & Elphick (see record 2011-23647-003). The key to doing routine mental health care clusters and management plan can be made. We summarise the clinical features of eating disorders and explore the unique role of the general psychiatrist in identifying people with these conditions, supporting them and directing them into evidence-based treatments. Although most patients with severe eating disorders are treated in specialist eating disorder services, general psychiatrists are often responsible for the care of many with mild to moderate disorder. Treating and supporting these patients in a non-specialist setting can sometimes be challenging but this need not be the case. Having a clear understanding of the clinical features of these conditions forms the foundation on which a comprehensive assessment and management plan can be built. We summarise the clinical features of eating disorders and explore the unique role of the general psychiatrist in identifying people with these conditions, supporting them and directing them into evidence-based treatments. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Paul Bleakman

Jan-12

The emperor’s new clothes


English

Scepticism is right: all doctors should challenge conventional wisdom to secure the best evidence based care for their patients. But attacking the National Institute for Health and Clinical Excellence (NICE) is unlikely to achieve this goal. Far from being an “opaque” … (journal abstract)

William Rhys Jones and John F Morgan

Jan-12

Eating disorders: Clinical features and the role of the general psychiatrist

Advances in Psychiatric Treatment, January 2012, vol./is. 18/1(34-43), 1355-5146/1472-1481 (January 2012)

English

This report offers the first detailed description of repetitive eructation (belching) in a patient with bulimia nervosa. The case was a man in his 30’s with bulimia nervosa characterized by daily bingeing and purging behavior. Detailed assessment revealed repetitive eructation which was construed as a learned behavior precipitated and maintained by aerophagia (air swallowing) secondary to regular binge-eating. Eructation was associated with a strong sense of “relief” that shared a common phenomenology with other purging behaviors. Repetitive eructation was addressed as part of outpatient treatment using a cognitive-therapy approach. Eructation became less frequent during outpatient treatment but the patient disengaged after six sessions. We define a new term “eructophilia” where repetitive eructation takes on an ego-syntonic, self-contained, and autonomous quality which serves as a reinforcing stimulus in itself. Issues of phenomenology and motivating factors are further discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Factor analysis of psychotic symptoms frequently results in positive, negative, and disorganized dimensions, but the heritability estimates for psychotic dimensions was assessed from clinical records and research interviews and rated using the Operational Criteria Checklist. Estimates of heritability and environmental components of variance in liability were made with structural equation modeling using a causal-contingent common pathway model adapted for ascertainment from a clinical register. Significant heritability was found for DSM-III-R psychotic disorder (h² = 90%, 95%CI 68–84%) and the disorganized symptom dimension (h² = 84%, 95%CI 18–93%). The heritability for the disorganized dimension remained significant when influences acting through liability to psychosis were set to zero, suggesting that some influences on disorganization are modifying factors independent of psychosis liability. However, the relative extent of modifying factors versus influences acting through psychosis liability could not be clearly determined. To our knowledge, this study provides the first formal evidence of substantial heritability for the disorganized symptom dimension, and suggests that genetic loci influencing disorganization in individuals with psychoses are in some cases different from loci that influence risk of psychotic disorders themselves.
<table>
<thead>
<tr>
<th>LYPFT list of published studies</th>
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<tbody>
<tr>
<td><strong>Alastair Cardno</strong></td>
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<tr>
<td>December 11</td>
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<tr>
<td>Phenotype evaluation and genome-wide linkage study of clinical variables in schizophrenia.</td>
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<td>Genetic factors are likely to influence clinical variation in schizophrenia, but it is unclear which variables are most suitable as phenotypes and which molecular genetic loci are involved. We evaluated clinical variable phenotypes and applied suitable phenotypes in genome-wide covariate linkage analysis. We ascertained 170 affected relative pairs (168 sibling-pairs and two avuncular pairs) with DISM IV schizophrenia or schizoaffective disorder from the United Kingdom. We defined psychotic symptom dimensions, age at onset (AAO), and illness course using the OPCRIT checklist. We evaluated phenotypes using within sibling-pair correlations and applied suitable phenotypes in multipoint covariate linkage analysis based on 372 microsatellite markers at ~10 cM intervals. The statistical significance of linkage results was assessed by simulation. The positive and disorganized symptom dimensions, AAO, and illness course qualified as suitable phenotypes. There were no genome-wide significant linkage results. There was suggestive evidence of linkage for the positive dimension on chromosomes 2q32, 10q26, and 20q12; the disorganized dimension on 8p21 and 17q21; and illness course on 2p33 and 20q11. The linkage peak for disorganization on 17q21 remained suggestive after correction for multiple testing. To our knowledge, this is the first study to integrate phenotype evaluation and genome-wide covariate linkage analysis for symptom dimensions and illness history variables in sibling pairs with schizophrenia. The significant within-pair correlations strengthen the evidence that some clinical variables within schizophrenia are suitable phenotypes for molecular genetic investigations. At present there are no genome-wide significant linkage results for these phenotypes, but a number of suggestive findings warrant further investigation.</td>
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<td>Enhanced crisis planning for serious mental illness (Protocol).</td>
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<td>This is the protocol for a review and there is no abstract. The main objective of this review is to evaluate the effectiveness of crisis planning in reducing/preventing relapse and readmission to psychiatric hospital services.</td>
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<td>Aim: To identify therapists' views on sexual boundaries and the strategies they employ to manage them in therapeutic practice. Method: In-depth qualitative interviews were conducted with a sample of 13 accredited, experienced practitioners of psychotherapy or counselling. A grounded theory approach, informed by principles from Free Association Narrative methodology, was employed, in which team members used debriefing sessions for extending depth of understanding of the interviews. Findings: There is consensus about boundaries at the extremes, but variability about fantasy, flirtation and touch. A core process was generated from accounts of successful management of sexual attraction. We identified four problematic ways of reacting to boundary pressure, each with potential to harm clients and therapy. Discussion: A participant-observer stance was conceptualised as essential for managing threats to boundaries, consistent with the empathic stance. Minor boundary crossings were viewed by interviewees as both potential precursors of more serious transgressions, and as opportunities for understanding the client's difficulties. Implications for practice: These span training, accrediting organisations, supervision and therapy practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</td>
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<td>Mental health nurses do not always feel at ease talking in detail with voice hearers about their experiences. Using the approach of Romme and Escher, a project was developed to support staff on an acute inpatient ward to explore voice hearing with patients. Romme and Escher suggest that a person's own understanding of their voices and their meaning is the key to recovery. Working together, the nurse helps voice hearers construct a narrative that tells the story of their voices. Examples from the narratives show how they can help increase understanding of a person's voices, and how the mental health nurse in acute care can realistically offer therapeutic interventions that may help a person towards recovery.</td>
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<td>Available from Cardiff University. Online Library. Research (onlinelibrary.wiley.com)</td>
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Duncan Raistrick and Gillian Tober

Exploring treatment attendance and its relationship to outcomes in a randomized controlled trial of treatment for alcohol problems: Secondary analysis of the UK alcohol treatment trial (UKATT).

Aims: To identify client characteristics that predict attendance at treatment sessions and to investigate the effect of attendance on outcomes using data from the UK Alcohol Treatment Trial. Methods: Logistic regression was used to determine whether there were characteristics that could predict attendance and then continuation in treatment. Linear regression was used to explore the effects of treatment attendance on outcomes. Results: There were significant positive relationships between treatment attendance and outcomes at Month 3. At Month 12, these relationships were only significant for dependence and alcohol problems for those randomized to motivational enhancement therapy (MET). There were significant differences between groups in attendance, with MET clients more likely to attend than clients allocated to social behaviour and network therapy (SBNT). MET clients were also more likely to attend all sessions (three sessions) compared with SBNT (eight sessions). MET clients with larger social networks and those with confidence in their ability not to drink excessively were more likely to attend. SBNT clients with greater motivation to change and those with more negative short-term alcohol outcome expectancies were more likely to attend. No significant predictors were found for retention in treatment for MET. For those receiving SBNT, fewer alcohol problems were associated with continuation in treatment. Conclusion: Attending more sessions was associated with better outcomes. An interpretation of these findings is that, to improve outcomes, methods should be developed and used to increase attendance rates. Different characteristics were identified that predicted attendance and continuation in treatment for MET and SBNT.

Journal, Peer Reviewed Journal

Sophie Bennett

Discrepancy between inner and overt speech: Implications for post-stroke aphasia and normal language processing.

Aphasiology, March 2011, vol./is. 25/3(323-343), 0269-7038:1464-5041 (Mar 2011)

Background: Patients with aphasia often complain that there is a poor correlation between the words they think (inner speech) and the words they say (overt speech). Aims: This study tried to characterise the relation between inner speech and overt speech in post-stroke aphasia. Methods & Procedures: We tested language abilities, speech apraxia, and performance on inner speech tasks, including homophone and rhyme judgements, of 27 patients with chronic post-stroke aphasia. Outcomes & Results: The patients with aphasia were distributed across the entire spectrum of abilities related to both inner and overt speech. For most patients, performance levels of inner and overt speech were similar. However, some patients had relatively better-preserved inner speech with a marked deficit in overt speech, while in others the opposite pattern was observed. Conclusions: The results are discussed within the framework of current models of language, and their implications for language therapy and aphasia diagnosis are outlined.

Journal, Peer Reviewed Journal

Wright, Barry

How Together We Stand transformed the local delivery of mental health services.

Health Service Journal, March 2011, page 22

In 1996, following years of disjointed organisation and inequality in delivery, Together We Stand laid out a strategy to improve mental health services for children, young people and families. Adopting the strategy’s key principles transformed the York, Selby and Ealingwold CAMHS, as Barry Wright and Greg Richardson explain.

Journal article

Donna Kemp

Protecting children and supporting parents

Mental Health Nursing (Online), London volume 31, issue 1 (Feb 2011): page 22

There has been progress in legislation and practice guidance, but high-profile cases such as Baby Peter continue to present and have reinforced the need for collaborative multiagency working; for better communication and information sharing; and for proactive, preventative strategies to support families. The indirect impacts of mental health problems on the family need to be considered, such as financial problems, poor housing and social exclusion.

Journal, Peer Reviewed Journal

Barry Wright

Malatonin versus placebo in children with autism spectrum conditions and severe sleep problems not amenable to behaviour management strategies: A randomised controlled crossover trial.


Twenty-two children with autism spectrum disorders who had not responded to supported behavior management strategies for severe dysomnias entered a double blind, randomized, controlled crossover trial involving 3 months of placebo versus 3 months of melatonin to a maximum dose of 10 mg. 17 children completed the study. There were no significant differences between sleep variables at baseline. Melatonin significantly improved sleep latency (by an average of 47 min) and total sleep (by an average of 52 min) compared to placebo, but not number of night wakenings. The side effect profile was low and not significantly different between the two arms. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

Lee Marklow

How my research makes a difference to clients’ lives

Nursing Standard, 16 February 2011, vol./is. 25(24/63-69), 00296070

Not available

Journal article

Last updated: August 2019 Next revised date: February 2020
Bary Wright

Aims - The aim of this survey was to determine the availability of psychological support and care for young people with diabetes in secondary care services in the Yorkshire and Humber NHS Region during the transition period (i.e. ages 16-25 years). The survey was developed in line with both National Institute for Health and Clinical Excellence (NICE) guidance and National Service Framework (NSF) standards specific to children and young people with diabetes. It was distributed to the diabetes services in all 20 centres within the Yorkshire and Humber NHS Region. The response rate for this survey was 100%. All centres were aware that children and young people with type 1 diabetes may develop anxiety and/or depression, and all (100%) virtually all (95%) of the teams in the 20 centres agreed with the various key requirements stipulated in the relevant NICE guidance and NSF standards. However, many centres lacked key service elements, or indeed any plans to introduce them. The findings of this study are of national significance given the nature and size of the region studied and the likelihood that the national picture is similar to this. There is a general sense of awareness among diabetes services and teams regarding the need for psychological support and care for young people with diabetes in the transition period. Despite this, multiple gaps exist in services in relation to the already existing requirements and standards. The implications, including those for service commissioners, are discussed.

Journal Article

Peer Reviewed

PsychINFO

Available from Wiley online library (onlinelibrary.wiley.com)

MEDLINE

Available from the Acute Medicine Journal (acutemedjournal.co.uk)

EMBASE

Available from Wiley online library (onlinelibrary.wiley.com)
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<th>Author(s)</th>
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<tr>
<td>Arjula Gupta</td>
<td>Aug-10</td>
<td>The home based model of family intervention in early psychosis</td>
<td>The Association for Family Therapy and Systemic Practhealth: Context, August 2010, Issue 110, pages 39-43</td>
<td>Magazine available for purchase from the Association for Family Therapy and Systemic Practhealth: <a href="http://www.afth.org.uk">www.afth.org.uk</a></td>
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This article describes the development of a group for siblings of children with learning disabilities. It looks at issues relating to setting up and running the group and gives examples of the problems that maybe encountered by the children.

Tom Burns1 rightly draws our attention to the quiet revolution that removed continuity of care from consultant psychiatrists with the functional split between in-patient and community services. Despite my initial vocal resistance to the model, now that it is established in my place of work, I would not want to go back to being the prime focus for hundreds of patients throughout their mental healthcare journey. Since the functional model was introduced, I have felt more able to do a good job. Service users may be less worried about this change than many service providers.

The authors state that unsurprisingly, these opinions differ widely and range through ‘war on drugs’ rhetoric to overhaul claims for the success of specific interventions. The authors ask what might be the implications of this wide range of views for attempts to reach a consensus on best practice or even standard practice? To explore this question, the authors studied a range of drug misuse treatments offered in seven very different treatment agencies across the north of England as found in 2006. The authors discuss the thinking behind the design of the study and the issues raised later in this chapter but first give some background on how policy has moved the authors towards thinking in terms of this chapter.

In their excellent article, Hershaw & Prot (2010) briefly mention the impact that a low body weight can have on menstrual functioning. However, we feel that further discussion is needed regarding the complex relationship between eating disorders and reproductive functioning. Indeed, eating disorders are common and characteristically affect young women at what would otherwise be the peak of reproductive functioning. In anorexia nervosa, poor nutrition leads to a widespread endocrine disorder involving the hypothalamic–pituitary–gonadal axis, resulting in amenorrhoea in women and forming part of the operational diagnostic criteria...

Increasing bariatric surgery for appropriate candidates could be cost effective and save the NHS and the wider community millions of pounds a year. I however, such an increase may exacerbate the existing difficulties of obesity services in addressing the preoperative and postoperative psychiatric needs of patients having such surgery...

Comments on an article by Kate Wikliewitz et al. (see record 2010:14442-016). Wikliewitz et al. confirm three things that clinicians know: motivation matters, matching treatment styles to motivational state matters and dependence complicates things. The experienced clinician recognizes that people who are at different points in reaching a decision to change need different interventions; that discussion of behavior change interventions with people who have not made a decision to change is likely to result in treatment non-adherence. However, in their justification for analyzing Project MATCH data differently, Wikliewitz et al. suggest three other possible reasons for the initial, counter-intuitive findings. The advantage of their approach is to demonstrate that in fact the data were there, they simply needed a different method of analysis. The initial method of analysis might have lacked sufficient power to detect differences because of the chosen method of measuring motivation and the exclusion of people with medium levels of motivation. Experienced clinicians, having breathed a sigh of relief at the findings of Wikliewitz, are given ammunition to address the hard task of implementation of these empirically validated therapies and the respective matching criteria.
Eating disorders
Barry Wright,
This paper reports on the last 8 years in the development of a child mental health learning disability service. The growth,
Aims: To compare baseline characteristics of clients initially preferring abstinence with those preferring non-abstinence
Available from BJPsych
Available from BJPsych
SCOFF, the
Laura S Hill, Fiona
Objective: This article describes the three-stage development of the SCOFF, a screening tool for eating disorders.
Initial preference
Duncan Raistrick
John F Morgan
Laura S Hill, Fiona
D A Reid, John F
Available from BJPsych
The Psychiatrist,
Barry Wright
Chris Williams and
Marcella Sykes
May 10
A child and
adolescent mental
health service for
children with
intellectual
disabilities–8 years
on.
The Psychiatrist,
May 2010, vol./is.
345(195-199),
1758-3290(1758
3172) (May 2010)
English
This paper reports on the last 8 years in the development of a child mental health learning disability service. The growth,
challenges and pitfalls faced by the service are charted here. The paper also shows how a service can cope with rising
demand without the development of waiting lists and how a specialist service can be embedded within a generic child
and adolescent mental health service (CAMHS) as a tier 3 team, thus creating synergies and commonalities of purpose,
while avoiding service gaps that inevitably arise from separate services with specific referral criteria. This is a healthy
service model that meets the needs of local children with moderate to severe intellectual disabilities and concomitant
child mental health problems. (PsycINFO Database Record (c) 2014 APA, all rights
Journal, Peer Reviewed Journal
John F Morgan
Laura S Hill, Fiona
D A Reid, John F
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service model that meets the needs of local children with moderate to severe intellectual disabilities and concomitant
child mental health problems. (PsycINFO Database Record (c) 2014 APA, all rights
Journal, Peer Reviewed Journal
David Yeomans
May 10
Resolution and
remission in schizophrenia:
Getting well and
staying well.
Advances in
Psychiatric
Treatnent, March
2010, vol./is.
16(6):96-99,
1355
5146 (March 2010)
English
Remission is a new research outcome indicating long-term wellness. Remission not only sets a standard for minimum
severity of symptoms and signs (resolution); it also sets a standard for how long symptoms and signs need to remain at
this minimal level (6 months). Individuals who achieve remission from schizophrenia have better subjective well being
and better functional outcomes compared to those who do not. Research suggests that remission can be achieved in 20-60% of
people with schizophrenia. There is some evidence of the usefulness of remission as an outcome indicator for clinicians,
service users and their carers. This article reviews the literature on remission in schizophrenia and asks whether it could
be a useful clinical standard of well being and a foundation for functional improvement and recovery.
Journal, Peer Reviewed Journal
Duncan Raitstrock
Nick Heather,
Simon J Adamson,
Duncan Raitstrock,
Gary Stigg and
the United
Kingdom Alcohol
Treatment Trial
Research team
Mar 10
intervention
differences in the
treatment of
abstinance
groups. Alcohol and
Alcoholism, March
2010, vol./is.
45:2128-135,0735-
0414:146-3502
(Mar-Apr 2010)
English
Alcohol and its
interaction with alcohol problems
Two main questions were addressed in the study: (i) do alcohol treatment interventions differ in their ability to promote
abstinence and non-abstinence among clients with alcohol problems?; (ii) is the presence of alcohol problems associated
with differences in the effectiveness of alcohol treatment interventions? For the former question, multivariate logistic
regression analyses were used to compare the effectiveness of the different interventions for promoting abstinence and
non-abstinence. For the latter question, the goodness of fit for the different intervention groups was assessed using
multivariate logistic regression analyses. The results suggested that the effectiveness of alcohol treatment interventions
depended on the nature and severity of the alcohol problems. These findings have important implications for the design
and delivery of alcohol treatment interventions.
Aims: To compare treatment outcomes between clients preferring abstinence and those preferring non-abstinence at the screening stage of a randomized controlled trial of alcohol problems (the United Kingdom Alcohol Treatment Trial) and to interpret any differential outcome in light of baseline differences between goal preference groups outlined in an accompanying paper. Methods: Outcomes at 3 and 12 months’ follow-up were recorded both in categorical terms (abstinence/non-problem drinking/much improved/somewhat improved/same/worse) and on continuous measures (percent days abstinent, drinks per drinking day/dependence score). Results: Clients initially stating a preference for abstinence showed a better outcome than those stating a preference for nonabstinence. This superior outcome was clearer at 3 months’ follow-up but still evident at 12 months’ follow-up. The better outcome consisted almost entirely in a greater frequency of abstinent days, with only a modest benefit in drinking intensity for goal abstainers that disappeared when baseline covariates of goal preference were controlled for. Type of successful outcome (abstinence/non-problem drinking) was related to initial goal preference to obtained an abstinent outcome and those preferring non-abstinence a non-problem drinking outcome. Conclusion: The client’s personal drinking goals should be discussed at assessment and entry as a basis for negotiation. Clinicians should be prepared to identify and support goal change as an unexpected part of the treatment process that need not jeopardize good outcome. (Psychnfo Database Record (c) 2013 APA, all rights reserved) (journal abstract)
Objective: Recent research has emphasized vulnerability to eating disorders in gay men, with calls for research on causality, cultural factors and focus on a younger age cohort. This study aimed to examine body image and related eating behaviours in younger gay and straight men. Method: Qualitative study using a sample of gay and straight male university students, applying audiotaped and transcribed depth interview subjected to interpretative phenomenological analysis. Results: Fifteen young men (18-24) with a spectrum of sexual orientation (gay, straight and bisexual) agreed to participate. Five dominant categories emerged: body image ideal, external influences, perception of body image, dieting, mechanisms for modification (diet, exercise, cosmetics) and sexual orientation. Conclusion: Health and aesthetic ideals appear less divorced for young men than women, offering some degree of protection from eating disorders. Nonetheless there is widespread body dissatisfaction. Media and social influences are powerful, particularly for single gay men, but the study suggests fewer differences between similarities between gay and straight men. (PsycINFO Database Record (c) 2012 APA, all rights reserved) [journal abstract]

Wright, Barry, R A Smith, H Farnworth, Barry Wright and Victoria Allgar.

Jul 09

Are there more bowel symptoms in children with autism compared to normal children and children with other developmental and neurological disorders? A case control study.


English

There is considerable controversy as to whether there is an association between bowel disorders and autism. Using a bowel symptom questionnaire we compared 51 children with autism spectrum disorder with control groups of 35 children from special school and 112 from mainstream school. There was a significant difference in the reporting of certain bowel symptoms (constipation, diarrhoea, flatulence) and food faddiness between the autism group and the mainstream school control group. There was no significant difference between the autism group and the children in the special schools except for faddiness, which is an autism specific symptom and not a bowel symptom. This study confirms previously reported findings of an increase in bowel symptoms in children with autism. It would appear, however, that this is not specifically associated with autism as bowel symptoms were reported in similar frequency to a comparison group of children with other developmental and neurological disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved) [journal abstract]

John F Morgan and Jon Arbuckle

Nov-09

Body image in gay and straight men: A qualitative study.


English

Five dominant categories emerged: body image ideal, external influences, perception of body image, dieting, mechanisms for modification (diet, exercise, cosmetics) and sexual orientation. Conclusion: Health and aesthetic ideals appear less divorced for young men than women, offering some degree of protection from eating disorders. Nonetheless there is widespread body dissatisfaction. Media and social influences are powerful, particularly for single gay men, but the study suggests fewer differences between similarities between gay and straight men. (PsycINFO Database Record (c) 2012 APA, all rights reserved) [journal abstract]

Peter Trigwell

Timothy Nicholson, John Paul Taylor, C Gooden, Peter Trigwell and Khailda Ismail

Apr-09

National guidelines for psychological care in diabetes: How mindful have we been?


English

Aims To assess the availability and types of psychological services for people with diabetes in the UK, compliance with national guidelines and skills of the diabetes team in, and attitudes towards, psychological aspects of diabetes management. Methods Postal questionnaires to team leaders (doctor and nurse) of all UK diabetes centres (n = 446) followed by semi-structured telephone interviews of expert providers of psychological services identified by team leaders. Results Two hundred and sixty-seven centres (58%) returned postal questionnaires; 66 (25%) identified a named expert provider of psychological services, of whom 53 (80%) were interviewed by telephone. Less than one-third (n = 84) of responding centres had access to specialist psychological services and availability varied across the four UK nations (P < 0.02). Over two-thirds (n = 182) of centres had not implemented the majority of national guidelines and only 2.6% met all guidelines. Psychological input into teams was associated with improved training in psychological issues for team members (P < 0.001), perception of better skills in managing more complex psychological issues (P < 0.01) and increased likelihood of having psychological care pathways (P = 0.05). Most (81%) expert providers interviewed by telephone were under-resourced to meet the psychological needs of their population. Conclusions Expert psychological support is not available to the majority of diabetes centres and significant geographical variation indicates inequity of service provision. Only a minority of centres meet national guidelines. Skills and services within diabetes teams vary widely and are positively influenced by the presence of expert providers of psychological care. Lack of resources are a barrier to service provision. 2009 Diabetes UK.

Barry Wright

Barry Wright, J Aldridge, K Wurr, T Slipper, H Tomlinson and M Miller

Apr-09

Clinical dilemmas in children with limiting illnesses: decision making and the law.


English

Decision making about interventions for children and young people with life limiting illnesses is fraught with difficulties but faced regularly by staff in children's hospices and paediatric wards. The perspectives of family members and professionals may all be different. The process of discussion and negotiation and the mechanism by which a decision is arrived at is complex. Various laws have recently changed in the UK that have an impact on this process. This article discusses several clinical scenarios to better understand these decisions and the effects of changes in the law. It also discusses how multidisciplinary teams in children's hospices (and other supportive clinical systems) can best support young people and families with and without recourse to the law.
John F Morgan
Kate Webb, John F Morgan and Hubert John Lacey
Jan-09
Cerebral palsy and anorexia nervosa.
English
Objective: To describe the management of a woman with cerebral palsy and anorexia nervosa. Method: We carried out a literature search and gained consent and a history from the patient. We explored the etiological and ethical issues raised in this case. Results: Etiological issues are raised, looking at the interaction between physical disability and self-image. Clinical and practical difficulties of caring for a patient with physical disability properly on an eating disorder unit are discussed, as well as ethical issues concerning mental capacity and the use of the mental health act in anorexia nervosa. Conclusion: This case reminds us again that we can learn much from listening to patients. In this instance, service and operational policies on managing disabilities on the unit, were shaped by her input. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Peter Trigwell
Dec-08
Minding the gap: the provision of psychological support and care for people with diabetes in the UK.
Diabetes UK. 2008(39-42) 89), 0276-3478;1098-108X (Jan 2009)
English
Diabetes is a lifelong condition that now affects more than two million people in the UK, a number which is rising unrelentingly. It is associated with much morbidity and premature mortality, through its microvascular and macrovascular complications. Diabetes is a complex disease which places high behavioural demands on the person living with the illness on a daily basis. While access to well trained healthcare professionals is a key component of diabetes care, most of the burden of care remains with the individual with diabetes as they live their lives for more than 99% of their time away from contact with their diabetes team. While many people with diabetes cope well with their illness, it is perhaps small wonder that the rates of psychological problems and poor quality of life are much higher in those with diabetes than in the general population.

Peter Trigwell
Ashish Rana and Peter Trigwell.
Apr-09
Diabetes and liaison psychiatry: What about transition?
English
There are very few diabetes centres in the UK with a psychiatrist as part of the team (Dalvi et al, 2008). Our service in Leeds is one of those few and has been in existence since 1996. Prompted by the DaVi 12-month case-note review describing a service in London (Chelsea and Westminster) (Dalvi et al, 2008), we compared it with our service (for 2008 - 2009).

Peter Trigwell
Peter Trigwell
Duncan Raistrick.
Dec-08
Minding the gap: the provision of psychological support and care for people with diabetes in the UK.
Diabetes UK. 2008(39-42) 89), 0276-3478;1098-108X (Jan 2009)
English
Munchausen's syndrome presenting as rectal foreign body insertion: a case report.
English
BACKGROUND: This case report shows that Munchausen's syndrome can present as rectal foreign body insertion. Although the presentation of rectal foreign bodies has frequently been described in the medical literature, the insertion of foreign bodies into the rectum for reasons other than sexual gratification has rarely been considered.CASE PRESENTATION: A 30-year old, unmarried Caucasian male presented with a history of having been sexually assaulted five days earlier in a nearby city by a group of unknown males. He reported that during the assault a glass bottle was forcibly inserted into his rectum and the bottle neck broke. On examination, there was no evidence of external injury to the patient. Further assessment lead to a diagnosis of Munchausen's syndrome. The rationale for this is explained. A description and summary of current knowledge about the condition is also provided, including appropriate treatment approaches.CONCLUSION: This case report is important because assumptions regarding the motivation for insertion of foreign bodies into the rectum may lead to the diagnosis of Munchausen's syndrome being missed. This would result in the appropriate course of action, with regard to treatment, not being followed. It is suggested that clinicians consider the specific motivation for the behaviour in all cases of rectal foreign body insertion, including the possibility of tactitious disorder such as Munchausen's syndrome, and avoid any assumption that it has been carried out for the purpose of sexual gratification. Early involvement of psychiatrists is recommended. Cases of Munchausen's syndrome presenting as rectal foreign body insertion may be identified and addressed more effectively using the approach described.

John F Morgan
Kate Webb, John F Morgan and Hubert John Lacey.
Jan-09
Cerebral palsy and anorexia nervosa.
English
Objective: To describe the management of a woman with cerebral palsy and anorexia nervosa. Method: We carried out a literature search and gained consent and a history from the patient. We explored the etiological and ethical issues raised in this case. Results: Etiological issues are raised, looking at the interaction between physical disability and self-image. Clinical and practical difficulties of caring for a patient with physical disability properly on an eating disorder unit are discussed, as well as ethical issues concerning mental capacity and the use of the mental health act in anorexia nervosa. Conclusion: This case reminds us again that we can learn much from listening to patients. In this instance, service and operational policies on managing disabilities on the unit, were shaped by her input. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Peter Trigwell
Dec-08
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David Yeomans
David Yeomans and Frances Drake.
Dec-08
Public psychiatry: A challenge for the profession?
English
Michael Smith's article on 'public psychiatry' states that few people save psychiatrists care about psychiatry (Smith, 2008). However, research in other domains of public understanding suggests that it is hard to generate a conversation with the public, let alone one that is that is sympathetic to the experts' views (O'Neill, 2001). Such a conversation may ask psychiatry to reduce its role, power and status ...
Comments on an article by Nick Craddock et al. (see record 2008-03055-004). The paper by Craddock et al. and the subsequent eLetters illustrate the variety of opinions that attracted me to psychiatry. In our service we share responsibilities. I have noticed that some of my psychiatric colleagues (and myself at times) shy away from precise diagnosis, acutely aware of how diagnoses are deliberately used to stigmatise people by individuals outside mental health services (as well as within). If psychiatrists step back from diagnosis, then diagnosis may change from a clinical concept with an associated evidence base, to a financial planning tool. There are other drivers of change too. In the prevalent atmosphere of anxiety and blame, risk assessment, not diagnosis, is now arguably the main gateway into acute mental health services. This means that some very ill people may have to wait for treatment, while people who seem to be at acute risk are attended to first. Times change and if psychiatrists of any persuasion want to retain some influence they have to put up, not shut up; so well done for making the biomedical case. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

(from the preface) "The Invisible Man" is a self-help guide for men with eating disorders, compulsive exercise, and obesity. Written in four parts. Part I paints a picture of the wider context in which men suffer body image problems. It looks at the detailed history of male eating disorders, challenging the idea that these are new conditions. If then examines the barriers to recovery. Part II looks at the nature of the various conditions, including the features of anorexia nervosa, bulimia, binge eating, bigorexia (muscle dysmorphia), and obesity that are unique to men. Part III examines the science fact and science fiction of male eating disorders—exploring biological, psychological, and social aspects of these disorders. Part IV provides a practical, seven-stage approach to treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) Book Review Journal

(from the chapter) Many doctors involved with addiction problems will see themselves as having only a prescribing role. Emotion is a key part of the effectiveness of the interventions. Discussion. The paper presents a protocol for the first pragmatic randomised controlled trial evaluating the effectiveness and cost-effectiveness of stepped care interventions for older hazardous alcohol users in primary care. Trial registration. ISRCTN25573960. 2008 Coulton et al; licensee BioMed Central Ltd. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

We compared young people with high-functioning autism spectrum disorders (ASDs) with age, sex and IQ matched controls on emotion recognition of faces and pictorial context. Each participant completed two tests of emotion recognition, the first used Ekman faces series. The second used facial expressions in visual context. A control task involved identifying occupations using visual context. The ability to recognize emotions in faces (with or without context) and the ability to identify occupations from context was positively correlated with both increasing age and IQ score. Neither a diagnosis of ASD nor a measure of severity (Autism Quotient score) affected these functions, except that the participants with ASD were significantly worse at recognizing angry and happy facial expressions. Unlike the control group, most participants with ASD mirrored the facial expression before interpreting it. Test conditions may lead to results from everyday life. Alternatively, deficits in emotion recognition in high-functioning ASD may be less marked than previously thought. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Dec-08
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John F Morgan, Martin Schmidt, John F Morgan, and Farida Yousaf. Nov-08


Aims and method: To examine service-level variables predicting treatment adherence in a specialist eating disorder unit. We analysed a sample of 157 individuals consecutively referred to the unit over an 18-month period. Associations were determined using odds ratios. Results: Individuals with a formal care programme at the point of referral were more likely to stay in treatment. Treatment adherence was not predicted by illness severity or waiting time. Follow-up by a dietician and acceptance of referral to support group predicted better treatment outcomes. Clinical Implication: Although the standard care programme approach may be relinquished in the UK, we recommend that this approach or its equivalent be used in specialist eating disorder services to improve treatment adherence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract) Journal, Peer Reviewed Journal

Gillian Tobor, Wendi Clyne, Cllaire Whitton, Amanda Fairn, Ian Russell and UKATT Research Team. Nov-08


Aim: The aim of this study was to describe the development and validation of the UK Alcohol Treatment Trial Process Rating Scale (UKATT PRS), a manual based method for monitoring and rating the delivery of psychosocial treatments of alcohol dependence and misuse. Methods: Following adaptation and further development of a validated rating scale, the ability of the UKATT PRS to rate the delivery of video-recorded treatment in the UK Alcohol Treatment Trial (UKATT) was tested. Results: Tests of the validity and reliability of the UKATT PRS show that it is valid and reliable ability to detect the two treatments for which it was designed and to discriminate between them. Conclusions: The UKATT PRS is a valid and reliable method of rating the frequency and quality of therapeutic style and content in the delivery of two psychosocial treatments of alcohol use and dependence. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract) Journal, Peer Reviewed Journal

Carol Martin, Rebecca Harding, Carol Martin and John Holmes. Sep-08


Delirium is a common complication in general hospitals associated with negative outcomes. To better understand the experience of delirium, the study interviewed older people, recruited from two orthopaedic trauma wards in a large general hospital, who had become delirious after reparative hip surgery. A semi-structured interview schedule covered unusual experiences, explanations for these experiences and discussing unusual experiences. Nine participants gave informed consent and described delirious experiences following surgery. The study allowed an in-depth analysis of the experiences and concerns of participants. All participants seemed to struggle to make sense of their delirium, and seven used strategies which discouraged discussion of their symptoms. The difficultly that they encountered into their delirious experiences. It may have contributed to their anxiety. The study recommends providing information for patients and relatives to help them understand delirium and training healthcare staff to help them facilitate open discussions with patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract) Journal, Peer Reviewed Journal

John F Morgan. Sep-08


Reviews the book: Psychological responses to eating disorders and obesity edited by Julia Buckroyd and Sharon Rother. (journal abstract) Book Review

Barry Wright. Sep-08


Background: Much of the care for children and young people with life-limiting conditions is now delivered in the home and new services have developed to support families in this setting. It is essential to monitor and evaluate whether these services are meeting the needs of families. Aims: To evaluate a new rural community palliative care service for children according to the perceptions of families and service providers, to make changes suggested by families and to re-evaluate 1 year later. Method: In 2005, 2 years after the onset of the service, 24 families were sent postal questionnaires, including the Measure of Process of Care (MOPC-UK). Changes suggested by families were then implemented. In 2006, all of the families receiving care from the service (n = 27) were given the option of completing the questionnaire independently or with the support of an impartial researcher. Two families also completed qualitative interviews about their experience of the service with an impartial researcher. In both years, the service providers, (n = 12 and n = 15, respectively) were asked to complete the Measure of Process of Care for Service Providers (MOPC-SP). The service providers were the clinicians providing direct care (paediatrician, community nurses, dietician, psychologist, occupational therapist, physiotherapist, and speech and language therapist). Results: Seven (29%) of families completed the survey in 2005. Families rated ‘respected and supportive care’ as the highest in the MOPC-UK and ‘providing general information’ as the lowest. Particular emphasis was placed on improving provision of information during the following year. Fourteen (52%) families completed the survey in 2006. Scores increased across all domains in the second survey. The largest increase was ‘providing general information’. Conclusion: The results from both of the MOPC tools were extremely useful in helping providers to identify aspects of the service in need of improvement and hence implement valued changes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract) Journal
Cross-sectional Having different levels of sight or hearing leads to different childhood developmental pathways. This article briefly describes these pathways and the research evidence currently available. Approximately 1 in 10,000 children are born blind and 1 in 10,000 are born deaf. The main cause of developmental delay in these children is usually to do with co-morbidities such as other neurological problems or syndromes. The second mechanism relates to different experiences that parents have with their children or others at risk. Anonymised data were collected using a semistructured questionnaire. Results: All of the 87 hospital wards were studied, containing a total of 1773 beds. 42 male and 26 female patients (n = 68) were identified by nursing staff as patients with disturbed behaviour in the time period covered, with 33 patients being < 65 years of age and 35 being elderly (>65 years of age). An almost equal proportion of the younger and older patient groups placed themselves or others at risk. In the majority of cases, aggressive behaviour by patients was directed towards staff rather than other patients. 60 patients required additional staff time due to the disturbed behaviour, 34 required additional medication, and 22 patients were referred to liaison psychiatry. Conclusions: Disturbed behaviour presents in the general hospital in less than 4% of patients, both above and below the age of 65 years, but consumes a disproportionate amount of resources. Responses required to manage this include additional medication, additional staff time or other interventions. The quantity and nature of disturbed behaviour in the general hospital have implications for effective service provision and development.
Tariq Mahmood
M A Franks, K A N MacIntichie, Tariq Mahmood and A H Young.

Jun-08
Bouncing back: Is the bipolar rebound phenomenon peculiar to lithium? A retrospective naturalistic study.
In bipolar disorder the discontinuation of lithium prophylaxis is associated with early episode precipitation. Is this 'rebound' phenomenon peculiar to lithium? This naturalistic retrospective case note review investigated the frequency of immediate recurrence after discontinuation of any prophylactic treatment. Bipolar patients who stopped at least one medication after at least 6 months of remission were studied. A total of 310 case notes were examined in a systematic search. A total of 53 cases of discontinuation in 48 subjects were found. Discontinued medications included lithium, valproate, carbamazepine, typical and atypical antipsychotics and antidepressants. Recurrence occurred within 3 months of medication withdrawal in 39 cases (74%). Over half of the discontinuation episodes involved lithium: recurrence occurred in 86% of these cases. In the groups stopping other prophylactic agents, a majority of subjects suffered recurrence: anticonvulsants (89%), antipsychotics (64%) and antidepressants (58%). However, these groups were small and the clarity of the data was undermined by the simultaneous withdrawal of other agents. Manic and hypomanic episodes were the most common form of recurrences. Depressive episodes occurred proportionately most frequently following antidepressant withdrawal. More than half of recurrences required hospital admission. This study provides preliminary naturalistic evidence that early episode recurrence in bipolar disorder is not peculiar to lithium withdrawal but may occur following withdrawal of medication from all classes recommended in prophylaxis. These findings, if replicated, have important implications for clinical practice and for research. (PsychINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

John F Morgan

May-08
Screening for eating disorders in primary care: EDE-Q versus SCOFF.
Objective and Methods: The comparative validity of the Eating Disorder Examination Questionnaire (EDE-Q) (22 items) and SCOFF (five items) in screening for cases of the more commonly occurring eating disorders was examined in a primary care sample of young adult women (n = 257). Diagnoses were confirmed in a sub-group of 40 randomly selected patients (n = 147). Results: Twenty-five cases, primarily variants of bulimia nervosa (BN) not meeting formal diagnostic criteria, were identified in the interviewed sample. An EDE-Q global score of >2.89 yielded the optimal trade-off between sensitivity (Se) (0.80) and specificity (Sp) (0.90) (positive predictive value (PPV) = 0.44), whereas a score of two or more positive responses on the SCOFF was optimal (Se = 0.72, Sp = 0.73, PPV = 0.35). Validity coefficients for both measures varied as a function of participants' age and body weight, although these effects were more pronounced for the SCOFF. Conclusions: Both measures performed well in terms of their ability to detect cases and to exclude non-cases of the more commonly occurring eating disorders in a primary care setting. The EDE-Q performed somewhat better than the SCOFF and was more robust to effects on validity of age and weight. These findings need to be weighed against the advantage of the SCOFF in terms of its brevity. (PsychINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

John F Morgan
John F Morgan.

Apr-08
Binge eating: ADHD, borderline personality disorder, and obesity.
Recent research in genomics, attention deficit/hyperactivity disorder (ADHD), autistic spectrum disorders (ASDs), and cognitive processing deficits has advanced our understanding of the relevance of personality, neurodevelopment, and binge eating to the 'eating disorder spectrum'. Causal relations between eating disorders and personality disorders remain unclear. Family studies suggest an increase in 'cluster B' personality disorders in bulimia nervosa. Treatment models for bulimia and co-morbid borderline personality disorder (BPD) address the problem of 'symptom substitution' of bulimia with self-harm or addiction. Cognitive processing deficits link both conditions, and may be helped by cognitive remediation therapy and problem-solving therapy. ADHD and ASD are common neurodevelopmental disorders affecting impulse control and interpersonal relations. Preliminary studies suggest that 23% of patients with an eating disorder show features of ASD, and 17% have ADHD, although this may be a reflection of nutritional status. If confirmed, these findings have clinical implications and may explain treatment resistance. A mediating role for ADHD should be considered as a differential diagnosis in co-morbid BPD. Binge eating disorder (BED) may affect one in four obese people, with a distinction between obesity and purging bulimia nervosa. Family studies suggest some shared vulnerability factors for obesity and BED, including genotype, but also divergence. National Institute for Health and Clinical Excellence guidelines on bariatric surgery for obesity require eating disorders to be addressed, and research indicates that eating disorders may predict the outcome of surgery. Research into cognitive processing, impulsivity, neurodevelopmental disorders, and genomics may help us better to match treatment to the patient. 2008 Elsevier Ltd. All rights reserved.

Graham Firth
Graham Firth.

Mar-08
A Dual Aspect Process Model of Intensive Interaction.
Intensive Interaction is an empirically researched approach to developing fundamental communication and sociability for people with severe and profound learning disabilities and/or autism. However, it is the author's contention that certain aspects of Intensive Interaction are not universally conceptualised in a uniform manner, and that there are two general process models that are used to describe the approach by an increasing number of multi-disciplinary practitioners and advocates. Firstly, there is a 'Social Inclusion Process Model' of Intensive Interaction, with practitioners using the approach with the primary aim of inclusively responding to the communication of a person with learning disability, however it is expressed. Secondly, there is a 'Developmental Process Model', with practitioners having identifiably educative or developmental goals, rather than the approach being viewed simply as a means of contemporaneous social inclusion. In an attempt to clarify this position, this paper makes the case for a Dual Aspect Process Model of Intensive Interaction.
David Yoemans, Chris Bushe, David Yoemans, Tamizn Floyd and Shubulade M Smith

Mar 08


English

Hyperprolactinaemia may be associated with hidden longer-term consequences, such as osteoporosis, bone fractures, pituitary tumours and breast cancer. Prolactin data from clinical trials is not always reported in a categorical manner and does not always allow the risk of hyperprolactinaemia to be evaluated for specific patient cohorts. Patients participating in a physical health management programme in the UK for severe mental illness patients-the Well-being Support Programme-had prolactin measurements made regardless of symptoms. Prolactin data from the complete cohort of 178 patients receiving antipsychotics in Leeds and London are reported. Hyperprolactinaemia was measured in 33.1%, but more commonly in females than males (47.3% and 17.6%) and was associated with all antipsychotics except clozapine. The highest prevalence rates were found in amisulpride (> n = 20) 89%, risperdone long-acting intramuscular injection (LAM) 67% (n = 6) and risperidone > (n = 30) 55% used as antipsychotic monotherapy. Clinically Significant hyperprolactinaemia (>1000 mIU/L ~47 ng/ml) was measured in 15.8% of patients, predominantly in females. Levels >2000 mIU/L ~95 ng/ml in 6.2% of the complete cohort. Clinicians may wish to add prolactin measurement to the routine laboratory parameters currently measured for some antipsychotics and should be advised of the potential longer-term consequences of hidden hyperprolactinaemia. (PsyINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)


Mar 08


English

A group of international experts in psychiatry, medicine, toxicology and pharmacy assembled to undertake a critical examination of the currently available clinical guidance on hyperprolactinaemia. This paper summarises the group's collective views and provides a summary of the recommendations agreed by the consensus group to assist clinicians in the recognition, clinical assessment, investigation and management of elevated plasma prolactin levels in patients being treated for severe mental illness. It also deals with the special problems of particular populations, gives advice about information that should be provided to patients, and suggests a strategy for routine monitoring of prolactin. The recommendations are based upon the evidence contained in the supplement 'Hyperprolactinaemia in schizophrenia and bipolar disorder: Clinical Implications' (2008). The guidance contained in this article is not intended to replace national guidance (such as that of the National Institute of Clinical Excellence), however, it does provide additional detail that is unlikely to be covered in existing guidelines, and focuses on areas of uncertainty and disagreement. We hope it will add to the debate about this topic. (PsyINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Tariq Mahmood, Palia J Valapalli, Sangeetha Sankarmanayan and Tariq Mahmood

Mar 08


English

Comments on an article by Helen Smith and Tom White (see record 2007-17844-005), who assessed the feasibility of introducing water management into a forensic psychiatric facility. The current author states that Smith and White showed it was feasible to complete HCR--20 ratings on most patients within 48 hours of admission to their general psychiatric wards, but did not demonstrate that this approach was likely to be valid or useful. It is suggested that the HCR--20 is an appropriate tool for forensic patients, but the MacArthur Classification of Violence Risk (COVR) is more valid for general psychiatry. (PsyINFO Database Record (c) 2014 APA, all rights reserved)

Barry Wright, Chris Williams and Greg Richardson.

Mar 08


English

There is a large body of research showing that there is a much higher prevalence of psychiatric disorders in children and adolescents with learning disabilities than in those without (Dykens, 2000; Stromme & Diseth, 2000; Tonge & Einfield, 2000; Emerson, 2003; Whitaker & Read 2006; Department for Education and Skills & Department of Health, 2006). People with psychiatric disorders and learning disabilities have poorer educational qualifications, do less well in the labour market and have lower income than other people (Prime Minister’s strategy Group, 2005) ...

Duncan Haistock and Gillian Tober

Feb 08


English

Objective and design: To survey NHS staff in one NHS Region to determine (i) the extent of substance use and related problems, (ii) therapeutic attitudes towards people with substance misuse problems. A single phase cross-sectional survey of health care professionals across six health authorities in the Yorkshire and Humberside region of England. Fifty-six service areas were randomly selected from general psychiatry, accident and emergency, general medicine, including liver and obstetric units. Data were collected by means of an anonymous self-completion questionnaire. Results and conclusion: Forty-two per cent of questionnaires were returned. NHS staff reported similar rates of drinking, smoking and illicit drug use to those of the same age and sex in the general population. Doctors smoke less and use fewer illicit drugs, health care assistants smoke more and nurses more illegal drugs. In contrast to surveys in primary care, this survey found that specialists scored lower on role legitimacy of working with substance misusers. There is a logic as to why this might be the case, however, there needs to be a review of how best to deliver the government strategies for alcohol misuse, smoking and illicit drug use. In secondary care there is a case for substance misuse interventions by professionals who are not integral to the specialist team. (PsyINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Introduction: Patients with severe mental illness (SMI) have higher rates of cardiovascular disease (CVD) morbidity and physical health problems in SMI need to be implemented and evaluated in this already marginalised group of people. Hypertension/prehypertension (50%), hyperlipidaemia (71%), poor diet (32%), low exercise levels (37.4%) and smoking overall physical health by providing basic physical health checks, health promotion advice, weight management and interventions to be more successfully planned and supported.

Results and Conclusions: Increased and novel client responses were reported which were consistent with previous using a Grounded Theory methodology. Research Link

Graham Firth, Helen Elliott, Catherine Leeming and Marion Crabbe

Dec-07

Intensive Intonation as a Novel Approach in Social Care: Care Staff's Views on the Practice Change Process

Journal of applied Research in Intellectual Disabilities, Volume 21, Issue 1, Pages 58-69

English

Background: Intensive Interaction is an approach to developing the pre-verbal communication and sociability of people with severe or profound and multiple learning disabilities and autism. Previous research has indicated many potential benefits; however, the approach is not consistently used in social care.

Aim: To report on the significant and influential issues for care staff when adopting Intensive Interaction as a novel approach in the social care setting for clients with profound and multiple learning disabilities.

Materials and Methods: Twenty-nine care staff from four residential settings were trained and supported in the use of Intensive Interaction over a 6-month period. Interviews with staff members and researcher field notes were analysed using a Grounded Theory methodology.

Results and Conclusions: Increased and novel client responses were reported which were consistent with previous research. However, some practical and philosophical difficulties were highlighted by staff regarding their adoption of the approach. Consideration of care staff's experiences and perspective could enable future Intensive Interaction interventions to be more successfully planned and supported.

David Yoemans

Dec-07

A well-being programme in severe mental illness. Baseline findings in a UK cohort


English

Introduction: Patients with severe mental illness (SMI) have higher rates of cardiovascular disease (CVD) morbidity and mortality than the general population. In the UK, data were limited regarding the known prevalence of physical health surveys of SMI patients. Aims: A total of 866 patients with SMI from seven geographically varied regions in the UK agreed to participate in a 2-year nurse-led intervention (Well-being Support Programme), designed to improve their overall physical health by providing basic physical health checks, health promotion advice, weight management and physical activity groups in secondary care. Results: At baseline, only 31% of participants had undergone a recent physical health check. There were high rates of obesity (BMI >30 in 49%), glucose abnormalities (12.4%), hypertension (10%) hypothyroidism (71%), poor diet (32%), low exercise levels (27.4%) and smoking (50%). Conclusions: Patients with SMI where healthcare professionals have concerns regarding their physical health have potentially modifiable risk factors for CVD, which remain unaddressed. Programmes designed to address the physical health problems in SMI need to be implemented and evaluated in this already marginalised group of people. 2007 The Authors.
Kim Wolff (editor), Duncan Raisrick, Nick Lusum and Joanna Banbery.


English (from the chapter) Substance misuse is often considered to be an unpopular subject with many doctors, partly because of the frequent relapse experienced by addicts and partly because of the behavioral problems that can occur when drug users interact with substance misuse treatment services. Many clinical drug treatment services are dominated by the prescribing of methadone to those dependent on heroin (diacetylmorphine). Methadone maintenance treatment (MMT) has been the most rapidly extended treatment for heroin dependence over the last 30 years with increasingly large numbers of countries providing such treatment for extensive treatment populations. Even more recently buprenorphine, a partial agonist, has been introduced into drug treatment services and has provided an alternative to methadone. Many doctors involved with addiction problems will see themselves as having only a prescribing role whereas specialists in the field will, in addition, require a repertoire of psychotherapy skills. Prescribing for patients who may have a dependence on a number of drugs, who may wish to conceal the extent of their substance use, and who may have a marked tolerance to some classes of drug is discussed in order to help inform the practitioner. This chapter is divided into six sections, mainly intended to provide an overview for the nonspecialist. The first section explains the psychology of addiction, as opposed to the neurochemistry of addiction discussed in Chapter 6. Overviews are provided of substitute prescribing, an increasingly accepted practice. Considerable discussion is devoted to the identification and management of withdrawal syndromes, whether sedative or stimulant. The final section briefly discusses toxicological testing, primarily for the purpose of assessing compliance. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Book chapter Book available for purchase.

Tariq Mahmood Joseph I Tracy, Cynthia Lippincott, Tariq Mahmood, Bridgid Waldron, Kevin Kanauss, David Glosser and Michael R Sperling


English Purpose: The degree to which depression interacts with the cognitive deficits of epilepsy to alter cognitive skill and general functioning is unknown. Depression has significant negative effects on adaptive functioning including cognitive skills. Temporal lobe epilepsy (TLE) patients are known to possess cognitive dysfunction. Thus, TLE patients who are depressed may suffer a double burden of cognitive deficits. Methods: We examined whether depressed patients show increased cognitive deficits relative to nondepressed TLE patients (n = 59). We then sought to determine if this effect varied for left versus right TLE patients utilizing preoperative depression and neuropsychological data. To accurately study the lateralization of any observed effects, we selected only patients with definitive evidence of unilateral pathology and seizure focus and utilized a two year seizure-free postsurgical outcome to capture this. Results: The data suggested that cognitive performance was not related to depression, and that depression did not reliably mediate the cognitive presentation of either our left or right TL patients. The notion of a double burden on cognition did not receive support from our data. The data did produce the expected advantage on verbal memory measures for right TLE patients. Conclusions: The reasons for the limited statistical effects are discussed and issues in unravelling the causal relationships between depression, cognition, and TLE are considered. We discussed the potential role depression may play in the cognitive skills of TLE patients, but the major implication is that depression and neuropsychological performance appear to bear a limited relationship in the context of TLE. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Journal Peer Reviewed Journal

Gillian Tober Gillian Tober and Duncan Raisrick


English This is the protocol for a review and there is no abstract. The objectives are as follows: This review will examine all randomised controlled trials which determine the effectiveness of psychosocial interventions in pregnant women who are enrolled in alcohol treatment programmes when compared to other psychosocial interventions, placebo, non-intervention, pharmacological treatment and pharmacological treatment in association with psychosocial treatment on improving birth and neonatal outcomes as well as maternal and neonatal alcohol abstinence and on treatment retention and alcohol reduction.


Gillian Tober and Duncan Raisrick Duncan Raisrick and Gillian Tober


English (from the book) Motivational Dialogue explores the application of motivational interviewing in various contexts, with a view to enhancing understanding and improving practice. The book describes the research and practice of motivational interviewing as a stand alone intervention, as an adjunct to further treatment, and as a style of delivery of social and behavioural interventions. The contributors draw on their expertise and experience as researchers, teachers and practitioners to encourage the reader to appreciate the broad applicability of motivational dialogue. The book is divided into 5 sections, which cover: reflections and a model; the evidence base; learning and practice; four studies of motivational therapy in practice; and, motivational dialogue and stepped care. Motivational Dialogue will be of great interest to psychiatrists, clinical psychologists and anyone in the social and health care professions who is involved in assisting people to challenge addictive behaviours. (PsycINFO Database Record (c) 2012 APA, all rights reserved)


Gillian Tober


English (create) Growing numbers of practitioners in the UK who offer treatment to people with alcohol, drug and smoking dependence and related disorders have been trained to deliver motivational interviewing as a treatment. Motivational interviewing grew in popularity for a number of reasons: it was consistent in principle with the ‘person-centered’ style of counseling taught on many British counseling courses, it suited the more liberal approach to client self-determination of goals that had become standard practice with the widespread acceptance of controlled drinking and harm reduction as legitimate aims of treatment and, probably more universally, it relieved practitioners of the frequently experienced problem of getting into conflict with clients over drinking or drug use self report and intention to change which, as described in Chapter 1, is likely to be the product of a more confrontational approach. However, by the 1990s there was still no study demonstrating the quality and outcome of motivational interviewing practice in the UK compared to other approaches. This chapter begins by looking at the evidence base in the UK. It then discusses training staff to practice Motivational Enhancement Therapy (MET). The remainder of this chapter deals with training for the MET arm of the UK Alcohol Treatment Trial. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Book chapter Book available for purchase.

Last updated: August 2019 Next revised date: February 2020
What is motivational dialogue? (create) This chapter begins by providing an introduction to the book. It then makes some terminological considerations. A brief and selective history of motivational interviewing is presented to highlight the simple, first and central principles of motivational interviewing. (PsycINFO Database Record (c) 2012 APA, all rights reserved) Motivational interviewing has been practised in the UK primary care setting over many years; a popular intervention because it enables the primary care doctor to address questions of behaviour change in a non-confrontational manner, exploring the reasons for change, eliciting and exploring concerns with the aim of creating a desire to change based upon confidence and optimism in its results. It depends from the practice of persuading the patient of the benefits of and need to change and has been applied to problems that require behavioural change in order to bring about improvements in health. Smoking cessation interventions in the primary care and specialist setting in the UK have been based primarily upon motivational interviewing and behavioural interventions. Effects found in two studies (Butler et al. 1999; Colby et al. 1998) have been described as "small but significant" and "encouraging" (Dunn et al. 2001). In this chapter we document a single session, part of a three session structured Motivational Enhancement Therapy (MET) delivered by a primary care doctor to a patient for smoking cessation. This session follows the protocol for MET as delivered in the UK Alcohol Treatment Trial and described in Chapter 10. The transcript is a verbatim account derived from a video-recorded session and the patient gave written informed consent for use of the video content as a contribution to this book. In the transcript, T denotes the therapist, in this case a primary care physician and P is the patient. The doctor begins with a summary of the current situation and the patient's previously completed decisional balance (describing the pros and cons of smoking). The commentary and description is provided at the end of the transcript of the dialogue, in order to avoid breaking up the flow. (PsycINFO Database Record (c) 2012 APA, all rights reserved) The doctor describes what the patient had said about his past smoking, including his current motivation for change, and states the patient's desire to change as a treatment combined with other treatments. In this chapter we suggest a further integration whereby all interventions are delivered using a stepped care framework starting with assessment and simple advice and working up through increasingly intensive interventions. The point of this book, and the two final chapters in particular, is to demonstrate the potential benefits and the feasibility of delivering all these interventions in the style of motivational dialogue. It is a way of putting together all the evidence we have assembled into a logical interpretation and then into practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved) This is the starting point for this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved) This chapter follows from Chapter 12; the reader will benefit from reading Chapter 12 before tackling this one. The chapter begins by providing an introduction to the book. It then makes some terminological considerations. A brief and selective history of motivational interviewing is presented to highlight the simple, first and central principles of motivational interviewing. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Duncan Raistrick and Gillian Tober
Ian Russell, Duncan Raistrick and Gillian Tober.

Towards evidence-based practice through pragmatic trials: Challenges in research and implementation.

English

(from the chapter) Why has it proved difficult to find the best psychological treatment for substance misuse problems or dependence? Project MATCH and the UK Alcohol Treatment Trial are examples of large studies which found close similarity between different treatments. These findings were not entirely unexpected since researchers are bound to compare the most promising treatments available to them. Moreover the outcomes of psychological interventions are influenced by the therapeutic alliance between therapist and client as well as by the intrinsic effectiveness of those interventions. In the face of these challenges there is concern that previous policy and purchasing decisions for substance misuse treatment have been based upon sub-optimal research designs. This chapter discusses the methodological issues behind the choice of research design in this field. (PsychINFO Database Record (c) 2012 APA, all rights reserved)

Book, Edited Book
PsychINFO
Book available for purchase.

Barry Wright
Barry Wright and Chris Williams.

Nov-07


English

The needs of parents and carers of children on the autism spectrum are not met by conventional parenting strategies.

Barry Wright and Chris Williams. Why has it proved difficult to find the best psychological treatment for substance misuse problems or dependence? Project MATCH and the UK Alcohol Treatment Trial are examples of large studies which found close similarity between different treatments. These findings were not entirely unexpected since researchers are bound to compare the most promising treatments available to them. Moreover the outcomes of psychological interventions are influenced by the therapeutic alliance between therapist and client as well as by the intrinsic effectiveness of those interventions. In the face of these challenges there is concern that previous policy and purchasing decisions for substance misuse treatment have been based upon sub-optimal research designs. This chapter discusses the methodological issues behind the choice of research design in this field. (PsychINFO Database Record (c) 2012 APA, all rights reserved)

Book Author
PsychINFO
Book available for purchase.

David Yeomans

Oct-07


English

A well being programme in severe mental illness. Reducing risk for physical ill health: A post-programme service evaluation at 2 years.

David Yeomans. A well being programme in severe mental illness. Reducing risk for physical ill health: A post-programme service evaluation at 2 years.


English

Introduction: Cardiovascular disease is more prevalent in patients with severe mental illness (SMI) than in the general population. Method: Seven geographically diverse centres were assigned a nurse to monitor the physical health of SMI patients in secondary care over a 2 year period in the “Well-being Support Programme” (WSP). A physical health screen was performed and patients were given individual lifestyle advice including smoking cessation to reduce cardiovascular risk. Results: Nine hundred and sixty-six outpatients with SMI >2 years were enrolled. The completion rate at 2 years was 80%. Significant improvements were observed in levels of physical activity (p < 0.0001), smoking (p < 0.005) and diet (p = 0.0031). There were no changes in mean BMI although 42% lost weight over 2 years. Self-esteem improved significantly. Low self-esteem decreased from 43% at baseline to 15% at 2 years. At the end of the programme significant cardiovascular risk factors remained, 46% of subjects smoked, 26% had hypertension and 81% had BMI >35. Conclusion: Physical health problems are common in SMI subjects. Many patients completed 2 years follow up suggesting that this format of programme is an acceptable option for SMI patients. Cardiovascular risk factors were significantly improved. Interventions such as the Well-being Support Programme should be made widely available to people with SMI. (PsychINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal
PsychINFO
Available from PubMed.

John F Morgan
Samantha Scholz, Louise Biddleke, John F Morgan, Alberto Ferreres, Ashraf El-Etar, Hubert John Lacey, Ian Russell, Sep-07

Obesity Surgery, September 2007, vol.17(1220-1225), 0960-8923 (September 2007)

English

Long term outcomes following laparoscopic adjustable gastric banding: Postoperative psychological sequelae predict outcome at 5-year follow-up.

John F Morgan. Long term outcomes following laparoscopic adjustable gastric banding: Postoperative psychological sequelae predict outcome at 5-year follow-up.

Obesity Surgery, September 2007, vol.17(1220-1225), 0960-8923 (September 2007)

English

Background: NICE guidelines state that patients with psychological contra-indications should not be considered for bariatric surgery, including Laparoscopic Adjustable Gastric Banding (LAGB) surgery as treatment of morbid obesity, although no consistent correlation between psychiatric illness and long-term outcome in LAGB has been established. This is to our knowledge the first study to evaluate long term outcomes in LAGB for a full range of DSM-IV defined psychiatric and eating disorders, and forms part of a research portfolio developed by the authors aimed at defining psychosocial predictors of bariatric surgery in the short-, medium- and long-term. Methods: Case notes of 37 subjects operated on between April 1997 and June 2000, who had undergone structured clinical interview during pre-surgical assessment to yield diagnoses of mental and eating disorders according to DSM-IV criteria were analysed according to a set of operationally defined criteria. Statistical analysis was carried out to compare those with a poor outcome and those considered to have a good outcome in terms of psychiatric profile. Results: In this group of mainly female, Caucasian subjects, ranging in age from 27 to 60 years, one-third were diagnosed with a mental disorder according to DSM-IV criteria. The development of postoperative DSM-IV defined binge eating disorder (BED) or depression strongly predicted poor surgical outcome, but pre-surgical psychiatric factors alone did not. Conclusion: Although pre-surgical psychiatric assessment alone cannot predict outcome, an absence of preoperative psychiatric illness should not reassure surgeons who should be mindful of postoperative psychiatric sequelae, particularly BED. The importance of providing an integrated biopsychosocial model of care in bariatric teams is highlighted. 2007 Springer Science + Business Media B.V.

Journal Article
EMBASE
Available from ResearchGate.

Duncan Raistrick, and Gillian Tober
Duncan Raistrick, Gillian Tobe, Nick Heathward and Jennifer A Clark.

Sep-07


English

Aims and Method: To develop a scale to measure social satisfaction in people with substance use disorders and to test its psychometric properties. The rationale is that social satisfaction is more universal and relevant to treatment planning than assessing social problems. The new Social Satisfaction Questionnaire (SSQ) was derived from an existing social problems questionnaire and validation was undertaken on two large clinic populations. Results: An eight-item SSQ was compared with substance use. The new Social Satisfaction Questionnaire (SSQ) was derived from an existing social problems questionnaire and validation was undertaken on two large clinic populations. Results: An eight-item SSQ was compared with substance use. The new Social Satisfaction Questionnaire (SSQ) was derived from an existing social problems questionnaire and validation was undertaken on two large clinic populations. Results: An eight-item SSQ was compared with substance use.

Duncan Raistrick, and Gillian Tober, Nick Heathward and Jennifer A Clark. Aims and Method: To develop a scale to measure social satisfaction in people with substance use disorders and to test its psychometric properties. The rationale is that social satisfaction is more universal and relevant to treatment planning than assessing social problems. The new Social Satisfaction Questionnaire (SSQ) was derived from an existing social problems questionnaire and validation was undertaken on two large clinic populations. Results: An eight-item SSQ was compared with substance use. The new Social Satisfaction Questionnaire (SSQ) was derived from an existing social problems questionnaire and validation was undertaken on two large clinic populations. Results: An eight-item SSQ was compared with substance use.


English

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English

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English
**David Yeomans**


*English*

Partnership working with the voluntary sector is developing across mental health services. Such partnerships have the support of the Royal College of Psychiatrists and the Department of Health. Setting up a partnership requires enthusiastic psychiatrists who are willing to work in new ways. These psychiatrists will face issues of personal and clinical responsibility, confidentiality and fairness. They will also have to deal with continuing changes that could unsettle a new and developing collaborative. Early intervention services may use partnerships more than other adult psychiatry services, but partnerships could be established in any specialty. Psychiatrists should make sure that appropriate evaluation is built into any new partnership.

**Tom Isherwood, Mick Burns, Mark Naylor and Stephen Read**


*English*

Quantitative and epidemiological studies have identified common factors in the histories of people who offend. People with learning disabilities are over-represented among certain groups of offenders. However, there is an absence of literature that examines this phenomenon from the perspective of the individual by exploring the experience and understanding in their own narrative. This study provides an account of the lived experiences of men with learning disabilities who have offended, seeking to examine the ways in which these men made sense of their own behaviour and history. Six participants were interviewed using a semi-structured schedule. All participants were men with learning disabilities who were detained in conditions of medium or low security. The research was conducted using interpretive phenomenological analysis (IPA). Three superordinate themes emerged: social factors, protection, and inherent factors. Participants accounted for their experience and understanding in terms of both internal states and external contexts, and the analysis reflected this. It is essential that the development of offending is understood through both nomothetic and idiographic research paradigms. Findings such as these are useful when considering prevention and intervention. IPA was a constructive tool with which to explore these issues with men with learning disabilities. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Duncan Raistrick**


*English*

Reviews the book: Cognition + addiction by Marcus Munafò and Ian P. Albery (2006). This excellent book gives the reader an authoritative update on current psychological thinking in the addictions. The central theme is that the dominant views of addictive behavior, of which social learning theory is a prime example, fail to take account of automatic cognitions and, therefore, fail to account adequately for relapse situations. The essential proposition running throughout the book is that psychologies theories of addiction need to take account of automatic cognitive processes, that is processes that are both uncontrollable and mainly unconscious. If there is a weakness, it is that the clinician will be left uncertain of the implications for day-to-day practice. The authors of the final chapters make a good attempt at answering this but, in truth, the point of the book is as much about laying down a challenge for practitioners as providing answers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

**Barry Wright**

*Data processing in metabolic fingerprinting by CE-UV: Application to urine samples from autistic children. Electrophoresis, March 2007, vol./is. 28A(9), 950-964, 0173-6835/96/2603-2608 (March 2007).*

*English*

Metabolic fingerprinting of biomarkers such as urine can be used to detect and analyse differences between individuals. However, before pattern recognition methods can be utilised for classification, preprocessing techniques for the denoising, baseline removal, normalisation and alignment of electropherograms must be applied. Here a MEKC method using dodecyl array detection has been used for high-resolution separation of both charged and neutral metabolites. Novel and generic algorithms have been developed for use prior to multivariate data analysis. Alignment is achieved by combining the use of reference peaks with a method that uses information from multiple wavelengths to align electropherograms to a reference signal. This metabolic fingerprinting approach by MEKC has been applied for the first time to urine samples from autistic children and control children with a non-targeted and unbiased search for markers for autism. Although no biomarkers for autism could be determined using MEKC data here, the general approach presented could also be applied to the processing of other data collected by CE with UV-Viis detection. 2007 Wiley-VCH Verlag GmbH & Co. KGaA, Weinheim.

*Available from Taylor & Francis Online* (www.tandfonline.com)

**John F Morgan**


*English*

Objective: History and contemporary research has posted links between eating disorders and religious asceticism. This study aimed to examine relationships between eating disorders, religion, and treatment. Method: Qualitative study using purposeful sampling, applying audiorecorded and transcribed depth interview, subjected to interpretative phenomenological analysis. Results: Participants were 10 adult Christian women receiving inpatient treatment for anorexia or bulimia nervosa. Five dominant categories emerged: locus of control, sacrifice, self-image, salvation, and maturation. Appetitive control held moral connotations. Negative self-image was common, based more on sin than body-image. Medical treatment could be seen as salvation, with religious conversion manifesting a quest for healing, but treatment failure threatened faith. Beliefs matured during treatment, with prayer, providing a healing relationship. Conclusion: Religious beliefs influence on attitudes and motivation in eating disorders. Clinicians' sensitivity determines how beliefs influence clinical outcome. Treatment modifies beliefs such that theological constructs of illness cannot be ignored. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

**Gillian Tobar and Duncan Raistrick**

*Sociopsychological interventions. Psychiatry, January 2007, vol./is. 61(1-4), 1476-1739 (January 2007).*

*English*

There is strong evidence for the effectiveness of psychosocial treatments for addiction disorders and it follows that psychiatrists should ensure competence to deliver these treatments as part of their repertoire of knowledge and skills. Specific protocol-based structured treatments have been demonstrated to be delivered effectively by therapists from across the spectrum of disciplines, including psychiatry. Many service users move out of problem substance use without recourse to professional help. For help-seekers, the specific intervention delivered is important, but equally important are therapist characteristics, social stability, psychological morbidity and the occurrence of positive life events after treatment. This contribution reviews the evidence base for some psychosocial interventions suitable for use by psychiatrists. The evidence supports the use of motivational, coping and social network therapies. Different treatments are likely to be most beneficial at different stages in the process of change: the nature of the interventions and when to use them are both covered here. Finally, there is some discussion of what constitutes effective therapy and how outcomes might be measured. It is concluded that psychosocial interventions should be the basis of bringing about change in substance use behaviour and that these may be enhanced by pharmacotherapies. 2006.
Duncan Raistrick, Nick Heather and Christine Goodfay
Dec-06
Review of the effectiveness of treatment for alcohol problems.
English
The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England.
Treatments can reduce the harm caused by drug misuse to individuals’ well-being, to public health and to community safety. The Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment.
The overall purpose of the NTA is to:
• Double the number of people in effective, well-managed treatment between 1998 and 2008
• Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.
In addition to its remit on drug treatment, the NTA is also commissioned to undertake specific work on alcohol treatment, including the development of Models of Care for Alcohol Misusers (DH, 2006) and commissioning the Review of the Effectiveness of Treatment for Alcohol Problems (NTA, 2006).

Sumir Punnoose and Madhvi R Belgamwar.
Dec-06
Nicotine for schizophrenia.
English
BACKGROUND: The proportion of people with schizophrenia who smoke is very high, and as a rule, they tend to be heavier smokers when compared to the general population and those with other psychiatric disorders. Nicotine, the psychoactive component in tobacco, is thought to produce psychological effects that help to alleviate psychotic symptoms. OBJECTIVES: To examine the effects of nicotine and related products in the treatment of schizophrenia.
SEARCH STRATEGY: We electronically searched the Cochrane Schizophrenia Group’s Register (April 2005), supplemented with manually inspecting references of all identified studies and by contacting authors of studies where required. SELECTION CRITERIA: We included all randomised clinical trials comparing nicotine or related products as a sole or adjunctive treatment for people with schizophrenia or other similar serious, non-affective psychotic illness. DATA COLLECTION AND ANALYSIS: Citations and, where possible, abstracts were independently inspected by reviewers and the papers ordered were scrutinised and quality assessed. We extracted and evaluated data independently and analysed on an intention to treat basis. We would have calculated fixed effect relative risk (RRI) number needed to treat/harm (NNT/H) and their 95% confidence intervals (CI) for binary outcomes and for continuous non-skewed data we would have calculated weighted mean differences. We would have excluded data if loss to follow-up had been greater than 50% and inspected the data for heterogeneity. MAIN RESULTS: We did not find any trials that met the inclusion criteria. AUTHORS’ CONCLUSIONS: There ought to be further research of nicotine for schizophrenia by parallel group design randomised controlled trials investigating the effects of nicotine on symptoms of schizophrenia as well as on side effects of antipsychotic drugs. We further note that authors and journals should conform to the CONSORT guidelines when publishing the research articles, especially when disclosing all the data available from a particular study.

Tariq Mahmood, Edward Gracely, Sigmund Jenssen and Michael R Spertling
Dec-06
Subjective somnolence relates mainly to depression among patients in a tertiary care epilepsy center.
English
Many patients with epilepsy complain of decreased energy and somnolence. There is increased awareness that comorbidity, especially depression, plays an important role in determining the quality of life for patients with epilepsy. We set out to determine how subjective somnolence is affected by age, hours of sleep, sleep apnea, seizure frequency, and numbers of antiepileptic drugs and central nervous system drugs. A questionnaire and chart review were used to investigate patients in a tertiary referral center. We found that subjective somnolence was prominent and that it relates mainly to depression, less to obstructive sleep apnea, and not to the other variables. Further investigation is needed into the relationship between depression and subjective somnolence in patients with epilepsy. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Barry Wright
Kate Nation, Paula Clarke, Barry Wright and Christine Williams
Oct-06
Patterns of Reading Ability in Children with Autism Spectrum Disorder.
English
This study investigated reading skills in 41 children with autism spectrum disorder. Four components of reading skill were assessed: word recognition, nonword decoding, text reading accuracy and text comprehension. Overall, levels of word and nonword reading and text reading accuracy fell within average range although reading comprehension was impaired. However, there was considerable variability across the sample with performance on most tests ranging from floor to ceiling levels. Some children read accurately but showed very poor comprehension, consistent with a hyperlexia reading profile; some children were poor at reading words and nonwords whereas others were unable to decode words, despite a reasonable level of word reading skill. These findings demonstrate the heterogeneous nature of reading skills in children with ASD. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Peter Trigwell
Joyce E Reed and Peter Trigwell
Oct-06
Treatments recommended by health shops for symptoms of mild to moderate depression.
English
Aims and Method: We assessed the effectiveness of treatments recommended by health shop staff for symptoms of mild to moderate depression using participant observation with ten members of staff from ten different health shops selling herbal medicinal preparations. Results: A wide range of treatment options were suggested by health shop staff when presented with common symptoms of depression. The majority have no firm evidence base, with the exception of St John’s Wort (Hypericum perforatum). Clinical Implications: Most alternative treatments recommended by health shops for the treatment of depression have a poor evidence base. Implications for training and communication between agencies are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
John F Morgan, Helen C Murphy and John F Morgan. Sep-06 Society's advice on low weight and IVF was ignored by media [9].
British Medical Journal, September 2006, vol./is. 333/653654/ 0969-8146 (Sep 2006) English In his report on the guidance issued by the British Fertility Society, O’Dowd says that the society recommended obese women should be denied fertility treatment. In this, he shows the same bias as much of the rest of the media. The guidance issued by the BFS actually states that women at both extremes of weight (BMI < 19 or > 29) should be referred for dietetic advice, warned of pregnancy risks and, if appropriate, provided with access to further interventions including psychological ...

John F Morgan, Hubert John Lacey and Elaine Chung. May-06 Risk of Postnatal Depression, Miscarriage, and Preterm Birth in Bulimia Nervosa: Retrospective Controlled Study. Psychiatric Medicine, May 2006, vol./is. 663/3487-450; 0033-3174/1534-7796 (May-Jun 2006) English Objective: Bulimia nervosa is common and treatable. An association between bulimia and obstetric complications has been suggested, but sample size and absence of control have limited previous studies. Our aim was to determine if active bulimia nervosa affects obstetric outcome. Methods: This was a retrospective case-control comparison of obstetric complications in premenopausal women previously treated for bulimia in a specialist eating disorder service. A cohort of 122 women with active bulimia during pregnancy was contrasted against 82 with quiescent bulimia, using structured interviews comprising the Eating Disorders Examination, Structured Clinical Interview for DSM-III-R, and systematic questions addressing obstetric complications. Results: Odds ratios (ORs) for postnatal depression, miscarriage, and preterm delivery were 2.8 (95% confidence interval [CI], 1.2-6.2), 2.6 (95% CI, 1.2-5.6) and 3.3 (95% CI, 1.3-8.8) respectively. Risk of unplanned pregnancy was markedly elevated (CI, 30.0; 95% CI, 12.8-68.7). Risk estimates were not explained by differences in adiposity, demographics, alcohol/substance/axative misuse, smoking, or year of birth but relative contributions of bulimic behaviors were not discerned. Conclusions: Active bulimia during pregnancy is associated with postnatal depression, miscarriage, and preterm delivery. Bulimia may be a treatable cause of adverse obstetric outcome. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Tom Asherwood, Nick Burns and Giles Rigby. Apr-06 A qualitative analysis of the ‘management of schizophrenia’ within a medium secure service for men with learning disabilities. Journal of Psychiatric and Mental Health Nursing, April 2006, vol./is. 13/2/148-156; 1351/0263/1265- 2850 (Apr 2006) English Within secure psychiatric services, nurses trained to work with people with learning disabilities are often called upon to deal with those experiencing psychosis; a role that they are not routinely prepared for in generic learning disability nurse training. Psycho-social interventions (PSI) are recommended as an adjunct to routine pharmacological treatment for people experiencing psychosis. There is a small literature that suggests that PSI has utility with people with learning disabilities. As part of a wider evaluation of the introduction of a PSI framework to a 10-bedded medium-secure unit for men with learning disabilities and mental health problems, 13 members of nursing staff completed the ‘Management of Schizophrenic Patients Checklists’. The responses were analysed using a grounded theory approach. Principle themes identified are described. The therapy vs. security quandary frequently reported in forensic psychiatry was evident in responses. The findings are guiding a programme of training and ongoing supervision within the service and are discussed in the context of wider therapeutic issues and institutional environment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Barry Wright, Bernadette Ashley, Barry Wright and Jordan. Feb-06 Chronic Fatigue Syndrome: An Evaluation of a Community Based Management Programme for Adolescents and their Families. Child and Adolescent Mental Health, February 2006, vol./is. 11/1(13- 18); 1475- 357X/1475-3588 (Feb 2006) English Background: Young people with chronic fatigue syndrome (CFS), families and clinicians may differ in their attributions about CFS and consequently in their approach to treatment. Research that clarifies the best treatment approaches is clearly needed. We have sought to develop a model that engages young people and their families in a collaborative way. The approach adopts an optimistic and holistic stance using an active rehabilitation model paying attention to the integrated nature of the physiological and psychological aspects of the illness. Method. This small study set out to evaluate this approach from a service user perspective. Semi-structured interviews were carried out with young people and their parents separately in order to elicit their views on key treatment elements and their perceived degree of recovery. Results: Improvements are indicated in all key areas addressed and qualitative information suggests that families value this approach. Conclusion: Further research is needed to address treatment issues for families who choose not to opt into the service model. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Duncan Raistrick, Duncan Raistrick, David Wadu, Oleyin Frimpong, Gill Thistlthwaite, Roger Braarley and Jo Banbery. Dec-05 A comparison of buprenorphine and liletoxetine for community opiate detoxification: Results from a randomized controlled trial. Addiction, December 2005, vol./is. 100/1(1860- 1867); 0965- 2140;1360-0443 (Dec 2005) English Objective: To investigate whether a buprenorphine opiate detoxification regimen can be considered to be at least as clinically effective as a liletoxetine regimen. Design: An open-label blinded controlled trial (OCT) using a non- inferiority approach. Non-inferiority is demonstrated if, within a 95% confidence interval, buprenorphine performs within a preset tolerance limit of clinically acceptable difference in outcomes and completion rates between the two treatments. Methods: Individuals ready for heroin detoxification were given information about the trial and invited to participate. Consenting participants (n = 210) were then randomized to one of the two treatments. Detoxification was undertaken in a specialist out-patient clinic according to predefined protocols. The primary outcome was whether or not an individual completed detoxification. Abstinence at 1-month follow-up was used as a secondary outcome measure. Additional secondary outcome measures were substance use, dependence, psychological health, social satisfaction, and treatment satisfaction. Data were also collected for individuals who declined randomization and instead chose their treatment (n = 271). Results: A total of 46% of those on liletoxetine and 65% of those on buprenorphine completed detoxification. Of those, 35.7% of the liletoxetine and 45.9% of the buprenorphine groups reported abstinence at 1 month. Of those not completing detoxification abstinance was reported at 27.5% and 29.0%, respectively; 271 individuals who opted not to be allocated randomly and instead chose one of the two treatments produced similar results. Conclusions: Buprenorphine is at least as effective as liletoxetine detoxification treatment. Whether or not individuals were randomized to, or chose, a treatment appeared not to affect the study’s outcome. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Physical health and cardiovascular function, and metabolic parameters and, importantly, what to do with the results, would support clinicians. There is being adequately implemented. Clear and consistent recommendations on how and when to monitor weight, find very different approaches to the holistic care of people with SMIs, especially in relation to the management of physical health and cardiovascular risk. UK guidelines acknowledge the high risk of physical morbidity and mortality in individuals with an SMI, but fail to address in detail the specifics of physical health monitoring and lifestyle management. In 2005, we have reviewed current UK and US guidelines for the management of individuals with schizophrenia and bipolar disorder, and found very different approaches to the holistic care of people with SMIs, especially in relation to the management of physical health and cardiovascular risk. UK guidelines acknowledge the high risk of physical morbidity and mortality in individuals with an SMI, but fail to address in detail the specifics of physical health monitoring and lifestyle management. We recommend that if a pregnant opioid user complains of methadone withdrawal symptoms (i.e. that the doctors should recognise the significant benefits of prescribing methadone for heroin-dependent women during pregnancy. We recommend that if a pregnant opioid user complains of methadone withdrawal symptoms (i.e. that the methadone dose does not “hold” them) the prescribing clinician takes this observation seriously and considers a more detailed assessment. Further work on key factors undergoing changes during pregnancy accounting for differences in methadone metabolism in the mother, fetus and neonate are required. Springer-Verlag 2005. Depressive symptoms are likely to persist following hospital discharge. No participants were referred to the psychiatric service or started on antidepressant medication during the course of the study. Conclusion: Depressive symptoms are likely to persist following hospital discharge, especially in those patients with a past psychiatric history. An understanding of the risk factors associated with persistent depressive symptoms is necessary if the patients appropriate for treatment are to be identified. The effective management of individuals with severe mental illnesses (SMIs) requires an holistic approach that offers reliable symptom control, but also addresses other clinical, emotional and social needs. The physical health of individuals with an SMI is often poor, with many being overweight or obese, having hypertension, diabetes or dyslipidaemia, and at significant risk of developing cardiovascular disease or other comorbidities. We have recently reviewed current UK and US guidelines for the management of individuals with schizophrenia and bipolar disorder, and found very different approaches to the holistic care of people with SMIs, especially in relation to the management of physical health and cardiovascular risk. UK guidelines acknowledge the high risk of physical morbidity and mortality in individuals with an SMI, but fail to address in detail the specifics of physical health monitoring and lifestyle management. US guidelines are more descriptive in terms of the type and extent of monitoring recommended, but there are inconsistencies between the guidelines produced by different organizations, and studies in the field suggest that none of them is being adequately implemented. Clear and consistent recommendations on how and when to monitor weight, cardiovascular function, and metabolic parameters and, importantly, what to do with the results, would support clinicians wanting to integrate physical and mental healthcare. Publication of specific recommendations on evidence-based physical health interventions that can work for people with SMIs would also help primary care and mental health services improve general well-being in their patients with severe mental illnesses. (PsychINFO Database Record (c) 2012 APA; all rights reserved) (journal abstract)
Tom Hughes
David Owens, Christopher Wood, Darren C. Greenwood, Tom Hughes And Michael Dennis
Nov-05
Mortality and suicide after non-fatal self-poisoning: 16-year outcome study.
English
Background: Suicide reduction is government strategy in many countries. We need to quantify the connection between non-fatal self-poisoning and eventual suicide. Aims: To determine mortality after an episode of self-poisoning and to identify predictors of death by self-harm or by suicide. Method: A retrospective single group cohort study was undertaken with 976 consecutive patients attending a large accident and emergency unit in 1985-1986 after non-fatal self-poisoning. Information about deaths was determined from the Office for National Statistics. Results: Of the original patients, 94% were traced 16 years later; 17% had died, 3.5% by probable suicide. Subsequent suicide was related to numerous factors evident at the time of the episode of self-poisoning but, when examined for their independent effects, only the severity of the self-poisoning episode and relevant previous history seemed important. Conclusions: Patients attending a general hospital after self-poisoning all require good basic assessment and care responsive to their needs. Attempts to reduce the huge excess of suicide subsequent to self-harm are not likely to achieve much if they are based on the identification of subgroups through ‘risk assessment’ (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Gillian Tober
Gillian Tober, Christine Goodfey, Steve Parrott, Alex Copello, Amanda J Farrin, Ray Hodgson, Robert Kenyon, V Morton, Jim Orford, Ian Russell and Gary Slegg On behalf of the Ukatt Research Team
Oct-06
Setting standards for training and competence: The UK alcohol treatment trial.
English
Aims: To examine factors that influence the recruitment and training of therapists and their achievement of competence to practise two psychological therapies for alcohol dependence, and the resources required to deliver this. Methods: The protocol for the UK Alcohol Treatment Trial required trial therapists to be competent in one of two trial treatments: Social Behaviour and Network Therapy (SENT) or Motivational Enhancement Therapy (MET). Therapists were randomised to practise one or other type of therapy. To ensure standardisation and consistent delivery of therapy in the trial, the trial training centre trained and supervised all therapists. Results: Of 76 therapists recruited and randomised, 72 commenced training and 52 achieved competence to practise in the trial. Length of prior experience did not predict completion of training. However, therapists with a university higher qualification, and medical practitioners compared to other professionals, were more likely to complete. The average number of clients needed to be treated before the trainee achieved competence was greater for MET than SENT, and there was a longer duration of training for MET. Conclusions: Training therapists of differing professional backgrounds, randomised to provide a specific therapy type, is feasible. Supervision after initial training is important, and adds to the training costs. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Duncan Rastick
Duncan Rastick, Ian Holbrook, Helen Farnworth, Elizabeth Calvert, Andrzej Mare Brzozowski, and Chris Joe Jordan, Jeremy Miles, Ian Russell and Chris Williams.
Sep-05
The United Kingdom: Alcohol today.
Addiction, September 2005, vol.100(9)(1212-1214); 0965-2140:1360-0443 (Sep 2005)
English
There is a mismatch in the United Kingdom between the available evidence and the evidence selected to inform policy. The health-care agenda has been largely replaced by a public order agenda as has happened for illicit drugs. The current preoccupation with binge drinking and its companion responsible drinking release the government and the health industry from imposing limits on the availability of alcohol: treatment will be directed at binge drinking individuals. There are some 800 substance misuse treatment agencies in the United Kingdom, most of which are combined alcohol and illicit drug services. Performance management of these services against centrally set targets is omnipresent, as are the enforcement agencies: the Department of Health, the National Treatment Agency, Drug Action Teams, Strategic Health Authorities and the Government Office. Provider agencies experience scant opportunity for independent thought. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Barry Wright
Barry Wright, Bernadette Ashby, David Beverley, Elizabeth Calvert, Jo Jordan, Jeremy Miles, Ian Russell and Chris Williams.
Apr-05
A feasibility study comparing two treatment approaches for chronic fatigue syndrome in adolescents.
English
Chronic fatigue syndrome (CFS) involves severe disabling fatigue that affects physical and mental functioning. Reported prevalence varies between 0.05% and 2% depending on definitions and methodologies. There are significant short and long term effects on young people and their families, including long term school non-attendance. Most reported studies are not randomised, and are from a variety of different clinical settings, and show variable outcomes: 5–20% being seriously incapacitated in the longer term, with larger numbers having residual symptoms. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Barry Wright
Barry Wright, Andrzej Mare Brzozowski, Elizabeth Calvert, Helen Farnworth, David M Goodall, Ian Holbrook, Gregg Imrie, Jo Jordan, Anna Kelly, Jeremy Miles, Rob Smith and Joel M Town.
Mar-05
Is the presence of urinary indolyl-3-acyrloylglycine associated with autism spectrum disorder?
English
To test whether the presence of indolyl-3-acyrloylglycine (IAG) is associated with autism, we analyzed urine from population-based, blinded cohorts. All children in York, UK with autism spectrum disorders (ASDs), diagnosed using ICD-10 research diagnostic criteria, were invited to participate. Fifty-six children on the autism spectrum (mean age 9y 8mo, SD 3y 9mo; 79% male) agreed to participate, as did 155 children without ASDs (mean age 10y, SD 3y 2mo; 54% male) in mainstream and special schools (96 of whom were age-, sex-, and school-matched to children with ASDs). IAG was found at similar levels in the urine of all children, whether IAG concentrations or IAG:creatinine ratios were compared. There was no significant difference between the ASD and the comparison group, and no difference between children at mainstream schools and those at special schools. There is no association between presence of IAG in urine and autism; therefore, it is unlikely to be of help either diagnostically or as a basis for recommending therapeutic intervention with dietary manipulation. The significance of the presence of IAG in urine has yet to be determined. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Tariq Mahmood
Rob Walker, Tariq Mahmood, Robert Sand, Sally Delves, Nigel Humphreys and Debbie Smith
Feb-06
Student mental health: How can psychiatrists better support the work of university medical centres and university counselling services?
British Journal of Guidance & Counselling, February 2005, vol./is. 33/1(17-128), 0266-9885;1469-3534 (Feb 2005) English
Student psychiatric morbidity is rising. Whilst the influence of university counselling services is widely reported, NHS involvement by psychiatrists and general practitioners is not so well described. Counselling and mental health service providers for students at the University of Leeds were approached for numerical data and a university Group on Student Mental Health discussed the findings. The Student Counselling Centre, the University Medical Practice and a dedicated student psychiatric clinic have all seen a rise in referral rates. The University Medical Practice has also seen a rise in the prescribing of psychotropic medication. Collaborative links at the University of Leeds are explored and options for the future discussed. These include self-help over the Internet, a research project to assess student mental health needs, and the provision of a dedicated NHS psychiatric team for the university. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Journal: Peer Reviewed Journal
PsyInfo: Available from Taper & France Online: www.tandfonline.com

John F Morgan
John F Morgan, Hubert John Lacey, Helen C Murphy and Gerard Conway.
Feb-06
Long term psychological outcome in women with congenital adrenal hyperplasia: Cross sectional survey
Management of conditions associated with intersex, such as congenital adrenal hyperplasia, is controversial. A recent editorial in the BMJ called for long term studies of outcome. Females (genotype XX) with congenital adrenal hyperplasia are born with ambiguous genitalia, have feminising gonadotropin soon after birth, and often have repeated genital surgery and genital examinations in adolescence. This has raised fears that the condition and its management adversely affect psychosocial development or psychosocial adjustment. The “serious deficiency of any evidence base” on long term outcome prompted us to investigate the hypothesis that psychiatric morbidity is increased and that social and psychological adjustment is impaired in women with congenital adrenal hyperplasia
Journal: Review
EMBASE: Available from PubMed Central: www.ncbi.nlm.nih.gov/pmc

John F Morgan
A Poole, Ashraf Al Atar, Dammayanthi Rastrick, Louise Bidlake, Alberic Fiennes, Sara McGluskley, Stephen Nussey, Gal Bane and John F Morgan
Feb-05
Compliance with surgical after-care following bariatric surgery for morbid obesity: A retrospective study
Obesity Surgery, February 2005, vol./is. 15/2(261-265), 0960-8923 (February 2005) English
Background: Non-compliant patients fail to match their behavior to the clinical prescription. Laparoscopic adjustable gastric banding requires strict compliance with surgical and dietary advice. Failure to attend follow-up appointments and the persistent consumption of calorie-dense liquid foods are associated with poor weight loss and postoperative complications. Prediction of "poor compliers" would enhance candidate selection and enable specific interventions to be targeted. Methods: 9 poor compliers were identified and compared with 9 fully compliant controls. Case-notes were analyzed retrospectively. Results: Cases were found to graze on foods and eat more in response to negative affects. They were reluctant to undergo psychiatric assessment, viewed the band as responsible for weight loss, and aroused caution in the psychiatric evaluator. Poor compliance was not associated with binge eating, purging, impulsivity or psychiatric illness. Conclusions: Unrealistic expectations and anxiety are known to predict non-adherence. Constant negative affects may be self-modulated by grazing. The results are explored in the context of Self-efficacy Theory, a socio-cognitive account of illness behavior. FD-Communications Inc.
Journal Article
EMBASE: Available from Springer Link: link.springer.com

Louise Berman
Louise Berman and S Walsh.
Jan-05
The role of hope in psychotherapy with older adults.
Aging & Mental Health, January 2005, vol./is. 9/1(7-15), 1360-7863;1364-6915 (Jan 2005) English
The positive impact of psychotherapy upon the mental health problems of older people is increasingly accepted. However little attention has been paid to the role of hope in working therapeutically with older adults. Three relevant bodies of literature, namely adult psychotherapy, hope in older adulthood, and coping with chronic and terminal illness, provide a starting point for examining the therapeutic uses of hope. However, it is argued that these literatures cannot provide a sufficiently comprehensive conceptualisation of hope in psychotherapy with elders. Firstly, it is considered that hope in therapy is directly affected by key experiences of ageing, namely: facing physical and/or cognitive deterioration and facing death. Also, these three bodies of literature have tended to dichotomise hope as either beneficial and adaptive or dysfunctional and maladaptive. A developmental perspective is used to critique this dichotomy and a clinical framework is provided which examines the role and utility of hope in older adult psychotherapy from a more integrated viewpoint embedded in the client's life history. The framework is comprised of three types of 'hope work': 'facilitating realistic hope', 'the work of despair' and 'surviving not thriving'. Suggestions are made about how this work may be carried out and with whom. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Journal: Peer Reviewed Journal

Tariq Mahmood
Tariq Mahmood and Trevor Silverstone
Jan-05
Neuroendocrine challenge with a 5 HT1D receptor antagonist differentiates between two subtypes of bipolar disorder according to polarity of onset.
In patients with bipolar disorder whose first episode was mania, studies have reported that recurrences tend to begin with a manic episode (Perugi et al., 2000) and, conversely, in bipolar patients whose first episode was depressive, subsequent episodes are more likely to begin with depression (Turvey et al., 1998; Raymond et al., 2000). These patterns of polarity appear to carry prognostic significance because patients in whom illness progresses from mania to depression do better, and have a more satisfactory response to lithium prophylaxis, than those in whom the polarity sequence is the other way round (Kukopulos et al., 1980; Grot et al., 1987; Hagg et al., 1987; Maj et al., 1989; Faedda et al., 1991). As far as we can ascertain, there have been no published reports of studies designed to investigate whether patients whose first episode was manic differ in any biological way from those patients whose first episode was depressive. The authors examined this question in an investigation into the role of serotonin in the pathogenesis of bipolar disorder in patients with, or without, a predisposition to migraine (Mahmood et al., 2002). The Ss were 18 euthymic bipolar patients on maintenance treatment (9 whose first episode was manic and 9 whose first episode was depressive). (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Journal: Peer Reviewed Journal
PsyInfo: Available from Sage Journals: journals.sagepub.com

Duncan Raistrick
Michael Farrell and Duncan Raistrick.
Dec-04
The coming of age of oral methadone maintenance treatment in the UK in the 1990s
Heroin Addiction and The British System Michael Gossop and John Strang Dec 2004, Chapter 9 English
Not available
Book chapter
Book available for purchase.
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<td>Tom Hughes</td>
<td>family work is often provided when young people present with psychotic illness, either on an inpatient basis or before or after admission. It sets out some of the goals of this work and readiness to change.</td>
<td>Journal Article: Available from Wiley Online Library. (onlinelibrary.wiley.com)</td>
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<td>Gillian Tobar</td>
<td>Comments on untreated heavy drinkers: a qualitative and quantitative study of dependence and readiness to change.</td>
<td>Journal Article: Available from Taylor &amp; Francis Online. (<a href="http://www.tandfonline.com">www.tandfonline.com</a>)</td>
<td>Journal: Letter</td>
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John F Morgan
Norman Poole, Ashraf Al Atar, Louis Goldberg, Alberic Fiennes, Sara McCluskey, S Nussey, Gal Bane and John F Morgan
Dec-04
Pouch dilatation following laparoscopic adjustable gastric banding: Psychobehavioral factors (can appropriate predict pouch dilatation)?
English
Background: Laparoscopic adjustable gastric banding is increasingly being performed in morbidly obese individuals for weight loss. Some patients develop pouch dilatation as a postoperative complication that limits the utility of the procedure. Surgical variables are poor predictors of this complication. 5 patients from a series of 157 who underwent LAGB at a single center developed the condition. Methods: Psychiatric and surgical case-notes were analyzed retrospectively for the presence of operationally defined psychiatric disorders and compared to 10 controls from the same population. Results: Cases were significantly more like to have past or current binge eating, emotionally triggered eating with reduced awareness of the link, a history of affective disorder, reduced sexual functioning and successful preoperative weight loss. No difference between groups was observed for compliance with orlistat, childhood sexual abuse, relationships with parents, history of bulimia nervosa, rate of band inflation or preoperative BMI. Conclusions: Psychological factors may be better predictors of pouch dilatation than biomedial variables. Disordered eating can be an attempt to modulate negative emotions. Pouch dilatation may be a consequence of this eating behavior.

Duncan Raistrick
John Strang and Duncan Raistrick.
Dec-04
Alcohol and Drug Policy: why the clinician is important to public policy
Psychiatry Volume 3, Issue 1, 1 January 2004, Pages 85-87
English
Abstract
Historically, doctors have had a profound influence on public policy, both for alcohol and drug misuse. However, many powerful voices from a wide variety of stakeholders can be identified around the table of policy debate, including the alcoholic beverage and pharmaceutical industries, private health care and non-government organizations, as well as the medical profession. There are diverse perspectives fueling the debate: public health, libertarian, health economic and free market, to name some.
So to what extent should public policy about alcohol and illicit drugs be a subject of interest to the clinician? Who is responsible for making policy about alcohol and drug use in society? What difference does such public policy make to the extent of use, the extent of problems or the nature of the treatment response?

Tariq Mahmood
Tariq Mahmood and Trevor Silverstone
Dec-04
Ectopic disorder: Migraine and 5-HT.
English
Abstract
(Review) Ancient Greeks believed that migraine was caused by psychological dysfunction, and in more recent times Freud and Breuer considered headache to be a manifestation of neurotic conflict (Roy 1984). Clinical descriptions of affective changes in association with migraine started to appear in the late nineteenth century (Lieving 1873). An association between migraine and affective disorders was increasingly recognised (Wolff 1937, Alvarez 1947, Cassidy 1957, Markush et al 1975). Substantial evidence now exists to corroborate early anecdotal reports (Sandier et al 1990, Merikangas 1995). Although migraine is primarily a neurological condition, Lishman (1983) estimated that 10% of migraine patients who consulted a doctor complained of mood changes related to the migraine attack. Harvey and Hay (1983) in a small prospective study reported an overall improvement in mood on preheadache days and worsening on days with headache in 8 out of 10 migraine patients. The premonitory symptoms of migraine, which are reported the night before by 25% of those affected with migraine, often include mood changes in the form of transient depression, or, occasionally elation (Harrigan et al 1984); however, the pathogenesis of these perturbations has not been well studied. Furthermore, headache is often a symptom of mood disorders particularly depression. The authors conducted a placebo-controlled study where the serotonin precursor tryptophan was given intravenously to 11 remitted bipolar patients and 14 controls over a 20-minute period in the afternoon. Cortisol and ACTH release was significantly lower in bipolar patients (Nunberg er al 1996). They found that growth hormone response after the administration of sumatriptan was blunted in euthymic bipolar patients with migraine, but not in those with bipolar disorder alone. Nor was it blunted in patients with migraine. Their findings, albeit in a subset of bipolar patients, are consistent with Thakore et al (1996) and Nunberg et al (1996) who reported sub-sensitivity of central serotonergic system in manic patients. The results suggest the possibility that bipolar patients with migraine represent a variant of bipolar disorder with an abnormal 5-HT1+ receptor function, and this abnormality is a trait rather than state marker. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Allan House
David Owere, Allan House and Iain Garin.
Dec-03
Authors reply
English
Authors reply: We think that Appleby and colleagues have misunderstood what we are saying. Of course we are aware of the methods of case ascertainment used by the National Confidential Inquiry. Our main point is exactly that made by Appleby and colleagues – that the Inquiry is not set up in a way that enables it to identify suicides following attendances at accident and emergency departments. This is because specialist mental health services in the UK do not provide comprehensive monitoring of self-harm attendances, even of those referred for a specialist opinion, and yet the Inquiry does not seek evidence directly from accident and emergency departments about attendances following self-harm.

Duncan Raistrick and Gillian Tabor
Duncan Raistrick and Gillian Tabor
Dec-03
Much more than outcomes
English
It records agency activity as well as outcomes, is suitable for drugs or alcohol, can be customised, and outputs to the LYPFT list of published studies

Paul Bettenson
Paul Bettenson and D Milnes.
Dec-03
Do we manage deliberate self-harm appropriately? Characteristics of general hospital patients who are offered psychiatric aftercare.
English
BACKGROUND The appropriateness of psychiatric management decisions following an episode of deliberate self-harm is under-researched. AIMS To determine whether the offer of follow-up or psychiatric admission by psychiatric doctors is related to known predictors of repetition of self-harm or completed suicide, and recognition of a depressive disorder. METHODS Prospective survey of 158 adult self-harm referrals from the general hospital. RESULTS Offer of aftercare was significantly associated with a definite wish to die at the time of the attempt (P<0.001), Beck's Suicide Intent score (P<0.001), Beck's Hopelessness score (P<0.001), age (P<0.001) and an ICD-10 diagnosis of depression (P<0.001), Psychotherapy admission was more likely for men (P<0.01) and accommodation problems (P<0.04) and less likely for relationship problems (P<0.01). CONCLUSIONS Psychiatrists are selectively admitting or following up patients from established high-risk groups. Given the limitations of suicide prevention and mental health resources, their management is inappropriate.
Paul Blenkiron
Paul Blenkiron
Dec-03
The timing of deliberate self harm behaviour

English
Objectives: To critically review the scientific literature relating to the timing of deliberate self harm behaviour and completed suicide. Method: A literature search of the Medline and CINAHL databases from 1970-2002 was performed, using deliberate self harm, overdose, self poisoning, suicide, paracetamol and time, timing, day, week, month and season as key words. Relevant secondary references were retrieved and hand searching of important journals was done. Results: The time of day of non-fatal self harm shows a marked diurnal variation, with an evening peak that is related to non-violent episodes, comanament alcohol use, and a younger age. It is not conclusively linked to the degree of suicidal intent or particular psychiatric diagnoses. Completed suicides more commonly occur earlier in the day, at the beginning of the week and during springtime, but show no overall increase during many national events and holidays. Conclusions: Circadian biological mechanisms involving the serotonin-melanin axis, cortisol secretion and sleep abnormalities appear to be implicated. Psychosocial explanations for these epidemiological observations include alcohol use, a sense of personal isolation and the 'broken promise' effect.

Journal Review
EMBASE
Available from Cambridge Core
(www.cambridge.org/Core)

David Protheroe
Richard Harden and David Protheroe.
Sep-03
Use of section 5(2) of the Mental Health Act on a medical admissions unit
Journal of the Royal Society of Medicine, September 2003, vol./iss. 96(947), 0141-0768 (September 2003)

English
A survey by Jackson and Warner pointed to large deficiencies in doctors' knowledge about consent. Ignorance of the law on capacity to consent to medical treatment could result in inappropriate use of the Mental Health Act [1983]. We have audited the use of the Mental Health Act on a medical admissions unit. The unit admits patients with a wide range of acute medical conditions including patients requiring medical management of drug overdose or alcohol withdrawal. It treats more patients with delirium and acute psychiatric problems than most other medical wards...

Journal: Editorial
EMBASE
Available from PubMed Central
(www.ncbi.nlm.nih.gov/pmc)

Peter Trigwell
David Canavan and Peter Trigwell.
Jun-03
Addressing the psychological aspects of diabetes - Core service or optional extra?

English
This issue of Practical Diabetes International sees the publication of a summary of the proceedings of the 2002 joint Diabetes UK/Royal College of Psychiatrists meeting, held in Bournemouth last November. The meeting took its theme from the Standards set out in the National Service Framework for Diabetes, which were published in late 2001. Rather than being yet another 'NSF meeting', the conference aimed specifically to address the psychosocial perspectives of those standards, which have to be implemented over the next 10 years. The meeting broke new ground by including a live 'focus group' of people with diabetes and poster presentations by people delivering psychologically orientated services...

Journal: Short Survey
EMBASE
Available from BMJ Journals (Evidence Based Medicine, sbm.bmj.com)

John F Morgan
Amy J Luk, John F Morgan, Fiona Reid and Stephen Wilson.
May-03
A simple 5 item questionnaire accurately selected eating disorders in women in primary care
Evidence-Based Medicine, May 2003, vol./iss. 8/3(90), 1356-5524 (May/June 2003)

English
Design: Blinded comparison of the SCOFF questionnaire and a clinical diagnostic interview based on DSM-IV criteria. Setting: 2 general practices in southwest London, UK. Patients: 341 sequential women (18-50) attending the primary care clinics. Description of test and diagnostic standard: Women were verbally asked the 5 SCOFF questions*: "Do you ever make yourself sick because you feel uncomfortably full? Do you worry you have lost control over how much you eat? Have you recently lost more than one stone (approximately 6 kg) in a month without trying? Do you believe yourself to be fat when others say you are too thin? Would you say that food dominates your life?" Each positive response (yes) is given 1 point. The questionnaire took about 2 minutes to complete. The diagnostic standard was a clinical diagnostic interview of 10-15 minutes based on DSM-IV criteria. Main outcome measures: Sensitivity, specificity, and likelihood ratios. Main results: 3.8% of women had an eating disorder (1 woman had anorexia nervosa, 3 had bulimia nervosa, and 9 had an eating disorder not otherwise specified). Based on a receiver operating characteristic curve, the cut point for a possible eating disorder was set at ≥2 positive responses out of 5. The sensitivity, specificity, and likelihood ratios for the SCOFF questionnaire are shown in the table. Of 328 women who did not have an eating disorder, 34 had a false positive result. Conclusion: The 5 item SCOFF questionnaire detected most cases of eating disorder in women in a primary care setting, although the number of false positive results may be quite high.

Book Author
Book available for purchase.

Gillian Tober
John Sinang and Gillian Tober.
Apr-03
Methadone Matters: Evolving Community Methadone Treatment of Opiate Addiction

English
Methadone helps, but methadone kills. Methadone is a life-saving treatment, but methadone is also a life-threatening poison. The challenge is how to confer the benefit without incurring the harm, and that is what this book is all about. Methadone is far the most widely prescribed drug in the treatment of heroin addiction, and yet, all too often, we are clumsey in our use of this powerful drug. So how much of the observed benefit is to do with methadone itself? Does dose matter? How important is the psychosocial component of care? How can problems of poor compliance be addressed? Is supervised consumption feasible, and, if so, is it justifiable and beneficial? And what is injectable methadone all about? When is it ever prescribed, and for whom, and how? And what about the dangers? Methadone itself can be the actual drug of overdose. How successful have efforts been made to re-structure methadone treatment to prevent overdose deaths? and how can the problems of diversion to the illicit market be kept to a minimum? This multi-authored book, comprising chapters from the best of clinicians, researchers and policymakers, is the essential guide to increasing the relevance and effectiveness of methadone treatment. Like it or loathe it, Methadone Matters.

Gillian Tober
Gillian Tober.
Dec-02
Evidence based intervention: still a bridge too far for addiction counsellors?
Drugs Education, Prevention and Policy, Volume 9, 2002 - Issue 1, Pages 17-20

English
The requirement for evidence based practice would seem to be one of the less controversial demands on addiction or any other health care interventions must be a source of reassurance to addiction agency clients in suggesting that the treatment they received is not wholly dependant on the whim or intuition of the particular practitioner they end up seeing. One of the questions in the debate about evidence based practice in the addictions is whether the Model of Change and stage matched interventions are capable of yielding evidence upon which to plan the provision of treatment and to make individual treatment plans. To date, few stage of change matched interventions have produced evidence for the effectiveness of this approach.

Journal Article
Available from Taylor & Francis Online (www.tandfonline.com)
John F Morgan, John F Morgan, Sara E McCloskey, Joan N Brutton and Hubert John Lacey.

Dec-02

Poly cystic ovarian morphology and bulimia nervosa: 9 year follow-up study


English

Objective: To examine long-term changes in polycystic ovarian morphology in women with polycystic ovaries and bulimia nervosa after treatment of the latter condition. Design: Longitudinal follow-up study. Setting: Eating disorder unit of a university hospital. Patients: 188 women originally treated for bulimia nervosa (T<sub>1</sub>-sub+<sub>1</sub>-sub+) who underwent ultrasonography up to 2 years after treatment (T<sub>2</sub>-sub+<sub>1</sub>-sub+) and had a second ultrasonographic scan 9 years later (T<sub>3</sub>-sub+<sub>1</sub>-sub+). Intervention(s): Treatment of bulimia nervosa that combined cognitive behavioral therapy with insight-oriented psychotherapy. Main Outcome Measure(s): Ovarian morphology evaluated by ultrasonography, using the criteria of Adams to define polycystic ovaries; Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnosis of eating disorders. Result(s): At T<sub>1</sub>-sub+<sub>1</sub>-sub+, 7 women had recent bulimia and 1 was quiescent. The woman with quiescent disease had normal ovaries. Of the 7 bulimic women, 6 had polycystic ovaries and 1 had multifollicular morphology. At T<sub>2</sub>-sub+<sub>1</sub>-sub+, 5 women were bulimic; all of whom had polycystic ovaries. Three women had normal eating patterns and normal ovarian morphology. Conclusion(s): This study clearly shows a strong association between resolution of bulimia and changes in ovarian morphology, suggesting that changes in the former mirror changes in the latter. It also demonstrates normalization of ovarian morphology in previously polycystic ovaries. 2002 by American Society for Reproductive Medicine.

Journal Article

EMBASE Available from PubMed
Available from BJPsych
Available from Wiley online

Tariq Mahmood, Trevor Silvestrone, Jenny Hewison, Carol Martin and Rebekah Proctor.

Dec-02

Summarian challenge in bipolar patients with and without migraine: A neuroendocrine study of 5-HT1D receptor function


English

An association between bipolar disorder and migraine has been lately recognized and an abnormality of central serotonergic function is suggested as the underlying neurophysiological disturbance. To examine the role of serotonin in bipolar disorder and migraine, we used the neuroendocrine challenge paradigm, and we also summarian a 5HT<sub>1D</sub>-1D sub-agonist, as the pharmacological probe. We studied nine bipolar patients with migraine, nine bipolar patients without it, seven migraine patients, and nine matched normal controls. A post-hoc analysis showed subresponsivity of serotonergic function reflected in a blunted growth hormone response to summarian challenge in bipolar patients who also suffered from migraine. 2002 Lippincott Williams & Wilkins.

Journal Article

EMBASE Available from Wiley online library
Available from Taylor & Francis Online

John F Morgan, John F Morgan, Fiona Reid, Joan Brutton, Aileen O'Brien, Amy Luck and Hubert John Lacey.

Dec-02

Screening for symptoms of eating disorders: Reliability of the SCOFF Screening tool with written compared to oral delivery.


English

Notes that the validity of the SCOFF delivered orally as a screening tool for eating disorders has previously been established, but clinical screening for eating disorders also occurs via written format, for example, in occupational health settings. This study compared responses to the SCOFF between verbal and written administration. The SCOFF was delivered orally at interview and via written questionnaire to 327 nursing and midwifery students (mean age 26.7 yrs). Order was allocated randomly with repeat administration interrupted by distraction questions. Results show overall agreement in the scores of 175 subjects (55%), with agreement in prediction of eating disorder for 67%. It is concluded that the SCOFF demonstrated overall good replicability of the SCOFF administered as a written questionnaire compared to oral interview. Two trends were noted. The 1st was towards higher scores with written versus oral delivery irrespective of order, possibly indicating enhanced disclosure via written format. The 2nd was of less consistency where verbal preceded written responses. Altogether findings support use of the SCOFF where a concise, valid and reliable screening for eating disorders is required in written form. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal, Peer Reviewed Journal

PsycINFO Available from ResearchGate
Available from PsycINFO

Rahelah Proctor, Carol Martin and Jenny Hewison.

Dec-02

When a wise knowledge is a dangerous thing: A study of carers' knowledge about dementia, preferred coping style and psychological distress.


English

The aim of this study was to improve understanding of the relationship between carers' existing knowledge about dementia, coping style and psychological distress. Fifty carers (23 males and 27 females; aged 39-87 yrs) and 50 patients (16 males and 34 females; aged 66-95 yrs) attending day services were recruited. Carers were given questionnaires to assess knowledge of dementia, preferred coping style, anxiety, depression and strain. The results indicated that carers who demonstrated more knowledge about the biomedical aspects of dementia were more anxious. Furthermore, carers who had a preferred coping style of monitoring for threat relevant information were more anxious. Understanding more about those factors that are associated with knowledge about dementia will help to identify profiles of carers who are in need of education and in matching individually tailored interventions to carers with specific learning needs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal, Peer Reviewed Journal

PsycINFO Available from PsycINFO

Gillian Tuber and Jon Somerton.

Dec-02

The search for evidence-based addiction practice in the United Kingdom.


English

This paper examines the case for evidence-based practice and its application to social work. Developments in evidence-based practice in the field of substance misuse treatment that are of particular interest to social workers, such as Motivational Enhancement Therapy (MET), Community Reinforcement Approach (CRA), and Social Behavior and Network Therapy (SBNT) are described. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PsycINFO Available from PsycINFO

John Holmes, Jon Millard and Susie Waddingham.

Nov-02

A new opportunity: Three tales of training in liaison psychiatry of old age.


English

Discusses the experiences of training in liaison psychiatry of old age from the perspectives of a basic trainee, a higher trainee, and a trainer. The basic trainee author perceived gaining a longitudinal picture of patients, and the chance to develop communication skills. The higher trainee author perceived that the training allowed greater understanding of the practical problems faced by staff and patients and increased awareness of the need for compromise and flexibility in management strategies, though the experience gained was restricted to patients within the general hospital setting. The trainer author perceived that both levels of training improved understanding of the complexities presented by psychiatric illnesses in general hospital settings, and development of skills necessary to address this complexity. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Journal, Peer Reviewed Journal

PsycINFO Available from PsycINFO

Last updated: August 2019 Next revised date: February 2020
John F Morgan
Amy J Luck, John F Morgan, Fioan O'Brien, Joan Brunton, Claire Price and Hubert John Lacey.
Oct-02
The SCOFF questionnaire is a brief and memorable tool designed to detect eating disorders and aid treatment. The present study assessed the SCOFF questionnaire in primary care. 341 sequential women attenders (aged 18-50 yrs) at 2 general practices in southwest London participated. The SCOFF questionnaire detected all cases of anorexia and bulimia nervosa. Results show that it is an efficient screening tool for eating disorders. Two missed cases of eating disorders not otherwise specified reflect the reality of clinical situations, in which denial or non-disclosure by patients may occur. One of the patients in whom the diagnosis was missed later disclosed disordered eating behavior. It is noted that it may be more difficult and perhaps less pertinent to detect patients who do not meet full criteria for anorexia nervosa or bulimia nervosa. It is further noted that the positive predictive value of the questionnaire is low because of the low prevalence of eating disorders in this sample, which was consistent with the Western population as a whole. (Psychnfo Database Record (c) 2012 APA, all rights reserved)

John F Morgan
John F Morgan.
Aug-02
Review: Psychological treatment is as effective as antidepressants for bulimia nervosa, but a combination is best. Evidence Based Mental Health, 01 August 2002, vol./is. 5(37-75), 13620347
English
QUESTIONS: In patients with bulimia nervosa (BN), are antidepressants as effective as psychological treatment (PT) for increasing remission and symptom improvement rates? Is a combination of antidepressants and PT better than each intervention alone?. Data sources. Studies were identified by searching Medline; EMBASE/Excerpta Medica; LILACS; PsychLIT; SCISEARCH; the Cochrane Depression, Anxiety, and Neurosis Group Database of Trials; the Cochrane Controlled Trials Register; Cochrane Evidence; and reference lists; by hand searching the International Journal of Eating Disorders and book chapters on BN; and by contacting authors and pharmaceutical companies.. Study selection. Studies were included if they were randomised controlled trials (RCTs) that compared antidepressants with PT in patients with BN. Studies were excluded if patients had binge eating or purging type anorexia nervosa or binge eating disorder., Data extraction. 2 reviewers assessed the quality of studies and extracted data on patients, study characteristics, interventions, and outcomes (including remission [100% reduction in binging or purge episodes], clinical improvement [=50% reduction in binge or purge episodes], and dropouts.). Main results. 5 RCTs (237 patients) compared antidepressants with PT Groups did not differ significantly for remission (SRTCs); only IRCT reported on clinical improvement. More dropouts occurred in the antidepressant group than in the PT group (4 RCTs) (table)., 5 RCTs (247 patients) compared combination and single interventions... Antidepressants v combination: more patients in the combination group than in the antidepressant alone group had remission (6 RCTs); only 1 RCT reported on clinical improvement. Groups did not differ for dropout rates (4 RCTs). PT v combination: more patients in the combination group than in the PT alone group had remission (6 RCTs); fewer patients in the PT alone group than in the combination group dropped out (6 RCTs) (table). Groups did not differ for clinical improvement (2 RCTs) (table)., Conclusions, In patients with bulimia nervosa, psychological treatment (PT) and antidepressants do not differ in remission rates but dropout rates are lower with PT. A combination of antidepressants and PT is best for increasing remission.

Gillian Tobar and Duncan Raistrick
Gillian Tobar and Duncan Raistrick.
Jul-02
English
Not available
Book entry
Book available for purchase.

Hiroko Akagi
Hiroko Akagi and T Manoj Kumar.
Jun-02
English
Akathisia (Greek, ‘not to sit’) is an extrapyramidal movement disorder consisting of difficulty in staying still and a subjective sense of restlessness. It is a recognised side effect of antipsychotic and antiepileptic drugs but may also be caused by other widely prescribed drugs such as antidepressants. It is a difficult condition to detect reliably and may present unexpectedly in a variety of clinical settings. The patient’s behaviour may be disturbed, treatment may be refused, or the patient may be suicidal and be mistaken for a psychiatric problem. We report three cases seen in the psycho-oncology service which improved when the offending drug was discontinued...

John F Morgan
John F Morgan.
May-02
Review of antidepressants increase remission and clinical improvement in bulimia nervosa. ACP Journal Club, 01 May 2002, vol./is. 136/310-107, 04689751
English
The reviews by Bacaltchuk and colleagues are laudable for the rigor of the data analyses, but they rightly generate more questions than answers. Bacaltchuk and Hay have comprehensively reviewed 16 published RCTs of antidepressant treatments for BN. Although modest effectiveness is shown, high dropout rates among patients limit the clinical application of these data, and the authors comment on the need for more studies of tolerability and cost-effectiveness. The studies included were generally of short duration in young adult women who did not have any substantial psychiatric comorbid conditions. The results therefore cannot be generalized to the substantial minority of bulimic patients with comorbid “multi-impulsive” personality characteristics (1) or substance abuse or to adolescents.

Gillian Tobar
Alex Copello, Jim Orford, Ray Hodgson, Gillian Tobar and Clive Barrett.
May-02
English
Reports on the development, basic principles, and early experiences of a treatment approach to alcohol problems. The treatment - Social Behaviour and Network Therapy (SBNT) - is based on the notion that to give the best chance of a good outcome people with serious drinking problems need to develop positive social network support for change. A brief review of the evidence supporting social treatments for alcohol problems is followed by an outline of the feasibility work and the basic principles that guided the development of SBNT. Process data from the first 33 trial cases and 2 case vignettes are described and discussed. It is concluded that SBNT is a feasible and coherent treatment approach that can be delivered by a range of therapists in the alcohol field. (Psychnfo Database Record (c) 2012 APA, all rights reserved)
Lee and York Partnership NHS Foundation Trust

Christine Williams, Barry Wright, Gillian Callaghan and Brian Coughlan.

Mar-02
Do children with autism learn to read more readily by computer assisted instruction or traditional book methods?: A pilot study.

Autism: The International Journal of Research & Practice, 01 March 2002, vol./is. 6/1(71- 81), 13623613

English

Examine the effects of computer vs book-based instruction on the development of reading skills by 8 3 yr olds with autism in a special school unit. The authors developed a direct observation schedule to monitor autistic behaviors using computerized techniques. The children were matched by age, severity of autistic symptomatology and number of spoken words. The children were initially randomly allocated to the computer or book condition and crossed over at 10 wks. Results show that all of the children spent more time on task in the computer condition than in the book condition. By the end of the study after computer assisted learning, 5 of the 8 children could reliably identify at least 3 words. It is concluded that the children with autism spent more time on reading material when they accessed it through a computer and were less resistant to its use. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Saeideh Saedih, Sue Clegg, Jon Tan and Saeideh Saedih

Feb-02
Reflecting or Acting?: Reflective Practice and Continuing Professional Development in Higher Education.

Reflective Practice, February 2002, vol./is. 3/1(131- 146), 14623943/1470-1153 (Feb 2002)

English

Reflective practice is becoming the favoured paradigm for continuing professional development in higher education. However, some authors have suggested that we have an insufficiently rigorous understanding of the process and too few descriptions of what actually occurs. Moreover, some commentators have identified a cogwheels strain in much reflective practice which has directed attention away from doing. This paper seeks to redress this balance by focusing on acting and reflecting though a case study of two professional development courses using the reflective practice model in HE. From the data we derive a typology which emphasises the temporal dimensions of reflective practice noting that while some acting may be immediate some reflection is deferred. We argue that a refocusing on action is important in response to the idealist turn of much thinking on reflective practice. We conclude that our refocusing might have implications for the design of CPD for higher education lecturers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Lesley Hewson and Barry Wright

Jan-02
Joint trainers and trainees forum - A collaborative approach to higher specialist training.


English

Discusses the establishment of a joint trainers and trainees forum for the Yorkshire Specialist Registrar Training Programme for Child and Adolescent Psychiatry. Aims and topics of the forum, as well as outcomes are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)


Dec-01
British Alcohol Treatment Trial (UKATT): Hypotheses, design and methods

Alcohol and Alcoholism, 2001, vol./is. 36/1(11- 21), 0739-0414 (2001)

English

The United Kingdom Alcohol Treatment Trial (UKATT) is intended to be the largest trial of treatment for alcohol problems ever conducted in the UK. UKATT is a multicentre, randomized, controlled trial with blind assessment, representing a collaboration between psychiatry, clinical psychology, biostatistics, and health economics. This article sets out, in advance of data analysis, the theoretical background of the trial and its hypotheses, design, and methods. A projected total of 720 clients attending specialist services for treatment of alcohol problems will be randomized to one of four treatments representing a collaboration between psychiatry, clinical psychology, biostatistics, and health economics. A projected total of 720 clients attending specialist services for treatment of alcohol problems will be randomized to one of four treatments: (1) less intensive, motivationally based treatment (MET); (2) more intensive, socially based treatment (SBNT); (3) more intensive, motivationally based treatment (MET); (4) pay close attention to treatment process as well as treatment outcome; (5) build economic evaluation into the design at the outset. First results from UKATT are expected in 2002 and the main results in 2003.

Duncan Haastick

Dec-01
Alcohol withdrawal and detoxification.


English

(from the chapter) Detoxification services are generally seen to be an important component of any alcohol treatment system. The purpose of detoxification is to minimize the severity of the withdrawal symptoms that occur when alcohol consumption is abruptly stopped or markedly reduced. Detoxification is not as straightforward or mundane a procedure as it may appear at first sight; however, it is not so much the management of withdrawal that has excited controversy but, rather, the meaning of withdrawal in understanding dependence. After nearly 50 years of scientific investigation, the understanding of alcohol tolerance and withdrawal has reached maturity, so that their final resting place in the whole spectrum of alcohol problem drinking is closer to being settled. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Last updated: August 2019 Next revised date: February 2020
| Crystal Bella Romain Hooper and Dr Tom Hughes | May 01 | Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial | The Lancet Psychiatry, Volume 6, Issue 5, P379-390, May 01 2019 | English | The SCIMITAR+ trial which was designed to test a bespoke smoking cessation intervention for patients with SMI compared to standard NHS care. SCIMITAR+ is the largest trial of its kind ever undertaken. Participants were heavy smokers that said they would like to cut down or quit smoking. Those allocated to the bespoke smoking cessation intervention received support to help them quit from a mental health professional who had undergone brief but rigorous training. This support was based on National Centre for Smoking cessation and Training level 2 training with enhanced levels of contact and support. People in usual care were signposted to local smoking services. People were followed up six and 12 months later where they completed questionnaires that asked about their smoking status as well as giving a carbon monoxide breath measure to verify this. | Journal Article | Available from The Lancet, Journal (www.thelancet.com/journals) |
| Duncan Raistrick and Gillian Tober | Nick Heather, Duncan Raistrick, Gillian Tober, Christine Godfrey and Steve Parrott. | Leeds Dependence Questionnaire: New data from a large sample of clinic attenders. | Addiction Research & Theory, May 2001, vol./is. 5(3):253-269, 1606-6359:1476-7392 (May 2001) | English | Examined the psychometric properties of the Leeds Dependence Questionnaire (LDQ) in a different and larger sample from that on which the instrument was developed. Data were taken from routine intake assessments of 1,681 referrals to 2 UK addiction treatment services during an 18 mo period. Principal components analyses for the total sample and for 3 substance category subsamples (alcohol, opioids, "other drugs") each yielded a single, major component on which all LDQ items loaded highly and positively. The LDQ had high internal consistency in the total sample and in the substance category subsamples. In a multiple regression analysis in the total sample, age (younger), gender (male), higher score on the General Health Questionnaire and substance category (opiod or other drugs vs alcohol) were independent predictors of higher LDQ scores. The LDQ was shown to give a robust and psychometrically sound measurement of a general factor of dependence across a range of psychoactive substances among attenders at addiction treatment services. Norms are presented to enable clinicians to compare levels of alcohol or opioid dependence shown by individual clients presenting for treatment with those obtained from a large sample of clinic attenders. The LDQ is a resource limited (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract) | Journal, Peer Reviewed Journal | PsyicINFO Available from Taylor & Francis Online (www.tandfonline.com) |
| Gillian Tober and Duncan Raistrick | Gillian Tober, Roger Bisserley, Robert Kenyon, Duncan Raistrick and Stephen Morley | Measuring outcomes in a health service addiction clinic. | Addiction Research, April 2000, vol./is. 8(2):169-182, 1058-6889 (Apr 2000) | English | Identified a method for the routine monitoring of outcomes in a busy city center health service addiction clinic. The setting for the study was a health service addiction clinic serving a population of 750,000 people. Study Ss were 230 consecutive attenders (aged 15-80 yrs) for treatment of alcohol and heroin dependence and misuse. A brief interview to obtain demographic and use data and a short battery of self completed questionnaires measuring dependence, psychological health and social satisfaction were administered at 3 data collection points. Different methods of follow-up were explored. The instruments used were capable of measuring change in levels of consumption, degrees of dependence, psychological health and social satisfaction over a 3 mo period in over 65% of the original sample while over 80% of the original sample were accounted for. It is concluded that routine monitoring of outcomes of a busy National Health Service can provide meaningful clinical data for an acceptable sample of patients within a realistic resource limit. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract) | Journal, Peer Reviewed Journal | PsyicINFO Available from Taylor & Francis Online (www.tandfonline.com) |

In a study involving 120 children referred to a child and adolescent psychiatric service in a university clinic, the aim was to investigate a population-based pharmacokinetic (POP- PK) approach for monitoring plasma methadone concentrations in opioid addicts. Oral doses of narco-methadone were given to 35 17-36 year old male and female addicts attending a community treatment center. Results show that auto-induction of methadone metabolism was demonstrated, and clearance of methadone was significantly lower in addicts at the start of treatment (median elimination half-life, 128 hrs) than in those who had reached steady-state (median elimination half-life, 48 hrs). The authors conclude that using plasma monitoring in combination with Bayesian forecasting makes it possible to predict trough levels of methadone during daily dosing. The POP-PK model is able to utilize sparse sampling, and 2 blood samples should be sufficient to define patient compliance. Random samples during treatment could be used to assess methadone dosing by comparing predicted with observed measurements for each individual. The POP-PK model could therefore help to detect both incomplete and poor compliance as well as therapeutic failure due to drug-drug interactions. Targeting resources in this way could be a cost-effective tool for supervision of methadone dosing. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

The huge majority of people with an alcohol dependence problem that is uncomplicated by serious mental illness or social chaos receive treatment in the community. Tackling Alcohol Together: The Evidence Base of a UK Alcohol Policy (Raistrick et al, 1999, chapter 9) provides strong evidence supporting the move towards brief and community-based treatments, while at the same time recognising the need for intensive and inpatient treatments for people with more complicated problems. It follows that the traditional sequencing of care, which might be characterised by having four phases – assessing and engaging patients, detoxification, specific therapy and aftercare – is less tidy than it used to be. Detoxification is seen much more as a standalone procedure that should be undertaken when the patient is ready, rather than as a prerequisite of starting treatment. Of course, there are also instances where detoxification may be required as an expedience, for example during an unplanned admission into hospital, or where regular high levels of intoxication are a barrier to treatment. Equally, where the focus of treatment is on mental illness rather than alcohol dependence, then detoxification may well be viewed as a necessary first step.

Assessing aggression in psychiatric inpatients [6] (multiple letters)

I have been treated to demonstrations of knives, scissors, a machete, and a (exp) gun. In most cases I had arranged for others to be present before asking about weapons, and the situations were managed safely. Not all my colleagues have been so fortunate. The staff of psychiatric wards usually have training and experience in the management of violence. They can also respond quickly to an emergency involving a weapon on the ward. Doctors and nurses who see patients at home or in clinics rarely have such support available unless they have made specific arrangements in advance. It is therefore advisable to organise support before asking about weapons. This support could be a visit with a colleague, or a safer venue such as the ward in preference to a clinic. With good back up and an understanding of the patient's mental state, a handful of weapons can be instigated with minimal risk to all concerned.

Sievewright, 2000. Buprenorphine has recently been licenced in the UK for the treatment of opiate dependence and dihydrocodeine reduction, lofexidine, and ultra-rapid naltrexone assisted detoxification under general anaesthetic reserved (Sievewright, 2000). plasma monitoring in combination with Bayesian forecasting makes it possible to predict trough levels of methadone during daily dosing. The POP-PK model is able to utilize sparse sampling, and 2 blood samples should be sufficient to define patient compliance. Random samples during treatment could be used to assess methadone dosing by comparing predicted with observed measurements for each individual. The POP-PK model could therefore help to detect both incomplete and poor compliance as well as therapeutic failure due to drug-drug interactions. Targeting resources in this way could be a cost-effective tool for supervision of methadone dosing. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Duncan Raistrick, Duncan Raistrick.

Sir: There are a number of options available for detoxification from heroin, including methadone tapering regimes, dihydrocodeine reduction, lofexidine, and ultra-rapid naltrexone assisted detoxification under general anaesthetic (Sievewright, 2000). Buprenorphine has recently been licenced in the UK for the treatment of opiate dependence and offers an alternative method of withdrawal from heroin; it has proven efficacy for out-patient detoxification (O'Connor et al, 1997) but has been little used in the UK. Here we present the results of a pilot study of 30 consecutive out-patient detoxifications with patients who were using low-dose heroin (£20 approximately 0.2 g daily) using buprenorphine with a 24/11(433), 0955-0959-0443 (Dec 2000)
Tariq Mahmood and Trevor Silverstone. Dec-00 Twin concordance for bipolar disorder and migraines. The American Journal of Psychiatry, December 2000, vol./is. 157/12(2057), 0002-936X;1035-7228 (Dec 2000) English Reports on a pair of 29-yr-old female monozygotic twins concordant for bipolar disorder and migraines who were successfully treated with carbamazepine. The response of both conditions to carbamazepine treatment supports a possible common pathogenesis for the illnesses. (PsycINFO Database Record (c) 2012 APA, all rights reserved) Journal, Peer Reviewed Journal PsyCINFO Available from the American Journal of Psychiatry, (see psychologyonline.org) Review

Barry Wright Barry Wright, Ian Partridge and Christine Williams. Oct-00 Evidence and attribution: Reflections upon the management of attention deficit hyperactivity disorder. Clinical Child Psychology and Psychiatry, October 2000, vol./is. 5/4(626-636), 1359-1045/161-7021 (Oct 2000) English Discusses the diagnosis and therapeutic response to attention deficit hyperactivity disorder (ADHD). The authors contend that arguments about the "content" of ADHD as a diagnostic or therapeutic challenge tend to overlook the relevance of the "process". By process, the authors mean the way in which professionals, parents and children perceive and interpret the behavior, information and evidence available to them, and how this drives and influences diagnosis or management. Five attributional scenarios are examined that could influence the development trajectory of the child and discuss them in the context of the research literature. Alternative attributions are suggested. (PsycINFO Database Record (c) 2012 APA, all rights reserved) Journal, Peer Reviewed Journal PsyCINFO Available from Sage Journals (Journals.sagepub.com) Review

Duncan Raistrick Joanna Banbery, Kim Wolff and Duncan Raistrick. Oct-00 Dihydrocodeine: A useful tool in the detoxification of methadone-maintained patients. Journal of Substance Abuse Treatment, October 2000, vol./is. 19/3(301-305), 0740-5472 (Oct 2000) English Investigated the merit of dihydrocodeine tartrate for withdrawal in detoxifying 20 methadone-maintained former opiate abuse patients (aged 17-35 yrs) presenting for treatment at the Leeds Addiction Unit. 13 Ss successfully completed methadone detoxification and were abstinent from both methadone and opiate-type drugs at the end of the 2-wk period. On completion, 3 Ss began treatment with naltrexone, and another was abstinent at a follow-up appointment, 1 wk later. A further 5 relapsed back to heroin use but remained in contact with the addiction unit. The remaining 6 Ss dropped out of the detoxification program between Days 3 and 11 of the dihydrocodeine cross-over period. Dihydrocodeine may have advantages in detoxifying methadone-maintained patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved) Journal Article PsyCINFO Available from the Journal of Substance Abuse Treatment (www.journalofsubstanceabusetreatment.com) Review

John F Morgan John F Morgan. Oct-00 From charles atlas to Adonis complex - Fat is more than an aesthetic issue. Lancet, October 2000, vol./is. 356/9239(1372), 0140-6736 (21 Oct 2000) English Children learn a lot by playing with dolls. Dolls are totems of human aspirations. The impossibly slenere body shapes of some popular dolls have been criticised by commentators as being poor role models for children.1 But the makers of Barbie responded responsibly in 1998 by giving her less make up and changing her body shape, with a smaller bust and mouth, thinner waist, and more proportionate hips. Meanwhile studies of action toys show that the physique of the characters grows ever more muscular with time, exceeding the musculature of the biggest human bodybuilders, though Barbie's boyfriend, Ken, has been spared that indignity. (PsycINFO Database Record (c) 2012 APA, all rights reserved) Journal Article PsyCINFO Available from The Lancet Journals (www.thelancet.com/journals) Review

Barry Wright, Barry, Williams, Christine, Partridge, Ian Jun-00 Re: Chronic fatigue syndrome Irish Journal of Psychological Medicine, June 2000, vol./is. 17/2(77), 0790-9667 (Jun 2000) English Replies to comments by E. Goudsmit (see record 200008316-009) on the article by B. Wright et al (see record 19990321-008) that raises concerns about the accuracy of information available to parents on the internet on the management and treatment of chronic fatigue syndrome (CFS) in children. Wright et al agree with Goudsmit's comment that more research needs to be done in the area of CFS in children and suggest that any review or interpretation of the literature is limited by the availability of research and the absence of randomized controlled trials. The current authors also agree with Goudsmit's statement that children with CFS probably belong to a heterogeneous group and that generalizing results from studies including patients with different patterns of morbidity makes interpretation difficult. In conclusion, the authors state that their paper merely sought to systematically delineate the available information on the internet and then challenge it against what available research had been published. They do however recognize that the limited published research may appear to make this process unbalanced. (PsycINFO Database Record (c) 2013 APA, all rights reserved) Journal Article PsyCINFO Available from Irish Child Health Database - Peer Reviewed Papers (www.childrensdatabase.ie) Review

John F Morgan John F Morgan. May-00 Season of birth and bulimia nervosa. International Journal of Eating Disorders, May 2000, vol./is. 27/4(402-458), 0276-3478 (May 2000) English Objective: Previous studies suggest season of birth variation in eating disorders aim to those of psychoses. We studied season of birth in bulimia nervosa. Method: Season of birth variation in 935 patients was examined after adjustment for population trends. Variation was also examined for subgroups by age and previous anorexia nervosa. Results: Season of birth did not differ significantly from population norms among bulimics (p > .30), contrasting with studies of other eating disorders. With a history of anorexia nervosa (n = 227), peak season of birth was in March (p < .05). This is consistent with previous studies and also with seasonal birth variation for psychoses. Discussion: Overall, we find no evidence of season of birth variation in bulimia nervosa, and suggest any positive findings be treated with caution. We discuss a number of confounding influences and argue that only one explanation remains shared trait vulnerability between anorexia nervosa and psychoses. (C) 2000 by John Wiley and Sons, Inc. Journal Article EMBASE Available from PubMed (www.ncbi.nlm.nih.gov/pubmed) Review

John F Morgan and Hubert John Lacey. May-00 Blood letting in anorexia nervosa: A case study. International Journal of Eating Disorders, May 2000, vol./is. 27/4(483-485), 0276-3478 (May 2000) English Deliberate blood-letting has been characterized as an alternative to purging behavior in bulimia. The authors describe a 26-yr-old female healthcare worker with an 8-yr history of restrictive anorexia nervosa, who initially presented with anemia, using blood-letting, cold baths, and starvation to control her mental state. In contrast with the previous cases of bulimia, the aim of blood-letting in this case of anorexia nervosa was to achieve anemia. The S compared the psychic correlates of anemia to emaciation, rather than to deliberate self-harm or purging. The authors note that mainstream 19th century psychiatry prescribed "baths, blood-letting and diet" as a treatment of "madness." (PsycINFO Database Record (c) 2012 APA, all rights reserved) Journal, Peer Reviewed Journal PsyCINFO Available from Wiley Online Library (onlinelibrary.wiley.com) Review

Last updated: August 2019 Next revised date: February 2020
Use of leucotomy for intractable anorexia nervosa: A long-term follow-up study

Objective: We studied the long-term outcomes of intractable anorexia nervosa treated with leucotomy and specialized psychotherapy over 20 years ago. Method: All traceable subjects were interviewed using the Eating Disorders Examination (EDE) and the Structured Clinical Interview for DSM-III-R (SCID). They also completed questionnaires. Detailed histories were taken. Results: Four of five female subjects were traced. Their cases had been severe, with failure of previous intensive psychotherapy and now with high risk of death from terminal inanition. One patient had committed suicide, whereas the others enjoyed a reasonable quality of life. Persistent core psychopathology was evident, but patients had not succumbed to weight loss. All suffered depression and anxiety-related disorders, but endorsed their treatment, which had allowed sustained weight gain by release of appetitive behavior, provision of a license to change, and alleviation of phobic anxiety, allowing psychotherapeutic engagement. Discussion: We argue that these outcomes are relatively favorable and would not have been possible without this latter engagement in specialist psychotherapy to address burgeoning panic and unavoidable weight gain. (C) 2000 by John Wiley and Sons, Inc.

Maternal eating disorder and mother-child conflict


Comments on the article by A. Stein et al (see record 1999-15711-012) that examined the antecedents and interactive processes involved in the development of mealtime conflict between infants and mothers with eating disorders. The present author notes that homogeneity between eating disorders is not apparent but is treated as such by Stein et al. Areas of further investigation are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

The SCOFF questionnaire: assessment of a new screening tool for eating disorders

WJM: Western Journal of Medicine, 01 March 2000, voI./is. 172/3 (164-165), 00990415 BMJ, December 1999, vol./is. 319/7223 (1467-8), 0959-8138/0959-535X (1999 Dec 4) English

Eating disorders are among the most common psychiatric disorders in young women. Early detection and treatment improve the prognosis, but the presentation of eating disorders is often cryptic—for example, via physical symptoms in primary care. The ability to diagnose the condition varies and can be inadequate,1 and existing questionnaires for detection2,3 are lengthy and may require specialist interpretation. No simple, memorable screening instruments are available for nonspecialists. In alcohol misuse, the CAGE questionnaire (questions about Cutting down, Annoyance with Criticism, Guilty feelings, and Eye-openers)4 has proved popular with clinicians because of its simplicity. We developed and tested a similar tool for eating disorders, with questions designed to raise the suspicion that an eating disorder might exist before rigorous clinical assessment ...
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<td>Ian Partridge</td>
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<td>English</td>
<td>Objectives: Parents often present practise clinicians who see children with chronic fatigue syndrome with printouts from the internet. These are then brought into the discussion about the management and aetiology of this debilitating condition. We set out to systematically study the information on the internet on this subject and to explore the diversity of advice in relation to current research knowledge. Method: Systematic search by means of the internet browser Netscape Navigator and search engines Alta Vista and Yahoo! Advice about levels of rest, exercise, medication, psychological interventions and suggestions about return to school is critically compared with current research evidence. Results: Thirteen websites were accessed. All have some treatment advice. Six offer conflicting advice about levels of rest, with two suggesting large amounts of rest, two suggesting some rest and two suggesting graded exercise. Nine suggest medications (with a wide variety of pharmacological activities) despite the lack of research evidence showing a significant contribution from medication. Four suggest psychological treatments but some advise that it is unnecessary. Despite the established evidence in chronic fatigue and other chronic illnesses) that appropriate psychological treatments are helpful. There are a wide variety of differing diets recommended. Conclusions: Few websites provide useful management advice. Advice offered is often in conflict. Some of the advice is either contrary to current research evidence or not supported by it. This raises concerns about inaccurate information reaching families who have a child with chronic fatigue syndrome, with potentially damaging consequences. This suggests a need for a debate about the availability and validation of health related information on the internet.</td>
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<td>House, John Holmes and Andrew</td>
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<td>English</td>
<td>Objectives: To identify whether a simple marker of non-psychiatric health service contact (weight of general hospital case notes) is helpful in identifying patients with evidence of psychiatric disorder in a medical and surgical population. Method: Hospital case note review identifying evidence of past and current psychiatric disorder in patients with heavy, medium and low weight case notes. Responses to letters to general practitioners and review of local psychiatric hospital records were used to validate findings. Setting: A large general teaching hospital in the centre of Leeds, UK. Subjects: Random sample of 240 patients aged 16-65 attending general hospital medical or surgical teams as an inpatient or day patient between April 1, 1991 and March 31, 1992. Patients whose index admission was to the gynaecology or obstetrics unit were excluded. Main outcomes: Non-psychiatric service contact was measured by case note weight and thickness, lifetime admissions and number of consultants seen. Psychiatric disorder was identified using global judgements based on a standardised assessment of the case notes, and also general practitioner statements of current or past psychiatric disorder and record of contact with psychiatric services. Results: In a detailed examination of 75 cases, 92% of patients with light weight notes had solely physical factors to account for their presentations, compared to 88% in the middleweight group and 64% in the heaviest weight group. Heavy cases notes more often contained comments about psychiatric problems affecting the physical presentation (lightweight 8%, middleweight 20%, heavy weight 64%). Patients with heavy case notes more often had a history of contact with psychiatric services as confirmed by the GP or contact at local psychiatric hospitals (lightweight 28% middleweight 24% heavy weight 48%). Amongst the heaviest service users, patients with a psychiatric problem had seen a median of 12.0 lifetime consultants compared to 8.5 in those where a purely physical cause was present. Conclusions: Patients who have heavy hospital case notes are more likely to have evidence of psychiatric disorder than those with lower levels of hospital contact and this is more likely to have an impact on their physical presentation and clinical course as judged by case note review using structured assessment criteria.</td>
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<td>English</td>
<td>In the pages of this journal, Holte et al. (1) have recently reported an increase in clinical, endocrine, and ultrasonographic features of the polycystic ovary syndrome in women with a history of gestational diabetes mellitus (GDM). From this controlled study they suggested that women with a history of GDM have a disturbed balance between insulin sensitivity and β-cell activity, but those with polycystic ovaries as well may be more prone to insulin resistance. In a study examining the impact of pregnancy and bulimia nervosa (2), we found that 17% of pregnant women with active bulimia nervosa suffered from GDM, whereas McCluskey et al. (3) established that three quarters of 34 patients with bulimia nervosa had polycystic ovaries and approximately one third of 153 patients with polycystic ovarian syndrome had scores on the BITE (a self-rating scale for bulimia) that suggested the presence of bulimic eating patterns (4). From this it has been suggested that the polycystic ovarian syndrome may be phenotypically expressed via altered insulin resistance, resulting from gross fluctuations in carbohydrate intake, and that bulimic eating patterns need to be stabilized before recommending weight loss in women with polycystic ovary syndrome (5). Given that there are demonstrable overlaps between the polycystic ovary syndrome, GDM, and bulimia nervosa, it could be argued that bulimia nervosa represents the “missing link” in understanding the findings of Holte et al. (1), although prospective studies would be required to establish the direction of causality.</td>
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<td>English</td>
<td>Sir; It is difficult to come to the conclusions of Gillard and Lobo (Psychiatric Bulletin, September, 1998, 22, 559-562) that “there is a viable role for mental health promotion” in the form of a drop-in clinic based in primary care. Only 55 contacts occurred in 11 months at a twice weekly clinic run by two members of the mental health team. This represents around one patient seen every 10 hours of professional time, which seems a rather expensive way of distributing information leaflets while informing patients and surgery staff about local non-NHS services. Most general practitioners would consider that a poster in the waiting room would achieve a similar objective and capture a much wider audience at a fraction of the cost.</td>
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LyPFT list of published studies
Peter Tiggell, Peter Tiggell. Nov-99 Sexual dysfunction in women with diabetes mellitus: Addressing impaired arousal. Sexual & Marital Therapy, November 1999, vol.16 (3): 397-405 (Nov 1999) English Sexual dysfunction in men with diabetes is well recognized and has been widely studied. In contrast, there is a striking lack of such study and knowledge regarding sexual dysfunction in women with diabetes. Some 50% of men with diabetes suffer erectile dysfunction, often largely as a result of the vascular and neurological sequelae of the diabetic disease process. Research has confirmed the anatomical and physiological similarities between male and female genitalia. This being the case, it may be reasonable to assume that a similarly large proportion of women with diabetes will also suffer disordered/impaired sexual arousal, in the form of reduced vaginal lubrication and engagement. This paper reviews the literature to date and the current state of knowledge with regard to sexual dysfunction in women with diabetes, with particular emphasis on impaired sexual arousal. The prevalence of such problems remains unclear. The results of several studies are contradictory, and the methodology employed has often been inadequate to produce a firm answer to the questions being asked. There is a need for well designed, controlled studies of sexual arousal in women with both Type I and Type II diabetes to clarify the prevalence of the problem. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

David Protheroe, Kim Turvey, Kieran Horgan, Eddie Benson, David Bowers and Allan House. Oct-99 Stressful life events and difficulties and onset of breast cancer: case-control study. BMJ, October 1999, vol./is. 319/7216:1027-30, 9693-8138/0959-535X (1999 Oct 16) English OBJECTIVE: To determine the relationship between stressful life events and difficulties and the onset of breast cancer. DESIGN: Case-control study. SETTING: 3 NHS breast clinics serving west Leeds. PARTICIPANTS: 399 consecutive women, aged 40-79, attending the breast clinics who were Leeds residents. MAIN OUTCOME MEASURES: Odds ratios of the risk of developing breast cancer after experiencing one or more severe life events, severe difficulties, severe 2 year non-personal health difficulties, or severe 2 year personal health difficulties in the 5 years before clinical presentation. RESULTS: 332 (83%) women participated. Women diagnosed with breast cancer were no more likely to have experienced one or more severe life events (adjusted odds ratio 0.91, 95% confidence interval 0.47 to 1.81; P=0.79); one or more severe difficulties (0.86, 0.41 to 1.81; P=0.69); a 2 year severe non-personal health difficulty (0.53, 0.12 to 2.31; P=0.44); or a 2 year severe personal health difficulty (2.73, 0.68 to 10.93; P=0.16) than women diagnosed with a benign breast lump. CONCLUSION: These findings do not support the hypothesis that severe life events or difficulties are associated with onset of breast cancer.

Barry Wright, Jennie Black, Barry Wright, Christine Williams and Rob Smith. Sep-99 Paediatric liaison service. Psychiatric Bulletin, September 1999, vol./is. 23/9:528-30, 0955-6036:1472-1473 (Sep 1999) English Discusses the working of a new paediatric liaison service, and reviews paediatric referral to a child and adolescent mental health service (CAMHS) 21 months before and 21 months after the establishment of this service. 183 children were discussed in the 21 months after the new service was set up. There was a rise in referral to CAMHS from 72 to 120. Non-attendance rates from pediatric referrals also rose. Likely reasons for these changes are discussed and include an increase in referrals of children with somatization. Interdisciplinary liaison appears to carry many advantages, but is likely to increase referral rates to the CAMHS. This has both clinical and resource implications. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Barry Wright, Chris Williams, Barry Wright and Ian Partridge. Jul-99 Attention deficit hyperactivity disorder—a review. British Journal of General Practice, July 1999, vol./is. 49/444:463-71, 0960-1643:0960-1643 (1999 Jul) English The topic of attention deficit hyperactivity disorder (ADHD) is fascinating and controversial. A variety of stances have been taken by different clinicians, support groups, and the media. A nature/nurture argument has developed that may have a tendency to polarize views. This review aims to present research findings that inform the debate. It deals with symptomatology, aetiology, and prevalence, with assessment for diagnosis, management, and outcome. The importance of comprehensive management taking into consideration not just attention abilities but a range of other factors that have an impact upon them is stressed. Management should be pragmatic, multifaceted, and based around the establishment of good working relationships with family and school.

Gillian Tobar and Allison Tobar. Jul-99 Drug and alcohol education from a distance: A good reason for collaboration. Drugs Education, Prevention and Policy, July 1999, vol./is. 6/2:265-273, 0963-7637:1465-3370 (Jul 1999) English Examined the challenges faced by institutions offering distance-based courses. Specifically, the authors share their separate experiences of producing distance learning programmes for drug and alcohol workers. There are special complexities inherent in the design, delivery and operation of drugs courses by distance learning and these are examined. Parochial perspectives on drug issues assume less relevance as the target group for distance learning courses widens notably to include learners in other geographical areas and in other countries. The authors begin to explore the case for seeing national, and even international, consensus on what drug and alcohol education programmes should comprise. Collaboration between the educational institutions could be an effective way of identifying quality standards in adult education in general and could assist course organizers in avoiding unnecessary replication of effort. Further flexibility for students could also be introduced in the form of a national credit accumulation and transfer scheme. Faced with an even greater choice of educational products, learners should benefit too from collaboration and the assurance that the courses they purchase have been designed and tested to meet their educational needs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
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John F Morgan

Mar-99

Eating disorders and gynecology knowledge and attitudes among clinicians.


BACKGROUND: Eating disorders are common, responsive to treatment and affect women at a peak age of reproductive function, often presenting via gynecological and obstetric sequelae. The author wished to examine gynecologists knowledge and attitudes towards eating disorders. A questionnaire concerning eating disorders was designed covering aspects of diagnosis, characteristic manifestations, treatment, and attitudes. All gynecologists and obstetricians with more than 1 year of experience from four teaching hospitals in Australia and the United Kingdom were sent the anonymous, confidential postal questionnaire. One hundred and fifteen doctors replied, with a response rate of 86%. RESULTS: Only 20% of respondents were confident of diagnosing eating disorders. Various diagnostic misconceptions were revealed: for example, 43% overestimated weight loss in anorexia nervosa from 20% or more, and 28% wrongly believed that a sense of strict dietary control was a feature of bulimia nervosa. Clinicians had least knowledge of bulimia nervosa, underestimating its treatment response. Surprisingly, the greatest deficits in knowledge were of endocrinology and gynecological sequelae. For example, 79% underestimated amenorrhoea in anorexia nervosa by 25%, and 85% wrongly believed that regular menses was characteristic of bulimia nervosa at normal weight. Consultants demonstrated significantly more knowledge than junior grades. Thirty-one percent of respondents held pejorative attitudes to eating disorders, which over-represented men (p = 0.046) who were also more likely than women to see bulimia nervosa as untreatable (p = 0.01). CONCLUSION: The author suggests that these deficits might be addressed by development of simpler screening questionnaires for non-specialists, and elucidation of the interface between eating disorders and reproductive physiology.

John F Morgan and Hubert John Lacey.

Mar-99

Scratching and pruritus: a study of pruritus and anorexia nervosa.


An association between pruritus and eating disorders has been suggested. This study examined changes in pruritus during weight restoration in a homogenous group of women with severe anorexia nervosa (n = 19), using a structured questionnaire, visual analogue scale, clinical examination and a range of serological markers. We demonstrated that itching is a clinical feature of anorexia nervosa, associated with low weight and resolving on weight restoration. Some 58% of the sample suffered pruritus at low weight in a stable hospital environment. There was a significant association between changes in body mass index and severity of pruritus (P = 0.033), with reduced itching on weight restoration. Pruritus occurred in the absence of abnormalities in thyroid, renal and hepatic function, serum androgens, oedema, dermatoses or compulsive washing. Scratching was manifest as ‘scratch prurigo’ in five cases. Where itching was present, it was experienced as severe. We discussed a variety of possible explanations, including psychopathology, endocrine factors, regional blood flow variation, oedema and the role of central opioid and serotonergic activity. We argue that anorexia nervosa should be considered in all patients at low weight presenting with pruritus, and pruritus should be considered to be a physical symptom of anorexia nervosa.

John F Morgan

Feb-99

Smoking, eating disorders, and weight control.


Sir, We read with interest the recent report of Crispel at the pages of this journal, concerning the association between smoking and pursuit of thinness among school girls. In particular, they found smoking was related to over-concern with body shape and weight, being ‘overweight’, and regular self-induced vomiting. We examined smoking and related behaviour among 542 women referred to the St George’s Hospital Eating Disorder Unit for the treatment of bulimia nervosa between 1984 and 1994. All subjects fulfilled DSM-III-R criteria for bulimia nervosa at the time of referral. Subjects with a clear history of anorexia nervosa were also identified, which has previously been named “Type II” bulimia nervosa. Relative risks were calculated for prognostic factors. Bulimic symptoms improved throughout pregnancy. After delivery, however, there was a tendency for relapse. Although we found no evidence of a relationship between smoking and bulimia nervosa, we did note that women in the anorexia nervosa group were more likely to smoke (P = 0.004). We support the need for further research into the possible link between smoking and eating disorders. We would also like to see early identification of girls at risk of bulimia nervosa, and adopt a multi-disciplinary approach to treatment.

Barry Wright

Christine Williams, Barry Wright and Bob Smith.

Feb-99


Psychiatric Bulletin, February 1999, vol./is. 23(2/104-106), 0955-6036/1472-1473 (Feb 1999)

Describes the purpose and operation of Child Health and Education Assessment Forum (CHEAF). The CHEAF participants developed a multi-disciplinary approach to treating children with a wide range of disorders and diseases. However the forum only focuses on those children with particularly complex problems requiring a high degree of cooperation and collaboration. The authors suggest that CHEAF is a discrete, integrated and accessible service designed to assist a range of professionals in handling the needs of children with complex disorders.

John F Morgan and Hubert John Lacey.

Feb-99

Impact of pregnancy on bulimia nervosa.


Examined the impact of pregnancy on symptoms of bulimia nervosa and associated psychopathology in 94 women (aged 17-38 yrs) actively suffering from bulimia nervosa during pregnancy were interviewed using the eating disorder examination and structured clinical interview for Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R), with additional structured questions. Behaviours were recorded at conception, each trimester and postnatally. Relative risks were calculated for prognostic factors. Bulimic symptoms improved throughout pregnancy. After delivery, 57% had worse symptoms than pre-pregnancy, but 34% were no longer bulimic. Relapse was predicted by behavioural severity and persistence, previous anorexia nervosa (Type II bulimia), gestational diabetes and unplanned pregnancy. Unplanned pregnancies were the norm, usually resulting from mistaken beliefs about fertility. Postnatal depression was suggested in one-third of the sample, and in two-thirds of those with Type II bulimia, and was predicted by alcohol misuse, symptom severity and persistence. (PsychINFO Database Record (c) 2014 APA, all rights reserved)

John F Morgan

Jan-99

Bulimic eating disorders: how should they be stabilised in polycystic ovarian syndrome.

BMJ (Clinical Research ed.), January 1999, vol./is. 318/7179(328), 0959-8138 (30 Jan 1999)

... Hopkinson et al have highlighted the multiple benefits of weight reduction in the management of women with the polycystic ovarian syndrome. This, however, may simply amount to unsupervised dieting, which runs the risk of escalating cycles of binge eating and purging, potentially contributing to the pathogenesis of the syndrome and certainly contributing to the patient's distress ...

Note EMBASE Available from the BMJ, London
Tariq Mahmood

Prevalence of migraine in bipolar disorder.

Journal of Affective Disorders, January 1999, vol./is. 52/1-3(239-241), 0165-0327 (Jan Mar 1999)

English

Estimated the prevalence of migraine in people suffering from bipolar affective disorder. A headache questionnaire incorporating the newly introduced International Headache Society criteria was given to 117 patients on the Dundee Bipolar Research Register. A total of 81 (69%) completed the questionnaire, out of which 21 (26.9%) reported migraine headaches. 25% of bipolar men and 27% of bipolar women suffered from migraine. These rates are higher than those reported in the general population, with the rate for bipolar men being almost 5 times higher than expected. An increased risk of suffering from migraine was particularly noted in bipolar patients with an early onset of the disorder. This may represent a more severe form of bipolar affective disorder. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Barry Wright

Chronic fatigue syndrome


English

The media has shown some interest in children with chronic fatigue syndrome, although national coverage does not always accurately reflect the position of the current medical publications. For example, one television programme indicated that most adolescents with the illness might expect to be ill for at least four years, a suggestion that research papers do not confirm. It is thus prudent to consider what current research tells us, particularly when there is an apparent disparity of views about the illness between parents, support groups, and professionals.

Barry Wright

Adult criminally previously hospitalized child psychiatric patients: With particular reference to girls and the use of ICD-10 diagnoses


English

Examined which childhood factors were associated with adult criminality. 108 males and 63 females (aged 2-11 yrs) admitted to a psychiatric inpatient unit were examined using criminal offenses between age 17-25 yrs as the main studied outcome. A retrospective cohort analytic design was employed using current classification systems. Ss were followed up to the age of 25. The pro forma for diagnosis included a checklist from the Diagnostic Criteria for Research of World Health Organization International Classification of Diseases. About half of the males and a quarter of the females had received at least one standard list conviction by that time. Childhood variables which were predictive of adult criminality were explored. The important variables for boys were: large family size, parental criminality and a diagnosis of conduct disorder, and for girls: having been in care prior to admission, parental criminality and a diagnosis of conduct disorder. Variables subjected to selection criteria are appended. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

David Milnes

Hearing the hallucinations of patients with multiple sclerosis

British Journal of Psychological Medicine, 1998, vol./is. 15/1(31-32), 0790-9667 (1998)

English

We report the case of a paraplegic unilateral left-sided auditory hallucinations in association with a self induced ear infection, who in addition demonstrated a symptom of passivity, attributing the infection to the actions of a voice. The case demonstrates the potential for complex interplay between physical and mental pathology.

Peter Elwood

Driving, mental illness and the role of the psychiatrist

Pathological Behaviour and Mental Health, 1998, vol./is. 15/2(49-51), 0790-9667 (1998)

English

Objectives: Drivers with certain mental illnesses are obliged by the Driver and Vehicle Licensing Authority (DVLA) to stop driving and to report their condition. This study aims to quantify the number of psychiatric patients failing to meet the DVLAs standards of ‘fitness to drive’ and to record how frequently psychiatrists failed to advise patients of these standards. Method: In this prospective descriptive study, 10 psychiatrists reported by questionnaire the diagnosis and driving status of all patients encountered over a four week period. They recorded their advice given to patients failing to meet the DVLAs criteria of ‘fitness to drive’ and advice given when prescribing psychotropic medication. Results: Of 267 patients, 123 (46%) were drivers. 19/123 (13%) of drivers failed to meet the DVLAs standards of ‘fitness to drive’. In 19/123 of these the psychiatrist did not advise the patient in line with the DVLAs guidelines. This was especially the case for alcohol related disorders. Of drivers 49% were prescribed psychotropic medication with potential adverse effects on driving. Conclusions: Driving amongst mentally ill patients appears commonplace. In this study, 13% of drivers were considered by the authorities to be unfit to drive. Psychiatrists frequently used their own judgement when advising patients regarding driving. This arguably contravenes doctors’ responsibilities to patients and has potential legal implications for both the patient and psychiatrist.

Gillian Tober

Learning theory, addiction and counseling


Chapter 10 describes a cognitive counselling style known as motivational interviewing. Based on the principles of self-management and conditioning, it is proving to be effective. The chapter reviews the condition of learning theory to the understanding of addictions.

Tariq Mahmood

Neuropsychologic al functioning in systemic lupus erythematosus.


English

Compared neuropsychological (NP) functioning in 22 patients with systemic lupus erythematosus (SLE), 14 rheumatoid arthritis (RA) patients, and 9 normal controls. Following an aphasia screening, several NP tests were administered. SLE Ss exhibited greater visuospatial difficulty than RA Ss and controls and had more difficulty with higher reasoning than controls. SLE Ss obtained lower scores on a tactual performance test than controls. A greater incidence of NP dysfunction was found in SLE Ss with a history of central nervous system (CNS) disease than in Ss with no such history. Comparisons of RA Ss and controls indicated impairment among RA Ss in several NP variables. (PsycINFO Database Record (c) 2013 APA, all rights reserved).
Paul Blenkiron. Dec-98 Does the management of depression in general practice match current guidelines? Primary Care Psychiatry, 1998, vol./is. 4/3(121-125), 1355-2570 (1998) English The aim of this study was to assess how general practitioners are managing depression in the wake of the Defeat Depression Campaign (1992-1996). It comprised an anonymous postal survey of all 153 GP principals in the York area in May 1997. The questionnaire incorporated points of good clinical management emphasized in the literature of the campaign and current consensus guidelines. The results indicate that GPs appear to achieve recommended standards for antidepressant prescribing, criteria for psychiatric referral and a philosophy of patient collaboration. However, many continue to be reluctant to prescribe for understandable depression (52/116 cases, 45%), use potentially sub-therapeutic doses of tricyclic drugs (31%), and stop medication within three months (66%). Less than one quarter use written information, diary keeping or activity scheduling. Younger doctors prescribe more often for depression with biological symptoms (P = 0.03). Those expressing a high degree of confidence in managing depression appear less likely to decide management in collaboration with the patient (P = 0.001), use problem-solving techniques (P = 0.0004), or perceive the campaign as having at least a moderate impact on their practice (P = 0.04). Of those who replied, 79% indicated that the campaign had little or no personal impact. Future educational initiatives should concentrate on ways of improving their influence upon the primary health care team in general and well-established GPs in particular. Journal Article EMBASE Not available


John F Morgan and Hubert John Lacey. Oct-98 Salivation in anorexia nervosa. The British Journal of Psychiatry. October 1998, vol./is. 173(352-353), 0007-1250/1472-1465 (Oct 1998) English Reports the case of female patient in her 30s with anorexia nervosa and pathological salt ingestion. During inpatient treatment, the patient admitted to intermittent pathological ingestion of table salt over a period of 2 yrs in the form of up to 20 packets (approx. 80 g per day). The phenomenology of her behavior appeared to be a form of deliberate self-harm, ego-syntonic but self-punitve in nature. The author addressed the salt ingestion as a form of learned maladaptive behavior and combined cognitive-behavioral and psychodynamic techniques for treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) Letter PsyINFO Available from BJPsych (bjp.rcpsych.org)

John F Morgan. Jul-98 Gender issues in the management of multi-impulsive bulimia nervosa: A case study. International Journal of Eating Disorders, July 1998, vol./is. 24/1(107-109), 0276-3476/1085-108X (Jul 1998) English Described the management of multi-impulsive bulimia nervosa (MIBN) in a 27-yr-old man. Inpatient treatment was attempted using a standardized local interpretative (psychodynamic) and cognitive-behavioral approach, with an emphasis on ward milieu. The value of this approach has been proved for female patients in the past. The usage of this approach for a male with MIBN, and the problems encountered highlight the impact of gender on behavioral symptoms, ward culture, and the predominantly female patient group. In the opinion of the authors, men presenting with MIBN have a core disorder which is distinct from the female equivalent. On the basis of experience with the male S, the authors concluded that inpatient management of men with MIBN in a treatment program with a feminist perspective would be contraindicated. (PsycINFO Database Record (c) 2013 APA, all rights reserved) Journal, Peer Reviewed Journal PsyINFO Available from Wiley Online Library (onlinelibrary.wiley.com)

Peter Trigwell. Jul-98 The nature of fatigue in multiple sclerosis. Journal of Psychosomatic Research, July 1998, vol./is. 45/1(33-38), 0022-3999 (Jul 1998) English This cross-sectional descriptive study investigated whether people with multiple sclerosis (MS) differenially experience physical and mental fatigue, and whether the pattern of fatigue is influenced by mood, disease duration, or disease course. 68 outpatients (aged 27-71 yrs) with MS completed the Fatigue Rating Scale (FRS) and the Hospital Anxiety and Depression Scale (HAD). 58 Ss (85%) scored above the recommended cut off for fatigue on the FRS scale. Both the mental fatigue score and the total fatigue score were positively correlated with the depression and anxiety scores on the HAD scale. There was no significant correlation between the physical fatigue score and either of the HAD subscale scores. There was no significant association between duration of disease or disease course and the total scores or subscale scores of the FRS and HAD. This is the first reported study to differentiate between mental and physical fatigue in MS and to demonstrate a significant correlation between fatigue and mood level. (PsycINFO Database Record (c) 2013 APA, all rights reserved) Journal, Peer Reviewed Journal PsyINFO Available from The Journal of Psychosomatic Research (www.jpsychores.com)

Allan House. Jul-98 Working patterns and the quality of training of medical house officers: evaluating the impact of the 'new deal'. Medical Education, July 1998, vol./is. 32(4:32-8), 0008-0110/0308-0110 (1998 Jul) English The ‘new deal’ on junior doctors’ hours of work has led to the widespread introduction of working patterns such as full shifts and partial shifts in the United Kingdom. The impact of these changes on the training of medical staff is unclear. The subjects of the current study were 36 pre-registration medical house officers working shift rota and on-call rota at a teaching hospital in the north of England. They were studied over a 12 month period using a self-report questionnaire seeking their views on the quality of their training experience and their satisfaction with the in-service training they received. Nursing staff, consultant and medical student opinion was also sought. Partial shift and full shift systems led to reduced hours of work when compared to on-call rota (mean hours: partial shift 65.0; full shift 59.8; on-call 72.7), but they were associated with significantly lower training experience and training satisfaction scores for the house officers than when on-call systems (P = 0.01). Shift systems were unpopular among consultants and medical students but not nursing staff. Despite reducing excessive hours of work, shifts may be detrimental to the training of medical house officers. The further imposition of shift working should be suspended until such time as the impact of new working patterns on the training of medical staff has been determined. Journal Article MEDLINE Available from Wiley Online Library (onlinelibrary.wiley.com)
David Yeomans
Paul Harwood and David Yeomans.

Jul-98

Inconsistencies in risk assessment.

Psychiatric Bulletin, July
1998, vol./is.
22(7/446-449),
0955-6036/1472-
1473 (July 1998)

English

An audit of case notes and a survey of 12 inpatients was carried out to evaluate risk assessment on an inpatient ward. Considerable inconsistencies were found between the risk assessment records in medical and nursing notes. A systematic survey found higher levels of risk than either set of notes, but combining the notes improved the quality of risk assessment compared to the survey. Three key areas for action to improve risk assessment are suggested. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Journal, Peer Reviewed Journal
PsycINFO
Available from BIPsych
Bulletin (pb.rcpsych.org)

Allan House
Navneet Kapur, Allan House, F Creed, E Feldman, T Friedman and E Guthrie.

Mar-98

Management of deliberate self poisoning in adults in four teaching hospitals: descriptive study.

BMJ, March
1998, vol./is.
316/7134(301-2),
0959-8138/0959-
535X (1998 Mar
14)

English

Deliberate self poisoning accounts for 100 000 hospital admissions in England and Wales every year, and its incidence is increasing. 1 One per cent of patients kill themselves in the year following attendance.2 Good services to manage deliberate self poisoning in general hospitals might therefore help to achieve the targets set out by the Health of the Nation strategy to reduce suicide rates. Existing services have not been planned coherently; the care provided by hospitals varying greatly, even in the same region.3 We assessed the management of self poisoning in four teaching hospitals in England by using standardised methods of notification.

Journal article
MEDLINE
Available from PubMed Central
(www.ncbi.nlm.nih.gov/pmc)

Tom Hughes
Tom Hughes, Susan Hampshaw, Edward Renzo and David Storer.

Feb-98

General hospital services for those who carry out deliberate self-harm.

Psychiatric Bulletin, February
1998, vol./is.
22(2/88-91),
0955-
6036/1472-1473
(February 1998)

English

The Royal College of Psychiatrists has published national guidelines for services for those who carry out deliberate self-harm (1994). This study aimed to discover whether these recommendations are being followed. The authors conducted a semi-structured interview with professionals from the accident and emergency service and one from the specialist service at each of 16 hospitals in the former Yorkshire Regional Health Authority. The findings are that services are not adhering to the guidelines. The production of guidelines without an adequate implementation strategy is ineffective. According to the authors, the Department of Health should endorse the College guidelines, and produce an implementation strategy to secure the involvement of purchasers and providers. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Journal, Peer Reviewed Journal
PsycINFO
Available from BIPsych
Bulletin (pb.rcpsych.org)

John F Morgan
John F Morgan and Hubert John Lacey.

Jan-98

HIV-1 seropositivity and eating disorders: A case report.

International Journal of Eating Disorders, January
1998, vol./is.
23(1/103-
106),
0789-
3478/1098-108X
(Jan 1998)

English

Presents a case of bulimia nervosa in a 21-year-old HIV positive woman whose seropositivity provided sustained motivation for recovery from her eating disorder. The literature is reviewed in which the negative impact of seropositivity has been emphasized, and the interaction between eating disorders and HIV-1 infection is explored, considering both nutritional and psychological factors. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal, Peer Reviewed Journal
PsycINFO
Available from Wiley Online Library
(www.wiley.com)

Duncan Raistrick
Douglas Coyle, Christine Godfrey, Geoffrey Hardman and Duncan Raistrick.

Dec-97

Eating substance misuse services.

Addiction, 1997,
vol./is.
928/1(1007-
1015), 0965-2140
(1997)

English

Aims. To develop a methodology for obtaining the detailed costs of different substance misuse services and illustrate some of the specific problems by means of a case study. Design. Data on the resources required, clinical activity, and patient characteristics for one year were combined to provide detailed costs for different types of clinical events and patients. Setting. The clinical services of a publicly funded addiction unit in a large industrial city in the UK. The unit provides for alcohol and other drug misusers mainly on an outpatient basis but with inpatient care. Participants. Over 1500 patients were included in the analysis with 75 per cent being male, and 80 per cent aged between 20 and 49. Nearly half of the clients had alcohol as their main drug of misuse and opiate users being the next largest group. Measurement. Detailed costing by event and patient was possible as the staff type and time taken for each event were routinely recorded. A cost for each individual event was estimated and summed for each individual patient to give a cost estimate by patient for the financial year 1992/3. Findings. Core treatment outpatient events had an average cost of 48, with new assessments costing 87 but these averages hid high variations. The average cost per year for those receiving only outpatient care was 358; it was 1857 for those receiving both outpatient and inpatient care. Opiate misusers were on average more costly than alcohol misusers. The costs were skewed with 10 per cent of patients accounting for 56 per cent of the total annual costs. Conclusions. Dealing with costs of non attendance, including all resource use, and coping with large individual variations in costs across individuals and intervention types are the main problems in devising cost figures. Cost data are useful but need to be combined with outcome data if they are to be used to improve patient services.

Journal Article
EMBASE
Available from PubMed Central
(www.ncbi.nlm.nih.gov/pubmed)
The pharmacokinetics of methadone in healthy subjects and opiate users, Aims - There is some evidence that monitoring methadone plasma concentration may be of benefit in dosage adjustment during methadone maintenance therapy for heroin (opiate) dependence. However, the kinetics of oral methadone are incompletely characterized. We attempted to describe the latter using a population approach combining intensive 57 h sampling data from healthy subjects with less intensive sparse 24 h data from opiate users. Methods - Single oral doses of rac-methadone were given to 13 drug-naive healthy subjects (7 men and 6 women) and 17 opiate users beginning methadone maintenance therapy (13 men and 4 women). Plasma methadone concentrations were measured by h.p.l.c. Kinetic analysis was performed using the P-Pharm software. Results - Comparison of kinetic models incorporating mono- or biaxponential disposition functions indicated that the latter best represented the data. The improvement was statistically significant for the data from healthy subjects whether the full 57 h or truncated 24 h profiles were used (P < 0.031 and P = 0.024, respectively), while it was of borderline significance for the more variable data from opiate users (P = 0.057) or for pooled (healthy subjects and opiate users) data (P = 0.066). The population mean oral clearance of methadone was 6.9 +/- 1.5 s.d. 1 h<sup>-1</sup> (5.3 +/- 1.2 s.d. 1 h<sup>-1</sup>) and the median elimination half-life of methadone (33-46 h in healthy subjects and, possibly, longer in opiate users) indicated that accurate measurement of this parameter requires a duration of sampling longer than that used in this study. Our analysis also suggested that parameters describing plasma concentrations of methadone after a single oral dose in healthy subjects may not be used for predicting and adjusting dosage in opiate users receiving methadone maintenance therapy unless coupled with feedback concentration monitoring techniques (for example Bayesian forecasting).

Duncan Raistrick
A R Ness, J W Powles, John F Morgan, Timothy J A Key and Paul N Appleby.

Dietary habits and mortality in vegetarians and health conscious people (multiple letters reply)

The British Journal of Clinical Pharmacology, 1997, vol./is. 44/4(225-334); 0306-5251 (1997)

Editor - We believe that some of the issues raised in Timothy J A Key and colleagues’ study of dietary habits and mortality in 11,000 vegetarians and health conscious people1 and in the accompanying commentary by Matthew W Gillman2 deserve more attention ...

John F Morgan

Pharmacokinetics are not dogma for pragmatism, war on drugs. Aim - The British government has advertised the first ever post of drug supremo, or 'drug czar' to borrow the term used in the USA. The central drugs co-ordinating unit and its strategic document for England, Tackling Drugs Together,1 have attempted to quantify the international drug problem and intends to strengthen further the pan-departmental approach taken by the central government in the United States. It is good news that the new Labour government is evidently serious about the growing national and international drug problem and intends to strengthen further the pan-departmental approach taken by the central drugs co-ordinating unit and its strategic document for England, Tackling Drugs Together.1 But there is a grave danger that the increased political attention could backfire, producing a more politicised approach to the problem and causing the new czar’s dominant orientation to be one of control. Crime deterred policing would lead to a damaging dissociation between the public appeal of the policy and actual evidence of effectiveness. It could lead to a mistaken bias to funding more panda cars, prisons, and pop propaganda instead of evidence-based treatment, rehabilitation, and preventive strategies. In contrast, diverting limited resources from enforcement to treatment and rehabilitation would result in more cost-effective crime prevention and community safety. Prisoners are already bursting with new inmates on remand or sentence for addiction fuelled crime; it would be criminal negligence to spend yet more on control whilst demand for treatment still far outstrips capacity.

Duncan Raistrick

Why Britain's drug war mustn't wage war on drugs. Aim - There is some evidence that monitoring methadone plasma concentration may be of benefit in dosage adjustment during methadone maintenance therapy for heroin (opiate) dependence. However, the kinetics of oral methadone are incompletely characterized. We attempted to describe the latter using a population approach combining intensive 57 h sampling data from healthy subjects with less intensive sparse 24 h data from opiate users. Methods - Single oral doses of rac-methadone were given to 13 drug-naive healthy subjects (7 men and 6 women) and 17 opiate users beginning methadone maintenance therapy (13 men and 4 women). Plasma methadone concentrations were measured by h.p.l.c. Kinetic analysis was performed using the P-Pharm software. Results - Comparison of kinetic models incorporating mono- or biaxponential disposition functions indicated that the latter best represented the data. The improvement was statistically significant for the data from healthy subjects whether the full 57 h or truncated 24 h profiles were used (P < 0.031 and P = 0.024, respectively), while it was of borderline significance for the more variable data from opiate users (P = 0.057) or for pooled (healthy subjects and opiate users) data (P = 0.066). The population mean oral clearance of methadone was 6.9 +/- 1.5 s.d. 1 h<sup>-1</sup> (5.3 +/- 1.2 s.d. 1 h<sup>-1</sup> and the median elimination half-life of methadone (33-46 h in healthy subjects and, possibly, longer in opiate users) indicated that accurate measurement of this parameter requires a duration of sampling longer than that used in this study. Our analysis also suggested that parameters describing plasma concentrations of methadone after a single oral dose in healthy subjects may not be used for predicting and adjusting dosage in opiate users receiving methadone maintenance therapy unless coupled with feedback concentration monitoring techniques (for example Bayesian forecasting).
Peter Trigwell


Dec-97

Impact of medical school teaching on preregistration house officers' confidence in assessing and managing common psychological morbidity: Three centre study


English

Introduction

The psychiatric problems of inpatients in hospital are associated with distress and increased complexity of care. The admission assessment by preregistration house officers provides an important opportunity to detect and treat these disorders.

Subjects, methods, and results

Questionnaires were given to all preregistration house officers during the third month of their first post (October 1994) at the two largest hospitals in the three teaching centres. Each centre has a different style of teaching undergraduate psychiatry. In two centres (1 and 2) psychiatry is taught in one block in the fourth year. The third centre (3) offers an integrated course, with lectures in liaison psychiatry during all three clinical years and psychiatry in the fourth year; moreover, liaison psychiatry is part of the final examination. The survey was repeated during the second house job after different training interventions (a compulsory lecture in centre 1 and a voluntary, clinical, problem oriented teaching in centre 3); centre 2 (no intervention) acted as a control. Any differences in score in this assessment could result from the residual effects of medical school teaching, the impact of the training intervention (centres 1 and 3), plus additional effects of maturity, training, exposure to peers or senior staff, and the effects of doing the questionnaire during the first house job.

The questionnaire used a system based, (respiratory, cardiovascular etc) to ask about questions that were routinely asked or considered when a new patient was admitted. In addition, three short clinical scenarios were used: a 50 year old woman who was depressed and weepy was used to assess house officers' confidence in assessing and treating depression; a 20 year old asthmatic patient repeatedly admitted with panic and hyperventilation was used for anxiety; and a 40 year old man with excessive alcohol intake for alcohol misuse.

In all, 135 of 160 questionnaires (84%) were completed, with no differences in completion rates between sites (p=0.15, df=2, P=0.93). Questions on physical aspects such as the presence of coughs, angina, ankle swelling, and palpitations were routinely asked by over 90% of house officers, but questions on psychological state were rarely asked or even considered. Preregistration house officers often believed they lacked the skills to assess and treat these common clinical problems.

Peter Trigwell

Duncan Raistrick

Kim Wolf, Alastair W M Hay, Andrew Vail, Kevin Harrison and Duncan Raistrick.

Nov-97

Non-prescribed drug use during methadone treatment by clinic and community based patients.


English

Investigated the efficacy of methadone maintenance treatment in 10 clinic-based patients (aged 23-34 yrs) and 10 community-based patients (aged 26-60 yrs) by studying the relationships between dose, plasma concentrations of methadone, and non-prescribed drug use using logistic regression. Clinic-based Ss had significantly reduced odds of having a urine sample test positive for illicit drugs when compared to community-based Ss. There was no relationship between either methadone concentration and testing positive for non-prescribed drugs (including cocaine, cannabis, amphetamine, ecstasy, benzodiazepines). When looking specifically at the misuse of opiate drugs, location was again important, and clinic-based Ss had significantly reduced odds of having a urine sample test positive for opiate drug. Opiate drug use was also significantly related to plasma methadone concentration, increasing noticeably when the drug concentration was greater than 0.24 mmol/L. There was no relationship between methadone dose and odds of having a positive urine drug test in either clinic- or community-based Ss. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Peter Trigwell

Duncan Raistrick.

Oct-97

Task force to review services for drug misuse.

Psychiatric Bulletin, October 1997, Vol./Is. 21/10(595-596), 0955-6036;1472-1473 (Oct 1997)

English

Critiques the actions of the Drug Misuse task force that was organized by the Department of Health and Social Security of England to review the effectiveness of services. The author addresses the task force's involvement with such issues as the categorization of methadone programs and the role of the general psychiatrist. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Peter Trigwell

Peter J Grant and Alan House.

Sep-97

Motivation and glycemic control in diabetes mellitus.


English

As a preuser to evaluating the place of a brief intervention (motivational interviewing) in the treatment of diabetes, this study investigated the relation between motivation and glycemic control in 361 diabetic out patients (aged 17-85 yrs). Outcome measures were the Stages of Change Readiness and Treatment Eagerness Scale and HbA1c level, a measure of glycemic control. The majority of patients (86.7%) could be allocated to a single motivational stage, indicating that this concept is applicable in the study of diabetes. There were significant associations between HbA1c level and motivational stage, but not in the direction predicted. That is, patients at an earlier motivational stage had lower HbA1c levels than those at later stages. The results suggest that feedback of HbA1c level may partly determine the patient's motivation to control their diabetes, although the effect is quite weak. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Tariq Mahmood

Tariq Mahmood, Mike Devlin and Trevor Silverstone.

Jun-97

Clozapine in the management of bipolar and schizoaffective manic episodes resistant to standard treatment.

Australian and New Zealand Journal of Psychiatry, June 1997, Vol./Is. 31/3(424-426), 0004-8674;1440-1614 (Jun 1997)

English

Investigated the efficacy of clozapine in treatment-resistant manic episodes. Ss were 3 adults, aged 28-51 yrs, 2 with bipolar disorder (manic) and 1 with schizoaffective disorder (manic), who were treated with clozapine after the failure of standard antipsychotics and mood stabilizers. All 3 cases were successfully treated, demonstrating the potential value of a controlled trial of clozapine in cases of bipolar and schizoaffective disorder refractory to standard treatment such as lithium, anticonvulsants, and antipsychotics. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Peter Trigwell

CS sprays are now being widely used by police in the UK. Concerns are being expressed regarding the toxicity of this substance and some of the situations in which it is being used. This is the first reported case in the UK of CS spray being used to restrain a mentally ill person in police custody. It raises important issues regarding the welfare of mentally ill people who happen to find themselves in contact with the police. There is a need for open debate, specific guidelines and a system of monitoring the use of CS in such situations.

The aim of this study was to examine levels of job satisfaction and psychological morbidity in preregistration house physicians working partial shift rotas, full shift rotas, or traditional on-call rotas. The study was carried out at two teaching hospitals in one city, and consisted of a prospective within subject crossover study at hospital A and a parallel simple descriptive study at hospital B. Sixty preregistration house physicians were included in the study. At hospital A the house officers worked shifts for part of their post and traditional on-call rotas for the remainder. At hospital B the house officers worked a modified on-call rota throughout. The outcome measures used were the 30 item General Health Questionnaire and a self-report job satisfaction scale. Measures were administered at hospital A towards the end of each distinct rota period (on-call or shift) and simultaneously administered at hospital B. Results showed that full shifts were associated with greater psychological morbidity and lower job satisfaction than traditional on-call rotas. Partial shifts were rated more favourably but were nonetheless unpopular. There was a marked difference between hospitals. It would seem that some ‘new deal’ rotas may increase psychological morbidity and reduce job satisfaction.

CS gas has been used as chemical restraint in mentally ill persons. BMJ, February 1997, vol./is. 314/708(444), 0959-8138/0959-535X (1997 Feb 8)

Peter Trigwell

An event that occurred recently while I was on call as a senior registrar in psychiatry in Leeds has prompted me to become concerned about the use of CS gas by the police. An inpatient on a neurology ward in a general hospital had worked a modified on-call rota throughout. The outcome measures used were the 30 item General Health Questionnaire and a self-report job satisfaction scale. Measures were administered at hospital A towards the end of each distinct rota period (on-call or shift) and simultaneously administered at hospital B. Results showed that full shifts were associated with greater psychological morbidity and lower job satisfaction than traditional on-call rotas. Partial shifts were rated more favourably but were nonetheless unpopular. There was a marked difference between hospitals. It would seem that some ‘new deal’ rotas may increase psychological morbidity and reduce job satisfaction.

Presents the audit of a consecutive series of patients who underwent psychosurgery at the Yorkshire Regional Psychosurgery Service over a 10-year period. Of 12 referrals, 7 patients (aged 21-66 yrs) were recommended for, and underwent psychosurgery. The clinical assessments included the Global Assessment of Function, the Comprehensive Psychiatric Rating Scale, and the Hospital Anxiety and Depression Scale. The results indicate that a satisfactory psychosurgical service may be organized on a regional basis and that there are advantages of this. They also indicate that psychosurgery retains a role in the management of some severe obsessive and anxiety/depressive states which have not improved with other available treatments. In 3 of the 7 patients the improvement was very great and no patient regretted having undergone the treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Bethan Griffiths, Kim Wolff, Alastair W M Hay and Duncan Rastitch

February 1997

Psychosurgery: Description and outcome study of a regional service. Psychiatrie Bulletin, February 1997, vol./is. 21/2(105-109), 0955-6036/1472-1473 (Feb 97)

Peter Trigwell


CS sprays are now being widely used by police in the UK. Concerns are being expressed regarding the toxicity of this substance and some of the situations in which it is being used. This is the first reported case in the UK of CS spray being used to restrain a mentally ill person in police custody. It raises important issues regarding the welfare of mentally ill people who happen to find themselves in contact with the police. There is a need for open debate, specific guidelines and a system of monitoring the use of CS in such situations.

R P Snath, E Dove, J Marlone, S Pien Barton, D J Price, S Rawson, J F Wright, A Butter, A K Coughlan, M Hird and Peter Trigwell

Butler, A K

Using a high-performance liquid chromatography method, we measured seven commonly prescribed benzodiazepines (chlordiazepoxide, nitrazepam, nordiazepam, oxazepam, lorazepam, temazepam and diazepam) in 100 urine samples obtained from patients attending Psychiatry Outpatient Department. As the urine samples selected for investigation were positive for benzodiazepines using an EMIT (Enzyme Immunoassay) screen, Forty-four of the urines contained a range of benzodiazepines, none of which had been prescribed. Nitrazepam was detected most frequently (61 urine samples), but had not been prescribed to any of the patients. Chlordiazepoxide was detected in 49 urine samples, although it had been prescribed to only five patients. Temazepam was detected in 28 urine samples. Fourteen patients providing 21 urine samples had been prescribed temazepam for treatment. However, temazepam was detected in only 14 of these samples. Multiple benzodiazepine abuse was evident from the high rate of detection of unrelated benzodiazepines.

Rifampicin is a potent inducer of hepatic microsomal enzymes. It increases drug clearance and reduces the half life of a wide range of drugs, including barbiturates, oral contraceptives, propranolol, sulphonylureas, and methadone.1 Without a concomitant increase in methadone dose, patients also taking rifampicin are likely to experience opiate withdrawal symptoms and may stop their antituberculosis drugs or supplement their methadone prescription with illicitly obtained opiates. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Addiction to methadone is usually a consequence of methadone withdrawal.3; thus high rates of tuberculosis can be expected in addicts. The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2

Deborah J Garrett, Kim Wolff, Alastair W M Hay and Duncan Rastitch

January 1997


Duncan Rastitch

Using a high-performance liquid chromatography method, we measured seven commonly prescribed benzodiazepines (chlordiazepoxide, nitrazepam, nordiazepam, oxazepam, lorazepam, temazepam and diazepam) in 100 urine samples obtained from patients attending Psychiatry Outpatient Department. As the urine samples selected for investigation were positive for benzodiazepines using an EMIT (Enzyme Immunoassay) screen, Forty-four of the urines contained a range of benzodiazepines, none of which had been prescribed. Nitrazepam was detected most frequently (61 urine samples), but had not been prescribed to any of the patients. Chlordiazepoxide was detected in 49 urine samples, although it had been prescribed to only five patients. Temazepam was detected in 28 urine samples. Fourteen patients providing 21 urine samples had been prescribed temazepam for treatment. However, temazepam was detected in only 14 of these samples. Multiple benzodiazepine abuse was evident from the high rate of detection of unrelated benzodiazepines.

Duncan Rastitch

Dec-96


Duncan Rastitch

Rifampicin is a potent inducer of hepatic microsomal enzymes. It increases drug clearance and reduces the half life of a wide range of drugs, including barbiturates, oral contraceptives, propranolol, sulphonylureas, and methadone.1 Without a concomitant increase in methadone dose, patients also taking rifampicin are likely to experience opiate withdrawal symptoms and may stop their antituberculosis drugs or supplement their methadone prescription with illicitly obtained opiates. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2 The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by patients. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance.2

Duncan Rastitch

Dec-96

Piscesone Metadone: i punti focali De P. (ed) Metadone Le Ragioni per Luso (Italy, Pacini Editore)

Duncan Rastitch

Not available
Cognitive impairment is common in elderly people and is associated with increased morbidity and mortality, but...
Pass the Royal College examinations. MCQ technique

Barry Wright, Barry West, Anne Worrall and Gillian Tagg

Prevalence of confirmed child abuse and the use of resources in child psychiatric outpatient patients.


Anorexia nervosa and steroid withdrawal.


Anorexia nervosa and the use of resources in child psychiatric outpatient patients.


The Royal College examinations: preparation and practice

British Journal of Hospital Medicine, March 1996, vol./is. 55/6(332-334), 0007-1064 (1996 Mar 20 Apr 2)

Anorexia nervosa

Trainee doctors can fail Royal College exams as a result of poor multiple choice question technique. On a negatively marked exam it is possible for candidate to know a subject well, answer 72% of the questions correctly, and yet still only obtain a mark of 44%. As a result, even some very good clinicians fail these exams.

Journal Article

Epub: Available from PubMed.

Journal, Peer Reviewed Journal

Psych INFO

Available from BIPsych-Bulletin (jpc.researchgate.org)

John F Morgan

Anorexia nervosa

Reports the case of anorexia nervosa in a 14-yr-old girl following withdrawal of oral prednisolone used in the treatment of bronchial asthma. The S exhibited depressed affect and disturbance of body image prior to onset of anorexia. The S appears to have suffered from weight gain and disturbance of affect as a direct result of exposure to steroids at a stage of burgeoning sexual and social development. Both the physiological and psychological impact of steroid withdrawal are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Journal Article

Epub: Available from PsycINFO.

John F Morgan and Huben, John Lacey

Anorexia nervosa and steroid withdrawal.

British Journal of Hospital Medicine, March 1996, vol./is. 19/2(213-215), 0276-3478;1098-108X (Mar 1996)

Assessing detained ‘fitness to be interviewed’ implications for senior registrars training.

Psychiatric Bulletin, February 1996, vol./is. 20/2(104-105), 0955-6036(1472-1473) (Feb 1996)

The police are increasingly requesting assessments of detainees’ fitness to be interviewed. Senior registrars in psychiatry are often asked to perform this task. G. Gudjonsson (see record 1997-02932-011) has derived a set of guidelines from a judge’s ruling following a court case. The present survey of 22 senior registrars in psychiatry identified many candidates expect to pass the short answer question paper of the MRCPsych Part II examination using a straightforward regurgitation of facts. They are surprised by the need for good technique in order to do well in this paper.

Journal Article

Epub: Available from PsycINFO.

David Protheroe

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Journal Article

Epub: Available from PsycINFO.

David Protheroe and Gerard Roney

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Journal Article

Epub: Available from PsycINFO.

Duncan Hastie and Gillian Tober

YARTIC

Ocational Paper 7; Prescribing Methadone (Leeds, YARTIC)


Ocational Paper 7; Prescribing Methadone (Leeds, YARTIC)


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Journal Article

Epub: Available from PsycINFO.
Pleasure Scale: The scale was found to have a score range that would distinguish a ‘normal’ from an ‘abnormal’ response. Validity and reliability were found to be satisfactory. Conclusions. The new scale, the Snith-Hamilton Pleasure Scale (SHAPS), is an instrument which may be recommended for psychopathological research.
Peter Trigwell

Peter Trigwell, Stephen, Cunlan, John Milton and Celli Row.

Jun-95

Training in psychodynamic psychotherapy: The psychiatric trainee's perspective.

Irish Journal of Psychological Medicine, June 1995, vol./is. 12/2(57-59), 0790 9667 (Jun 1995)

English

Discusses the subjective difficulties experienced by 3 junior psychiatric trainees in adjusting to formal psychodynamic psychotherapy (PDP) training. All 3 trainees experienced quite definite problems during the course, which consisted of group seminars and individual clinical supervision. One trainee was initially very keen on the idea of PDP but he became disillusioned with what he found. Another trainee began the course with negative ideas about PDP and found that his feelings had intensified early in the course. The 3rd trainee, an agnostic, was mainly struck by the apparent similarity between PDP and religion and found some of the course theories difficult to adapt to. It is essential for supervisors to address trainees concerns openly, in order to avoid a further decline in the use of this important part of "therapeutic armamentarium." A comment from one of the organizers in the course which the trainees attended is included. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Journal, Peer Reviewed Journal

PyscINFO

Available from Cambridge Core

(www.cambridge.org/Core)

Gillian Tobar

Gillian Tobar.

Apr-95

Drug taking in a northern UK city

Accident and emergency nursing, April 1994, vol/4s. 2(20-78), 0965-6230 (Apr 1994)

English

Accurate information on illicit drug taking is notoriously difficult to obtain: drug users are not always keen to discuss their drug use unless rapport and trust have been established. Household surveys, able to identify behaviours such as drinking alcohol and smoking cigarettes that are common in the majority or a significant minority of the population, are less well able to pick up the illicit behaviour of what remains, in spite of considerable growth, a small minority of the general population. Official figures that exist offer a partial view. Thus to obtain an overall picture of drug taking it is necessary to examine several sources: direct indicators of drug use such as arrests for possession and supply and drug seizures; user reports; indirect measures such as the supply of needles and syringes by pharmacists and other outlets and an analysis of cultural and economic factors which may co-vary with drug taking trends. These sources and others will be examined in an attempt to construct an overview of patterns of drug use in a northern UK city, to discuss some problems arising from it and the response of the community to these problems.

Journal Articles

EMBASE

Available from Wiley Online Library

(www.sciencedirect.com)

Barry Wright

Barry Wright, Bridget Lunt, Stephen J Harris and Daphne Wallace.

Jan-95

A prospective study in three psychogeriatric day hospitals using administrative interventions to improve non-attendance.


English

The article reports a survey and a subsequent prospective intervention study. The survey was conducted in two psychogeriatric day hospitals to establish the extent of day-by-day non-attendance. In 1991, 23% of allocated places were not taken up and the reasons for 98% of these episodes are reported. Little attention has been paid to non-attendance rates in the literature. Their importance is discussed. The prospective intervention study was then conducted using information from the survey year. Administrative interventions, which sought to raise the awareness of patient non-attendance within the multidisciplinary team, were put into place in two hospitals. Non-attendance rates in a third day hospital, where no intervention was made, were used for comparative purposes. After a second year, non-attendance in the day hospital with no interventions had fallen by 3%. The two hospitals had essentially reduced non-attendance rates by 18%. These reductions have clinical relevance, representing 380 patient days over the whole year in the two day hospitals.

Journal Article

Wiley Online Library

Available from Wiley Online Library (www.onlinelibrary.wiley.com)

Duncan Raistrick

Duncan Raistrick.

Dec-94

Report of advisory council on the misuse of drugs: AIDS and drug misuse update

Addiction, 1994, vol/ls. 89/10(1211- 1213), 0965-2140 (1994)

English

The Advisory Council and the Misuse of Drugs (ACMD) has a remit to advise government on drug misuse policy in the UK. In a series of reports going back to the early 1980s the ACMD has been the major influence on the pattern of drug misuse services. AIDS and Drug Misuse Update is the third report devoted to HIV and drug misuse. By pulling together current issues on preventing the spread of HIV among drug users, but stopping short of giving all the answers, AIDS and Drug Misuse Update is certain to elicit more varied reactions than previous guidance. Of course, there are no simple answers; rather, the report is part of the wider debate about responses to illicit drug use which is going on in western democracies.

Journal: Editorial

EMBASE

Available from Wiley Online Library (www.onlinelibrary.wiley.com)

Duncan Raistrick

Dec-94

Alcohol, other drugs, violence, and psychiatric problems.


English

From the chapter "both substance-misuse and violence are behaviours that attract negative responses: professionals and patients alike distance themselves from any stigma by making sense of the behaviours / the relationship between substance-misuse and violence, is complex: the more illicit and more deviant addictive behaviours are associated with more violence, but each potentiates the other / the appropriate management of aggression depends upon an accurate assessment of its meaning / [suggests that] health-care workers need to be clear about which situations demand a response from the police and which demand medical interventions / health-care workers need to adapt general principles of managing violence to suit their particular work setting and professions the family setting / the cultural setting / the violence-forming potential of psychoactive substances [intoxication, tolerance, and withdrawal]; method of use; the setting; dependence / classification [stimulant drugs, depressant drugs, opiates, perception-altering drugs] / personal factors [personality, victims] / meaning and management (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Book chapter

PsycINFO

Book available for purchase.

Saeideh Saiedi

Saeideh Saiedi, Littlewood and Saideh Saiedi.

Nov-94

Therapeutic mealtimes

Elderly care, November 1994, vol./is. 6/8(21), 1369-1856 (1994 Nov-Dec)

English

Not available

Journal Articles

EMBASE

Not available

Susan Pemberton


Oct-94

Chronic Fatigue Syndrome: A Way Forward.

British Journal of Occupational Therapy, 01 October 1994, vol./is. 57/10(381- 383), 03080026

English

Abstract: Chronic fatigue syndrome (CFS) is a condition surrounded by uncertainty and controversy; for example, over whether its cause is physical, psychological or psychosomatic. No doubt this is one reason for the lack of simple rehabilitation programmes to help patients with the syndrome. This article outlines the approach to treating CFS which has been developed at the Fatigue Clinic in Leeds. It is not based upon a particular theory of CFS, but is designed to help patients overcome the common personal and social dysfunctions associated with their condition. As a result it should prove acceptable in wider use, regardless of patients' or therapists' views on the cause of CFS.

Journal Article

CINALH

Available from Sage Journals (www.sagepub.com)

Last updated: August 2019 Next revised date: February 2020
Carol Martin
John P Watts, Alan Butter, Carol Martin and Ted Sumner
Oct-94
Outcomes of admission to an acute psychiatric facility for older people: A retrosdric evaluation.
English
Assessed brief, usable, reliable, and valid measures of outcome from the viewpoints of patients, nurses, carers, consultants, and general practitioners for 24 depressed and 16 demen tated older adults admitted to the hospital with depression or dementia. For depressed patients, a nurse-rated change on the Montgomery Asberg Depression Rating Scale (MADRS) was used as the main outcome measure. There was a highly significant improvement in the depressed lis on the MADRS. Factor analysis of the scales used produced 4 factors. The MADRS and the depression subscale of the Hospital Anxiety Depression Scale (HAD) were strongly weighted on the 1st factor, the GPs linear analog scale on the 2nd, the Sclcare-D and HAD-D on the 3rd, and the anxiety subscale of the HAD on the 4th. The HAD and the GP linear analog are suggested for depressed elderly: for demented lis, carer rating of resolution of perceived problems is suggested. (PsycINFO Database Record (c) 2013 APA, all rights reserved)
Journal, Peer Reviewed Journal
PsycINFO Available from Wiley Online Library, (www.wiley.com) Core (www.cambridge.org/Core)

Duncan Raistrick and Gillian Tobar
Duncan Raistrick, Jackie Bradshaw, Gillian Tobar, Jeremy Weiner, Jeff Allison and Carolyn Healey.
May-94
Development of the Leeds Dependence Questionnaire (LDQ): A questionnaire to measure alcohol and opiate dependence in the context of a treatment evaluation package.
Addiction, May 1994, vol./is. 89/5(563-572), 0965-2140:1360-0443 (May 1994)
English
Describes the LDQ, a 10-item, self-completion questionnaire designed to measure substance dependence. The LDQ has been shown to be understood by users of alcohol and opiates; it was designed to be sensitive to change over time but also to be sensitive through the range from mild to severe dependence. Follow-up data are insufficient to demonstrate change over time but, are encouraging. All items are scored 0-1-2-3; there are no normative data. Estimates of concurrent, discriminant, and convergent validities are thought to be satisfactory. A principal components analysis produced a single factor. Test-retest reliability was found to be 95.5% (PsycINFO Database Record (c) 2013 APA, all rights reserved)
Journal, Peer Reviewed Journal
PsycINFO Available from Wiley Online Library, (www.wiley.com) Core (www.cambridge.org/Core)

Barry Wright
Barry Wright, Richard Mindham and Wendy Burn.
Mar-94
Canine Capgras.
Irish Journal of Psychological Medicine, March 1994, vol./is. 1/1(31-33), 0790 9667 (Mar 1994)
English
Reports 2 separate cases (a 76-yr-old woman and a 57-yr-old woman) in which the S believed that her pet dog had been replaced by an identical double. The psychodynamic issues that these cases raise are discussed. In the Capgras delusion the double is usually a key figure in the life of the patient. These reports highlight the fact that this key figure may be a domestic animal. (PsycINFO Database Record (c) 2013 APA, all rights reserved)
Journal, Peer Reviewed Journal
PsycINFO Available from Cambridge Core, (www.cambridge.org/Core)

Duncan Raistrick
Kim Wolff, Alastair W M Hay, Duncan Raistrick and Robert Calvert.
Dec-93
Steady-state pharmacokinetics of methadone in opioid addicts.
English
Kinetic parameters were investigated in tolerant methadone maintenance patients. The disposition of methadone at steady-state was assessed on 8 occasions in 5 opioid addicts prescribed wide ranging doses of methadone (10 mg to 60 mg per day) providing unique pharmacokinetic data. Statistical analysis showed that the kinetics of oral methadone at steady-state were described using a simple compartment model. Analysis of the plasma concentration-time curves gave estimates of the variance of methadone clearance and apparent volume of distribution, and indicate that methadone is rapidly absorbed (mean K, 1.7 h-1sup-1-sup1-sup) with a detectable increase in the plasma drug concentration 15 to 30 min after dosing. The elimination of methadone from plasma was found to occur slowly (mean t, 26.8 h) beginning soon after the administration of the daily oral prescription. The apparent volume of distribution - assuming the oral bioavailability (f) of methadone to be 0.95 - was large (mean 6.71kgsup-1-sup1-sup). The slow clearance of this drug from the body (mean 3.1 minsup-1-sup-1-sup-1-sup1-sup) confirms that daily dosing at steady-state is adequate to maintain effective plasma concentrations throughout the dosing interval.
Journal Article, EMBASE Available from King’s College London Research Outputs, (adgure.kl.ac.uk/portal/publications/search.html)

Gillian Tobar
Gillian Tobar.
Dec-93
Harrision, L, (Ed) Substance Misuse: Designing Social Work Training. Not available
English
Not available
Book entry
Book available for purchase.

Duncan Raistrick
Kim Wolff, Alastair W M Hay, Duncan Raistrick and Morgan Feely.
Dec-93
Use of very low dose phenobarbital to investigate compliance in patients on reducing doses of methadone (detoxification).
English
Incorporation of very low doses of phenobarbital into a methadone inductus has enabled us to monitor the compliance of 7 patients receiving a reducing dose of methadone (detoxification) for treatment of opioid addiction. By measuring both plasma phenobarbital and methadone we detected 4 patients who consumed extra illicit obtained methadone during the detoxification regime. Treatment outcome was poor; 11 of the original 18 patients dropped out of treatment within 45 days and of those who remained, 4 patients relapsed and reabused illicit drugs and 2 returned to a fixed dose of methadone. Laboratory measurements were successfully used to detect poor methadone compliance.
Journal, Peer Reviewed Journal
EpubReview Available from ScienceDirect (www.sciencedirect.com)

David Yeomans
Christopher Williams, David Yeomans, Stephen Currans and Gilbert Blackwood.
Jun-93
An association between functional psychosis and urinary incontinence.
Irish Journal of Psychological Medicine, June 1993, vol./is. 10/2/90-92), 0790 9667 (Jun 1993)
English
Describes the association between degree of incontinence and severity of mental illness in case reports of 3 patients (aged 23, 54, and 55 yrs) with functional psychosis of depression, mania, or schizophrenia. Organic predisposing factors for the development of urinary incontinence are noted. In all 3 cases urinary incontinence improved, seemingly due to successful treatment of the underlying psychosis. (PsycINFO Database Record (c) 2013 APA, all rights reserved)
Journal, Peer Reviewed Journal
PsycINFO Available from Cambridge Core, (www.cambridge.org/Core)

Peter Trigwell
Peter Trigwell.
Mar-93
Anomic needle phobia.
British dental journal, March 1993, vol./is. 174/5(158), 0007-0610 (6 Mar 1993)
English
A Key in the BDO’s current program of renovations was the readership survey, carried out last autumn. Broadly, the survey aimed to find out how dentists rated the style BDJ and against the other general interest UK Journals, and they viewed its content and design.
Letter, EMBASE Not available

Last updated: August 2019 Next revised date: February 2020
Barry Wright

Exacerbation of kinetic seizures by atropine eye drops


A case is reported where atropine sulphate eye drops increased the frequency of fits in a child suffering regular kinetic seizures. This increase was marked and observed during two separate courses of eye drops. This is discussed with reference to previous reports of central nervous toxicity after the use of topical atropine sulphate.

Journal Article

EMBASE

Available from BMJ Journals

English

Robert Calvert and W M Hay, Raistrick.

Management of mood disorder in adults with brain damage: Can we improve what psychiatry has to offer?


What is dependence and why is it important?

Not available

book entry

book available for purchase.

Gillian Tober

Helping the pre-contemplator.


(from the chapter) people in pre-contemplation are those problem drinkers who say they don't have a problem with alcohol, or that they can't do anything about their drinking / the focus of this chapter is that group of people who actively conceal their drinking

book chapter

PsychINFO

Book available for purchase.

Gillian Tober

Chronic fatigue syndrome and heterogeneity [10]

Journal of the Royal Society of Medicine, 1992, vol./is. 85(9)(588), 0141-0768 (1992) English

One thing with hampers medical research is a frustrating tendency for researchers to conclude that heterogeneous groups are homogeneous. Several examples can be cited including research into sudden infant death syndrome. In his editorial on chronic fatigue syndrome (CFS) Wasselley (April 1992 JRM, p 189) asserts that previous views suggesting CFS to be simply a form of somatised depression are no longer tenable because of one published and one unpublished study showing biological differences from major depression ...

book chapter

PsychINFO

Book available for purchase.

Kim Wolff, W M Hay and Duncan Raistrick.

Methadone concentrations in plasma and their relationships to drug dosage


We have developed a sensitive HPLC method for measuring methadone in plasma and have used it to establish that there is a linear relationship between plasma concentration and methadone dose over the range of 3-100 mg of methadone per day in a group of 31 addicts. We found a good correlation between dose and plasma concentration (r = 0.89), with the plasma methadone concentration increasing by 0.263 mg/L for every milligram of methadone consumed per kilogram of body weight. Five patients had unexpected high or low concentrations; this finding is discussed.

Journal Article

EMBASE

Available from King's College London Research Outputs

English


Center for Biotechnology

Chemistry

(kclpure.kcl.ac.uk/portal/en/p...
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<td>Duncan Raistrick</td>
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<td>Kim Wolff, Alastair W M Hay and Duncan Raistrick</td>
<td>Methadone in saliva</td>
<td>Jul-91</td>
<td>Journal: LYPFT</td>
<td>Available from Clinical Chemistry</td>
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<td>Duncan Raistrick</td>
<td>Dec-90</td>
<td>Helping the pre-contemplator</td>
<td>Davidson, R.J., McIwan, I. and Raistrick, D., Counselling problem drinkers: A motivational approach to change, (London, Routledge).</td>
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<td>Gillian Tober</td>
<td>Dec-90</td>
<td>Measuring drug misuse: A little art, a little science and a lot of shoe leather</td>
<td>Hindmarsh, I. and Stonier, P. D. (Eds) Human Psychopharmacology methods and measures, Vol III, (Chichester, John Wiley and Sons)</td>
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<tr>
<td>Gillian Tober</td>
<td>Dec-89</td>
<td>Meating with Alcohol at Work</td>
<td>The Safety and Health Practitioner, 7, 11-13</td>
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Last updated: August 2019 Next revised date: February 2020
Robin Davidson, Available from Wiley Online Mar-89

It is in the nature of working for change to imply criticism of the past and present. The longevity of an idea is not

Ann C Evans and Mar-87

Investigated the phenomenology of solvent inhalation by comparing 31 Ss (mean age 16 yrs) who misused toluene with

Duncan Raistrick.


The Severity of Alcohol Dependence Data (SADD) questionnaire (D. S. Raistrick et al; see record 1983-29367-001) was administered under different conditions to 3 groups of patients referred for addiction treatment. Group 1 (mean age 40.1 yrs) included 96 females and 107 males; Group 2 (mean age 40.5 yrs) included 12 females and 83 males; Group 3 (mean age 36.6 yrs) included 19 females and 90 males. Factor-analyzed results showed a consistent and strong 1st factor, which suggests that with some small modifications the SADD is a unidimensional scale. Results provide further evidence for the homogeneity of the alcohol dependence syndrome. The 15-item SADD questionnaire is appended. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal: Peer Reviewed Journal

Duncan Raistrick. Apr-89

Substance problems: the future of specialist services


It is in the nature of working for change to imply criticism of the past and present. The longevity of an idea is not necessarily that best indicator of its quality, rather account should be made of its accord with the knowledge of its day and its fits with the prevailing morality. In looking to the future we will always be richer for an understanding of the past and the lessons learned. Equally we will need to shake off our prejudice and bias towards the present.

Journal: Editorial

Duncan Raistrick. Mar-89

Making treatment decisions.


Examines the role of the nonspecialist, with particular reference to the general psychiatrist, in treating substance misuse problems. The model of change and the model of relapse prevention, both of which inform clinical treatment decision making, are described. Emphasis is given to nonspecialists combining existing skills with a knowledge of assessment technique to develop minimal interventions fitting their own style of practice. While psychopathology is a complicating factor in 30-60% of patients, it is not necessarily a reason to refer to a specialist. Training, information, consultancy, and support from the specialist unit should enable nonspecialists to take on more patients but work with them in a familiar and rewarding way. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal: Peer Reviewed Journal

Duncan Raistrick. Duncan Raistrick. Dec-87

Treatment and Change.


Not available

Book entry

Book available for purchase.

Duncan Raistrick. Ann C Evans and Duncan Raistrick. Jun-87

Phenomenology of intoxication with toluene-based adhesives and butane gas.


Investigated the phenomenology of solvent inhalation by comparing 31 Ss (mean age 16 yrs) who misused toluene with 12 Ss (mean age 15 yrs) misusing butane. Most Ss reported elevation of mood and hallucinations, but a variety of phenomena was elicited. Nearly 25% of the Ss had the potentially dangerous delusion of believing they were able to fly or swim. In the toluene group, thoughts were more likely to slow, time appeared to pass more quickly, and tactile hallucinations were more commonly reported than in the butane group. Withdrawal phenomena and tolerance were also examined. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal: Peer Reviewed Journal

Duncan Raistrick. Ann C Evans and Duncan Raistrick. Jun-87

Patterns of use and related harm of solvent inhalation in 31 13-29 yr olds who misused toluene and 12 10-19 yr olds who misused butane. The 2 groups were similar in terms of patterns of use and solvent related harm. The toluene users were more likely to sniff only in a group setting and were more approving in their attitudes toward taking other drugs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal: Peer Reviewed Journal

Duncan Raistrick. Duncan Raistrick. Mar-87

Abstinence is Best but Resumed Normal Drinking Does Occur

British Journal of Addiction: Volume 82, Issue 3 March 1987 Pages 243-245 English

In his article 'Cracking an Old Chestnut: is controlled drinking possible for the person who has been severely alcohol dependent?' Tim Stockwell sets out some criteria for measuring severe alcohol dependence. What he seems to do here is make dependence synonymous with the actual experience, over a prolonged period, of withdrawal symptoms and related drinking. In so doing he creates an unusual circumstance which may well a tendency to failure at 'controlled drinking' ...

Journal Article

Available from Wiley Online Library (onlinelibrary.wiley.com)

Duncan Raistrick. Basem Farid, Mona El Sherbini and Duncan Raistrick. Jun-86


Drug and Alcohol Dependence, July 1986, vol./is. 17/4(349-358), 0376-8716 (Jul 1986) English

Reports on the results of group therapy for 6 wives (aged 30-54 yrs) of alcoholics where the alcoholics themselves were offered no treatment. The group was based on the idea that wives might seek help before their husbands, might attend sessions regularly, and might favorably influence their husbands' behavior by gaining knowledge about alcoholism and coping strategies. Six month follow up showed that coping styles were learned quickly and that the sessions provided support and friendship. Attendance at the group induced change, although not always positive, in all marriages. Five husbands reported a decline in alcohol intake. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Journal: Peer Reviewed Journal

Last updated: August 2019 Next revised date: February 2020
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<td>Robin Davidson</td>
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<td>Discusses evidence for the unitary nature of alcohol dependence and reviews the usefulness of existing instruments to measure dependence. Three studies, with 228 patients (aged 17-65 yrs) admitted to an addiction unit, were conducted and supported the validity of the SADD. Several measures of construct and concurrent validity were investigated, including comparison with the Severity of Alcohol Dependence Questionnaire (T. Stockwell et al; see record 1984-13924-001) and the Edinburgh Alcohol Dependence Scale (J. Chick, 1980). Attention is drawn to the discriminating characteristics of SADD in the mild to moderate dependence range. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Describes the development of Alcohol Dependence Data, a 15-item, self-completion questionnaire for measuring alcohol dependence. The questionnaire is designed to be sensitive across the full range of dependence and to changes over time, and it is relatively free of sociocultural influences. Some measures of reliability are also presented. (18 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Book available for purchase.</td>
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<td>Duncan Raistrick</td>
<td>Dec-79</td>
<td>Alcoholism - a behavioural approach</td>
<td>Trends in Neurosciences, 1979, vol./iss. 2/1(25-26), 0166-2236 (1979)</td>
<td>English</td>
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<td>Although alcoholism has been considered to be a primary disease, there is evidence to indicate that the associated ‘illnesses’ are secondary to an Alcohol Dependence Syndrome. The author considers this evidence, and describes an operant conditioning paradigm for alcoholism, and its implications for controlled drinking goals in some patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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