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<td>Myrte Embers, Jo Rowland, Magda Boo and Ian Cameron</td>
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<td>Jul-20</td>
<td>Building momentum for local action on problem gambling in Leeds and Yorkshire</td>
<td>Public Health Volume 184, July 2020, Pages 67-70</td>
<td>English</td>
<td>Problem gambling has not been a priority within either Leeds City Council or partnership plans. However, financial inclusion, licencing and public health teams have been able to develop a cross-Council approach to problem gambling. This has been aided by an upfront payment plus annual payments to the Council that have been part of the licencing agreement for a new casino. As a result, research has been commissioned on local prevalence. This showed a higher rate of problem gamblers (1.8%) than national estimates with a similar level to nationally of those ‘at risk’. The research also showed that local services had difficulties identifying problem gamblers and signposting for support. This had led to a high profile communications campaign to coincide with ‘Responsible Gambling Week’ complemented by training for frontline workers. The interviews undertaken for the research, plus the findings themselves, have been a powerful help in securing interest and commitment beyond the Council and to the health and third sectors. The use of local stories has helped build momentum for partnership working. For example, focus groups to explore how gambling affected migrants and medical student interviews with university students. The article will describe how increasing understanding across partners has helped build confidence to provide cross city responses to national consultations and contribute to national publications and conferences. Of even greater significance, the local National Health Service has secured funding from GambleAware for a Northern Gambling Service to be based in Leeds with satellites in the North East and Greater Manchester. This will provide treatment for those with severe gambling addiction. Additional support will come from a significant increased provision of GamCare services working to identify, screen and support problem gamblers. The use of Council premises for both of these services is testament to joint working. Recognising that this is a new emerging agenda has led to the creation of a Yorkshire and Humber Problem Gambling Working Group, endorsed by the Association of Directors of Public Health. This has resulted in shared learning and determining a consistent approach to harm. Even during a short time, the degree of interest has risen substantially. A regional gambling harm reduction framework has been produced that sets out a menu of actions. This intends to help local areas determine their own priorities. There is increasing recognition that problem gambling is a public health issue. Leadership requires a systems led, and Health in All Policies, approach to ensure problem gambling is not seen as a narrow niche issue led by public health staff. There is a need to recognise that engagement takes time. However, this is a new and emerging issue. The solutions to problem gambling are not clear and this allows for more creative, pragmatic and coproduced approaches.</td>
<td>Journal Article</td>
<td>Available from Science Direct</td>
<td>(<a href="http://www.sciencedirect.com">www.sciencedirect.com</a>)</td>
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<td>Tariq Mahmood</td>
<td>Tariq Mahmood</td>
<td>Jul-20</td>
<td>Biomarkers in psychiatry: a clinician’s viewpoint</td>
<td>British Medical Bulletin, 2020, pages 1-5</td>
<td>English</td>
<td>Introduction: The dearth of biomarkers limits the precision of our research into pathogenesis of psychiatric disorders and has slowed down the development of new drugs. In clinical practice, it undermines the validity of psychiatric diagnoses and hampers the delivery of personalized treatment. Sources of data: The data quoted in this paper are gathered from a range of sources encompassing scientific and journalistic both in print and electronic. Areas of agreement: Availability of clinically useful biomarkers will improve the prognosis and outcome of psychiatric patients by helping in early diagnosis and delivery of individualized treatment. Areas of controversy: The cross-sectional and longitudinal observation of psychopathology is the bedrock of current clinical practice. Are psychiatric biomarkers advanced enough to supplant it? Growing points: The need for biomarkers of psychiatric disorders has become more acute with the advent of new treatments which require precision and an individualized approach. Areas timely for developing research: Identification and deployment of intermediate phenotypes in classification, research and clinical practice of psychiatry.</td>
<td>Journal Article</td>
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<td>Jun-20</td>
<td>A large population-based study of the mental health and wellbeing of children and young people in the North of England</td>
<td>Available from Sage Journals (journals.sagepub.com)</td>
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<td>Jun-20</td>
<td>Background: Interventions designed to support children with a diagnosis of Autism Spectrum Conditions (ASC) can be time consuming, needing involvement of outside experts. Social Stories™ are a highly personalised intervention aiming to give children with ASC social information or describing an otherwise difficult situation or skill. This can be delivered daily by staff in education settings. Studies examining Social Story™ use have yielded mostly positive results but have largely been single case studies with a lack of randomised controlled trials (RCTs). Despite this numerous schools are utilising Social Stories™, and a fully powered RCT is timely. Methods: A multi-site pragmatic cluster RCT comparing care as usual with Social Stories™ and care as usual. This study will recruit 278 participants (aged 4–11) with a clinical diagnosis of ASC, currently attending primary school in the North of England. Approximately 278 school-based staff will be recruited to provide school-based information about participating children with approximately 140 recruited to deliver the intervention. The study will be cluster randomised by school. Potential participants will be screened for eligibility prior to giving informed consent. Follow up data will be collected at 6 weeks and 6 months post randomisation and will assess changes in participants’ social responsiveness, goal based outcomes, social and emotional health. The primary outcome measure is the Social Responsiveness Scale Second Edition (SRS-2) completed by school-based staff at 6 months. Approvals have been obtained from the University of York’s Research Governance Committee, Research Ethics Committee and the Health Research Authority. Study results will be submitted for publication in peer-reviewed journals and disseminated to participating families, educational staff, local authority representatives, community groups and Patient and Participant Involvement representatives. Suggestions will be made to NICE about treatment evidence dependent on findings. Discussion: This study addresses a much used but currently under researched intervention and results will inform school-based support for primary school children with a diagnosis of ASC.</td>
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<td>Jun-20</td>
<td>Background: There has been a recent reported rise in prevalence of mental health problems among children in the United Kingdom, alongside increased referrals into specialist services. There is a need for up-to-date information regarding changing trends of young people’s mental health to allow for improved understanding and service planning. Objectives: This article aims to provide an overview of the current mental health and well-being of years 8, 9 and 11 secondary school-aged pupils from two large regions in the North of England. Method: This was a cohort cross-sectional study. Measures including the Strengths and Difficulties questionnaire, the EQ-5D-Y, social media use questions, and a mental health service use questionnaire were completed by participants. Results: In total, 6328 questionnaires were returned from 21 secondary schools. One in 10 participating pupils scored ‘very high’ for total mental health difficulties. Significant differences on well-being scores were found between both gender and year groups. Conclusion: In recent years, the proportion of children facing mental health problems has increased. In particular, high levels of female pupils and year 11 pupils report facing difficulties. It is important to develop targeted, accessible interventions, and to continue to collect up-to-date measures for this population.</td>
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<td>Sophie Crosswaite, Mark Freestone and Jo Ramsden</td>
<td>Indefinite detention or supervision for public protection when a life sentence is not available: Pathway outcomes among prisoners in one region</td>
<td>May 20</td>
<td>Criminal Behaviour and Mental Health, Volume 30, Issue 2-3, June 2020, pages 95-104. Background: Indeterminate sentences for Public Protection (IPPs) were introduced in England and Wales under the Criminal Justice Act 2003 for offenders not eligible for a life sentence but considered to pose a serious risk to the public. In 2012, new IPPs became illegal, in part after the European Court of Human Rights ruled in three cases that failure to make appropriate provision for rehabilitation services while the men were in prison breached their rights under Article 5 of the Convention and thus from arbitrary detention. People already sentenced under this provision, however, remained in the system. Humberside Indeterminate Public Protection Project (HIPPPP) supports intensive case management of male IPP offenders still serving this sentence. Aims: To examine variables associated with pathway outcome among men under IPPs in one English region—Humberside. Our primary hypothesis was that programme engagement in prison would be significantly associated with release. Methods: The HM Prison and Probation Services National Delus (nDelus) and Offender Assessment System (OASys) were used to identify all men from the region subject to IPPs and beyond tariff (the fixed, punishment part of their sentence) and to retrieve data on the sentence, pathway status and specific risk factors. We used content analysis to identify variables of interest, and logistic regression models to explore associations of variables with different types of pathway outcome. Results: A total of 82 men were identified, 34 of whom had ever been recorded as having been given a diagnosis of anti-social personality disorder (ASPD). Men experiencing relationship difficulties with professionals were significantly more likely to be denied release [Odds Ratio (OR) = 7.75, Confidence Interval (CI) 2.08–28.57], have a deferred parole (OR = 7.81, CI 1.59–38.46) or be awaiting parole (OR = 4.46, CI 1.09–18.18) compared with men released to the community or serving in an open prison. Completion of programmes was not associated with pathway outcome. A modest association between diagnosis of anti-social personality disorder and pathway outcome association was confounded by other variables. Conclusions and Implications for Practice: While programme completion did not have the expected association with release, programmes had some beneficial impact. The EuroGA is an effective model for the delivery of rehabilitation services. Treatment of prisoners with ASPD should be the primary focus, but work with family and professional relationships is also important. Indigenous mental health services should be provided for all prisoners with ASPD to reduce the chances of reoffending. A framework for national assessment and intervention for IPP prisoners, and effective delivery of clinically useful interventions for prisoners, should be implemented. Various agencies need to work together to ensure effective engagement and provision of necessary services.</td>
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<td>Anja Harrison, Whitney Scott, Liadh Timmins, Christopher Graham and Anthony Harrison</td>
<td>Investigating the potentially important role of psychological flexibility in adherence to antiretroviral therapy in people living with HIV</td>
<td>May 20</td>
<td>AIDS Care, Psychological and Socio-Medical Aspects of AIDS/HIV (Online) Journal homepage. Antiretroviral therapy (ART) has significantly improved immune health and survival rates in HIV, but these outcomes rely on near perfect adherence. While many psychosocial factors are related to suboptimal adherence, effectiveness of associated interventions are modest or inconsistent. The Psychological Flexibility (PF) model underlying Acceptance and Commitment Therapy (ACT) identifies a core set of broadly applicable transdiagnostic processes that may be useful to explain and improve non-adherence. However, PF has not previously been examined in relation to ART adherence. Therefore, this cross-sectional study (n = 275) explored relationships between PF and intentional/unintentional ART non-adherence in people with HIV. Adults with HIV prescribed ART were recruited online. Participants completed online questionnaires assessing self-reported PF, adherence and emotional and general functioning. Logistic regressions examined whether PF processes were associated with intentional/unintentional non-adherence. Fifty-eight percent of participants were classified as nonadherent according to the Medication Adherence Rating Scale, of which 41.0% reported intentional and 94.0% unintentional nonadherence. Correlations between PF and adherence were small. PF did not significantly explain intentional/unintentional non-adherence after controlling for demographic and disease factors. Further clarification of the utility of PF in understanding ART non-adherence is warranted using prospective or experimental designs in conjunction with more objective adherence measures.</td>
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<td>Naema Majothi, Hane Yeung Lee, Pankajam Naparajan and Raghu Vutla</td>
<td>Treatment Of Psychosis In Huntington’S Disease With Clozapine</td>
<td>May 20</td>
<td>Progress in Neurology and Psychiatry. Volume 24.02 (20-26 June 2020). There is limited evidence relating to the treatment of psychotic symptoms in Huntington’s disease (HP); therefore, treatment decisions are based on clinical consensus and expert opinion. In this article, Dr Majothi et al. describe the use of clozapine in an unlicensed manner in HP, which proved to be safe and effective.</td>
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<td>Rebecca Haythorne</td>
<td>Using assistive technology to encourage independence and well-being in people with complex physical impairments</td>
<td>May 20</td>
<td>Learning Disability Practice. Evidence and Practice. Environmental control systems (ECSs) are a form of assistive technology that can enable people with complex physical impairments to operate a range of appliances and devices by remote control, therefore enabling them to maintain a higher level of independence. The functional independence and improved communication abilities afforded by ECSs can, in turn, increase people’s confidence, self-esteem and feelings of self-worth.</td>
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Kay Hampshire, Stephanie Tierney, Filippo Varese, Gillian Haddock, Saeideh Saeidi and John Fox  
May 20  
The development and assessment of a scale to measure the experience of an anorexic voice in anorexia nervosa  
Clinical Psychology and Psychotherapy, accepted articles online  
English  
The anorexic voice (AV) is defined as a critical internal dialogue which has been implicated in the development and maintenance of anorexia nervosa (AN). Systematic research to explore this further requires a valid and reliable measurement tool. This study aimed to develop and assess the validity of the Experience of Anorexic Voice Questionnaire (EAVE-Q). EAVE-Q items were developed and checked for face and content validity through cognitive interviews with seven individuals diagnosed with AN. Participants with a diagnosis of AN (N = 148) completed the EAVE-Q, sociodemographic questions and measures of mood and quality of life to assess internal consistency and construct validity. Forty-nine participants completed the EAVE-Q twice more to assess test-retest reliability. The EAVE-Q had good face and content validity and good acceptability. Principal axis factoring resulted in an 18-item scale organised into five domains with high internal consistency (α = 0.70 to α = 0.85).Domains correlated significantly with eating disorder symptoms, psychological distress and quality of life. The EAVE-Q did not discriminate between participants on the basis of body mass index. Test-retest reliability was moderate. Although the factor structure of the EAVE-Q requires replication in other AN samples, the EAVE-Q is the first measure of a critical internal dialogue in AN. It is hoped that it will aid future research to increase understanding of AN and the continued development of person-centred treatments.

Barry Wright and Hannah Pearson  
May 20  
Should Autism Spectrum Conditions Be Characterised in a More Positive Way in Our Modern World?  
Medicina 2020, Volume 56, Issue 5, page 233  
English  
In a social issue that focuses on complex presentations related to Autism, we ask the question in this editorial whether an Autism Spectrum Condition without complexity is a disorder, or whether it represents human diversity? Much research into Autism Spectrum Conditions (ASCs) over the years has focused on comparisons between neuro-typical people and with Autism Spectrum Conditions. These comparisons have tended to draw attention to ‘deficits’ in cognitive abilities and descriptions of behaviours that are characterised as unwanted. Not surprisingly, this is reflected in the classification systems from the World Health Organisation and the American Psychiatric Association. Public opinion about ASC may be influenced by presentations in the media of those with ASC who also have intellectual disability. Given that diagnostic systems are intended to help us better understand conditions in order to seek improved outcomes, we propose a more constructive approach to descriptions that uses more positive language, and balances descriptions of deficits with research findings of strengths and differences. We propose that this will be more helpful to individuals on the Autism Spectrum, both in terms of individual self-view, but also in terms of how society views Autism Spectrum Conditions more positively. Commentary has also been made on guidance that has been adjusted for people with ASC in relation to the current COVID-19 pandemic.

Jinshuo Li, Caroline Fairhurst, Emily Peckham, Della Bailey, Catherine Arundel, Catherine Hewitt, Paul Heron, Suzanne Crossland, Steve Parrott, Simon Gilbody and SCIMITAR+, collaborative  
Apr-20  
Cost-effectiveness of a specialist smoking cessation package compared with standard smoking cessation services for people with severe mental illness in England: a trial-based economic evaluation from the SCIMITAR+ study  
Addiction. Early View  
English  
Aims: To evaluate the cost-effectiveness of a specialist smoking cessation package for people with severe mental illness Design: Incremental cost-effectiveness analysis was undertaken from the UK National Health Service and Personal Social Services perspective over a 12-month time horizon. Total costs, including smoking cessation, health care and social services costs and quality-adjusted life years (QALYs), derived from the five-level EuroQol 5-dimension (EQ-5D-5 L), collected from a randomized controlled trial, were used as outcome measures. The bootstrap technique was employed to assess the uncertainty. Setting: Sixteen primary care and 21 secondary care mental health sites in England. Participants: Adult smokers with bipolar affective disorder, schizoaffective disorder or schizophrenia and related illnesses (N = 526). Intervention and comparator: A bespoke smoking cessation (BSC) package for people with severe mental illness offered up to 12 individual sessions with a mental health smoking cessation practitioner versus usual care (UC). Of the participants who were randomized, 261 were in UC group and 265 were in BSC group. Measurements: BSC intervention cost was estimated from the treatment log. Costs of UC, health-care and social services and EQ-5D-5 L were collected at baseline, 6- and 12-month follow-ups. Incremental costs and incremental QALYs were estimated using regression adjusting for respective baseline values and other baseline covariates. Findings: The mean total cost in the BSC group was £270 (£96% confidence interval CI) = £1690 to £1424) lower than in the UC group, while the mean QALYs were 0.013 (95% CI = –0.008 to 0.045) higher, leading to BSC dominating UC (76% probability of cost-effective at £20 000/QALY). Conclusions: A bespoke smoking cessation package for people with severe mental illness is likely to be cost-effective.
Sonia Saraiva, Elspeth Guthrie, Andrew Walker, Peter Trigwell, Robert West, Farag Shuweidi, Mike Crawford, Matt Fossey, Jenny Hewison, Carolyn Czoski Murray, Claire Hulme and Allan House

**Background:** To describe the clinical activity patterns and nature of interventions of hospital-based liaison psychiatry services in England.

**Methods:** Multi-site, cross-sectional survey. 18 acute hospitals across England with a liaison psychiatry service. All liaison staff members, at each hospital site, recorded data on each patient they had face to face contact with, over a 7 day period. Data included location of referral, source of referral, main clinical problem, type of liaison intervention employed, staff professional group and grade, referral onto other services, and standard assessment measures.

**Results:** A total of 1475 face to face contacts from 18 hospitals were included in the analysis, of which approximately half were follow-up reviews. There was considerable variation across sites, related to the volume of Emergency Department (ED) attendances, number of hospital admissions, and work hours of the team but not to the size of the hospital (number of beds). The most common clinical problems were co-morbid physical and psychiatric symptoms, self-harm and cognitive impairment. The main types of intervention delivered were diagnosis/formulation, risk management and advice. There were differences in the type of clinical problems seen by the services between EDs and wards, and also differences between the work conducted by doctors and nurses. Almost half of the contacts were for continuing care, rather than assessment. Eight per cent of all referrals were offered follow up with the LP team, and approximately 37% were referred to community or other services.

**Conclusions:** The activity of LP services is related to the flow of patients through an acute hospital. In addition to initial assessments, services provide a wide range of differing interventions, with nurses and doctors carrying out distinctly different roles within the team. The results show the volume and diversity of LP work. While much clinical contact is acute and confined to the inpatient episode, the LP service is not defined solely by an assessment and discharge function; cases are often complex and nearly half were referred for follow up including liaison team follow up.

Joe Loftus

**Background:** Dramatherapy is relevant in the following statements from CG178 – Psychosis and schizophrenia in adults: prevention, assessment, treatment and management (2014), National Collaborating Centre for Mental Health P220).

In 2010 aspire hosted a student Dramatherapist (DT), patient feedback was positive about using Dramatherapy before other therapies as part of the assessment process.

**Funding** was secured to trial a 3 year pilot with this DT targeting isolated 14-25 year olds to see if Dramatherapy (DTy) improved social recovery.

**This first phase produced good outcomes.**

We gained funding to manualise this approach, then, in 2015 5 years further funding to expand the service in Leeds as well as a 2nd site in York. The DT is using the learning from this study to train others, publish and co-produce research with patients to improve services.

Dramatherapy is relevant in the following statements from CG178– Psychosis and schizophrenia in adults: prevention, assessment, treatment and management.
Stephen Kellett, Delivering cognitive dementia care

Background: The quality of care for people with dementia in care homes is of concern. Interventions that can improve the quality of care are required. Dementia Care Mapping™ (DCM) is a structured, person-centered care planning method that aims to improve care outcomes for people living with dementia in care homes.

Objectives: This study sought to employ the hourglass model to frame the methodological evolution of outcome studies concerning DCM. The primary objective was to investigate the clinical effectiveness and cost-effectiveness of DCM for reducing agitation and improving care outcomes for people living with dementia in care homes, versus usual care.

Methods: In study one, three sites generated acceptability and pre-post effectiveness outcomes from N = 58 care home residents with dementia: the EPIC cluster RCT. Methods included qualitative interviewing. The client outcome measures included the Clinical Outcomes in Routine Evaluation Outcome Measure, Personality Structure 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 Personality 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%). 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 staff felt significantly more competent and less exhausted. Potential mechanisms of change were the effective process skills of the consultant and that emotionally difficult CAC processes were helpful.

Conclusions: Cognitive analytic consultancy appears a promising approach to staff consultation, and testing in a clinical setting is now indicated.

Participants: Fifty care homes were randomised (intervention, n = 31; control, n = 19), with 726 residents recruited at baseline and a further 261 recruited after 16 months. Care homes were eligible if they recruited a minimum of 10 residents, were not subject to improvement notices, had not used DCM in the previous 18 months and were not participating in conflicting research. Residents were eligible if they lived there permanently, had a formal diagnosis of dementia or a score of 4+ on the Functional Assessment Staging Test of Alzheimer's Disease, were proficient in English and were not terminally ill or permanently cared for in bed. All homes were audited on the delivery of dementia care outcomes are required.

Design: A pragmatic, cluster randomised controlled trial with an open-cohort design, follow-up at 6 and 16 months, integrated cost-effectiveness analysis and process evaluation. Clusters were not blinded to allocation. The primary end point was completed by staff proxy and independent assessors.

Setting: Stratified randomisation of 50 care homes to the intervention and control groups on a 3:2 ratio by type, size, staff exposure to dementia training and recruiting hub.

Participants: Fifty care homes were randomised (intervention, n = 31; control, n = 19), with 726 residents recruited at baseline and a further 261 recruited after 16 months. Care homes were eligible if they recruited a minimum of 10 residents, were not subject to improvement notices, had not used DCM in the previous 18 months and were not participating in conflicting research. Residents were eligible if they lived there permanently, had a formal diagnosis of dementia or a score of 4+ on the Functional Assessment Staging Test of Alzheimer's Disease, were proficient in English and were not terminally ill or permanently cared for in bed. All homes were audited on the delivery of dementia care outcomes are required.

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Setting: Stratified randomisation of 50 care homes to the intervention and control groups on a 3:2 ratio by type, size, staff exposure to dementia training and recruiting hub.
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<td>Elizabeth Hughes, Natasha Mitchell, Samantha Gascayne, Thrimon Moe-Byrne, Amanda Edmondson, Elizabeth Coleman, Lottie Millet, Shehzad Ali, Francine Cowmoos, Ceri Dare, Catherine Hewitt, Sonia Johnson, Harminder Dosanjh Kaur, Karen McNinnon, Carrie Llewellyn, Catherine Mercer, Fiana Nolan, Charlotte Walker, Milton Wainberg and Jude Watson</td>
<td>A Bespoke Sexual Health Promotion Intervention for People with Serious Mental Illness in Community Mental Health Services in the UK Compared with Treatment as Usual: the RESPECT Feasibility Randomised Controlled Trial</td>
<td>Mar-20</td>
<td>Abstract Background: People with serious mental illness (SMI) have sexual health needs but there is little evidence to inform effective interventions to address them. In fact, there are few studies that have addressed this topic for people with SMI outside USA and Brazil. Therefore, the aim of the study was to establish the acceptability and feasibility of a trial of a sexual health promotion intervention for people with SMI in the UK. Method: The RESPECT study was a two-armed randomised controlled, open feasibility study comparing Sexual health promotion intervention (3 individual sessions of 1 hour) (I) or usual care (UC) for adults aged 16 or over, with SMI, within community mental health services in four UK cities. The main outcome of interest was the percentage who consented to participate, and retained in each arm of the trial, retention for the intervention, and completeness of data collection. A nested qualitative study obtained the views of participants regarding the acceptability of the study using individual telephone interviews conducted by lived experience researchers. Results: A target sample of 100, a total of 72 people were enrolled in the trial over 12 months. Recruitment in the initial months was low and so an extension was granted. However this extension meant that the later recruited participants would only be followed up to the 3 month point. There was good retention in the intervention and the study as a whole: 77.8% of those allocated to intervention (n=26) received I. At three months, 81.9% (30 I; 29 UC) and at 6 months, 76.3% (13 I and 16 UC) completed the follow-up interviews. No adverse events were reported. There was good completeness of the data. The sexual health outcomes for the intervention group improved more effectively than those for the control group, in favour of the intervention group. Conclusion: The target of 100 participants was not achieved within the study’s timescale. However, effective strategies were identified that improved recruitment in the final few months. Retention rates and completeness of data in both groups indicate that it is acceptable and feasible to undertake a study promoting sexual health for people with SMI. A fully powered RCT is required to establish effectiveness of the intervention in adoption of safer sex.</td>
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<td>Gary Fry, Kathryn Gilgallon, Wajid Khan, Damian Reynolds, Graham Spencer, Alice Wright and Sahadia Parveen</td>
<td>Recruitment of south Asian carers into a survey-based research study (Innovative Practice)</td>
<td>Mar-20</td>
<td>This article reports on a study that recruited 186 British south Asian carers of people with dementia. Four obstacles were faced: language barriers, confusion over research, feelings of shame/stigma, and mistrust. Researchers drew on various methods: enlisting multilingual researchers; activating contacts in minority ethnic communities; engaging with community groups; emphasising potential for enhancing support services; and tailoring research instruments to minority ethnic issues. Tips are offered to other researchers recruiting minority ethnic participants into studies.</td>
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<td>John Baker, Dr Edward White and John Baker</td>
<td>Mental Health Nursing: from the outside, looking in</td>
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<td>This monograph draws on the opinions of ten experts in the field to examine the likely future of mental health nursing in the UK.</td>
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<td>Jocelyn Arbuthnott</td>
<td>Offender managers' views on case consultation: An online survey</td>
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<td>Sarah Atkinson</td>
<td>The experience of a psychoeducational course for carers of people with “personality difficulties”</td>
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<td>No abstract</td>
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<td>Peter Trigwell</td>
<td>The effect of a hospital liaison psychiatry service on inpatient lengths of stay: interrupted time series analysis using routinely collected NHS hospital episode statistics</td>
<td>Jan-20</td>
<td>Background: The purpose of the study was to determine whether establishment of a specific liaison psychiatry service designed to offer a rapid response with facilitated hospital discharge led to reduced acute hospital length of inpatient stay. Methods: We used interrupted time series based upon routine NHS data from secondary care service in two acute general hospitals, for all adult (16+ years) inpatient admissions (114,029 inpatient spells representing 70,573 individual patients) over 3 years. Results: Length of stay reduced over time in both hospitals. Against a background of falling length of stay across the study period, there was no discernible effect of the rapid access/early discharge liaison service on length of stay, either as a step change or linear decline. This finding held for all patients and for those over 65 years and those discharged with a mental health diagnosis. Conclusions: Using routine NHS data for a whole hospital it was not possible to replicate a previous report that a rapid access liaison psychiatry service for inpatients produces substantial reductions in length of stay, and commissioners of services should be cautious of claims to the contrary. Further research to determine if there is an effect for sub-groups will require major improvements in the way co-morbid mental disorders are coded in NHS practice.</td>
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<td>Barry Wright</td>
<td>John Schofield, Callum Scott, Penny Spinkins and Barry Wright</td>
<td>Jan-20</td>
<td>Autism Spectrum Condition and the Built Environment: New Perspectives on Place Attachment and Cultural Heritage</td>
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<td>Penn Smith</td>
<td>John Baker And Ruth Sutherland, Stansfield and Alison Jane Penn Smith</td>
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<td>Ruth Sutherland, John Baker And Sharon Prince.</td>
<td>Ruth Sutherland, John Baker And Sharon Prince.</td>
<td>Dec-19</td>
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<td>Sexual health promotion in people with severe mental illness: the RESPECT feasibility RCT</td>
<td>Health Technology Assessment</td>
<td>December 2019</td>
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<tr>
<td>Barry Wright, Lucy Tindall, Rebecca Hargate, Victoria Allgar, Dominic Trépel, and Shehzad Ali</td>
<td>Computerised cognitive–behavioural therapy for depression in adolescents: 12-month outcomes of a UK randomised controlled trial pilot study</td>
<td>BJPsych Open</td>
<td>December 2019</td>
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**Background**

People with serious mental illness have sexual health needs, but there is limited evidence regarding effective interventions to promote their sexual health.

**Objectives**

To develop a sexual health promotion intervention for people with serious mental illness, and to conduct a feasibility trial in order to establish the acceptability and parameters for a fully powered trial.

**Design**

A two-armed randomised controlled, open feasibility study comparing usual care alone with usual care plus the adjunctive intervention.

**Setting**

Five community mental health providers in Leeds, Barnsley, Brighton and London.

**Participants**

Adults aged ≥18 years with serious mental illness and receiving care from community mental health teams.

**Interventions**

A remote, web-based computer randomisation system allocated participants to usual care plus the RESPECT (Randomised Evaluation of Sexual health Promotion Effectiveness informing Care and Treatment) intervention (three sessions of 1 hour) (intervention arm) or usual care only (control arm). The intervention was an interactive manualised package of exercises, quizzes and discussion topics focusing on knowledge, motivation and behavioural intentions to adopt safer sexual behaviours.

**Main outcome measures**

Feasibility parameters including establishing the percentage of people who were eligible, consented and were retained.
| R & D | George Crowther, Cathy Brennan, Katherine Hall, Abigail Flinders and Michael Bennett | Dec-19 | The development and feasibility testing of the Distress Recognition Tool | Quality in Ageing and Older Adults, Vol. ahead-of-print | English | Purpose People with dementia in hospital are susceptible to delirium, pain and psychological symptoms. These diagnoses are associated with worse patient outcomes, yet are often underdiagnosed and undertreated. Distress is common in people experiencing delirium, pain and psychological symptoms. Screening for distress may therefore be a sensitive way of recognising unmet needs. The purpose of this paper is to describe the development and feasibility testing of the Distress Recognition Tool (DRT). The DRT is a single question screening tool that is incorporated into existing hospital systems. It encourages healthcare professionals to regularly look for distress and signposts them to relevant resources when distress is identified. | Design/methodology/approach The authors tested the feasibility of using the DRT in people with dementia admitted on two general hospital wards. Mixed methods were used to assess uptake and potential mechanisms of impact, including frequency of use, observation of ward processes and semi-structured interviews with primary stakeholders. | Findings Over a 52-day period, the DRT was used during routine care of 32 participants; a total of 346 bed days. The DRT was completed 312 times; an average of 0.9 times per participant per day. Where participants had an identified carer, 83 per cent contributed to the assessment at least once during the admission. Thematic analysis of stakeholder interviews, and observational data suggested that the DRT was quick and simple to complete, improved ward awareness of distress and had the potential to improve care for people with dementia admitted to hospital. | Originality/value This is the first short screening tool for routinely detecting distress in dementia in any setting. Its uptake was positive, and if effective it could improve care and outcomes for people with dementia, however it was beyond the scope of the study to test this. |  |
| Christian Hosker, Alison Boland, Chris Kane, Jason Ward, Christian Hosker, Amanda Wilkinson, Stanley Miller and Sue Gilton | Dec-19 | P260 Improving end of life care for people with COPD; outcomes of a newly established integrated palliative COPD MDT | Thorax December 2019 Volume 74 issue supplement 2 | English | Introduction Individuals with severe COPD have a significant symptom burden resulting in multiple hospital attendances and health care usage. With the aim of improving the accessibility of end of life care for these patients, and as a consequence reducing hospital attendance, we established an integrated palliative COPD MDT. Methods The hour-long monthly MDT has representation from, respiratory medicine both primary and secondary care based, hospital palliative care team, two hospices and psychiatry. A list of patients with frequent COPD related admissions is generated from the hospital readmissions data and reviewed by a respiratory consultant identifying patients with markers of severity who would benefit from a discussion. Patients referred by any members of the MDT are also discussed. Data on actions following MDT and new referrals generated was collected. The total number of admissions and bed days in the 6 months before and after the first discussion at the MDT was also analysed. Patients who died during this time period were excluded. Results In the first 9 months, 69 discussions took place about 55 unique patients. Mean time of the first discussion to death was 94 days (13.4 weeks) 39 patients had a full 6-month pre and post dataset. (Table 1) 55 (73%) patients had a change in their management plan, with new referrals generated to; Respiratory specialist 36; Palliative Medicine 19; Hospice services (including day hospice, breathlessness management programmes etc) 20. The symptoms of COPD can be made worse by concurrent conditions such as anxiety or depression. The presence of a liaison psychiatrist, towards the end of the pilot period, allowed discussion of 9 patients where this was most complex to ensure that their mental health needs were also being addressed. | Journal article Available from BMJ Thorax (thorax.bmj.com) |
Introduction We describe the protocol for a project that will use linkage of routinely collected NHS data to answer a question about the nature and effectiveness of liaison psychiatry services in acute hospitals in England. Methods and analysis The project will use three data sources: (1) Hospital Episode Statistics (HES), a database controlled by NHS Digital that contains patient data relating to emergency department (ED), inpatient and outpatient episodes at hospitals in England; (2) ResearchOne, a research database controlled by The Phoenix Partnership (TPP) that contains patient data relating to primary care provided by organisations using the SystmOne clinical information system and (3) clinical databases controlled by mental health trusts that contain patient data relating to care provided by liaison psychiatry services. We will link patient data from these sources to construct care pathways for patients who have been admitted to a particular hospital and determine those patients who have been seen by a liaison psychiatry service during their admission.

Results Of 544 eligible participants (241 women and 303 men), the mean (SD) age was 74.3 (8.2) years, and the mean (SD) sMMSE score was 26.4 (1.9). Fewer participants completed 400-mg minocycline hydrochloride treatment (28.8% [53 of 184] vs 200-mg minocycline treatment (61.9% [112 of 181]) or placebo (63.7% [114 of 179]; P < .001), mainly because of gastrointestinal symptoms (42 in the 400-mg group, 15 in the 200-mg group, and 10 in the placebo group; P < .001), dermatologic adverse effects (10 in the 400-mg group, 5 in the 200-mg group, and 1 in the placebo group; P < .02), and dizziness (14 in the 400-mg group, 3 in the 200-mg group, and 1 in the placebo group; P = .01). Assessment rates were lower in the 400-mg group: 68.4% (119 of 174 expected) for sMMSE at 24 months compared with 81.8% (134 of 167) for the 200-mg group and 83.8% (140 of 167) for the placebo group. Decrease in sMMSE of 5 points or more was seen in 63.2% (112 of 176) of patients in the 400-mg group, 72.8% (136 of 186) of patients in the 200-mg group, and 77.8% (138 of 176) of patients in the placebo group. The mean (SD) sMMSE score was 26.4 (1.9). Fewer participants completed 400-mg minocycline hydrochloride treatment (28.8% [53 of 184] vs 200-mg minocycline treatment (61.9% [112 of 181]) or placebo (63.7% [114 of 179]; P < .001), mainly because of gastrointestinal symptoms (42 in the 400-mg group, 15 in the 200-mg group, and 10 in the placebo group; P < .001), dermatologic adverse effects (10 in the 400-mg group, 5 in the 200-mg group, and 1 in the placebo group; P < .02), and dizziness (14 in the 400-mg group, 3 in the 200-mg group, and 1 in the placebo group; P = .01). Assessment rates were lower in the 400-mg group: 68.4% (119 of 174 expected) for sMMSE at 24 months compared with 81.8% (134 of 167) for the 200-mg group and 83.8% (140 of 167) for the placebo group. Decrease in sMMSE of 5 points or more was seen in 63.2% (112 of 176) of patients in the 400-mg group, 72.8% (136 of 186) of patients in the 200-mg group, and 77.8% (138 of 176) of patients in the placebo group. The mean (SD) sMMSE score was 26.4 (1.9). Fewer participants completed 400-mg minocycline hydrochloride treatment (28.8% [53 of 184] vs 200-mg minocycline treatment (61.9% [112 of 181]) or placebo (63.7% [114 of 179]; P < .001), mainly because of gastrointestinal symptoms (42 in the 400-mg group, 15 in the 200-mg group, and 10 in the placebo group; P < .001), dermatologic adverse effects (10 in the 400-mg group, 5 in the 200-mg group, and 1 in the placebo group; P < .02), and dizziness (14 in the 400-mg group, 3 in the 200-mg group, and 1 in the placebo group; P = .01). Assessment rates were lower in the 400-mg group: 68.4% (119 of 174 expected) for sMMSE at 24 months compared with 81.8% (134 of 167) for the 200-mg group and 83.8% (140 of 167) for the placebo group. Decrease in sMMSE of 5 points or more was seen in 63.2% (112 of 176) of patients in the 400-mg group, 72.8% (136 of 186) of patients in the 200-mg group, and 77.8% (138 of 176) of patients in the placebo group.

Methods

Assessment rates were lower in the 400-mg group: 68.4% (119 of 174 expected) for sMMSE at 24 months compared with 81.8% (134 of 167) for the 200-mg group and 83.8% (140 of 167) for the placebo group. Decrease in sMMSE of 5 points or more was seen in 63.2% (112 of 176) of patients in the 400-mg group, 72.8% (136 of 186) of patients in the 200-mg group, and 77.8% (138 of 176) of patients in the placebo group.

Results

Following factor analysis, the pool of 70 items was refined to three independent scales: primary SIDECAR-D (direct impact of caring upon carer QoL, 18 items), secondary SIDECAR-I (indirect impact, 10 items), and SIDECAR-S (support and information, 11 items). All three scales satisfy Rasch model assumptions. SIDECAR-D, I, and S psychometrics: reliability (internal ≥ .70; test-retest ≥ .85); convergent validity (as hypothesized); responsiveness (effect sizes: D: moderate; I and S: small); MID (D = 9/100, I = 10/100, S = 11/100).

Discussion and Implications

SIDECAR scales demonstrate robust measurement properties, meeting COSMIN quality standards for study design and psychometrics. SIDECAR provides a theoretically based needs-led QoL profile specifically for dementia carers. SIDECAR is free for use in public health, social care, and voluntary sector services, and not-for-profit organizations.

Measuring Quality of Life in Carers of People With Dementia: Development and Psychometric Evaluation of Scales measuring the Impact of DEmenita on Carers (SIDECAR)
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<td>Dominic Simpson, Sharon Hamilton, Robert McSherry and Rebecca McIntosh</td>
<td>Measuring and Assessing Healthcare Organisational Culture in the England’s National Health Service: A Snapshot of Current Tools and Tool Use</td>
<td>Healthcare Journals, Volume 7, Issue 4 English Abstract: Healthcare Organisational Culture (OC) is a major contributing factor in serious failings in healthcare delivery. Despite an increased awareness of the impact that OC is having on patient care, there is no universally accepted way to measure culture in practice. This study was undertaken to provide a snapshot as to how the English National Health Service (NHS) is currently measuring culture. Although the study is based in England, the findings have potential to influence the measurement of healthcare OC internationally. An online survey was sent to 234 NHS hospital trusts, with a response rate of 35%. Respondents who completed the online survey, on behalf of their representative organisations, were senior clinical governance leaders. The findings demonstrate that the majority of organisations, that responded, were actively measuring culture. Significantly, a wide variety of tools were in use, with variable levels of satisfaction and success. The majority of tools had a focus on patient safety, not on understanding the determining factors which impact upon healthcare OC. This paper reports the tools currently used by the respondents. It highlights that there are deficits in these tools that need to be addressed, so that organisations can interpret their own culture in a standardised, evidence-based way.</td>
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<td>Peter Trigwell, Chris Smith, Jenny Hewison, Robert West, Elspeth Guthrie, Peter Trigwell, Mike Crawford, Carolyn Czoski-Murray, Matt Fossey, Claire Hulme, Sandy Tukef and Allan House</td>
<td>Liaison psychiatry—measure ment and evaluation of service types, referral patterns and outcomes (LP-MAESTRO): a protocol</td>
<td>BMJ Open Volume 9 - 11 English Introduction We describe the protocol for a project that will use linkage of routinely collected NHS data to answer a question about the nature and effectiveness of liaison psychiatry services in acute hospitals in England. Methods and analysis The project will use three data sources: (1) Hospital Episode Statistics (HES), a database controlled by NHS Digital that contains patient data relating to emergency department (ED), inpatient and outpatient episodes at hospitals in England; (2) ResearchOne, a research database controlled by The Phoenix Partnership (TPP) that contains patient data relating to primary care provided by organisations using the SystmOne clinical information system and (3) clinical databases controlled by mental health trusts that contain patient data relating to care provided by liaison psychiatry services. We will link patient data from these sources to construct care pathways for patients who have been admitted to a particular hospital and determine those patients who have been seen by a liaison psychiatry service during their admission. Patient care pathways will form the basis of a matched cohort design to test the effectiveness of liaison interventions. We will combine healthcare utilisation within care pathways using cost figures from national databases. We will compare the cost of each care pathway and the impact of a broad set of health-related outcomes to obtain preliminary estimates of cost-effectiveness for liaison psychiatry services. We will carry out an exploratory incremental cost-effectiveness analysis from a whole system perspective.</td>
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<td>Jane Blackwell and Jane Blackwell</td>
<td>P024 Characterising school-age children’s sleep in shaqra province, saudi arabia</td>
<td>BSS Scientific Conference Abstract Book, Volume 6, Issue Supplement 1 English Introduction As no previous studies have characterised the sleep of school-age children in Shaqra Province, Saudia Arabia, the aim of the current research was to assess the frequency of behaviours associated with common paediatric sleep difficulties in this population using the Arabic version of the Children’s Sleep Habits Questionnaire. Methods The Children’s Sleep Habits Questionnaire was used to measure self-reported and parent-reported bedtime resistance, sleep onset delay, sleep duration, sleep anxiety, night wakings, parasomnias, sleep disordered breathing and daytime sleepiness.3 Families were recruited through six schools and parents were asked to complete the questionnaire on behalf of children aged 7–12 years old, whereas adolescents completed the self-reported version. Results 150 females and 139 males aged between 7–17 years old were recruited (see table 1). 92% of the children and adolescents had a score of 41 or above indicating that they have a clinically significant sleep problem (85% of males and 95% of females). Results also indicated that there was a significant difference between males and females in secondary school in total score of CSHQ and sub score (sleep duration, sleep anxiety and sleep parasomnia). In addition, there was a significant difference between males and females in intermediate school in sub score of CSHQ in bedtime resistance, sleep anxiety and sleep disorder breathing (see table 2).</td>
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<td>Karina Lovell, Penny Bee, Peter Boxer, Helen Brooks, Patrick Cahoon, Patrick Callaghan, Lesley Anne Carter, Lindsay Cree, Linda Davies, Richard Drake, Claire Fraser, Chris Gibbons, Andrew Grundy, Kathryn Hinsliff-Smith, Oonagh Meade, Chris Roberts, Anne Rogers, Kelly Rushton, Caroline Sanders, Gemma Shields and Lauren Walker</td>
<td>Training to enhance user and carer involvement in mental health-care planning: the EQUIP research programme including a cluster RCT</td>
<td>Available from National Center for Biotechnology Information (<a href="http://www.ncbi.nlm.nih.gov">www.ncbi.nlm.nih.gov</a>)</td>
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<td>Emily Peckham, Catherine Arundel, Delta Bailey, Suzanne Crossland, Caroline Fairhurst, Paul Heron, Catherine Hewett, Jinhua Li, Steve Parrott, Tim Bradshaw, Michelle Horspool, Elizabeth Hughes, Tom Hughes, Suzy Ker, Moira Leahy, Taylor McCloud, David Osborn, Joseph Relly, Thomas Steare, Emma Ballantyne, Polly Bidwell, Susan Bonner, Diane Brennan, Tracy Callen, Alex Care, Charlotte Colbeck, Debbie Cotan, Emma</td>
<td>A bespoke smoking cessation service compared with treatment as usual for people with severe mental ill health: the SCIMITAR+ RCT.</td>
<td>Available from National Center for Biotechnology Information (<a href="http://www.ncbi.nlm.nih.gov">www.ncbi.nlm.nih.gov</a>)</td>
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<td>Tom Hughes and Crystal-Bella Romain-Hooper</td>
<td>A bespoke smoking cessation service compared with treatment as usual for people with severe mental ill health: the SCIMITAR+ RCT.</td>
<td>A BSC intervention delivered by mental health specialists trained to deliver evidence-supported smoking cessation services than the general population.</td>
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### Lauren Yates, Emese Caspke, Esme Monaco-Cook, Phuong Leung, Holly Walton, Georgina Charlesworth, Aimee Spector, Eef Hogervorst, Gail Mountain and Martin Orrell

**Sep 19**  
The development of the Promoting Independence in Dementia (PRIDE) intervention to enhance independence in dementia  
**Clinical Interventions in Aging, Sept 2019, volume 14**  
**English**  
Support after a diagnosis of dementia may facilitate better adjustment and ongoing management of symptoms. The aim of the Promoting Independence in Dementia (PRIDE) study was to develop a postdiagnostic social intervention to help people live as well and as independently as possible. The intervention facilitates engagement in evidence-based stimulating cognitive, physical and social activities.  
**Methods**  
Theories to promote adjustment to a dementia diagnosis, including theories of social learning and self-efficacy, were reviewed alongside self-management and the selective optimization model, to form the basis of the intervention. Analyses of two longitudinal databases of older adults, and qualitative analyses of interviews of older people, people with dementia, and their carers about their experiences of dementia, informed the content and focus of the intervention. Consensus expert review involving stakeholders was conducted to synthesize key components. Participants were sourced from the British NHS, voluntary services, and patient and public involvement groups. A tailored manual-based intervention was developed with the aim for this to be delivered by an intervention provider.  
**Results**  
Evidence-based stimulating cognitive, physical, and social activities that have been shown to benefit people were key components of the proposed PRIDE intervention. Thirty-two participants including people with dementia (n=4), carers (n=11), dementia advisers (n=14), and older people (n=3) provided feedback on the drafts of the intervention and manual. Seven topics for activities were included (eg, “making decisions” and “getting your message across”). The manual outlines delivery of the intervention over three sessions where personalized profiles and plans for up to three activities are developed, implemented, and reviewed.  
**Conclusion**  
A manualized intervention was constructed based on robust methodology and found to be acceptable to participants. Consultations with stakeholders played a key role in shaping the manualized PRIDE intervention and its delivery. Unlike most social interventions for dementia, the target audience for our intervention is the people with dementia themselves.

### Max Henderson and Mizrab Abbas

**Aug 19**  
International comparison of the work-related stressors experienced by psychiatrists  
**BJPsych International, Aug 2019, vol. 16 (no. 8); p. 51-52**  
**English**  
The mental health of psychiatrists is a live topic all over the world; both the Royal College of Psychiatrists (Royal College of Psychiatrists, 2018) and the World Psychiatric Association (WPA, 2017) have published position statements on the subject. This edition of BJPsych International includes four papers focusing on the challenges of psychiatric practice in different countries, each with a different economy, healthcare system and culture. It is heartening that each paints a broadly hopeful picture, notwithstanding the difficulties identified. Yet it would be short-sighted for policy makers, psychiatrists, their colleagues or their patients to conclude that all is well and there is nothing more to do.  
In October, the chief executive of the English National Health Service, Simon Stevens, announced that funding would be made available for a national scheme to support the mental health of all doctors in England. This builds on the success of the Practitioner Health Programme, first established in London but since extended to all general practitioners in England (Practitioner Health Programme, 2018). Nearly 20 years after the death by suicide of Daksha Emson (North East London Strategic Health Authority, 2003), a trainee psychiatrist, the mental health of doctors has reached the top of the priority list, in England at least.

### Duncan Raistrick

**Aug 19**  
The appropriateness of psychotropic medicines: an interview study of service users attending a substance misuse service in England  
**International journal of clinical pharmacy, Aug 2019, vol. 41 (no. 4); p. 972-980**  
**English**  
Background Mental health problems are common in people with substance misuse problems. However, there is a paucity of evidence regarding prescribing of psychotropic medications for people with comorbid mental health and substance misuse problems. Objective To explore the views of service users attending an addiction service on the appropriateness of psychotropic medications prescribed for their co-existing mental health problems. Setting A specialist addiction service in the North of England. Method A phenomenological approach was adopted. Semi-structured interviews were conducted with twelve service users. Data were analysed using thematic framework analysis. Main outcome measure Service users’ views concerning the appropriateness of their prescribed psychotropic medications. Results The following themes captured service users’ views on the appropriateness of their medications: benefits from medicines, entitlement to medicines, and assessment and review. Service users mostly described benefits from their medications (including those prescribed outside guideline recommendations) and there was also an awareness of the adverse effects they experienced from them. It appears that people with substance misuse problems have a particularly strong sense of their own needs and seek to influence prescribing decisions. Service users further described varied practices regarding assessment and review of their medications with evidence of regular reviews while others identified suboptimal or inadequate practices. Conclusion Most service users described improved functioning as a result of their prescribed psychotropic medications. Prescriptions that are inappropriate in terms of their usual indications may well be justified if they assist in stabilising service users and moving them on to recovery.
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<tr>
<td>Barry Wright, Andy Needham, Barry Wright, Calvin Dytham, Maurizio Gatta and Gail Hitchen</td>
<td>Living to fight another day: The ecological and evolutionary significance of Neanderthal healthcare</td>
<td>Aug-19</td>
<td>Evidence of care for the ill and injured amongst Neanderthals, inferred through skeletal evidence for survival from severe illness and injury, is widely accepted. However, healthcare practices have been viewed primarily as an example of complex cultural behaviour, often discussed alongside symbolism or mortuary practices. Here we argue that care for the ill and injured is likely to have a long evolutionary history and to have been highly effective in improving health and reducing mortality risks. Healthcare provisioning can thus be understood alongside other collaborative ‘risk pooling’ strategies such as collaborative hunting, food sharing and collaborative parenting. For Neanderthals in particular the selective advantages of healthcare provisioning would have been elevated by a variety of ecological conditions which increased the risk of injury as well their particular behavioural adaptations which affected the benefits of promoting survival from injury and illness. We argue that healthcare provisioning was not only a more significant evolutionary adaptation than has previously been acknowledged, but moreover may also have been essential to Neanderthal occupation at the limits of the North Temperate Zone.</td>
<td>Quaternary Science Reviews, Volume 217, August 2019, Pages 98-118</td>
<td>Available from Science Direct (<a href="http://www.sciencedirect.com">www.sciencedirect.com</a>)</td>
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<td>John Baker, Krysia Canvin and Kathryn Berzins</td>
<td>The relationship between workforce characteristics and perception of quality of care in mental health: A qualitative study</td>
<td>Aug-19</td>
<td>Background Mental health services worldwide are under strain from a combination of unprecedented demand, workforce reconfigurations, and government austerity measures. There has been relatively little research or policy focus on the impact of staffing and skill mix on safety and quality in mental health services leaving a considerable evidence gap. Given that workforce is the primary therapeutic intervention in secondary mental health care this constitutes a major deficit. Objectives This study aimed to explore the impact of staffing and skill mix on safety and quality of care in mental health inpatient and community services. Design Exploratory, qualitative methodology; purposive sampling. Settings Inpatient and community mental health services in the United Kingdom. Participants 21 staff (including nurses, occupational therapists, psychiatrists, social workers, and care co-ordinators) currently working in mental health services. Methods We conducted semi-structured telephone interviews with a purposive sample of staff recruited via social media. We asked participants to describe the staffing and skill mix in their service; to reflect on how staffing decisions and/or policy affected safety and patient care; and for their views of what a well-staffed ward/service would look like. We conducted thematic analysis of the interview transcripts.</td>
<td>International Journal of Nursing Studies Volume 100, December 2019</td>
<td>Available from Science Direct (<a href="http://www.sciencedirect.com">www.sciencedirect.com</a>)</td>
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<td>Barry Wright and Joseph Richmond Mynett</td>
<td>Training medical students to manage difficult circumstances—a curriculum for resilience and resourcefulness?</td>
<td>Jul-19</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>BMC Medical Education Volume 19, Article number: 280 (2019)</td>
<td>Available from Bmj Medical Education (<a href="https://bmrneduc.biomedcentral.com">https://bmrneduc.biomedcentral.com</a>)</td>
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<td>Elspeth Guthrie and Peter Trigwell</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 Volume 19, Article number: 522 (2019)</td>
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<td>Tom Hughes, Robert Smith, Lu Han, Shehzad Ali, Stephanie L Prady, Joanne Taylor, Tom Hughes, Ramzi A Ajan, Najma Siddiq and Tim Doran</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>
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**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, sub-specialism 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.

**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 interview. 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 staff 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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<tr>
<td>Barry Wright, Aye Young, Emma Ferguson-Coleman, Barry Wright and Ann Le Couteur</td>
<td>Jun-19</td>
<td>Socioeconomic disadvantage has been linked to mental health difficulties in children and adolescents, although many children appear to do well despite exposure to financial adversity in childhood. Our study looked at the effects of family financial difficulty on children’s mental health outcomes (n = 636) at 4–5 years in a multi-ethnic UK cohort, the Born in Bradford cohort. We considered potential parent and child variables promoting resilience in this population. Univariate linear regression was used to test for potential moderating effects of parent and child factors. Mothers completed the General Health Questionnaire-28, Kessler-6 Questionnaire and questions related to parenting warmth, hostility and confidence. Parent-rated Infant Characteristic Questionnaires and teacher-rated Early Years Foundation Stage scores provided information on child temperament, literacy and physical development as potential moderators. Financial difficulty was associated with worse mental health outcomes in children. High parent warmth, high child literacy scores and physical development scores were all associated with positive child mental health outcomes at 4–5 years. In terms of protective effects, only maternal warmth was found to significantly moderate the relationship between financial difficulty and child mental health difficulties. The current study demonstrates that family financial difficulty is associated with poorer child mental health outcomes in a UK cohort of mothers and their school-aged children. It provides evidence of the positive relationships between warm parenting, child literacy and child physical development with mental health in young children. The study supports the finding that warm parenting moderates the relationship between family financial difficulty and interventions supporting this aspect of parenting may therefore provide particular benefit to children growing up in this context.</td>
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<td>Barry Wright, Jane Elizabeth Blackwell and John Wright</td>
<td>Investigating the association between early years foundation stage profile scores and subsequent diagnosis of an autism spectrum disorder: a retrospective study of linked healthcare and education data</td>
<td>Journal Article</td>
<td>BMJ Paediatrics Open Volume 3 Issue 1</td>
<td>Available from BMJ Paediatrics Open (bmjpaedsopen.bmj.com)</td>
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OBJECTIVES: We estimated the population prevalence and prevalence ratio of obesity-associated comorbidities in children and adolescents aged 5 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 5 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 (9.4-72.3). 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.

CONCLUSIONS: A systematic review and meta-analysis estimating the population prevalence of comorbidities in children and adolescents aged 5 to 18 years, 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 5 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 5 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 (9.4-72.3). 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.

CONCLUSIONS: 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) scores. 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 improvement (P = 0.003). Clinical implications PHQ-9 and GAD-7 appear acceptable as patient-reported outcome measures in community mental health team. SWEMWBS seems insensitive to change. National outcome programmes should ensure good follow-up rates.

CONCLUSIONS: 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, Personality 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 Personality 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 staff felt significantly more competent and less exhausted. Potential mechanisms of change were the effective process skills of the consultant and that emotionally difficult CAC processes were helpful.

CONCLUSIONS: Cognitive analytic consultancy appears a promising approach to staff consultation, and testing in a clinical trial is now needed.
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 shape 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 uncedared 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.

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>Name</th>
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<td>Alish B Palmos, Tom Hughes, Andreas Finkelmaney, Hamish McAlister Williams, Ncole Ferrier, Ian 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, Sardine Thuret, Gerome Breen, and Timothy R Powell</td>
<td>Associations between childhood maltreatment and inflammatory markers</td>
<td>Jan-19</td>
<td>Available from University of Leeds: Clinical Psychology Extranet [<a href="https://dclinpsych.leeds.ac.uk">https://dclinpsych.leeds.ac.uk</a>]</td>
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<td>Kerry Hinsby</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>Available from University of Manchester: <a href="https://www.research.manchester.ac.uk/">https://www.research.manchester.ac.uk/</a></td>
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<td>Alex Brooks and Kerry Hinsby</td>
<td>Evaluating the use of a Dynamic risk assessment to inform a management plan within a community forensic MDT</td>
<td>Dec-18</td>
<td>Available from University of Leeds: Clinical Psychology Extranet [<a href="https://dclinpsych.leeds.ac.uk">https://dclinpsych.leeds.ac.uk</a>]</td>
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<td>Louis Appleby, Jenny Shaw, Nav Kapur, Sandra Pyen, Jane Graney, Thabiso Nyathi, Jessica Raphael, Seri Abraham, Sandeep Singh-Derrievik, Louise Robinson, Alice Edwards and Fadha Abreem</td>
<td>Dec-18</td>
<td>Safer care for patients with Personality Disorder</td>
<td>National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH); Safer Care for Patients with Personality Disorder, Manchester: University of Manchester 2018.</td>
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<td>Katrin Lovell, Anne Rogers, Lauren Walker, Lindsey Cree, Andrew Grundy, Patrick Callaghan, Chris Roberts, Patrick Cahoon, Linda Davies, Caroline Sanders, Richard Drake and The EQUIP team.</td>
<td>Dec-18</td>
<td>EQUIP: Enhancing the Quality of User Involved Care Planning in Mental Health Services Summary of Results</td>
<td>Mental health service users and their carers want to be more involved in decisions about their care. Guidance tells us that user and carer involvement is important for improving care quality, satisfaction with health and care outcomes, and promoting recovery. However, research has shown that this involvement does not always happen, and people report feeling excluded and unsupported by services. The EQUIP programme of research aimed to address this by working with service users, carers and professionals to design and deliver a training programme for staff to improve service user and carer involvement in mental health care planning. What did we do during this project? A two-day training course was co-developed and co-delivered with service users and carers to improve service user and carer involvement in care planning. 350 health professionals, from 18 community mental health teams in 10 NHS Trusts in England received the training. We tested how well the training worked by measuring how involved people felt in their care before and after staff were trained. We compared these findings to feedback from people cared for by staff in 18 different community mental health teams who had not received the training. A total of 1286 service users and 90 carers took part in this study and shared their views on user and carer involvement in care planning. A further 54 participants (21 mental health professionals, 29 service users and 4 carers from 7 Mental Health Trusts in England) were also involved. The findings from the study were presented at a national conference and in publications.</td>
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<td>Nick Waggett (NSCAP)</td>
<td>Nick Waggett Dec-18</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</td>
<td>Professional Doctorate thesis</td>
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<td>Gail Harrison and Gail Harrison</td>
<td>Dec-18</td>
<td>An evaluation of the implementation and impact of psychological formulation meetings in the Leeds Rehabilitation and Recovery service (R&amp;R).</td>
<td>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 (JCP-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>
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<td>Fiona Wright, Kerry Hinsby and Alex Brooks</td>
<td>Evaluation the use of a collaborative dynamic risk assessment tool used with service users at the Newsmad Centre</td>
<td>Dec-18</td>
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<td>Bethan Davies</td>
<td>Ignoring it won’t make it go away: Recognising and reformulating gender in CAT</td>
<td>Dec-18</td>
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<td>Ruth Sutherland and Aliya Zamar</td>
<td>Tweet, tweet, who’s there? Social media in Specialist Services for People with Longstanding Difficulties</td>
<td>Dec-18</td>
<td>Journal Article</td>
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<td>Ranil Tan, Lindsay Jones and Natalie Clinkscales</td>
<td>&quot;What role am I playing?&quot;: Inpatient staff experiences of an introductory training in Cognitive Analytic Therapy (CAT) informed care</td>
<td>Dec-18</td>
<td>Journal Article</td>
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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 minimise 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.

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 their work with voice hearers.

Objective The evidence is that therapy only works for some. This study aimed to explore clients’ subjective experience of non-improvement; specifically how do participants who feel they have not benefitted from psychological therapy describe the experience and make sense of their therapy? Method 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. Results Participants described a process, beginning with their difficulties, negative feelings about themselves, and initial hopes and anxieties for therapy. Once in therapy, participants described overwhelming fears of losing control and being judged. They described attempts to manage this, using self-censoring and compliance. After therapy, while most could identify some gain, they felt disappointed and that they were having to ‘make do’. The sense of not having succeeded or being sufficiently deserving of further input, in turn, reinforced participants’ initial negative self-beliefs. Conclusion Although participants identified themselves as not having improved through therapy, the accounts suggested more complexity. All participants reported detrimental effects and accounts contained qualified, thoughtful descriptions of these experiences: participants acknowledged some gains, even though they felt that therapy had not met their expectations.
Peter Trigwell
Allan House, Elisabeth Guthrie, Jenny Hewson, Cathy Brennan, Carolyn Czeski-Murray, Andrew Walker, Peter Trigwell, Mike Crawford, Matt Fossey, Claire Hulme, Adam Martin, Sandy Tibeuf and Alan Quirk.

Dec-18

A programme theory for liaison mental health services in England.

BMC Health Services Research; Sep 2018; vol. 18 (no. 1)

English

Background
Mechanisms by which liaison mental health services (LMHS) may bring about improved patient and organisational outcomes are poorly understood. A small number of logic models have been developed, but they fail to capture the complexity of clinical practice.

Method
We synthesised data from a variety of sources including a large national survey, 73 in-depth interviews with acute and liaison staff working in hospitals with different types of liaison mental health services, and relevant local, national and international literature. We generated logic models for two common performance indicators used to assess organisational outcomes for LMHS: response times in the emergency department and hospital length of stay for people with mental health problems.

Results
We identified 8 areas of complexity that influence performance, and 6 trade-offs which drove the models in different directions depending upon the balance of the trade-off. The logic models we developed could only be captured by consideration of more than one pass through the system, the complexity in which they operated, and the trade-offs that occurred.

Conclusions
Our findings are important for commissioners of liaison services. Reliance on simple target setting may result in services that are unbalanced and not patient-centred. Targets need to be reviewed on a regular basis, together with other data that reflect the wider impact of the service, and any external changes in the system that affect the delivery of LMHS.

Bethan Davies
Chris Hollis, Stephanie Sampson, Lucy Simons, Bethan Davies, Rachel Churchill, Victoria Betton, Andrew Butler, Kathy Chapman, Katherine Easton, Tote Anne Gronlund, Thomas Kabir, Mat Rawsthorne, Elizabeth Rye and André Tomin

Dec-18

Identifying research priorities for digital technology in mental health care: results of the James Lind Alliance Priority Setting Partnership.


English

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 26. 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.

Stephen Wright

Dec-18

Structured lifestyle education to support weight loss for people with schizophrenia, schizoaffective disorder and first episode psychosis: the STEPWISE RCT.

Health technology assessment (Winchester, England); Nov 2018; vol. 22 (no 85); p. 1-160

English

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 Intervention for Nutrition Education 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.

Journal Article
Available from BMJ Health Services Research (www.bmjhealthservices.bmj.com)

Journal Article
Available from The Lancet Journals (www.thelancet.com/journals)

Journal Article
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<td>Jo Ramsden</td>
<td>Are you calling me a liar? Clinical interviewing more for trust than knowledge with high-risk men with antisocial personality disorder</td>
<td>Dec-18</td>
<td>The International Journal of Forensic Mental Health; 2018; vol. 17 (no. 4); p. 351-361</td>
<td>Available from Science Direct <a href="https://www.sciencedirect.com">www.sciencedirect.com</a></td>
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<td>Alex Brooks and Kerry Hinsby</td>
<td>Evaluating the use of the collaborative dynamic risk assessment process and ‘circles’ tool from a ward staff perspective</td>
<td>Dec-18</td>
<td>University of Leeds website - Clinical Psychology Extranet</td>
<td>Available from University of Leeds: Clinical Psychology Extranet <a href="https://dclinpsych.leeds.ac.uk">https://dclinpsych.leeds.ac.uk</a></td>
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<td>The interviews 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>Barry Wright</td>
<td>Nov-18</td>
<td>Poster abstract</td>
<td>Available from University of York (pure.york.ac.uk)</td>
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<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>Barry Wright</td>
<td>Nov-18</td>
<td>Poster abstract</td>
<td>Available from University of York (pure.york.ac.uk)</td>
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<td>Authors</td>
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<td>Peter Trigwell et al.</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>Sep-18</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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Use of cinacalcet in hyperparathyroidism

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; 18: 644

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.

Use of cinacalcet in lithium-induced hyperparathyroidism

Michael Dixon, Vikram Luthra and Christopher Todd

Aug 18

The case of a 61-year-old female patient with a long-standing history of bipolar affective disorder treated medically with lithium therapy 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 hypercalcaemia gradually improved with a combination of physical and pharmacological treatments.

Working with British Sign Language (BSL) interpreters: lessons from child and adolescent mental health services in the U.K.

Barron Wright

Jul 18

Working with British Sign Language (BSL) interpreters: lessons from child and adolescent mental health services in the U.K.

Journal of Communication in Healthcare Strategies, Media and Engagement in Global Health Volume 11, 2018 Issue 3

Background: Having good access to information is crucial when attending an appointment with a health professional; for 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.

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<table>
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<tr>
<th>Study Title</th>
<th>Authors</th>
<th>Journal</th>
<th>Publication Date</th>
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<tr>
<td>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</td>
<td>Caroline Dada, Donna Stansfield and Tanya Cullen</td>
<td>European Journal of Hospital Pharmacy</td>
<td>Jul-18</td>
<td>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-adherent 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.</td>
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<td>The Treatment of Autism Spectrum Disorder With Auditory Neurofeedback: A Randomized Placebo Controlled Trial Using the Mente Autism Device</td>
<td>Frederick H. Carrick, Guido Pagnacco, Ahmed Hankir, Maheen Abdulrahman, Rashid Zaman, Emily R. Kalambaheti, Derek A. Barton, Paul E. Link and Elena Oggero.</td>
<td>Frontiers in Neurology</td>
<td>Jul-18</td>
<td>Introduction: Children affected by autism spectrum disorder (ASD) often have impairment of social interaction and demonstrate difficulty with emotional communication, display of posture and facial expression, with recognized relationships between postural control mechanisms and cognitive functions. Beside standard biomedical interventions and psychopharmacological treatments, there is increasing interest in the use of alternative non-invasive treatments such as neurofeedback (NFB) that could potentially modulate brain activity resulting in behavioral modification. Methods: Eighty-three ASD subjects were randomized to an Active group receiving NFB using the Mente device and a Control group using a Sham device. Both groups used the device each morning for 45 minutes over a 12 week home based trial without any other clinical interventions. Pre and Post standard ASD questionnaires, qEEG and posturography were used to measure the effectiveness of the treatment. Results: Thirty-four subjects (17 Active and 17 Control) completed the study. Statistically and substantively significant changes were found in several outcome measures for subjects that received the treatment. Similar changes were not detected in the Control group. Conclusions: Our results show that a short 12 week course of NFB using the Mente Autism device can lead to significant changes in brain activity (qEEG), sensorimotor behavior (posturography), and behavior (standardized questionnaires) in ASD children.</td>
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<td>Lisa Huddlestone, Harpreet Schal, Claire Paul, and Elena Ratschen</td>
<td>Complete smokefree policies in mental health inpatient settings: results from a mixed-methods evaluation before and after implementing national guidance</td>
<td>BMC Health Serv Res. 2018; 18: 542.</td>
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<td>Ese Guthrie, Matthew Harrison, and Peter Trigwell</td>
<td>The development of an outcome measure for liaison mental health services</td>
<td>BJPsych Bull. 2016 Jun;42(3):109-114.</td>
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**Background:**
Tobacco smoking is extremely prevalent in people with severe mental illness (SMI) and 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 patients 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 underestimated by partial support. Strategies to enhance support and the establishment of suitable data collection pathways to monitor progress are required.

**Findings:**
High job strain appears to independently affect the risk of future common mental disorders. These findings suggest that 14% of new cases of common mental disorder could have been prevented through elimination of high job strain on midlife mental health.

**Interpretation:**
High job strain appears to independently affect the risk of future common mental disorders in midlife. These findings suggest that modifiable work-related risk factors might be an important target in efforts to reduce the prevalence of common mental disorders.

**Conclusions:**
Overall, the implementation of complete smokefree policies in mental health settings may currently be underestimated by partial support. Strategies to enhance support and the establishment of suitable data collection pathways to monitor progress are required.

**Background:**
Long-standing concerns exist about reverse causation and residual confounding in the prospective association between job strain and risk of future common mental disorders. We aimed to address these concerns through analysis of data collected in the UK National Child Development Study, a large British 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 life course. 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<0.0008), low job control (1.89, 1.38–2.77; p<0.0010), and high job strain (2.22, 1.59–3.09; p<0.0001) 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).

**Conclusions:**
The development of an outcome measure for liaison mental health services was successful in improving smoking cessation outcomes and reducing smoking-related incidents. 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.
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<th>Author(s)</th>
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<td>Max Henderson, Samuel B Harvey, Dylan A Sellahewa, Min-Jung Wang, Josie Milligan-Saville, Bridget T Bryan, MacHenderson, Stephani L Hatch and Arinstein Mykleuun</td>
<td>The role of job strain in understanding midlife common mental disorder: a national birth cohort study</td>
<td>The Lancet Psychiatry Volume 5, Issue 6, June 2018, Pages 498-506 (English)</td>
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<tr>
<td>Penny Spikins, Callum Scott and Barry Wright</td>
<td>How Do We Explain 'Autistic Traits' in European Upper Palaeolithic Art?</td>
<td>Open Archaeology, Volume 4, Issue 1, p. 263-279 (English)</td>
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<td>Barry Wright</td>
<td>Traits in Upper Palaeolithic art which are also seen in the work of talented artists with autism, including an exceptional realism, remain to be explained. Debate over explanations has been heated, ranging from such art having been created by individuals with autism spectrum conditions, to being influenced by such individuals, to being a product of the use of psychotropic drugs. Here we argue that 'autistic traits' in art, such as extreme realism, are the product of local processing bias or detail focus.</td>
<td>Open Archaeology, Volume 4, Issue 1, p. 263-279 (English)</td>
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Note: The references provided are limited to the context of the study and do not necessarily reflect all the content of the document.
### Cognitive Analytic Therapy for psychosis: A case series.

**Ranil Tan, Peter J Taylor, Alex Perry, Paul Hutton, Ranil Tan, Naomi Fisher, Chiara Focone, Diane Griffiths and Claire Seddon**

**May 2018**

**Psychology and psychotherapy**

**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 experiences 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 personality 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.

**Practitioner points:** It is feasible to conduct research evaluating CAT for people with psychosis. Within this case series, CAT appears acceptable and safe to individuals with psychosis. Within this case series, clients reported that CAT was a positive and helpful experience. There is a mixed picture with regard to secondary outcomes, but the design and aims of this case series limit conclusion that can be drawn from this data.

### Development of a supported self-management intervention for adults with type 2 diabetes and a learning disability: OK Diabetes

**Amy M Russell, Allan House, Gary Latchford, Amy M Russell, Louise Bryant, Judy Wright, Elizabeth Graham, Alison Stansfield, Ramzi Ajjan and the OK Diabetes team**

**May 2018**

**Pilot and Feasibility Studies**

**English**

**Background:** Although supported self-management is a well-recognised part of chronic disease management, it has not been routinely used as part of healthcare for adults with a learning disability. We developed an intervention for adults with a mild or moderate learning disability and type 2 diabetes, building on the principles of supported self-management with reasonable adjustments made for the target population.

**Methods:** In five steps, we:

1. Clarified the principles of supported self-management as reported in the published literature
2. Identified the barriers to effective self-management of type 2 diabetes in adults with a learning disability
3. Reviewed existing materials that aim to support self-management of diabetes for people with a learning disability
4. Synthesised the outputs from the first three phases and identified elements of supported self-management that were (a) most relevant to the needs of our target population and (b) most likely to be acceptable and useful to them
5. Implemented and field tested the intervention

**Results:** The final intervention had four standardised components: (1) establishing the participant’s daily routines and lifestyle, (2) identifying supporters and their roles, (3) using this information to inform setting realistic goals and providing materials to the patient and supporter to help them be achieved and (4) monitoring progress against goals.

Of 41 people randomised in a feasibility RCT, thirty-five (85%) completed the intervention sessions, with over three quarters of all participants (78%) attending at least three sessions.

Twenty-three out of 40 (58%) participants were deemed to be very engaged with the sessions and 12/40 (30%) with the materials; 30 (73%) participants had another person present with them during at least one of their sessions; 15/41 (37%) were reported to have a very engaged main supporter, and 18/41 (44%) had a different person who was not their main supporter but who was engaged in the intervention implementation.

**Conclusions:** The intervention was feasible to deliver and, as judged by participation and engagement, acceptable to participants and those who supported them.
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<td>Alex Perry and Ranil Tan</td>
<td>Cognitive Analytic Therapy for psychosis: A case series</td>
<td>English</td>
<td>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 experiences 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 personality 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.</td>
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<td>Kathryn Berzins, David Harvey, John Baker, Mark Brown, Naomi Fisher, Chiara Focone, Diane Griffiths and Claire Seddon</td>
<td>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.</td>
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<td>Kathryn Berzins, John Baker, Mark Brown and Rebecca Lawton.</td>
<td>A cross-sectional survey of mental health service users, carers’ and professionals’ priorities for patient safety in the United Kingdom</td>
<td>English</td>
<td>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.</td>
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<td>John Baker</td>
<td>The barriers and facilitators for recognising distress in people with severe dementia on general hospital wards</td>
<td>English</td>
<td>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 innately. However, the majority also believed it was facilitated by experience, being familiar with their patients and listening to the concerns of the person’s usual carers. Barriers to distress recognition included busy ward environments, and that some people may lack the skill to identify distress in hypoactive patients. Conclusion: Distress may be a simple and easily identified marker of unmet need in people with dementia in hospital. However, modifiable and unmodifiable barriers are suggested that reduce the chance of distress being identified or acted on. Improving our understanding of how distress is identified in this environment, and in turn developing systems that overcome these barriers, may improve the accuracy with which distress is identified on hospital wards.</td>
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<td>George Crowther, Cathy Brennan and Mike Bennett.</td>
<td>The barriers and facilitators for recognising distress in people with severe dementia on general hospital wards</td>
<td>English</td>
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<td>David Harvey, Wendy Sefton.</td>
<td>The use of psychologically-informed warning letters in probation for high-risk clients with personality difficulties</td>
<td>English</td>
<td>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.</td>
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### Gail Harrison and Emma Sellers

**Title:** Team psychological formulations in assertive outreach teams: Evaluating staff experiences  
**Journal:** British Journal of Mental Health Nursing, Volume 7, Issue 2, April 2018  
**Language:** English  

**Abstract:** Team psychological formulation meetings aim to provide a space for team members to reflect on the development and maintenance of service users' difficulties, including the potential impact of team members own interpersonal responses. The aim of this service evaluation was to explore assertive outreach team members' 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 were: '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.

### Amy Russell

**Title:** Developing and feasibility testing of data collection methods for an economic evaluation of a supported self-management programme for adults with a learning disability and type 2 diabetes  
**Journal:** Send to Pilot Feasibility Stud. 2018 Apr 23;4:80  
**Language:** English  

**Abstract:** Background: The challenges of conducting research with hard to reach vulnerable groups are particularly pertinent for people with learning disabilities. Data collection methods for previous cost and cost-effectiveness analyses of health and social care interventions targeting people with learning disabilities have relied on health care/health insurance records or data collection forms completed by the service provider rather than by people with learning disabilities themselves. This paper reports on the development and testing of data collection methods for an economic evaluation within a randomised controlled trial (RCT) for a supported self-management programme for people with mild/moderate learning disabilities and type 2 diabetes.  

**Methods:** A case finding study was conducted to identify types of health and social care use and data collection methods employed in previous studies with this population. Based on this evidence, resource use questionnaires for completion by GP staff and interviewer-administered participant questionnaires (covering a wider cost perspective and health-related quality of life) were tested within a feasibility RCT. Interviewer-administered questionnaires included the EQ-5D-3L (the NICE recommended measure for use in economic evaluation). Participants were adults > 18 years with a mild or moderate learning disability and type 2 diabetes, with mental capacity to give consent to research participation.  

**Results:** Data collection for questionnaires completed by GP staff requesting data for the last 12 months proved time intensive and difficult. Whilst 82.3% (121/147) of questionnaires were returned, up to 17% of service use items were recorded as unknown. Subsequently, a shorter recall period (4 months) led to a higher return rate but with a higher rate of missing data. Missing data for interviewer-administered participant questionnaires was 8% but the interviewers reported difficulty with participant recall. Almost 60% (48/80) of participants had difficulty completing the EQ-5D-3L.  

**Conclusions:** Further investigation as to how service use can be recorded is recommended. Concerns about the reliability of identifying service use data directly from participants with a learning disability due to challenges in completion, specifically around recall, remain. The degree of difficulty to complete EQ-5D-3L indicates concerns regarding the appropriateness of using this measure in its current form in research with this population.

### Max Henderson

**Title:** Development of an intervention to facilitate return to work of UK healthcare staff with common mental health disorders  
**Journal:** Occupational & Environmental Medicine, 2018, Volume 75, Issue 2  
**Language:** English  

**Abstract:** Introduction The National Health Service (NHS) is the biggest employer in the United Kingdom (UK). Depression and anxiety are the most common reasons for sickness absence in the NHS. As part of a trial feasibility study, we developed an intervention to facilitate an earlier return to work (RTW) in NHS staff with common mental health disorders (CMHD).  

**Methods:** We used iterative methodology, based on MRC guidance. Evidence was sought from systematic reviews, guidelines, and work known to the research team on the key components of the case-management (Stage 1). During Stage 2; the evidence from Stage 1 was mapped onto the proposed intervention together with input from international experts and key stakeholders.  

**Results:** Evidence suggests that an intervention based on a case-management model using a biopsychosocial approach could be cost-effective and lead to earlier RTW. In our study, specially trained occupational health nurses will deliver the intervention. Case-management will be conducted during regular consultations (every 2 to 4 weeks). Key components will include: identifying obstacles to RTW, collaborative problem solving based on cognitive behaviour principles focussing on work outcomes, work-focused goal setting, development of a RTW plan, and peer support to increase return to work self-efficacy. Work adjustments, work visits or therapeutic RTW will be considered. The case-manager will communicate with the line and human resources managers and treating healthcare professionals after each consultation. A bespoke information leaflet will be developed and given to line managers and workers emphasising the therapeutic importance of early RTW.
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<th>Authors</th>
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<tr>
<td>Gillian Tober, and James</td>
<td>Trial. Aims: To determine whether treatment outcomes are mediated by</td>
<td>English</td>
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<td>McCambridge</td>
<td>therapist behaviors consistent with the theoretical postulates on which</td>
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<td>two contrasting treatments are based. Method: We used data from the</td>
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<td>U.K. Alcohol Treatment Trial (UKATT), a pragmatic, multicenter,</td>
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<td>randomized controlled trial comparing the effectiveness of Motivational</td>
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<td>Enhancement Therapy (MET) and Social Behavior and Network Therapy</td>
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<td>(SBNT) in the treatment of alcohol problems. N = 376 clients (mean</td>
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<td>age 42.5, 74.5% male) had 12 month follow up data and one treatment</td>
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<td>session recorded and coded using the UKATT Process Rating Scale, a</td>
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<td>reliable manual-based assessment of treatment fidelity including</td>
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<td>frequency and quality ratings of treatment-specific therapist</td>
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<td>tasks and therapist styles. Analyses were conducted using a mediation</td>
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<td>framework. Results: Analysis of individual paths from treatment</td>
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<td>condition to treatment process indices (a path) and from treatment</td>
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<td>process indices to alcohol outcomes (b path) showed that (a) SBNT</td>
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<td>therapists more often used SBNT-specific behaviors, and did so with</td>
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<td>overall higher quality; (b) MET therapists more often used MET</td>
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<td>specific behaviors, but there was no evidence that they performed</td>
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<td>these behaviors with higher quality than SBNT therapists; (c) the</td>
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<td>quality of MET behaviors significantly predicted 12-month alcohol outcomes, irrespective of treatment.</td>
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<td>Consistently, there were no significant indirect effects. Multiple</td>
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<td>component analysis indicated that therapist quality of specific</td>
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<td>specific tasks influenced outcomes. Conclusions: The quality of</td>
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<td>delivery of the same treatment tasks in both treatments studied</td>
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<td>transcended the impact of delivering treatments according to different</td>
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<td>theoretical underpinnings in UKATT. (PsycINFO Database Record</td>
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<td>S88-S89 Pages S88-S89 March 2018, Supplement 1, Volume 28, Issue 3,</td>
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<td>Neurropsychopharmacology 21 issue 6 English</td>
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<td>[1]. need to understand its underlying neural mechanisms in order to</td>
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<td>develop new and better-suited targets for treatment</td>
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<td>phenotypic nature of BD, research to date has failed to explore the</td>
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<td>complexities of this relationship over a longitudinal decision-making</td>
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<td>and reward-processing domain, suggesting the ability for mood to bias</td>
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<td>perception of reward and loss, and to induce risk-taking behaviour</td>
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<td>[2,3]. However, whilst this has provided an interesting first-line</td>
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<td>understanding of the phenomenology of BD, research to date has failed</td>
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<td>to explore the complexities of this relationship over a longitudinal</td>
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<td>basis. Modern technologies, such as remote online platforms, can</td>
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<td>address this issue by using high frequency and prospective monitoring.</td>
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<td>This is particularly important given the dynamic nature of mood</td>
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<td>instability [4] and the expanding need to understand its underlying</td>
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<td>neural mechanisms in order to develop new and better-suited targets</td>
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<th>Authors</th>
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<tr>
<td>Louise Bryant, Amy M Russell,</td>
<td>Characterizing adults with Type 2 diabetes mellitus and intellectual</td>
<td>Diabetic Medicine Volume35, Issue3, Pages 352-359 English</td>
<td>Mar-18</td>
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<tr>
<td>Rebecca AWalwyn, Amanda J</td>
<td>disability: outcomes of a case-finding study. Aims: To report the</td>
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<td>Farin, Alexandra Wright-Hughes,</td>
<td>results of a case-finding study conducted during a feasibility trial</td>
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<td>Elizabeth H Graham, Dinesh</td>
<td>of a supported self-management intervention for adults with mild to</td>
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<td>Nagi, Alison J Stansfield,</td>
<td>moderate intellectual disability and Type 2 diabetes mellitus, and</td>
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<td>Jacqueline Birtwistle, Shaista</td>
<td>to characterize the study sample in terms of diabetes control, health,</td>
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<td>Meer, Ramzi A Aljan and Allan</td>
<td>and access to diabetes management services and support. Methods: We</td>
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<td>House</td>
<td>conducted a cross-sectional case-finding study in the UK (March 2013</td>
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<td>to June 2015), which recruited participants mainly through primary</td>
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<td>care settings. Data were obtained from medical records and during</td>
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<td>home visits. Results: Of the 325 referrals, 147 eligible individuals</td>
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<td>participated. The participants’ mean (sd) HbA1c concentration was 55</td>
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<td>(15) mmol/mol [7.1 (1.4)%] and the mean (sd) BMI was 32.9 (7.9) kg/m²,</td>
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<td>with 20% of participants having a BMI &gt;40 kg/m². Self-reported</td>
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<td>frequency of physical activity was low and 79% of participants</td>
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<td>reported comorbidity, for example, cardiovascular disease, in addition</td>
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<td>to Type 2 diabetes. The majority of participants (88%) had a formal</td>
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<td>or informal supporter involved in their diabetes care, but level</td>
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<td>and consistency of support varied greatly. Post hoc exploratory</td>
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<td>analyses showed a significant association between BMI and self-reported</td>
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<td>mood, satisfaction with diet and weight. Conclusions: We found high</td>
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<td>obesity and low physical activity levels in people with intellectual</td>
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<td>disability and Type 2 diabetes. Glycaemic control was no worse than</td>
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<td>in the general Type 2 diabetes population. Increased risk of morbidity</td>
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<td>in this population is less likely to be attributable to poor glycaemic</td>
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<td>control and is probably related, at least in part, to greater</td>
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<td>prevalence of obesity and inactivity. More research, focused on</td>
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<td>weight management and increasing activity in this population, is</td>
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<td>Saeideh Saeidi</td>
<td>Mary Seacole award winner says nurses need to consider how they can</td>
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<td>improve services for patients from culturally diverse backgrounds.</td>
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<td>Most of us experience a mental health issue at some point in our lives,</td>
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<td>but what happens to those who have poor access to mental health</td>
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<td>services or those who delay seeking help due to poor experience of</td>
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<td>care and a lack of trust in mental health services? Opinion piece</td>
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<td>P Panchal, J Scholl, N</td>
<td>Mood instability and reward processing: daily remote monitoring as</td>
<td>European Neuropsychopharmacology Volume28, Supplement 1, Pages 588-589</td>
<td>Mar-18</td>
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<tr>
<td>Nelissen, D Sanders, D</td>
<td>a modern phenotyping tool for bipolar disorder. Introduction: Mood</td>
<td>English</td>
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<td>Darby, M Rushworth, P Harrison,</td>
<td>instability is a prominent feature of bipolar disorder (BD) and other</td>
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<td>C Nobre and C Harmer</td>
<td>affective disorders [1]. Recent research has begun to highlight a</td>
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<td>strong association between mood instability and cognitive processing,</td>
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<td>particularly within the decision-making and reward-processing domain,</td>
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<td>suggesting the ability for mood to bias perception of reward and loss,</td>
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<td>and to induce risk-taking behaviour [2,3]. However, whilst this has</td>
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<td>provided an interesting first-line understanding of the phenomenology</td>
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<td>Journal Article Available from ScienceDirect (<a href="http://www.sciencedirect.com">www.sciencedirect.com</a>)</td>
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Effectiveness of systemic family therapy versus treatment as usual for young people after self-harm: a pragmatic, phase 3, multicentre, randomised controlled trial

Background: Self-harm in adolescents is common and repetition occurs in a high proportion of these cases. Scarce evidence exists for effectiveness of interventions to reduce self-harm.

Methods: This pragmatic, multicentre, randomised, controlled trial of family therapy versus treatment as usual was done at 40 UK Child and Adolescent Mental Health Services (CAMHS) centres. We recruited young people aged 11–17 years who had self-harmed at least twice and presented to CAMHS after self-harm. Participants were randomly assigned (1:1) to receive manualised family therapy delivered by trained and supervised family therapists or treatment as usual by local CAMHS. Participants and therapists were aware of treatment allocation; researchers were masked.

The primary outcome was hospital attendance for repetition of self-harm in the 18 months after group assignment. Primary and safety analyses were done in the intention-to-treat population. The trial is registered at the ISRCTN registry, number ISRCTN59793150.

Findings: Between Nov 23, 2009, and Dec 31, 2013, 3554 young people were screened and 832 eligible young people consented to participation and were randomly assigned to receive family therapy (n=415) or treatment as usual (n=417). Primary outcome data were available for 795 (96%) participants. Numbers of hospital attendances for repeat self-harm events were not significantly different between the groups (118 [28%] in the family therapy group vs 103 [25%] in the treatment as usual group; hazard ratio 1·14 [95% CI 0·87–1·49] p=0·33). Similar numbers of adverse events occurred in both groups (787 in the family therapy group vs 847 in the treatment as usual group).

Interpretation: For adolescents referred to CAMHS after self-harm, having self-harmed at least once before, our family therapy intervention conferred no benefits over treatment as usual in reducing subsequent hospital attendance for self-harm. Clinicians are therefore still unable to recommend a clear, evidence-based intervention to reduce repeated self-harm in adolescents.

A Needs-led Framework for Understanding the Impact of Caring for a Family Member With Dementia

Background and Objectives: Approximately half the care for people with dementia is provided by families. It is therefore imperative that research informs ways of maintaining such care. In this study, we propose that a needs-led approach can provide a useful, novel means of conceptualising the impact of caring on the lives of family carers. Our aim was to develop and present a needs-led framework for understanding how providing care impacts on carers’ fulfilment of needs.

Design and Methods: In this qualitative study, we conducted 42 semistructured interviews with a purposively diverse sample of family carers to generate nuanced contextualized accounts of how caring impacted on carers’ lives. Our inductive thematic analysis focused upon asking: “What need is being impacted here?” in order to generate a needs-led framework for understanding.

Results: Nine themes were widely endorsed. Each completed the sentence: “Being a carer impacts on fulfilling my need to/for….”: Freedom; feel close to my relative; feel in control of my life; be my own person; protect my relative; share/express my thoughts and feelings; take care of myself; feel connected to the people around me; get things done.

Discussion and Implications: These needs echo those from other research areas, with relational needs emerging as particularly central. The needs-led approach offers a perspective that is able to capture both stresses and positive aspects of caregiving. We recommend that clinical interviewing using Socratic questioning to discover human needs that are being impacted by caring would provide a valuable starting point for care planning.
| Mar-18 | A feasibility study for NO-Traditional providers to support the management of Elderly People with Anxiety and Depression: The NOTEPAD study Protocol. | Trials; Mar 2018; vol. 19 (no. 1); p. 172 | English | Background: Anxiety and depression are common among older people, with up to 20% reporting such symptoms, and the prevalence increases with co-morbid chronic physical health problems. Access to treatment for anxiety and depression in this population is poor due to a combination of factors at the level of patient, practitioner and healthcare system. There is evidence to suggest that older people with anxiety and/or depression may benefit both from one-to-one interventions and group social or educational activities, which reduce loneliness, are participatory and offer some activity. Non-traditional providers (support workers) working within third-sector (voluntary) organisations are a valuable source of expertise within the community but are under-utilised by primary care practitioners. Such a resource could increase access to care, and be less stigmatising and more acceptable for older people. Methods: The study is in three phases and this paper describes the protocol for phase III, which will evaluate the feasibility of recruiting general practices and patients into the study, and determine whether support workers can deliver the intervention to older people with sufficient fidelity and whether this approach is acceptable to patients, general practitioners and the third-sector providers. Phase III of the NOTEPAD study is a randomised controlled trial (RCT) that is individually randomised. It recruited participants from approximately six general practices in the UK. In total, 100 participants aged 65 years and over who score 10 or more on PHQ9 or GAD7 for anxiety or depression will be recruited and randomised to the intervention or usual general practice care. A mixed methods approach will be used and follow-up will be conducted 12 weeks post-randomisation. Discussion: This study will inform the design and methods of a future full-scale RCT. | Journal Article | Medline | Available from BioMed Central in Trials Journals (trialsjournal.biomedcentral.com) |

<p>| Eirini Karyotaki, Lise Kemmeren, Heleen Riper, Jos Twisk, Adriaan Hoogendoorn, Annet Kleiboer, Adriana Mira, Andrew Mackinnon, Björn Meyer, Cristina Botella, Elizabeth Littlewood, Gerhard Andersson, Helen Christensen, Jan P Klein, Johanna Schröder, Juana Bretón-López, Justine Scheider, Kathy Griffiths, Louise Flamer, Marcus J H Huibers, Rachel Phillips, Simon Gilbody, Steffen Montz, Thomas Berger, Victor | Is self-guided internet-based cognitive behavioural therapy (iCBT) harmful? An individual participant data meta-analysis. | Psychological medicine; Mar 2018; p. 1-11 | English | Background: Little is known about potential harmful effects as a consequence of self-guided internet-based cognitive behaviour therapy (iCBT), such as symptom deterioration rates. Thus, safety concerns remain and hamper the implementation of self-guided iCBT into clinical practice. We aimed to conduct an individual participant data (IPD) meta-analysis to determine the prevalence of clinically significant deterioration (symptom worsening) in adults with depressive symptoms who received self-guided iCBT compared with control conditions. Several socio-demographic, clinical and study-level variables were tested as potential moderators of deterioration. Methods: Randomised controlled trials that reported results of self-guided iCBT compared with control conditions in adults with symptoms of depression were selected. Mixed effects models with participants nested within studies were used to examine possible clinically significant deterioration rates. Results: Seventeen out of 16 eligible trials were included in the present IPD meta-analysis. Of the 3805 participants analysed, 7.2% showed clinically significant deterioration (5.8% and 9.1% of participants in the intervention and control groups, respectively). Participants in self-guided iCBT were less likely to deteriorate (OR 0.62, p &lt; 0.001) compared with control conditions. None of the examined participant- and study-level moderators were significantly associated with deterioration rates. Conclusions: Self-guided iCBT has a lower rate of negative outcomes on symptoms than control conditions and could be a first step treatment approach for adult depression as well as an alternative to watchful waiting in general practice. | Journal Article | Medline | Available from Cambridge Core (<a href="http://www.cambridge.org/Core">www.cambridge.org/Core</a>) |
| March 2018 | Identifying perinatal depression with case-finding instruments: a mixed-methods study (BaBY PaNDA – Born and Bred in Yorkshire PeriNatal Depression Diagnostic Accuracy) | Health Services and Delivery Research, No. 6.6, February 2018 | English | Background: Perinatal depression is well recognised as a mental health condition but &lt; 50% of cases are identified in routine practice. A case-finding strategy using the Whooley questions is currently recommended by the National Institute for Health and Care Excellence. Objectives: To determine the diagnostic accuracy, acceptability and cost-effectiveness of the Whooley questions and the Edinburgh Postnatal Depression Scale (EPDS) to identify perinatal depression. Design: A prospective diagnostic accuracy cohort study, with concurrent qualitative and economic evaluations. Setting: Maternity services in England. Participants: A total of 391 pregnant women. Main outcome measures: Women completed the Whooley questions, EPDS and a diagnostic reference standard (Clinical Interview Schedule – Revised) during pregnancy (20 weeks) and postnatally (3–4 months). Qualitative interviews were conducted with health professionals (HPs) and a subsample of women. Results: Diagnostic accuracy results: depression prevalence rates were 10.3% during pregnancy and 10.5% postnatally. The Whooley questions and EPDS (cut-off point of ≥ 10) performed reasonably well, with comparable sensitivity (pregnancy: Whooley questions 85.0%, 95% confidence interval (CI) 70.2% to 94.3%; EPDS 82.5%, 95% CI 67.2% to 92.7%; postnatally: Whooley questions 85.7%, 95% CI 69.7% to 95.2%; EPDS 82.9%, 95% CI 66.4% to 93.4%) and specificity (pregnancy: Whooley questions 83.7%, 95% CI 79.4% to 87.4%; EPDS 86.6%, 95% CI 82.5% to 90.0%, postnatally: Whooley questions 80.6%, 95% CI 75.7% to 84.9%; EPDS 87.6%, 95% CI 83.3% to 91.1%). Diagnostic accuracy of the EPDS (cut-off point of ≥ 13) was poor at both time points (pregnancy: sensitivity 45%, 95% CI 29.3% to 61.5%; specificity 95%, 95% CI 83% to 92.2% and 97.7% postnatally: sensitivity 62.9%, 95% CI 44.9% to 78.5%, and specificity 95.7%, 95% CI 92.7% to 97.7%). Qualitative evaluation: women and HPs were supportive of screening/case-finding for perinatal depression. The EPDS was preferred to the Whooley questions by women and HPs, however, sensitivity was lower for EPDS than for the Whooley questions. Conclusion: The Whooley questions and EPDS are suitable case-finding instruments for perinatal depression but require improvements in terms of sensitivity. | Journal Article | Available from National Center for Biotechnology Information (<a href="http://www.ncbi.nlm.nih.gov">www.ncbi.nlm.nih.gov</a>) |
| Feb-18 | Mental Health Act reform must include carers | The Lancet Psychiatry, February 2018, Volume 6, No. 2, pages 108–109 | English | What have you done to my son? He is supposed to be here to get better, but just look at the state of him, I'm sorry but I have no choice. I'm going to discharge him.” This is a conversation all too familiar to those of us who work on inpatient mental health wards, and one that frequently precedes painful legal and personal conflict between clinician and carer. | Journal Article | Available from The Lancet Journals (<a href="http://www.thelancet.com/journals">www.thelancet.com/journals</a>) |
| Feb-18 | Experiences of mental health nursing staff working with voice hearers in an acute setting: An interpretive-phenomenological approach | Psychiatric and Mental Health Nursing, Early View (Online Version of Record published before inclusion in an issue) Feb 2018 | English | 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 (HCSWs) 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.” | Journal Article | Available from Wiley Online Library (onlinelibrary.wiley.com) |</p>
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<td>Kay Radcliffe, Clara Masterson and Carol Martin.</td>
<td>Clients' experience of non-response to psychological therapy: A qualitative analysis</td>
<td>Feb-18</td>
<td>English</td>
<td>Objective: The evidence is that therapy only works for some. This study aimed to explore clients' subjective experience of non-improvement, specifically how do participants who feel they have not benefited from psychological therapy describe the experience and make sense of their therapy? Method: 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 interpretive phenomenological analysis. Results: Participants described a process, beginning with their difficulties, negative feelings about themselves, and initial hopes and anxieties for therapy. Once in therapy, participants described overwhelming feelings of losing control and being judged. They described attempts to manage this, using self-censoring and compliance. After therapy, while most could identify some gain, they felt disappointed and that they were having to 'make do'. The sense of not having succeeded or being sufficiently deserving of further input, in turn, reinforced participants' initial negative self-beliefs. Conclusion: Although participants identified themselves as not having improved through therapy, the accounts suggested more complexity. All participants reported detrimental effects and accounts contained qualified, thoughtful descriptions of these experiences: participants acknowledged some gains, even though they felt that therapy had not met their expectations.</td>
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<td>Barry Wright, Danielle Moore, Josie Smith and Tim Richardson.</td>
<td>The Use of Audiological Classification Systems. International Journal on Mental Health and Deafness</td>
<td>Jan-18</td>
<td>English</td>
<td>The classification of deafness is used in audiological departments internationally. Reports are made about the levels of deafness and profiles of individual clients. These are used in many services throughout the world as thresholds to boundary access to services. Thresholds are also commonly applied in research methodologies. This paper highlights the large variation between classification systems of hearing loss. This has wide ranging implications for access to services and the interpretation of research findings. Six commonly used classification systems of hearing impairment use the same descriptive terms (e.g. 'mild', 'moderate', 'severe', and 'profound') but all six apply differing decibel threshold criteria to define these terms. This paper argues that practitioners, researchers, policymakers and service users need to have greater awareness of these differences and how they are used to gate keep services. Improved systems for gate keeping services should be developed. Audiological thresholds should be a small part of wider assessments of sensory profiles, quality of life and communication assessments and any functional consequences.</td>
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<td>Saeideh Saeidi and Richard Wall</td>
<td>The case for mental health support at a primary care level</td>
<td>Jan-18</td>
<td>English</td>
<td>Purpose: Severe mental illness affects a significant number of people and, if left untreated, leads to poor quality of life and disability. Many of the aspirations proposed for new models of care assert that better preventative services, closer integration between professionals, and increased access to cognitive behavioural therapy in primary care will bring substantial benefits and improved outcomes. The purpose of this paper is to explore the benefits of integrating mental health services into primary care, and improving collaboration between secondary services and primary care. There is a transition underway in healthcare whereby a focus on illness is being supplemented with, or refocused towards achieving better patient well-being. New approaches to service provision are being proposed that: focuses on more holistic outcomes; integrates services around the user; and employs innovative system techniques to incentivise professional and organisational collaboration. Such a transition must be inclusive of those with mental health needs managed in primary care and for those people with serious mental illness in secondary care. Design/methodology/approach: This paper discusses the issues of professional collaboration and the need to provide mental healthcare in a continuous and coordinated manner and; how this may improve timely access to treatment, early diagnosis and intervention. Importantly, it is essential to consider the limitations and reality of recent integration initiatives, and to consider where the true benefit of better integrating mental health into a more collaborative system may lie. Findings: Identifying and addressing issues of parity is likely to call for a new approach to service provision that: focuses on outcomes; co-designs services integrated around the user; and employs innovative contracting techniques to incentivise provider integration.</td>
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Successful Knowledge and Objective: To examine the knowledge and attitudes of gastroenterologists towards individuals with eating disorders.

Methods: A national study comparing the characteristics of patients diagnosed with schizophrenia who committed homicide vs. those who died by suicide. The study is a national case series of male patients in England & Wales diagnosed with schizophrenia and convicted of homicide during 1997–2012 (n = 168), and a randomly selected comparison group of male patients with schizophrenia who died by suicide and who were matched to the homicide case series by age (n = 777). There are different patterns of behaviour in people with schizophrenia preceding homicide and suicide. Homicide perpetrators have frequently disengaged with services whilst patients who die by suicide are often in recent contact. This is important knowledge for clinicians, researchers and the public.

Discussion: The study makes a significant contribution to the evidence base of real-world cases of successful recruitment to RCTs and offers practical guidance to those planning and conducting trials. Building positive relationships between clinicians, researchers and participants is crucial to successful recruitment.

Results: Alongside having a dedicated trial manager and trial management team, we identified three main themes that led to successful recruitment. These were: clinicians with a positive attitude to research; researchers and clinicians working together; and the use of NHS targets. The overriding theme was the importance of relationships between both the researchers and the recruiting clinicians and the recruiting clinicians and the participants.

Conclusions: This study makes a significant contribution to the evidence base of real-world cases of successful recruitment to RCTs and offers practical guidance to those planning and conducting trials. Building positive relationships between clinicians, researchers and participants is crucial to successful recruitment.

Background: Randomised controlled trials (RCT) can struggle to recruit to target on time. This is especially the case with hard to reach populations such as those with severe mental ill health. The SCIMITAR+ trial, a trial of a bespoke smoking cessation intervention for people with severe mental ill health achieved their recruitment ahead of time and target. This article reports strategies that helped us to achieve this with the aim of aiding others recruiting from similar populations.

Methods: SCIMITAR+ is a multi-centre pragmatic two-arm parallel-group RCT, which aimed to recruit 400 participants with severe mental ill health who smoke and would like to cut down or quit. The study recruited primarily in secondary care through community mental health teams and psychiatrists with a smaller number of participants recruited through primary care. Recruitment opened in October 2015 and closed in December 2016, by which point 526 participants had been recruited. We gathered information from recruiting sites on strategies which led to the successful recruitment in SCIMITAR+ and in this article present our approach to trial management along with the strategies employed by the recruiting sites.

Results: Alongside having a dedicated trial manager and trial management team, we identified three main themes that led to successful recruitment. These were: clinicians with a positive attitude to research; researchers and clinicians working together; and the use of NHS targets. The overriding theme was the importance of relationships between both the researchers and the recruiting clinicians and the recruiting clinicians and the participants.

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Conclusions: This study makes a significant contribution to the evidence base of real-world cases of successful recruitment to RCTs and offers practical guidance to those planning and conducting trials. Building positive relationships between clinicians, researchers and participants is crucial to successful recruitment.
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 prescribed medications. 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.

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 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.
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<td>Anuradha Menon</td>
<td>Identifying Barriers to Available from the University Trials Journal</td>
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<td>Dec-17</td>
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<td>Rationale, aims and objectives: Patient-reported outcome measures (PROMs) are gaining increasing attention within TIGA-CUB – 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 humankind 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 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. ...</td>
<td>Correspondence</td>
<td>Available from BJPsych Bulletin (pb.rcpsych.org)</td>
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<td>Elizabeth Edginton, Lynda Ellis and Tom Hughes</td>
<td>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</td>
<td>BioMed Central Trials, volume 18:431</td>
<td>Dec-17</td>
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<td>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.</td>
<td>Peer review</td>
<td>Available from Trials Journal at BioMed Central (trialsjournal.biomedcentral.com)</td>
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<td>Andria Hanbury</td>
<td>Identifying Barriers to the Implementation of Patient-Reported Outcome Measures Using a Theory-Based Approach</td>
<td>European Journal for Person Centered Healthcare 2017 Vol 5 Issue 1 pp 35-44</td>
<td>Dec-17</td>
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<td>Methods: Staff perceptions of relative advantage and the compatibility with norms and complexity of using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEPMS) 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.</td>
<td>Journal Article</td>
<td>Available from the University of Buckingham press journals (ubp.com)</td>
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Brian Kelly, Stefan Williams, Sylvie Collins, Faisal Mushtaq, Mark Mon-Williams, Barry Wright, Dan Mason and John Wright

Nov-17

The association between socioeconomic status and autism diagnosis in the United Kingdom for children aged 5–8 years of age: Findings from the Born in Bradford cohort.

Autism, 23(1), pp.131-140.

English

The recent interest in the relationship between socioeconomic status and the diagnosis of autism in children. Studies in the United States have found lower rates of autism diagnosis associated with lower socioeconomic status, while studies in other countries report no association, or the opposite. This article aims to contribute to the understanding of this relationship in the United Kingdom. Using data from the Born in Bradford cohort, comprising 13,857 children born between 2007 and 2011, it was found that children of mothers educated to A-level or above had twice the rate of autism diagnosis. 1.5% of children (95% confidence interval: 1.1%, 1.9%) compared to children of mothers with lower levels of education status 0.7% (95% confidence interval: 0.6%, 0.9%). No statistically significant relationship between income status or neighbourhood material deprivation was found after controlling for mothers education status. The results suggest a substantial level of underdiagnosis for children of lower education status mothers, though further research is required to determine the extent to which this is replicated across the United Kingdom. Tackling inequalities in autism diagnosis will require action, which could include increased education, awareness, further exploration of the usefulness of screening programmes and the provision of more accessible support services.

Journal Article

Available from eThesis (theses.whiterose.ac.uk)

Charlotte Berry

Nov-17

Exploring the Experience of Living with Young Onset Dementia

None

English

Introduction: Research into the experiences of those with a diagnosis of young onset dementia is extremely limited and the research that does exist tends to be loss oriented. The current study aimed to explore the full spectrum of lived experience of those with young onset dementia, whilst considering the unique impact of diagnosis at a younger age and the possibility of personal growth.

Method: Five individuals took part in semi-structured interviews within which they were invited to bring along anything that helped them to share their experiences. Each participants transcribed interviews were then analysed using Interpretative Phenomenological Analysis (IPA). A group level analysis was conducted and subordinate and subordinate themes were identified. Results: Four superordinate themes emerged: ‘Fear’, ‘Anger’, ‘Sadness’, ‘Contentment’ from which a further thirteen subordinate themes were identified. The findings indicated that participants experienced feelings of fear and vulnerability in response to their diagnosis. Participants felt angry that they did not have a voice, not enough was being done for those with dementia and they were being stereotyped. Participants also spoke of a more depressive state of mind in which they grieved for their past self, experienced isolation and loneliness, and feelings of hopelessness and despair. 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 equanimity. A critical appraisal of the strengths and limitations of this study were explored along with clinical implications. Future areas of research were also considered.

Thesis

Available from eTheses (theses.whiterose.ac.uk)

Helen L Brooks

Karina Lovell

Penny Bee

Caroline Sanders

Anne Rogers

Nov-17

Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers

Health Expectations: An International Journal of Public Health Care and Health Policy, Early View (Online Version of Record published before inclusion in an issue)

English

Background: It has been established that mental health-care planning does not adequately respond to the needs of those accessing services. Understanding the reasons for this and identifying whose needs care plans serve requires an exploration of the perspectives of service users, carers and professionals within the wider organizational context.

Objective: To explore the current operationalization of care planning and perceptions of its function within mental health services from the perspectives of multiple stakeholders.

Settings and participants: Participants included 21 mental health professionals, 29 service users and 4 carers from seven Mental Health Trusts in England. All participants had experience of care planning processes within secondary mental health-care services.

Methods: Fifty-four semi-structured interviews were conducted with participants and analysed utilizing a qualitative framework approach.

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.

Journal Article

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

Kay Radcliffe, Elaine McMullan and Jo Ramsden

Kay Radcliffe, Elaine McMullan and Jo Ramsden

Nov-17

Developing offender manager competencies in completing case formulations: An evaluation of a training and supervision model

Sage Journals: Probation Journal, November 2017

English

The Offender Personality Disorder (OPD) pathway is a national initiative which co-commissions health and probation to inform service delivery within the Offender Personality Disorder pathway.

Psychologically informed support is expected to augment the current provision for this client group alongside workforce training. The impact of training offender managers (OM) is uncertain and previous research has indicated training may be limited in its effectiveness. This paper examines the impact of a training and supervision model on the quality of formulations produced by offender managers and suggests that a model which teaches formulation through repeated consultation or the live supervision of practice leads to enhanced competencies in completing case formulations. The paper evaluates the quality of formulations produced by offender managers who have had their practice developed through repeated consultation with the OPD pathway (OPDOMs) in comparison with a generic group of offender managers. OPDOMs who have had the longest period of supervision with the project produced the highest quality formulations. The paper acknowledges a number of limitations but suggests that the model under scrutiny may usefully inform service delivery within the Offender Personality Disorder pathway.

Journal Article

Available from Sage Journals (journals.sagepub.com)
### Donna Kemp, Ruth Brown, Kat Munn and Vikki Wilford

**Nov-17**

**Care programme approach**

**Fundamentals of Mental Health Nursing: An Essential Guide for Nursing and Healthcare Students, Nov 2017, Chapter 23 ‘Mental health and adults’**

**English**

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 plan documentation more meaningful to service users. Box 23.1 is an adapted version of the result.

### Barry Wright, Malini Pires, Barry Wright, Paul Kaye and Rachel C Churchill

**Oct-17**

**The impact of leishmaniasis on mental health and psychosocial well-being: A systematic review**


**English**

**Background**

Leishmaniasis is a neglected tropical parasitic disease endemic in South Asia, East Africa, Latin America and the Middle East. It is associated with low socioeconomic status (SES) and responsible for considerable mortality and morbidity. Reports suggest that patients with leishmaniasis may have a higher risk of mental illness (MI), psychosocial morbidity (PM) and reduced quality of life (QoL), but this is not well characterised. The aim of this study was to conduct a systematic review to assess the reported impact of leishmaniasis on mental health and psychosocial wellbeing.

**Methods**

A systematic review of the literature was carried out. Pre-specified criteria were applied to identify publications including observational quantitative studies or systematic reviews. Two reviewers screened all of the titles, abstracts and full-studies and a third reviewer was consulted for disagreements. Data was extracted from papers meeting the criteria and quality appraisal of the methods was performed using the Newcastle-Ottawa Scale or the Risk of Bias in Systematic Review tool.

**Results**

A total of 14 studies were identified from 12,517 records. Nine cross-sectional, three case-control, one cohort study and one systematic review were included. Eleven assessed MI outcomes and were measured with tools specifically designed for this; nine measured PM and 12 measured QoL using validated measurement tools. Quality appraisal of the studies showed that six were of good quality. Cutaneous leishmaniasis and post kala-azar dermal leishmaniasis showed evidence of associated MI and PM including depression, anxiety and stigma, while all forms of disease showed decreased QoL. The findings were used to inform a proposed model and conceptual framework to show the possible links between leishmaniasis and mental health outcomes.

### Max Henderson, Samuel B Harvey, Min-Jung Wang, Sarah Dorrington, Max Henderson, lra Madan, Stephani L 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. 682 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.
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<tr>
<td>A Window into Supervision: An examination of the experience of Clinical Psychology Trainees and their Supervisors using Interpersonal Process recall and Grounded Theory Analysis.</td>
<td>Mark Norburn</td>
<td>Oct-17</td>
<td>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 Interpersonal Process Recall (IPR) 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 trainee perspective, developmental context: drivers behind supervisor perspective, competency capability, 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.</td>
<td>English</td>
<td>Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</td>
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<td>The impact of reformulation on insight and symptom change in cognitive analytic therapy</td>
<td>Rebecca Anne Tyrer</td>
<td>Oct-17</td>
<td>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 their delivery of CAT-specific tools. Participating clients were asked to complete 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 taken 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.</td>
<td>English</td>
<td>Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</td>
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Alice Stanford.  
**Oct-17**  
**Shared decision-making between people with experience of psychosis and mental health professionals: A discourse analysis.**  
**Background**  
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 interpersonal, 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 experiences 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.

| Claire Surr and Cara Gates | Oct-17 | What works in delivering dementia education or training to hospital staff? A critical synthesis of the evidence | **International Journal of Nursing Studies**  
**Volume 75, October 2017, Pages 172-186** | **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 dementia 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), HMIC (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 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 context.  

Sarah Talari  
**Oct-17**  
**Investigating a serious incident - a personal perspective**  
**BJPsych Bulletin**  
**2017 Oct; 41(5): 297–298**  
I am a higher trainee in psychiatry. Like most of my colleagues in the National Health Service (NHS), the very thought of a serious incident (SI) occurring at any time in my career fills me with unease. So when a helpful senior suggested that I could take part in an investigation to understand the process better, I eagerly accepted. Thus began what would become an eye-opening special interest session.
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<tr>
<td>Johnny Lovell</td>
<td>Sep-17</td>
<td>Sharing Lived Experience with Service Users in Mental Health Interventions</td>
<td>English</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>
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<td>Lee Marklew</td>
<td>Sep-17</td>
<td>Making sense of Community Treatment Orders: the service-user experience</td>
<td>English</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 Brenman, Anja Hiddinga and Barry Wright</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>
<td>Available from Springer Link link.springer.com</td>
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<td>Barry Wright Fiona Patterson, Fran Cousans, Helena Edwards, Anna Rosselli, Sandra Nicholson and Barry Wright</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>
<td>Available from Academic Medicine journals.lww.com/academicmedicine</td>
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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.

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<0.0006) and in the pre-CAMI score compared to the post-CAMI score (p<0.0042).

DESIGN: A King’s College London Undergraduate Psychiatry Society event to challenge the stigma attached to mental health problems in post-natal women.
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Ahmed Hankir, Bruce Kirkcaidy, Frederick R Carrick, Asad Sadiq and Rashid Zaman

Sep-17

The performing arts and psychological well being.

Psychiatra Danubina, Sept 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 commotion, 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 healthcare 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 supports the claim 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.

Journal Article


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

Sep-17

Part II: Muslim perceptions of British combat troops.

Psychiatra Danubina, Sept 2017, issue 29 (Suppl 3) pages 173-178

BACKGROUND:

On the 22nd May 2017, suicide bomber Salman Abedi detonated an improvised explosive device (IED) in the Manchester Arena killing 22 people and injuring 116 others. Following the ‘massacre in Manchester’, the leader of the Labour Party, Jeremy Corbyn, linked UK foreign policy with terrorism on British soil. Controversial and contentious though Corbyn’s claims may be, the terrorists themselves have also reported that what motivates them to carry out their abominable atrocities are British military operations in Muslim majority countries. Indeed, on the 22nd May 2013, British serviceman, Lee Rigby, was brutally attacked and killed by Michael Adebolajo and Michael Adebowale near the Royal Artillery Barracks in Woolwich, southeast London. The perpetrators of this heinous act told passers-by at the scene that they wanted to avenge the killing of Muslims by the British Armed Forces.

METHODS:

We conducted a cross-sectional, mixed-methods study on Muslim perceptions of British combat troops and UK foreign policy. Participants were selected by purposive sampling. We crafted a survey that explored Muslim perceptions of the British military and the government’s foreign policy. Response items were on a Likert-scale and there was white space for free text comments which were subjected to thematic analyses.

RESULTS:

16/16 (100%) respondents reported that resource and financial deficits were the most common barriers that contributed and colluded 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 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.

Journal Article


Ahmed Hankir, Frederick R Carrick and Rashid Zaman.

Sep-17

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

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

The rise of radicalisation, the ‘demonization’ of Muslims in the media and the immigration crisis in Europe have all contributed and colluded 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 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.

Journal Article


Ahmed Hankir, Calum McKeil, Issatwi 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, Sept 2017, issue 29 (Suppl 3) pages 157-163

The Lancet, February 2018, Volume 391, Special Issue, S8,

English

The Baq’a refugee camp is the largest in Jordan, home to some 104,000 Palestine refugees. Barriers to accessing and consuming mental health services in Arab refugees are well documented in the literature however few studies have been conducted hitherto to identify barriers for Palestine refugees with psychological problems residing in refugee camps in Jordan.

AIM:

To identify the barriers to accessing and consuming mental health services for Palestine 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 Palestine 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 available from The Lancet (www.thelancet.com/journals).

RESULTS:

16/16 (100%) respondents reported that resource and 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 major barriers identified.

Journal Article

Available from The Lancet Journals (www.thelancet.com/journals)
Miranda Thew, Fiona Bell and Eithne Flanagan

**BACKGROUND:** Dementia is a common comorbidity in older people admitted to general hospital. People with dementia have a high prevalence of psychological symptoms, pain and delirium downstream. However, how hospital healthcare professionals identify and manage them were underutilised. It was hypothesised that encouraging healthcare professionals to review of 116 case notes of people with dementia admitted to hospital was undertaken. The results suggested a discrepancy between observed and expected psychological symptoms, delirium, and pain, and that existing systems used to identify and manage them were underutilised. It was hypothesised that encouraging healthcare professionals to identify distress, rather than specific symptoms, may be a simple and sensitive method for improving the recognition of psychological symptoms, pain and delirium downstream. However, how hospital healthcare professionals identify distress in dementia patients was previously undescribed.

Ahmed Hankir, Hannah Pendegast, Frederick R Carrick and Rashid Zaman

**RESULTS:** 18/150 (12%) of participants completed the pre-post RIBS scale and pre-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=0.0262) 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).

**DISCUSSION:** To the best of our knowledge, the FOSIS Dublin Study is the first intervention study on mental health stigma in Muslim communities to be published. The results of our study provide provisional support that a ‘bespoke’ Muslim mental health conference comprised of talks and workshops by experts in mental health, scholars in Islam and a lecture delivered by a Muslim with first-hand experience of a mental health problem are associated with reductions in stigma. More robust research with a longitudinal study design, larger sample sizes and a control group are needed to determine if such events can cause a sustained reduction in mental health stigma in Muslim communities.

**JOURNAL ARTICLE**

Available from Sage Journals (journals.sagepub.com)

**AUTHOR:** Miranda Thew, Fiona Bell and Eithne Flanagan

**ARTICLE:** Social prescribing: An emerging area for occupational therapy

**JOURNAL:** British Journal of Occupational Therapy

**VOLUME:** 2017, Vol. 80(9) S23-S24

**ABSTRACT:** Social prescribing has been used in some form in the National Health Service (NHS) since the 1990s, but in recent years there has been increased interest and investment by the United Kingdom (UK) government to include a wider range of community interventions and activities (NHS England, 2014). Social prescribing links people, through a general practitioner (GP), nurse or other primary care referral, to local non-medical and social welfare support agencies in the community that provide activities and social interactions that may benefit health. Social prescribing particularly targets populations facing significant social, economic or psychological risk factors that themselves contribute to many preventable diseases and conditions.

**JOURNAL ARTICLE**


**AUTHOR:** Ahmed Hankir, Hannah Pendegast, Frederick R Carrick and Rashid Zaman

**ARTICLE:** The Federation of Student Islamic Societies programme to challenge mental health stigma in Muslim communities in Ireland: The FOSIS Dublin study

**JOURNAL:** Psychiatria Danubina, Sept 2017 vol 29 (Suppl 3) pages 279-284

**ABSTRACT:** Mental health problems are common in Muslim communities however due to fear of exposure to stigmatization many people in this group continue to suffer in silence despite the availability of effective treatment. The Federation of Student Islamic Societies (FOSIS) organized the first ever Muslim mental health conference in Ireland to challenge the stigma attached to mental health problems in Muslims and to encourage care seeking in this group. As far as the authors are aware there are no intervention studies on mental health stigma in Muslim communities reported in the literature.

**JOURNAL ARTICLE**

Available from eTheses (theses.whiterose.ac.uk)

**AUTHOR:** George Crowther

**ARTICLE:** Dementia Inpatient Therapy and Distressed Study

**JOURNAL:** British Journal of Occupational Therapy

**VOLUME:** 2017, Vol. 80(9) S23-S24

**ABSTRACT:** Social prescribing has been used in some form in the National Health Service (NHS) since the 1990s, but in recent years there has been increased interest and investment by the United Kingdom (UK) government to include a wider range of community interventions and activities (NHS England, 2014). Social prescribing links people, through a general practitioner (GP), nurse or other primary care referral, to local non-medical and social welfare support agencies in the community that provide activities and social interactions that may benefit health. Social prescribing particularly targets populations facing significant social, economic or psychological risk factors that themselves contribute to many preventable diseases and conditions.

**JOURNAL ARTICLE**

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Decreasing rates of Emily Peckham, Available from BioMed

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.

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 Cochrane 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.

An NHS trust providing specialist mental health services has put in place a smoke-free policy and supported staff to either abstain from smoking while at work or stop smoking completely. This article describes the intervention, which was carried out by specially trained smoking cessation advisers, and discusses its outcomes so far. Among staff who had signed up to a four-week attempt at quitting, half achieved their goal. Critically, the intervention – which was offered to all staff, both clinical and non-clinical – reached nurses who can play a crucial role in persuading service users to try to stop smoking.
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.
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<td>Lisa Joanne Maltman and Emma Lucy Turner</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</td>
<td>English</td>
<td>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.</td>
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<td>Tom Hughes, Johanna Taylor, Jan R Böhnke, Judy Wright, Ian Keller, Sarah L Alderson, Tom Hughes, 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</td>
<td>English</td>
<td>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.</td>
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Importance  There is little evidence to guide management of depressive symptoms in older people.

Objective  To evaluate whether a collaborative care intervention can reduce depressive symptoms and prevent more severe depression in older people.

Design, Setting, and Participants  Randomized clinical trial conducted from May 24, 2011, to November 14, 2014, in 32 primary care centers in the United Kingdom among 705 participants aged 65 years or older with Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) subthreshold depression; participants were followed up for 12 months.

Interventions  Collaborative care (n=344) was coordinated by a case manager who assessed functional impairments relating to mood symptoms. Participants were offered behavioral activation and completed an average of 6 weekly sessions. The control group received usual primary care (n=361).

Main Outcomes and Measures  The primary outcome was self-reported depression severity at 4-month follow-up on the 9-item Patient Health Questionnaire (PHQ-9; score range, 0-27). Included among 10 prespecified secondary outcomes were the PHQ-9 score at 12-month follow-up and the proportion meeting criteria for depressive disorder (PHQ-9 score ≥10) at 4- and 12-month follow-up.

Results  The 705 participants were 58% female with a mean age of 77 (SD, 7.1) years. Four-month retention was 83%, with higher loss to follow-up in collaborative care (82/344 [24%]) vs usual care (37/361 [10%]). Collaborative care resulted in lower PHQ-9 scores vs usual care at 4-month follow-up (mean score with collaborative care, 5.36 vs with usual care, 6.67; mean difference, −1.31; 95% CI, −1.95 to −0.67; P < .001). Treatment differences remained at 12 months (mean PHQ-9 score with collaborative care, 5.93 vs with usual care, 7.25; mean difference, −1.33; 95% CI, −2.10 to −0.55). The proportions of participants meeting criteria for depression at 4-month follow-up were 17.2% (45/262) vs 23.5% (76/324), respectively (difference, −6.3% [95% CI, −12.8% to 0.2%]; relative risk, 0.83 [95% CI, 0.61-1.12]; P = .25) and at 12-month follow-up were 15.7% (37/235) vs 27.8% (79/284) (difference, −12.1% [95% CI, −19.1% to −5.1%]; P = .004).

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<td>What are the key elements of cognitive analytic therapy for psychosis? A Delphi study</td>
<td>Peter Taylor, Sarah Jones, Christopher Huntley and Claire Seddon.</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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<td>Penny Spikins and Barry Wright</td>
<td>Computerised Cognitive Behavioural Therapy for Depression in Adolescents: Feasibility Results and 4-Month Outcomes of a UK Randomised Controlled Trial</td>
<td>Jan-17</td>
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<td>James Johnston</td>
<td>The Royal College of Psychiatrists strategy document Thinking Cradle to Grave: Developing Psychotherapeutic Medicine and Psychiatry (Johnston, 2015) describes an education strategy for the development of psychotherapeutic medicine and psychotherapeutic psychiatry in the UK from medical school through to senior postgraduate levels for psychiatrists. It aims to enhance the therapeutic relationships of doctors with patients by placing the therapeutic attitude towards the patient of both nascent and experienced doctors at the centre of continuing professional development (CPD). The 'cradle to grave' lifelong metaphor emphasises the importance of repeated renewal and reflection about the relationship between doctor and patient throughout doctors' careers. The Cradle to Grave education strategy offers a foundation in psychotherapeutic development for all medical students, regardless of future specialties. Psychotherapeutic medicine is the bedrock of psychotherapeutic psychiatry at core and higher training levels, which is built on in therapeutic continuity for consultants and specialists in their personal and professional development as experienced psychiatrists.</td>
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<td>Barry Wright, Lucy Tindall and Shehzad Ali</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 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>Penn Smith and Anna Madill</td>
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<td>Innovation* Research and Development Newsletter, 27, 10-11.</td>
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<td>Barry Wright</td>
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<td>Are there alternative adaptive strategies to human pro-sociability? The role of collaborative morality in the emergence of personality variation and autistic traits</td>
<td>Journal Time and Mind The Journal of Archaeology, Consciousness and Culture, Nov 2016, Volume 8, Issue 4, Pages 289-313</td>
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Barry Wright  
Dec-16  
A guide to Writing Social Stories: Step-by-Step Guidelines for Parents and Professionals  
Jessica Kingsley Publishers, 2016  
English  
 SOCIAL STORIES â® are a widely used and highly effective intervention for supporting children on the autism spectrum, but it can feel overwhelming to follow all the rules put in place to create personalised stories. Developed with the input of parents and professionals, and informed by new Social Stories research, this is a comprehensive, clear, easy step-by-step guide to writing effective personalised Social Stories â® that give children social information, creating many benefits for them.  
The book includes many examples of real Social Stories created for children by parents and teachers working together, and handy downloadable checklists that highlight the essential components of a Social Story, helping to ensure that each story you write achieves the best possible results.

Barry Wright and Danielle Varley  
Dec-16  
Social stories in mainstream schools for children with autism spectrum disorder: a feasibility randomised controlled trial  
BMJ Journals, Volume 6, Issue 8  
English  
OBJECTIVES To assess the feasibility of recruitment, retention, outcome measures and intervention training/delivery among teachers, parents and children. To calculate a sample size estimation for full trial.  
Design A single-centre, unblinded, cluster feasibility randomised controlled trial examining Social Stories delivered within a school environment compared with an attentional control.  
Setting 37 primary schools in York, UK.  
Participants 50 participants were recruited and a cluster randomisation approach by school was examined. Participants were randomised into the treatment group (n=23) or a waiting list control group (n=27).  
Outcome measures Acceptability and feasibility of the trial, intervention and of measurements required to assess outcomes in a definitive trial.  
Results An assessment of the questionnaire completion rates indicated teachers would be most appropriate to complete the primary outcome measure. 2 outcome measures: the Social Responsiveness Scale (SRS)-2 and a goal-based measure showed both the highest levels of completion rates (above 80%) at the primary follow-up point (6 weeks postintervention) and captured relevant social and behaviour outcomes. Power calculations were based on these 2 outcome measures leading to a total proposed sample size of 180 participant groups.  
Conclusions Results suggest that a future trial would be feasible to conduct and could inform the policy and practice of using Social Stories in mainstream schools.

Barry Wright  
Dec-16  
Does preoperative depression and/or serotonin transporter gene polymorphism predict outcome after laparoscopic cholecystectomy?  
BMJ Journals, Volume 6, Issue 9  
English  
OBJECTIVE To determine whether preoperative psychological depression and/or serotonin transporter gene polymorphism are associated with poor outcomes after the common procedure of laparoscopic cholecystectomy.  
Design Patients undergoing laparoscopic cholecystectomy were genotyped for the serotonin transporter gene 5-HTTLPR polymorphism and assessed for psychological morbidity before and 6 weeks after surgery. The main outcome was postoperative depression; secondary outcomes included fatigue, perceived pain, quality of life and subjective perception about return to usual.  
Results Full genetic and psychological data were obtained from 273 out of 330 patients consented to the study (82% female). Significantly fewer people with preoperative depression (Beck Depression Inventory (BDI) score >5) had returned to employment (57% vs 86%, p<0.001) or made a full recovery (11% vs 44%, p<0.001) 6 weeks after surgery. Independent predictors for subjective return to usual after surgery included preoperative depression, body mass index and postoperative pain scores. Independent predictors of postoperative depression included preoperative antidepressant use and preoperative depression. SS genotype was associated with use of antidepressants preoperatively and higher anxiety levels after surgery. However, it was not associated with other salient postoperative psychosocial outcomes.  
Conclusions Depressive psychological morbidity preoperatively, pain and body mass index appear to be important factors in predicting recovery after this common surgical procedure. There may be a place to include preoperative brief psychological screening to enable targeted support. Our results suggest that the serotonin transporter gene is unlikely to be a useful clinical predictor of outcome in this group.

Barry Wright and Danielle Varley  
Dec-16  
Evolving the service model for child and adolescent mental health services  
Journal of Hospital Administration, Volume 6, Issue 1, pages 34-42  
English  
A new model for a community mental health service for children and young people aged 0-18 years is described. This has been formulated after multi-level consultation including extensive user/carer involvement. The proposed model is multidisciplinary and integrated with multiagency provision, with smooth access onto and through care pathways. This model brings voluntary and statutory agencies into an integrated collaboration. It reinforces that social and emotional development and psychological functioning is everybody's business and creates conditions where a child's needs can be addressed on a day-to-day basis rather than through a "clinic-based model".
Background: NHS specialist chronic fatigue syndrome (CFS/ME) services in England treat approximately 8000 adult patients each year. Variation in therapy 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, plus 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 952 patients, of whom 440 (46.2%) provided 1-year follow-up data. Treatment data were available for 436/440 (98.9%) of these patients, of whom 175 (40.2%) were 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% (153/418), '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.

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How useful are the Adult Asperger Assessment and AQ-10 within an adult clinical population of all intellectual abilities?

Prakash Hosalli

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.

Design/methodology/approach – Results were obtained for all patients who had received a clinical decision at Leeds Autism Diagnostic Service, which is a service that assesses patients of all intellectual ability, during 2015, n=214. Of these 132 were included in the analysis, 77 patients were excluded for not completing the AAA and four were excluded for not receiving a clinical decision.

Findings – Results suggest that patients diagnosed with ASD without intellectual disabilities score on average 55 on the AQ, 17 on the EQ and 20 on the RQ. Those not diagnosed with ASD score on average 33 on the AQ, 22 on the EQ and 15 on the RQ. Patients with intellectual disabilities, scores are lower on the AQ, and higher on the EQ and RQ than those without intellectual disabilities. These results are the same regardless of diagnosis of ASD. The RQ is the only questionnaire to result in a significant difference between those diagnosed and not diagnosed. Results suggest that the AQ-10 is not useful in this clinical population.

Research limitations/implications – This study was undertaken as part of a service development improvement process. The specific demographics of this clinical population may have influenced the findings. The process will need to be repeated to ensure that the results are consistent across time and increased sample size. The population of patients with an intellectual disability is small, further studies into the use of the AAA or the design of other intellectual disability specific screening tools should be pursued. It is of note that the AAA was never intended for use within an intellectual disability population.

Originality/value – This is an original paper as it will be the first to consider the usefulness of each of the aspects of the AAA collectively. It will be the first to assess: the AQ-10 alongside the AAA, the usefulness of the AAA regardless of intellectual ability and the usefulness of the AAA within a clinical population by using the diagnostic outcome as the benchmark of the usefulness of the AAA scores. This paper will only be discussing the scores generated by the AAA, and the correlation of those scores with a diagnostic outcome at Leeds Autism Diagnostic Service.

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<td>Tom Hughes, Federica Marino-Frances and Alice Locker</td>
<td>Unrecognised bipolar disorder among UK primary care patients prescribed antidepressants: An observational study</td>
<td>Dec-16</td>
<td>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 10.0%. 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.</td>
<td>British Journal of General Practice, February 2016</td>
<td>Vol.66(4371-4377)</td>
<td>0960-1643</td>
<td>February 2016</td>
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<td>Dr Amy M Russell</td>
<td>What to do when you have Type 2 diabetes: An easy read guide</td>
<td>Dec-16</td>
<td>An updated guide to Type 2 diabetes aimed at people who have a learning disability is now available to download from the Diabetes UK website. The booklet has been funded by the National Institute for Health Research. The booklet came about as part of an ongoing research project called OK Diabetes based at the University of Leeds, aimed at helping people with a mild to moderate learning disability manage their Type 2 diabetes. The research team worked with CHANGE, a human rights organisation led by disabled people, and Diabetes UK to update the booklet and make it more relevant and easier to understand. Tracy Kelly, Head of Care at Diabetes UK, said: “We are pleased that the booklet is current and is tailored for people who have learning disabilities to use as part of their standard diabetes care. We hope it will provide them with the information they need to manage their condition well.” Dr Amy Russell, OK Diabetes Research Co-ordinator, said: “The people with learning disabilities we interviewed struggled to understand technical language and detailed explanations about things like their pancreas. They wanted a physical booklet they could hold on to that told them what diabetes meant to them in their lives in clear terms.”</td>
<td>Diabetes UK, Resources, Learning Disabilities website</td>
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<td>Julie Swallow</td>
<td>Understanding Cognitive Screening Tools: Navigating Uncertainty in Everyday Clinical Practice</td>
<td>Dec-16</td>
<td>Swallow explores the role of low-technological 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. The chapter concludes by reflecting on how the case of the CQUIN might inform the ways in which diagnostic innovation overall is dealt with responsibly.</td>
<td>Emerging Technologies for Diagnosing Alzheimer’s Disease Part of the series Health, Technology and Society pp 123-139</td>
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<td>Nicholas Magill, Charlotte Rhind, Rebecca Hibbs, Elizabeth Goddard, Pamela Macdonald, John F Morgan, Jennifer Beecham, Ulrike Schmidt, Sabine Landau and Janet Treasure</td>
<td>Two-year Follow-up of a Pragmatic Randomised Controlled Trial Examining the Effect of Adding a Carer’s Skill Training Intervention in Inpatients with Anorexia Nervosa.</td>
<td>Dec 16</td>
<td>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.</td>
<td>European eating disorders review : the journal of the Eating Disorders Association, Mar 2016, vol. 24, no. 2, p. 122-130, 1099-0968</td>
<td>March 2016</td>
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Oct-16

Social storiesTM to alleviate challenging behaviour and social difficulties exhibited by children with autism spectrum disorder in mainstream schools: Design of a manualised training toolkit and feasibility study for a cluster randomised controlled trial with nested qualitative and cost-effectiveness components


English

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 phase 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 were also recruited. Interventions: The intervention was a goal-setting session followed by a manualised toolkit (including a training session) 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.

Barry Wright, Lisa Hackney and Chris Williams.

South London and Maudsley NHS Foundation Trust.

Oct-16

SaFaRI: sacral nerve stimulation versus the FENIXTM magnetic sphincter augmentation for adult faecal incontinence: a randomised investigation


English

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 receive either SNS or FENIXTM MSA. Participants will be followed up at 2 weeks post-surgery and at 6, 12 and 18 months post-randomisation. 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.

David Protheroe

Annabelle E. Williams, Julie Croft, Vicky Napp, Neil Corrigan, Julia M Brown, Clare Hulme, Steven R Brown, Jen Lodge, David Protheroe and David G Jayne.

Oct-16

Non-prescription medicine misuse, abuse and dependence: a cross-sectional survey of the UK general population


English

Background - Non-prescription medicines (NPMs) can be misused, abused or lead to dependence, but the prevalence of these problems within the UK general population was unknown. The aim of this study was to estimate the prevalence of self-reported misuse, abuse and dependence to NPMs.

Methods - A cross-sectional postal survey was sent to 1000 individuals aged ≥18 randomly drawn from the UK Electoral Register. Results - A response rate of 43.4% was achieved. The lifetime prevalence of NPM misuse was 19.3%. Lifetime prevalence of abuse was 4.1%. Younger age, having a long-standing illness requiring regular NPM use and ever having used illicit drugs or legal highs were predictive of misuse/abuse of NPMs. In terms of dependence, lifetime prevalence was 2% with 0.8% currently dependent and 1.3% dependent in the past. Dependence was reported with analgesics (with and without codeine), sleep aids and nicotine products.

Conclusion - Given the increasing emphasis on self-care and empowering the public to manage their health with NPMs, the findings highlight the need for improved pharmacovigilance of these medicines to maximize benefits with minimal risk. Healthcare providers need to be aware of the potential for misuse, abuse and dependence, particularly in patients with long-term illness.

Niamh A Fingleton, Margaret C Watson, Eilidh M Duncan and Catriona Matheson.

Oct-16

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Exploring why 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 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/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 & Sons Ltd.
This report explores the management of eating disorders in psychiatric inpatient settings, with a focus on the serious risk of refeeding 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.

Objective: patterns of substance misuse are changing with the emergence of novel psychoactive substances, abuse and internet drug purchasing were more common in individuals who engaged in binge-purge behaviours and in those who had ever abused substances had bought them online. Novel psychoactive substance misuse, 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.

Background International research demonstrates that LGBT1 youth are at much higher risk of suicide and self-harm. 3) managing sexual orientation and gender identity across multiple areas of life; 4) being the most frequently abused. 56% (n=40) had a history of prescription drug abuse whilst 28% (n=19/68) of those who had ever abused substances had bought them online. Novel psychoactive substance misuse, prescription drug abuse and internet drug purchasing were more common in individuals who engaged in binge-purge behaviours and in those who had a history of deliberate self-harm.

Discussion: the use of novel psychoactive substances, prescription drug abuse and internet drug purchasing appear to be common in eating disorders and clinicians should be aware of their physical and psychological complications so that they can educate patients about their risks.
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.
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<td>Bar-ry Wright and Lucy Tindall</td>
<td>Dec-16</td>
<td>Computerised cognitive–behavioural therapy for depression in adolescents: feasibility results and 4-month outcomes of a UK randomised controlled trial</td>
<td>English</td>
<td>Objectives Computer-administered cognitive–behavioural therapy (CBT) 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>Dec-16</td>
<td>Exploring curiosity in nursing practice in the NHS</td>
<td>English</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 U.K. NHS Trusts. Purposeful 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>
<td>Thesis</td>
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<td>Alexandros Chatziargakis and Gearoid Fitzgerald</td>
<td>Dec-16</td>
<td>Psychiatry Core Trainees’ Perception of Homophobia in Psychoanalytic Psychotherapy: A Preliminary Survey</td>
<td>English</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>
<td>Journal article</td>
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The Effectiveness of Available from Wiley Online
Producing accessible information for people with intellectual disabilities has been seen as a priority for the past 20
People with severe mental illness (SMI) have reduced life expectancy compared with the general population, which can
Available from Plos One
Are we good and are
Purpose: Leeds autism diagnostic service is an adult autism diagnostic service for people of any intellectual ability
The Evidence for Available from Emerald
Rebekah Joy Sutherland and Tom Isherwood
Dec-16
The Evidence for Easy-Read for People With Intellectual Disabilities: A Systematic Literature Review
English
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.

Tom Isherwood
Rebekah Joy Sutherland and Tom Isherwood
Dec-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
English
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 this 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?

Alison Jane Stansfield, Alyn Kam and Conor James Davidson
Alison Jane Stansfield, Alyn Kam, Tara Baddams, Bethany Woodrow, Emma Roberts, Bhavika Patel and Conor James Davidson.
Nov-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
English
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 review and meta-regression 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 = 4052). Both pharmacological (mean difference (MD), -0.11mmol/L; 95% confidence interval (CI), [-0.19, -0.02]) and behavioural interventions (MD, -0.28mmol/L; 95% CI, [-0.43, -0.12], p = 0.01, n = 2536) were effective in lowering fasting glucose, but not HbA1c (pharmacological MD, -0.03%; n = 956; 95% CI, [0.12, 0.06], p = 0.52, n = 1915; behavioural MD, 0.18%; 95% CI, [0.07, 0.42], p = 0.16, n = 140) compared with usual care or placebo. In subgroup analysis of pharmacological interventions, metformin and antipsychotic 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.

Alison Jane Stansfield, Alyn Kam and Conor James Davidson
Alison Jane Stansfield, Alyn Kam, Tara Baddams, 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
English
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 this 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?

Prakash Hossali and Tom Hughes
Johanna Taylor, Brendon Stubbs, Catherine Hewitt, Ionzi A Aljan, Sarah L Alderson, Simon Gilbody, Richard I G Holt, Prakash Hossali, Tom Hughes, Tarron Kayalackakom, Ian Kellar, Helen Lewis, Neda Mahmoodi, Kirstine McDermid, Robert D Smith, Judy M Wright and Najma Siddiq
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
English
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 review and meta-regression 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 = 4052). Both pharmacological (mean difference (MD), -0.11mmol/L; 95% confidence interval (CI), [-0.19, -0.02], p = 0.02, n = 2536) and behavioural interventions (MD, -0.28mmol/L; 95% CI, [-0.43, -0.12], p = 0.01, n = 2536) were effective in lowering fasting glucose, but not HbA1c (pharmacological MD, -0.03%; n = 956; 95% CI, [0.12, 0.06], p = 0.52, n = 1915; behavioural MD, 0.18%; 95% CI, [0.07, 0.42], p = 0.16, n = 140) compared with usual care or placebo. In subgroup analysis of pharmacological interventions, metformin and antipsychotic 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.
<p>| R &amp; D | Cathryn Rodway, Louis Appleby, Nav Kapur, Jennifer Shaw, Pauline Turnbull, Sadiq Ibrahim, Su Gwan Tham and Jessica Raphael | Aug 16 | Suicide in children and young people in England: a consecutive case series | The Lancet Psychiatry. 2016; Vol. 3, No. 8. pp. 751-769 | English | 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 Apr 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 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 18-19 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 [26%]), 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 (38 [29%]). 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. | Journal Article | Available from eThesis (<a href="http://www.etheses.whiterose.ac.uk">www.etheses.whiterose.ac.uk</a>) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bethan Davies | Bethan Davies | Dec-15 | The gender dilemma | Reformulation, Summer 2015 (Issue 44) pp. 10-11. | English | 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 personally and developmentally might enable us to consider gender in a realistic and open-minded way. We can see 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-set or binary) and able to accept and work with a spectrum of people who may not all fit with traditional expectations. | Journal Article | Available from the Association for Cognitive Analytic Therapy (<a href="https://www.acat.me.uk">https://www.acat.me.uk</a>) |
| Mahbub Khan | Mahbub Khan | Dec-15 | A Qualitative Investigation of the Conceptualisation of Psychosis in People of a Muslim Faith | Not available | English | 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 personally and developmentally might enable us to consider gender in a realistic and open-minded way. We can see 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-set or binary) and able to accept and work with a spectrum of people who may not all fit with traditional expectations. | Thesis | Available from eThesis (<a href="http://www.etheses.whiterose.ac.uk">www.etheses.whiterose.ac.uk</a>) |
| Laura Drage | Laura Drage | Dec-15 | How does a therapist respond to resistance and what impact does this have on the client? An analysis of speech in Motivational Interviewing based treatment sessions for alcohol misuse | Not available | English | Background: There is an emerging evidence base of in-session process research in Motivational Interviewing (MI). Investigations have mostly taken place in the USA, have progressed from frequency to sequential analysis, and focused on change talk and change outcomes. Research focusing on how a therapist behaves in the presence of counter-change talk is rare but pertinent, since managing resistance is a central feature of the MI model. This investigation aims to discover if and how MI-specific therapist strategies affect immediate client counter-change talk. Method: Secondary analysis of 50 recorded MI sessions from a British randomised controlled trial were rated using a sequential behavioural coding manual for speech. Baseline counter-change talk was identified and subsequent therapist MI-consistent (MICO) behaviours were the most commonly observed. Strong to moderate predictive relationships were found between: MICO therapist behaviours and client change talk; MI-inconsistent (MIIN) behaviours and counter-change talk; and therapist-other behaviours and client-other ambivalence, and a weak, negative predictive relationship was found between MIIN behaviours and client ambivalence. Ambivalence results indicate, but cannot evidence, an increase in change talk. 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. | Thesis | Available from White Rose ETheses Online (<a href="http://www.etheses.whiterose.ac.uk">www.etheses.whiterose.ac.uk</a>) |</p>
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<td>Alston Jane Stansfield, Rebecca E A Walwyn, Amy M Russell, Louise D Bryant, Amanda J Farrin, Alexandra M Wright-Hughes, Elizabeth H Graham, Claire Hulme, John L O'Dwyer, Gary J Latchford, Alison Jane Stansfield, Dinesh Naq, Ramzi A Ajan and Allan O House</td>
<td>Dec-15</td>
<td>Supported self-management for adults with type 2 diabetes and a learning disability (OK Diabetes): study protocol for a randomised controlled feasibility trial</td>
<td>BMC Psychiatry, 2015, Volume 15, Number 1, Page 4</td>
<td>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 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.</td>
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<td>Tim Branton, Liam Trewhick, Ron Harsh McAllister Williams, Andrew Blamire, Tim Branton, Ross Clark, Darragh Downey, Graham Dunn, Andrew Easton, Rebecca Elliott, Clare Ellwell, Katherine Hayden, Fiona Holland, Salman Karim, Jo Lowe, Colleen Loo, Rajesh Nair, Timothy Oakley, Antony Prakash, Parveen K Sharma, Stephen R Williams and Ian M Anderson</td>
<td>Dec-15</td>
<td>Study protocol for the randomised controlled trial: Ketamine augmentation of ECT to improve outcomes in depression (Ketamine-ECT study)</td>
<td>BMC Psychiatry, 2015, Volume 15, Number 1, Page 4</td>
<td>Background: There is a robust empirical evidence base supporting the acute efficacy of electroconvulsive therapy (ECT) for severe and treatment resistant depression. However, a major limitation, probably contributing to its declining use, is that ECT is associated with impairment in cognition, notably in anterograde and retrograde memory and executive function. Preclinical and preliminary human data suggests that ketamine, used either as the sole anaesthetic agent or in addition to other anaesthetics, may reduce or prevent cognitive impairment following ECT. A putative hypothesis is that ketamine, through antagonising glutamate receptors, protects from excess excitatory neurotransmitter stimulation during ECT. The primary aim of the ketamine-ECT study is to investigate whether adjunctive ketamine can attenuate the cognitive impairment caused by ECT. Its secondary aim is to examine if ketamine increases the speed of clinical improvement with ECT. Methods: Design: The ketamine ECT study is a multi-site randomised, placebo-controlled, double blind trial. It was originally planned to recruit 160 moderately to severely depressed patients who had been clinically prescribed ECT. This recruitment target was subsequently revised to 100 patients due to recruitment difficulties. Patients will be randomly allocated on a 1:1 basis to receive either adjunctive ketamine or saline in addition to standard anaesthesia for ECT. The primary neuropsychological outcome measure is anterograde verbal memory (Hopkins Verbal Learning Test-Revision delayed recall task) after 4 ECT treatments. Secondary cognitive outcomes include verbal fluency, autobiographical memory, visuospatial memory and digit span. Efficacy is assessed using observer and self-report efficacy measures of depressive symptomatology. The effects of ECT and ketamine on cortical activity during cognitive tasks will be studied in a sub-sample using functional near-infrared spectroscopy (fNIRS). Discussion: The ketamine-ECT study aims to establish whether or not adjunctive ketamine used together with standard anaesthesia for ECT will significantly reduce the adverse cognitive effects observed after ECT. Potential efficacy benefits of increased speed of symptom improvement and a reduction in the number of ECT treatments required will also be assessed, as will safety and tolerability of adjunctive ketamine. This study will provide important evidence as to whether adjunctive ketamine is routinely indicated for ECT given for depression in routine NHS clinical practice.</td>
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<td>Christian Hosker</td>
<td>The Experience and Meaning of Relationships for People with Psychosis in a Rehabilitation Service: An Interpretative Phenomenological Approach</td>
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<td>R A Smith, Barry Wright and Sophie Bennett</td>
<td>Hallucinations and Illusions in migraine in children and the Alice in Wonderland Syndrome.</td>
<td>Design A prospective observational study over 1 year.</td>
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<td>Alwyn Kam, Frances Needham and Alison Jane Stansfield</td>
<td>Psychosocial Palliative Care</td>
<td>European Journal of Palliative Care, vol./is. 22/3(151-151), 13522779</td>
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<td>Connor James Davidson, Alwyn Kam, Frances Needham and Alison Jane Stansfield</td>
<td>No exclusions - developing an autism diagnostic service for adults irrespective of intellectual ability</td>
<td>Advances in Autism, Volume 1, issue 2 pp. 66-78</td>
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<td>Barry Wright</td>
<td>Purpose - Autism is a spectrum condition, yet many autism services limit access based on IQ score. The department of Health 2009 enabled enthusiastic clinicians in Leeds with a strong interest in autism to apply for funding to develop an adult IQ adult autism diagnostic service and here we present the experience. The paper aims to discuss this issue.</td>
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Occurrence of psychotic experiences is common amongst adolescents in the general population. Twin studies suggest that a third to a half of variance in adolescent psychotic experiences is explained by genetic influences. Here we test the extent to which common genetic variants account for some of the twin-based heritability. Psychotic experiences were assessed with the Specific Psychotic Experiences Questionnaire in a community sample of 2156 16-year-olds. Self-reported measures of Paranoia, Hallucinations, Cognitive Disorganization, Grandiosity, Anhedonia, and Parent-rated Negative Symptoms were obtained. Estimates of SNP heritability were derived and compared to the twin heritability estimates from the same sample. Three approaches to genome-wide restricted maximum likelihood (GREML) analyses were compared: (1) standard GREML performed on full genome-wide data; (2) GREML stratified by minor allele frequency (MAF); and (3) GREML performed on pruned data. The standard GREML revealed a significant SNP heritability of 20 % for Anhedonia (SE = 0.12; p < 0.046) and an estimate of 19 % for Cognitive Disorganization, which was close to significant (SE = 0.13; p < 0.059). Grandiosity and Paranoia showed modest SNP heritability estimates (17 %; SE = 0.13 and 14 %; SE = 0.13, respectively, both n.s.), and zero estimates were found for Hallucinations and Negative Symptoms. The estimates for Anhedonia, Cognitive Disorganization and Grandiosity accounted for approximately half the previously reported twin heritability. SNP heritability estimates from the MAF-stratified approach were mostly consistent with the standard estimates and offered additional information about the distribution of heritability across the MAF range of the SNPs. In contrast, the estimates derived from the pruned data were for the most part not consistent with the other two approaches. It is likely that the difference seen in the pruned estimates was driven by the loss of tagged causal variants, an issue fundamental to this approach. The current results suggest that common genetic variants play a role in the etiology of some adolescent psychotic experiences, however further research on larger samples is desired and the use of MAF-stratified approach recommended.
M T Jubb and J J Evans.

Background/Aims: To examine the validity of Addenbrooke's Cognitive Examination III (ACE-III) in detecting early dementia in memory clinic patients aged over 75 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.

Lillian Tober, Helen Crosby and Duncan Raistrick

Dec-15

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


Background/aims: To examine the relative feasibility, acceptability, applicability, effectiveness and 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, Katie Ivenson-Leean and 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

Background/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 rated 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 Saeideh Saedi

Dec-15

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


Background/aims: 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.

Methods: BodyWise (N = 50) versus treatment as usual (N = 40) were compared on standardised 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 its wider dissemination as a precursor to more active body image interventions.
| Author(s)        | Dec-15 | Study presents limited assessment of pharmacotherapy for alcohol use disorders | Evidence Based Mental Health, 01 February 2015, vol./iss. 18/1(16-16), 13620347 | English | What is already known on this topic
In relapse prevention pharmacotherapies for the treatment of addiction problems, the effects on outcome are modest compared with other influences (such as patient characteristics, active follow-up and social stability) and complicated by the effects of psychosocial interventions that are always recommended alongside any prescribing.2

What this paper adds
The analysis provides an update on disulfram, naltrexone and acamprosate trials reporting on predominantly drinking categories by effect size and number needed to treat but without indicators of clinical meaningfulness. The analysis was for trials with an abstinence goal: the evidence supported, but could not differentiate between, naltrexone and acamprosate—it did not support disulfram.

The paper identifies some small studies of new drugs, but typically these lacked adequate data for analysis; moreover, only 6 of 123 studies were rated as low risk of bias, and the mix of psychosocial interventions added to uncertainties of effectiveness.

Unusually, numbers needed to harm are reported. The harms are generally mild: anxiety, diarrhoea and vomiting with acamprosate; …

| Author(s)        | Dec-15 | Translation into British Sign Language and validation of the Strengths and Difficulties Questionnaire | Health Services and Delivery Research Volume 3, Issue 2, February 2015, DOI: 10.3310/hsdr03020 | English | 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 the 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/oral 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 DOI: 10.3310/hsdr03020 HEALTH SERVICES AND DELIVERY RESEARCH 2015 VOL. 3 NO. 2 © Queen’s Printer and Controller of HMSO 2015. This work was produced by Roberts et al. under the terms of a commissioning contract issued by the Secretary of State for Health. This issue may be freely reproduced for the purposes of private research and study and extracts (or indeed, the full report) may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research.

Last updated: August 2020 Next revised date: February 2021
Barry Wright
Rachel Richardson, Dominic Tripel, Amanda Perry, Shehzad Ali, Steven Duffy, Rhian Gabe, Simon Gilbody, Julie Glanville, Catherine Hewitt, Laura Manea, Stephen Palmer, Wright, Barry Wright and Dean McMillan.

Dec-15
Screening for psychological and mental health difficulties in young people who offend: a systematic review and decision model.

Health Technology Assessment, 01 January 2015, vol./is. 19/1(1-128), 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; 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, 26 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
data on screening for mental health problems.

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 include 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 trials (RCTs) of parenting 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 pool of RCTs 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). Of this focused around interventions improving maternal sensitivity, 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 data. Twenty-six studies reported inter-rater reliability, with 24 reporting a level of 0.7 or above. Cronbach's alphas 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.
A bipolar II cohort (ABC): The association of functional disability with gender and rapid cycling


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 is because of failure to record prior episodes of mania, not failure to identify hypomania.

Amanda J Edmondson, Cathy A Brennan and Allan O House.

Dec-15

Non-suicidal reasons for self-harm: A systematic review of self-reported accounts.


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 to intend 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.

African House

Ghazaal M, Shaista Meer, David Cottrell, Dean McMillan, T Shiun House and Jonathan W Kanter.

Dec-15

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 emphasising 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 require 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 recommendations. Copyright 2015 The Authors. Published by Elsevier B.V. All rights reserved.

Jo Ramsden

C Logan and J Ramsden.

Dec-15

Working in partnership: Making it happen for high risk personality disordered offenders


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 delivered 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 outlines the services in which the authors are involved, describing their initiation and operation. 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 most of collaborative working across the PD pathway in England and Wales.
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<tr>
<td>Stephen Linacre, Suzanne Heywood Everett, Vishal Sharma and Andrew J Hill.</td>
<td>Comparing carer wellbeing: implications for eating disorders</td>
<td>Dec-15</td>
<td>Mental Health Review Journal, Vol. 20 Iss: 2, pp.105 - 118</td>
<td>Purpose – 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 reported 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>
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<td>Anne Cooper and Alison Inglehearn</td>
<td>Perspectives: Managing professional boundaries and staying safe in digital spaces.</td>
<td>Dec-15</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 ‘See, 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>
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<td>James Johnston, Vikram S Luthra, Lackson Mzizi and Alastair Cardno</td>
<td>Medical psychotherapy consultation: psychoanalytic psychiatry for the patient and professional</td>
<td>Dec-15</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>
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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>Dec-15</td>
<td>Psychoanalytic Psychotherapy, October 2015, vol/iss. 28/4:330-342,</td>
<td>Crisis resolution and home treatment teams (CRHT) are integral to acute psychiatric services. This survey quantities 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 in conceptualising ‘skins’ around various aspects of the clinical setting, which then become semipermeable in response to a patient in crisis when clinicians feel poorly supported by the changing organisation.</td>
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Last updated: August 2020 Next revised date: February 2021
Nadia Ekong, Mags Portman, Jennifer Murira, John Roche, Charles Philip and Janet Wilson

**Club drug use, sexual behaviour and STI prevalence in sexual health clinic attendees in a UK city**


**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 ≥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, sexually, 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 ≥25 years. Self-perceived risky sex was higher in MSM than heterosexuals using methaphone (OR4.38 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 2 months in heterosexual CD users and non-users was the same, but CD users were more likely to have >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 = 0.941 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 was not associated with a higher prevalence of STI. STI acquisition is multifactorial and is not solely determined by CD use.

Allan House, Sarah L Alderson, Robbie Foy and Allan House.

**Understanding depression associated with chronic physical illness: a Q-methodology study in primary care.**

British Journal of General Practice, Jun 2015, vol. 65, no. 635, p. e401. (journals.bmj.com)

**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 no 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 personalise management. British Journal of General Practice 2015.

Prof John H. Geddes, Alexandra Gardiner, Jennifer Rendell, Merryn Voysey, Elizabeth Wasbridge, Christopher Hinds, Ly-Mee Yu, Jane Hainsworth, Mary Jane Attenburrow, Prof Judit Simon, Prof Guy M Goodwin and Prof Paul J Harrison

**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

**Background** - Depressive symptoms are a major cause of disability in bipolar disorder and there are few 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 EUdraCT, 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=0.004), 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.

Journal: Lancet
Lancet Available from The Lancet: Psychiatry (www.thelancet.com)

Journal: Conference Abstract
EMBASE Available from Bmj journals (journals.bmj.com)
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<tr>
<td>Tomes, Supporting Self-Harm</td>
<td>Supporting Self-Harm</td>
<td>2015</td>
<td>English</td>
<td>Not available</td>
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<td>Alston Jane Stansfield</td>
<td>Supported self-management for adults with type 2 diabetes and a learning disability (OK-Diabetes): study protocol for a randomised controlled feasibility trial</td>
<td>2015</td>
<td>English</td>
<td>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 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. Trial registration: Current Controlled Trials ISRCTN41897033 (registered 21 January 2013). Keywords: Randomised controlled trial, Self-management, Learning disability, Type 2 diabetes</td>
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<td>Alexandra Wright-Hughes, Elizabeth Graham, Amanda Farrin, Michelle Collinson, Paula Boston, Ivan Eiser, Sarah Fortune, Jonathan Green, Allan House, David Owens, Mima Simic, Sandy Tabeuf, Jane Nixon, Christopher McCabe, Michael Kerfoot and David Cotrell</td>
<td>Self-Harm Intervention: Family Therapy (SHIFT), a study protocol for a randomised controlled trial of family therapy versus treatment as usual for young people seen after a second or subsequent episode of self-harm.</td>
<td>2015 Nov 4:16:501</td>
<td>English</td>
<td>Background: Self-harm is common in the community with a lifetime prevalence of 13 %, it is associated with an elevated risk of overall mortality and suicide. People who harm themselves are high users of public services. Estimates of the 1-year risk of repetition vary between 5 and 15 % per year. Currently, limited evidence exists on the effectiveness of clinical interventions for young people who engage in self-harm. Recent reviews have failed to demonstrate any effect on reducing repetition of self-harm among adolescents receiving a range of treatment approaches. Family factors are particularly important risk factors associated with fatal and non-fatal self-harm among children and adolescents. Family therapy focuses on the relationships, roles and communication patterns between family members, but there have been relatively few studies of specifically family-focused interventions with this population. The Self-Harm Intervention: Family Therapy (SHIFT) Trial was funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme (grant no. 07/33/01) following a commissioned call for this research. Methods/Design: SHIFT is a pragmatic, phase III, multicentre, individually randomised, controlled trial comparing Family Therapy (FT) with treatment as usual (TAU) for adolescents aged 11 to 17 who have engaged in at least two episodes of self-harm. Both therapeutic interventions were delivered within the National Health Service (NHS) Child and Adolescent Mental Health Services (CAMHS) in England. Participants and therapists were, of necessity, aware of treatment allocation, but the researchers were blind to the allocations to allow unbiased collection of follow-up data. Primary outcome data (repetition of self-harm leading to hospital attendance 18 months post-randomisation) were collected from the Health and Social Care Information Centre (HSIC), augmented by directed searches of medical records at Acute Trusts. Secondary outcome data (including suicidal intent, depression, hopelessness and health economics) were collected at 12 and 18 months post-randomisation via researcher-participant interviews and by post at 3 and 6 months. Discussion: SHIFT will provide a well-powered evaluation of the clinical and cost effectiveness of Family Therapy for young people who have self-harmed on more than one occasion. The study will be reported in 2016, and the results will inform clinical practice thereafter.</td>
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| Dr Robert Baskind, Dr Joe Johnson and Anneka Tomlinson. | Dec-14 | Neurocognitive deficits in adult ADHD: preclinical and clinical studies | English | 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.

Methods: Two groups of adult ADHD participants (n=79) and a group of healthy control participants (n=31) with no history of ADHD were recruited. The ADHD group included patients not yet taking medication (group 1, n=41) and patients stable on medication (group 2, n=38). Each participant completed the Emotion Recognition Task (ERT) and four further neuropsychological tasks from the Cambridge Automated Neuropsychological Test Battery (CANTAB). Finally, 15 participants from group 1 were followed up after commencing treatment on methylphenidate (approximately 8-12 weeks later) and the emotion recognition and sustained attention tasks were repeated.

Results: Adult ADHD patients not currently taking medication showed deficits in recognising sadness, anger, fear and disgust compared with controls. Anger recognition proved to be a specific deficit in social perception whereas sadness, disgust and fear were influenced by deficits in attention and working memory. Patients currently on medication made less recognition errors but still showed deficits recognising disgust and anger compared with controls. Methylphenidate normalised the recognition of the negative emotions (sadness, anger, fear, disgust), improvements in attention accounted for the improvements in sadness, fear and disgust recognition but not anger recognition.

Conclusions: Unmedicated adults with ADHD have deficits in recognising negative emotions. Adults stable on ADHD medication have reduced deficits compared with unmedicated patients. Methylphenidate improves emotion recognition deficits in adults with ADHD.

| David Yeomans. | Dec-14 | Clustering in mental health payment by results: A critical summary for the clinician | English | Mental health payment by results (PMB) 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.

| William Ryhs Jones and John F Morgan | Dec-14 | Balancing risk requires a balanced approach: Commentary on...Severe and enduring eating disorders: Recognition and management | English | Patients have with information technology they may be treated effectively, more widely and earlier in their illness evolution using computer administered CBT (CBT). Current 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 >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 treatment as usual. Each participant will complete the Emotion Recognition Task (ERT) and four further neuropsychological tasks from the Cambridge Automated Neuropsychological Test Battery (CANTAB).

| Barry Wright and Lucy Tindall | Dec-14 | Computed cognitive behaviour therapy for depression in adolescents: Study protocol for a feasibility randomised controlled trial | English | 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 treatment for depression and is currently one of the main treatment options recommended in adolescents. Given the affiniti youth people have with information technology they may be treated effectively, more widely and earlier in their illness evolution using computer administered CBT (CBT). Current 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 >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 follow-up. The current trial protocol received a favourable ethical opinion from Leeds Teaching Hospitals.

Last updated: August 2020 Next revised date: February 2021
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<tr>
<td>Nick D Hart and Lorna Robbins</td>
<td>Dec-14</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>British Journal of Learning Disabilities, March 2014, vol./is. 42/1(76- 84), 1354- 4187;1468-3156 (Mar 2014)</td>
<td>EMBASE Available from Wiley online library (onlinelibrary.wiley.com)</td>
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<td>Michael Dixon and Caroline Dada</td>
<td>Dec-14</td>
<td>How clozapine patients can be monitored safely and effectively</td>
<td>Clinical Pharmacist, June 2014, vol./is. 6/5(131-132), 1758-9061 (01 Jun 2014)</td>
<td>EMBASE Available from the Pharmaceutical Journal (pharmaceutical-journal.com)</td>
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<td>Christopher Todd, Justine Raynsford and Kay Radcliffe</td>
<td>Dec-14</td>
<td>Borderline personality disorder: Management</td>
<td>Clinical Pharmacist, September 2014, vol./is. 6/7(174-176), 1758-9061 (01 Sep 2014)</td>
<td>EMBASE Available from the Pharmaceutical Journal (pharmaceutical-journal.com)</td>
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Clinical psychologists’ views of intensive interaction as an intervention in learning disability services.

Clinical Psychology & Psychotherapy, September 2014, vol./is. 21/5(403-10), 1063-9990(2014 Sept-Oct) English

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 referenced, 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 Wiley & Sons, Ltd.

David Protheroe


Dec-14 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), 1462-8910 (July 2014) English

Introduction: Faecal 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 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 NIHR 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 AGPGBMI 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 2-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 continence score. 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

R Burian, David Protheroe, R Grunow and A Dieterbacher.

Dec-14 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. 85/9(1217-1224), 0226-2804/1433-0407 (Sep 2014) English

Introduction: Patients with mental health problems in accident and emergency departments (A&E) are frequent users and often difficult to handle. Failure in managing these patients can cause adversities to both patients and A&E staff. It has been shown that nurse-based psychiatric consultation-liaison (CL) services work successfully and cost effectively in English-speaking countries, but they are hardly found in European countries. The aim of this study was to determine whether such a liaison service can be established in the A&E of a German general hospital. We describe structural and procedural elements of this service and present data of A&E patients who were referred to the newly established service during the first year of its existence, as well as an evaluation of this nurseled service by non-psychiatric staff in the A&E and psychiatrists of the hospital’s department of psychiatry. Subjects and methods: In 2008 a nurse-based psychiatric CL-service was introduced to the A&E of the Konigin Elisabeth Herberge (KEH) general hospital in the city of Berlin. Pathways for the nurse’s tasks were developed and patient-data collected from May 2008 till May 2009. An evaluation by questionnaire 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 showed benefits with respect to satisfaction and skills of staff with regard to the management of psychosocially 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. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)
Factor analysis of Jamshid Nazari

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.

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 in 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 assentive follow-up of frequent attenders with alcohol misuse complications - a retrospective mirror image evaluation.

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 265 patients out of them 49 who had wholly alcohol attributable admissions engaged in treatment with LAU. Of those who engaged 33 (67.3 per cent) had fewer A&E attendances, 34 (65.4 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.
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 one main theme, good outcomes, as 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 friend members 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: The focus of this 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. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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 of 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 screened patients 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.

Objectives: 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 seven specialist centres received the group based manualised body-image therapy (BAT-10). BAT-10 was refined, developed and manualised over two decades, by using the mindfulness-based cognitive behavioural therapy, including mirror exposure. Outcomes were evaluated using Body Image Questionnaire, Body Image Avoidance Questionnaire, Physical Appearance State and Trait Anxiety Scale, Eating Disorders Examination Questionnaire and Quality of Life in Eating Disorders. 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 as a key experience; being active, not passive; taboo talking; and first impressions count. The development of therapeutic alliance as a core component of treatment. This study identifies important areas that contribute to the successful cultivation of positive therapeutic alliance. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
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### Vanessa Huke, Saeideh Saeidi 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. Discussion: Raw data on premature termination of treatment, despite no statistically significant 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.

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### Paul Bleniron, A Brooks, R Dearden and J McVey.

**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 linked to 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=0.486, 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.

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### John F Morgan

**Objective:** Caring for someone diagnosed with an eating disorder (ED) is associated with a high level of burden and psychological distress which can inadvertently contribute to the maintenance of the illness. The Eating Disorders 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 Roche

N E Kong, M Portman, C Phillip, J Roche 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 with age, sexuality, sexual behaviour and STI rates. Results: An interim analysis of this ongoing study includes 514 respondents. Mean age was 29y. 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 only for these only 28% 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=0.0001), Drug users were more likely to have unprotected sex and >3 partners in the past year (OR 8.50; 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


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 posttreatment 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 Hubert John Lacey.

Dec-14

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


English

Objectives: To investigate treatment drop-out 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 complete (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 = .035), and more likely to have had prior compelled treatment (p = .039). At 4 weeks those in the patient-initiated group had put on weight at a faster rate (p = .032) and reported a decrease in alliance (p = .017). At discharge, staff initiated discharge demonstrated greater time in treatment (p = .001), greater weight gain (p = .027), and a higher discharge BMI (p = .013). 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)
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. Journal of Evaluation in Clinical Practice, 2014, vol./iss. 20/1(100-110), 1356-1294/1365-2753 (Feb 2014) English

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, emergency 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 questionnaire. The main outcome rate to the second questionnaire was about 51% (30/59). There was strong support that reducing alcohol consumption could result in improvement in prognosis for gastroenterology 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

Duncan Raistrick, Gillian Tober and Sally Unsworth. Dec-14

Attitudes of healthcare professionals in a general hospital to patients with substance misuse disorders. Journal of Substance Use, 2014, vol./iss. 20/1(56-60), 1465-9891/1475-9942 (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 (AAPPPQ). 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 Ramsden, Mark Lowton and Emma Joyes. Dec-14


Purpose - The purpose of this paper was to examine the impact of a highly structured, formulation focused 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. Original/value - The study indicates that the structured format used by the PDS is of value and may be applied to the sense of useful 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 Grinargas, Dido Green, Barry Wright, Carla Rush, Masako Isparrowhaek, Karen Pratt, Victoria Alligar, Isumi Hooke, Danielle Moore, Zenobia Zaiwalla and Luci Wiggs. Dec-14


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 onset latency, sleep efficiency, assessments of child behavior, family functioning, and adverse events. Sleep was also measured by using parent-report diaries. RESULTS: Seventy-three children were randomized and analysis 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.

Last updated: August 2020 Next revised date: February 2021

R & D
Jose L Ivorra, 
Manir Ali, 
Clare Logan, 
Tariq Mahmood, 
Shabana Khan, 
Alastair G Cardno, 
Colin Johnson, 
Chris F Inglehearn 
and Steven Clapcote.

Identification of a susceptibility locus in a consanguinous family with multiple schizophrenia-affected members

Schizophrenia Research, April 2014, vol./is. 153(S2):S22-S26, 0920- 
9964 (2014 April)

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 GP practices 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.

William Rhys Jones, Usha Narayana, Sarah Howarth, Joanna Shinnners and Qadeer Nazar.

Cardiovascular monitoring in patients prescribed clozapine.

The Psychiatric Bulletin, June 2014, vol./is. 38(3):140, 2053-
4868;2053-4876 (Jun 2014)

Comments on an article by David Curtis et al. (see record 2014-10795-008). Curtis highlights one of the limitations of the OCTET study, that patients selected for randomisation may not have been suitable for community treatment order (CTO) placement in the first place. In his conclusions he suggests there may be a small subgroup of patients for whom CTOs are enormously beneficial. Perhaps clinicians need more clarity of the characteristics of the ‘revolving door’ patient better to assess suitability for supervised community treatment. There remains the outstanding question of who belongs to the elusive group of patients for which CTOs are effective, if indeed this group exists. This study provides insight into the demographic and historical factors that are influencing clinicians’ decisions to implement CTOs. There is no proof so far that CTOs are effective in their aims. Perhaps we need to look again at the true ‘revolving door’ patients and are take this objective evidence into consideration at the point of deciding whether to initiate supervised community treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Dec-14

Dec-14

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Dec-14
James Johnston

Dec-14

Psychiatry, subjectivity and emotion-Deepening the medical model.


English

Morale among psychiatrists continues to be seriously challenged in the face of recruitment difficulties, untold posts, diagnostic controversies, service reconfigurations and public criticism of psychiatric care, in addition to other difficulties. In this article, we argue that the positivist paradigm that continues to dominate British psychiatry has led to an undervaluing of subjectivity and of the role of emotions within psychiatric training and practice. Reintegrating the subjective perspective and promoting emotional awareness may go some way towards restoring faith in the psychiatric specialty. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed

Paul Blinkron and David Protheroe

Dec-14

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

Trials, May 2014, vol./is. 15/1, 1745 6215 (10 May 2014)

English

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 die 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 (ISRCTN54036115). 2014 Collinson et al.; licensee BioMed Central Ltd.

Journal Article

Saeideh Saeidi

Dec-13

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

European Eating Disorders Review, March 2014, Volume 22, Issue 2 Pages 116-121

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.

Journal Article

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

Dec-13

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

English

People with mental illness have poor oral health compared to those without due to medication side effects, untold posts, 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 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 method and the simple intervention model 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.

Journal Article

R & D

Last updated: August 2020 Next revised date: February 2021
Pat Bracken, Philip Thomas, Sami Timimi, Eia Asen, Graham Behr, Cair Beuster, Seth Bhunnoo, Ivor Browne, Naviyeot Chhina, Duncan Double, Simon Downer, Chris Evans, Suman Fernando, Malcolm Garland, William Hopkins, Rhodi Huws, Bob Johnson, Brian Martindale, Hugh Middleton, Daniel Moldavsky, Joanna Moncrieff, Simon Mullins, Julia Nelki, Matteo Pizzo, James Rodger, Marcellino Smyth, Derek
Dec-13
Psychiatry beyond the current paradigm.
Acta Psiquiatrica y Psicologica de America Latina, September 2013, vol./is. 59/3(186-195), 0001-6896 (Sep 2013)
Spanish
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 regarding how positive outcomes are achieved and could also serve to foster more meaningful collaboration with the growing service-user movement. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Duncan Raistrick
Duncan Raistrick
Dec-13
Too many rating scales: Not enough validation.
Addiction, January 2013, vol./is. 108/1(11-12), 0965-2140/1360-0443 (Jan 2013)
English
Comments 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 addictions 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Duncan Raistrick
Adjeoke Oberekeng Oluyase, Duncan Raistrick, Yasir Abbasi, Veronica Dale and Charlie Lloyd
Dec-13
A study of the psychotropic prescriptions of people attending an addiction service in England
Advances in Dual Diagnosis, Vol. 6 Iss: 2, pp.54 - 65
English
Purpose
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
Anonymised 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<0.0005).
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.

Last updated: August 2020 Next revised date: February 2021
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### Tom Hughes


**Dec-13**

**BMC Psychiatry, August 2013, vol./is. 13; 1471-244X (Aug 3, 2013)**

**English**

**Study protocol for the randomised controlled trial: Antiglucocorticoid augmentation in antidepressants in Depression (The ADD Study).**

**Background:** Some patients with depression do not respond to first and second line conventional antidepressants 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 antidepressants. Precincial 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 serotoninergic 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 weeks, in addition to on-going conventional serotoninergic 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)

### Saeideh Saeidi

**Elizabeth Goddard, Rebecca Hibbs, Simone Raaniker, Laura Salerno, Jon Arceus, Nicky Boughton, Frances Connan, Ken Goss, Bert Lasco, John F Morgan, Kim Moore, David Robertson, Saeedi S, Christa Schreiber-Kourine, Saru Sharma, Linette Whitehead, Ulrike Schmidt and Janet Treasure.**

**Dec-13**

**BMC Psychiatry, November 2013, vol./is. 13; 1471-244X (Nov 7, 2013)**

**English**

**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 patients receiving specialist inpatient or day patient treatment for anorexia nervosa (AN). Potential predictors of treatment outcome are explored. Method: Admission and discharge data were collected from patients admitted at 14 UK hospital treatment units for AN over a period of three years (adult units N = 12; adolescent N = 2) (patients N = 177). 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 increase in BMI, although most patients continued to have a clinical level of eating disorder symptoms at discharge. The potentially modifiable 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**


**English**

**Does the emphasis in 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.4857) thinks we should focus on the wider harms that patients may experience ...**

### Conor Davidson

**Conor Davidson.**

**Dec-13**


**English**

**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 ...**

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**Last updated: August 2020 Next revised date: February 2021**
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<tr>
<td>Co-producing aftercare.</td>
<td>Gillian Tobar, Duncan Raistrick, Helen Crosby, Jennifer Sweetman, Sally Unsworth</td>
<td>Dec-13</td>
<td><a href="www.ncbi.nlm.nih.gov/pubmed">Available from PubMed</a></td>
<td>The purpose of this paper is to describe the development and delivery of an aftercare programme called Learning To Live Again, which was co-produced between service users and clinic staff. Design/methodology/approach – In total, 37 semi-structured interviews were conducted with 29 project stakeholders who were service users, mentors, university and clinical staff. The data were transcribed and analysed using thematic analysis. Findings – Four overarching themes were identified in the analysis of interview data as characterising the process of co-producing an aftercare programme. These were: achieving common ground, roles and responsibilities, the activities programme and the road to recovery. Interdependence of service users and clinicians was given strong emphasis. Practical implications – A number of challenges arose 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.</td>
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<td>Pimozide for schizophrenia or related psychoses.</td>
<td>Meghana Mothi and Stephanie Sampson.</td>
<td>Dec-13</td>
<td><a href="www.cochranelibrary.com">Available from the Cochrane Library</a></td>
<td>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 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 52 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 0.50 CI 0.30 to 1.01, 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 4.95, 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). No 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 available for loss to follow-up at medium term in any of the studies. The quality of the evidence for all these comparisons was low. No RCTs were identified to examine the effects of pimozide in comparison with other antipsychotic medication. CONCLUSION: Pimozide is not recommended for people with schizophrenia or related psychoses.</td>
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<td>A systematic review of substance misuse assessment packages.</td>
<td>Jennifer Sweetman, Duncan Raistrick, Noreen Midde, and Helen Crosby.</td>
<td>Dec-13</td>
<td><a href="www.cochranelibrary.com">Available from the Cochrane Library</a></td>
<td>Health-care systems globally are moving away from process measures of performance to payments for outcomes achieved. It follows that there is a need for a selection of proven quality tools that are suitable for undertaking comprehensive assessments and outcomes assessments. This review aimed to identify and evaluate existing comprehensive assessment packages. The work is part of a national program in the UK, Collaborations in Leadership, Employment and Training (CLEFT). The work is being led by the University of Applied Health Research and Care. APPROACH: Systematic searches were carried out across major databases to identify instruments designed to assess substance misuse. For those instruments identified, searches were carried out using the Cochrane Library, Embase, Ovid MEDLINE and PsychINFO to identify articles reporting psychometric data. Key Findings: From 595 instruments, six met the inclusion criteria: Addiction Severity Index; Chemical Use, Abuse and Dependence Scale; Form 90; Maudsley Addiction Profile; Measurements in the Addictions for Triage and Evaluation; and Substance Abuse Outcomes Module. The most common reasons for exclusion were that instruments were: (i) designed for a specific substance (239); (ii) not designed for use in addiction settings (136); (iii) not providing comprehensive assessment (89); and (iv) not suitable as an outcome measure (20). Implications: The six packages are very different and suited to different uses. No package had adequate evaluation of their properties and so the emphasis should be on refining a small number of tools with very general application rather than creating new ones. An alternative to using ‘off-the-shelf’ packages is to create bespoke packages from well-validated, single-construct scales.</td>
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<td>Co-producing addiction aftercare.</td>
<td>Drugs &amp; Alcohol Today, 01 December 2013, vol./is. 13(4/225-233), 17455685</td>
<td>English</td>
<td><a href="www.emeraldinsight.com">Available from Emerald Insight</a></td>
<td>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 52 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 0.50 CI 0.30 to 1.01, 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 4.95, 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). No 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 available for loss to follow-up at medium term in any of the studies. The quality of the evidence for all these comparisons was low. No RCTs were identified to examine the effects of pimozide in comparison with other antipsychotic medication. CONCLUSION: Pimozide is not recommended for people with schizophrenia or related psychoses.</td>
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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 follow-up reviews, 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)

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) English

Objectives: This study aims to investigate treatment drop-out, and the associated roles of motivation, alliance, and therapeutic alliance appears to be a particularly important factor in this area. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)


OBJECTIVE: This study examined the eating disorder mental health literacy of psychiatrists. METHOD: A sample of psychiatrists completed a questionnaire measuring knowledge of and attitudes towards eating disorders. Knowledge questions were based on the academic literature, standard diagnostic criteria and national guidelines on the management of eating disorders. Attitude items covered beliefs about the aetiology and treatment of eating disorders, confidence levels in diagnosis and management and the use of compulsory measures in anorexia nervosa. RESULTS: Psychiatrists’ knowledge of eating disorders was variable with specific gaps in both diagnosis and management. Psychiatrists felt more confident in diagnosing eating disorders than managing these conditions. Attitudes towards eating disorders were less stigmatising than those seen in other health professionals. DISCUSSION: There is a clear need for greater education of psychiatrists regarding the diagnosis and management of eating disorders. Implementing training programmes and making information readily available could contribute to address these issues.


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 eating 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)

Consanguinity multiplyplex and schizophrenia-the royal road to genes of major effect. European Psychiatry Volume 28, Supplement 1, 2013, Pages 1 English

Introduction: Multi-factorial aetiology of schizophrenia has an undeniably large genetic component. Attempts to elucidate its genetics with large case control studies have met with limited success and other approaches are warranted. Methods & results: In an extended family (pedigree 1) in which two sets of siblings - children of a brother and sister - are intermarried; six members with DSM-IV schizophrenia share a 6MB region of homozygosity on chromosome 13q. 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 homozygosity 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.
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-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; ADQ 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) 0.060 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.

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 disorder (P, 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 patients' distress. This pathway significantly predicted eating symptoms in patients.

**Objective:** The aim of the study was to examine how carers cope practically and emotionally with caring for individuals with anorexia nervosa who require intensive hospital care. Method: This study explores objective burden (time spent with caregiving and number of tasks), subjective burden (psychological distress), and social support in a sample of parents (n = 224) and partners (n = 28) from a consecutive series of patients (n = 176) admitted to inpatient units within the United Kingdom. Results: Most time was spent providing emotional support and less with practical tasks. Time spent with caregiving was associated with carer distress and was fully mediated by carer burden. This was ameliorated by social support. Partners received minimal support from others, and we found similar levels of burden and distress for mothers and partners. Discussion: The data indicate that professional and social support alleviates carer distress and may be of particular value for parents who are more isolated than parents. The data also suggest that time spent with practical support may be of more value than emotional support. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Elizabeth Edginton, Catherine Reid, Keeley Edwards, Amy Danks, Helen Rawse, Miriam Fearon, Jennifer Beecham, Ulrike Schmidt and Janet Treasure.

**Objective:** Drawing on the six stages identified by Henton and Midgley (2012) in the narratives of five child psychotherapists involved in the IMPACT study on their evolving attitudes towards participation in outcome research, this paper explores another child psychotherapist’s internal and external world experiences of writing a National Institute of Health Research grant application for a randomised controlled trial feasibility study. It makes use of the key associations that came to mind on first reading Henton and Midgley’s article, outlines the practical and emotional stages of developing the grant proposal and briefly considers some of the wider implications of this kind of work on a personal, organisational and professional level.

Graham Paley, Amy Danks, Keeley Edwards, Catherine Reid, Miriam Fearon, Inga Jammere and Helen Rawse.

**Objective:** 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 respondents said they would recommend the programme to other services.

Graham Paley, Amy Danks, Keeley Edwards, Catherine Reid, Miriam Fearon, Inga Jammere and Helen Rawse.

**Objective:** 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 development and reduced workload pressures.

Rob Allison and Ged Bergin.

**Objective:** 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-behavioural 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 re-appraised thoughts and responses to reconsider more useful, alternative approaches.

Saedeh Saedi and John F Morgan.

**Objective:** 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.

Victoria Betton and Victoria Tomlinson.

**Objective:** 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.
Saeideh Saeidi

The scope of the Improving Access to Psychological Therapies (IAPT) initiative has been extended to include the management of obesity in primary care: a pilot study.

Practice Nursing, 01 October 2013, vol./is. 24/10(510-514), 09694571

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.

Journal Article

CINAHL

Available from Practice Nursing (magazines.library.rdg.ac.uk)

Barry Wright

Neural correlation of successful cognitive behaviour therapy for spider phobia: A magnetoencephalography study.


Background: 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 half second, to phobogenic stimuli in a group of individuals with spider phobia. Treatment (n = 12) and then in nine of them following successful CBT (where they could touch and manage live large common house spiders) at least 9 months later. We also compared responses to a group of age-matched healthy control participants (n = 11). 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 predicted peak responses in right frontal regions. The implications for understanding brain-based effects of cognitive therapies are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PsycINFO

Available from Science Direct (www.sciencedirect.com)

James Johnston

Mirror mirror on the ward: Who is the fairest of them all? Reflections on reflective practice groups in acute psychiatric settings.

Psychoanalytic Psychotherapy, June 2013, vol./is. 27/2(170-186), 0266-8734/1474-9734 (Jun 2013)

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 psychotherapy 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PsycINFO

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

Sandip Deshpandem

The Leeds Psychosexual Medicine Service: Evaluation of an NHS service for sexual dysfunction.

Sexual and Relationship Therapy, August 2013, vol./is. 28/3(272-282), 1468-1994/1468-1749 (Aug 2013)

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, 66% 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PsycINFO

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

Hilary Lewis

An exploratory study of primary care therapists’ perceived competence in providing cognitive behaviour therapy to people with medically unexplained symptoms.

the Cognitive Behaviour Therapist, November 2013, vol./is. 6/ 51754-470X (Nov 27, 2013)

The scope of the Improving Access to Psychological Therapies (IAPT) initiative has been extended to include the management 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 by 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. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed Journal

PsycINFO

Available from Cambridge Core (www.cambridge.org/core)

Last updated: August 2020 Next revised date: February 2021
An alcohol-focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting (ADAPTA): study protocol for a randomized, controlled pilot trial

English

Gillian Tiber, Duncan Raistrick and Helen Crosby

Dec-13

Trials, 2013, vol./is. 14, 1745-6215 (2013)

Alcohol misuse is a major cause of premature mortality and ill 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 steer people towards specialist treatment, which can reduce health care utilization and costs to the public 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 abating from alcohol use, and related prevention. The aim of the study is to test whether or not the offer of a choice of healthy 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, open pilot study in a UK general hospital setting with concurrent economic evaluation and 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

John F Morgan

Dec-12

Male eating disorders

A collaborative approach to eating disorders, 2012(272-278) (2012)

English

(from the chapter) 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

Kate Webb, Hubert John Lacey and John F Morgan

Dec-12

Physical consequences of Eating Disorders.


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


Oct-12

A twin study of schizoaffective-mania, schizoaffective depression and other psychotic syndromes.

American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, 158B:172-182.

English

The nosological status of schizoaffective disorders remains controversial. Twin studies are potentially valuable for investigating relationships between schizoaffective-mania, schizoaffective-depression, and other psychotic syndromes, but no such study has yet been reported. We ascertainment 204 probandwise twins [106 monzygotic (MZ), 118 same-sex dizygotic (DZ)], where probands had psychotic or manic symptoms, from the Maudsley Twin Register in London (1948-1993). 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 identified in a general setting with concurrent economic evaluation and 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.

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Alastair Cardno


Oct-12

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Journal Article

Book, Edited

Last updated: August 2020 Next revised date: February 2021

PsychINFO

Book available for purchase.

PsychINFO

Book chapter

Available from Palgrave Macmillan (www.palgrave.com)

LyPFT list of published studies
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 of functioning 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 antipsychotics 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 (CI) on an intention-to-treat (ITT) basis based on a random-effects model. For continuous data, we calculated mean differences (MD), again based on a random-effects model. Main results - The acetylcholinesterase inhibitor plus antipsychotic showed benefit over antipsychotic and placebo in the following outcomes. 1. Mental state - PANS 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 study as measured by CDSS scale (data skewed). 2. Cognitive domains - attention. (1 RCT, n = 73, MD 1.20 95% CI 0.14 to 2.26), 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 - EPSSE, AMPS. (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 participants leaving studies early was low (13.6 %) and showed no clear difference between the two groups. Authors' conclusions - The results seem to favour the use of acetylcholinesterase inhibitors in combination with antipsychotics on a few domains of mental state and cognition, but because of the various limitations in the studies as mentioned in the main text, the evidence is weak. This review highlights the need for large, independent, well designed, conducted and reported pragmatically randomised studies.
Gamma activation in young people with autism spectrum disorders and typically developing controls when viewing emotions on faces.

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)
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Barry Wright

A new dedicated mental health service for deaf children and adolescents.

Advances in Mental Health, October 2012, vol./is. 11(95-105), 1837-4905 (Oct 2012) English

A National Child and Adolescent Mental Health Service (CAMHS) was launched in England in October 2009. This new service commissioned by the National Commissioning Group was centrally funded after a successful pilot between 2004 and 2009 that was evaluated positively by the Social Policy Research Unit at York University in England using both qualitative and quantitative research. The new service has four main centres in London, York, Dudley and Taunton. Staff from these centres work into six additional local CAMHS centres to give good geographical coverage. These are based in: Newcastle; Manchester; Cambridge; Maidstone; Oxford; and Nottingham. The service provides assessment and interventions for severe to profoundly deaf children and young people with serious mental health problems. The service uses innovative communication technologies such as teleconferencing, texting and webcam as well as traditional provision of clinical services in clinics, home and school visits. Users and carers will have an ongoing say in service development. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed

PsycINFO

Available from Taylor & Francis Online

www.tandfonline.com

Stephen Wright

A cohort study comparing voice hearers and non-voice hearers referred to an early intervention in psychosis service.

Early Intervention in Psychiatry, October 2012, vol./is. 6(57), 1751-7885 (October 2012) English

Background: Auditory vocal hallucinations, or 'voice hearing' experiences are a common trigger for referral into Early Intervention in Psychosis (EIP) teams. Their aetiology and significance is poorly understood. The aim of this study was to determine whether there was a difference in the presence of various clinical and environmental factors in those assessed by EIP teams when comparing those with and without auditory vocal hallucinations. Method: The assessment data of 109 consecutive new referrals to Leeds EIP service was analysed. The presence or absence of any auditory vocal hallucinatory experiences was recorded, along with a variety of other clinical symptoms and environmental factors. Results: Of 109 referrals, 88 (89%) received an assessment. 48 (55%) had current or previous voice hearing experiences. 37 (77%) of the voice hearers were taken on to caseload compared to 28 (70%) of the non voice hearers. Chi Squared analysis revealed that voice hearing tended to predict more psychiatric symptoms, although this didn't always reach statistical significance: voice hearers were significantly more likely to have experienced another hallucination other than voices (P = 0.043), delusions (P = 0.047) and a serious life event in childhood (P = 0.047) than non voice hearers. Conclusions: Voice hearing experiences may represent part of a broader 'altered perceptual state' which includes other hallucinations, and compensatory thoughts and behaviours. Life events may play an important role in their aetiology.

Journal, Conference Abstract

EMBASE

Not available

Gillian Tober

Identification of behaviour change techniques to reduce excessive alcohol consumption.

Addiction, August 2012, vol./is. 1078(1431-1440), 0965-2140;1360-0443 (Aug 2012) English

Background: Interventions to reduce excessive alcohol consumption have a small but important effect, but a better understanding is needed of their 'active ingredients'. Aims: This study aimed to (i) develop a reliable taxonomy of behaviour change techniques (BCTs) used in interventions to reduce excessive alcohol consumption (not to treat alcohol dependence) and (ii) to assess whether use of specific BCTs in brief interventions might be associated with improved effectiveness. Methods: A selection of guidance documents and treatment manuals, identified via expert consultation, were analysed into BCTs by two coders. The resulting taxonomy of BCTs was applied to the Cochrane Review of brief alcohol interventions, and the associations between the BCTs and effectiveness were investigated using meta-regression. Findings: Forty-two BCTs were identified, 34 from guidance documents and an additional eight from treatment manuals, with average inter-rater agreement of 80%. Analyses revealed that brief interventions that included the BCT ‘prompt self-recording’ (P = 0.002) were associated with larger effect sizes. Conclusions: It is possible to identify specific behaviour change techniques reliably in manuals and guidelines for interventions to reduce excessive alcohol consumption. In brief interventions, promoting self-monitoring is associated with improved outcomes. More research is needed to identify other behaviour change techniques or groupings of behaviour change techniques that can produce optimal results in brief interventions and to extend the method to more intensive interventions and treatment of alcohol dependence. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed

PsycINFO

Available from PubMed

www.ncbi.nlm.nih.gov/pubmed

Rebecca West

A team approach to promoting recovery in assertive outreach.

Mental Health Practice, 01 June 2012, vol./is. 15(9-20-24), 14658720 English

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.

Journal Article

CINAHIL

Available from HCNi Journalsonline.com

Barry Wright

Pervasive refusal syndrome.

Clinical Child Psychology and Psychiatry, April 2012, vol./is. 17(2);221-228), 1359-1045;14617021 (Apr 2012) English

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 Moro reflex showed a mediating impact on 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 sloppy 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, as this can distract focus away from an alliance between family and clinicians. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed

PsycINFO

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Last updated: August 2020

Next revised date: February 2021
Audit of alcohol detoxification at Leeds Addiction Unit

Title

Audit of alcohol detoxification at Leeds Addiction Unit.

Authors

Ashish Nana, Vikram Luthra, Muhammad Waizr Khan, Noman, Rashmi Yadav and Duncan Raistrick.

Journal Article

April-12

Drugs & Alcohol Today, 01 April 2012, vol./is. 12/1(45-50), 17459265

English

Purpose -- At any one time, 76 million people have an alcohol use disorder. Detoxification is a common intervention for alcohol dependence. There is a need regularly to assess and evaluate detoxification practice. 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 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 3 months 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 improved to 36 per cent and 22 per cent, respectively. Disulfiram was continued by 66 per cent of abstinent patients in the initial audit and 89 per cent in the reaudit. Improved follow-up protocol, regular advice and monitoring of disulfiram resulted in better abstinence and reduced drop out rates over successive years. Social and Behavioral Network Therapy and disulfiram taken under medical supervision after detoxification play a pivotal role in relapse prevention. Originality/value -- The study considers the importance of the post-detoxification period, in terms of maintaining a patient's abstinence from alcohol.

CINAHL

Feb-12

Available from CINAHL

PMID: 09598146

44/7839(27-27), vol./is. January 2012, (Overseas & International Journal Article)

Journal Article

Far from being an “opaque” …

But attacking the National Institute for Health and Clinical Excellence (NICE) is unlikely to achieve this goal. With ongoing input from service users, practitioners, managers and academics; or as Macdonald & Elphick put it: well.

The introduction of standard outcome measures should be done thoughtfully for example the apparent ability to compare the effectiveness of teams and individual practitioners. For some, this could introduce outcome measurement with HoNOS would be to mandate at least two ratings, one at the outset of an intervention and one at the close. Simply reporting outcome returns centrally would miss a huge opportunity to engage clinicians with outcomes, but still burden them with data collection. Outcomes information will create new challenges, extra step and mandate more than one HoNOS rating to assess the effectiveness of interventions. The simplest way to introduce outcome measurement with HoNOS would be to mandate at least two ratings, one at the outset of an intervention and one at the close. Simply reporting outcome returns centrally would miss a huge opportunity to engage clinicians with outcomes, but still burden them with data collection. Outcomes information will create new challenges, for example the apparent ability to compare the effectiveness of teams and individual practitioners. For some, this could be intensely motivating or intimidating. The introduction of standard outcome measures should be done thoughtfully with ongoing input from service users, practitioners, managers and academics; or as Macdonald & Elphick put it: well.

The Health of the Nation Outcome Scales (HoNOS) is now a front-runner for a general outcome measure since it is required for Payment by Results, a new contracting system for mental healthcare in the UK. Only one HoNOS rating is currently required in order to allocate patients to Payment by Results care clusters, so managers have little incentive to take the extra step and mandate more than one HoNOS rating to assess the effectiveness of interventions. The simplest way to introduce outcome measurement with HoNOS would be to mandate at least two ratings, one at the outset of an intervention and one at the close. Simply reporting outcome returns centrally would miss a huge opportunity to engage clinicians with outcomes, but still burden them with data collection. Outcomes information will create new challenges, for example the apparent ability to compare the effectiveness of teams and individual practitioners. For some, this could be intensely motivating or intimidating. The introduction of standard outcome measures should be done thoughtfully with ongoing input from service users, practitioners, managers and academics; or as Macdonald & Elphick put it: well.

Comments on an article by Macdonald & Elphick (see record 2011-23647-003). The key to doing routine mental health care clusters and

Autism spectrum disorders and control children.

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 the case was a man in his 30's with bulimia nervosa characterized by daily binging 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)

William Rhys Jones and John F Morgan

William Rhys Jones and John F Morgan.

Mar-12

Euructophilia in bulimia nervosa: A clinical feature.

International Journal of Eating Disorders, March 2012, vol./is. 45/2(298-301), 3274-3748;1098-108X (Mar 2012)

English

This report offers the first detailed description of repetitive eructation (belching) in a patient with bulimia nervosa. The

Barry Wright

Barry Wright, Helen Pearce, Victoria Allgar, Jeremy Miles, Clare Whitten, Irene Leon, Jenny Jardine, Nicola McCaffrey, Rob Smith, Ian Holbrook, John Lewis,David Goodall, Ben Alderson-Day

Feb-12


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

English

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 the case was a man in his 30's with bulimia nervosa characterized by daily binging 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)

David Yeomans

David Yeomans.

Feb-12

Care clusters and mental health payment by results.

The British Journal of Psychiatry, February 2012, vol./is. 200/2(161-162), 1250-1472-1465 (Feb 2012)

English

Comments on an article by Macdonald & Elphick (see record 2011-23647-003). The key to doing routine mental health outcomes well is to make them relevant, meaningful and available to practitioners, service users and managers. The

Paul Blenkiron

Paul Blenkiron

Jan-12

The emperor's NICE new clothes


English

Spence is right: all doctors should challenge conventional wisdom to secure the best evidence based care for their patients.1 But attacking the National Institute for Health and Clinical Excellence (NICE) is unlikely to achieve this goal. Far from being an “opaque” …

The BMJ

Available from the BMJ (www.bmj.com)
Eating disorders:

John F Morgan,

Factor analysis of psychotic symptom dimensions frequently results in positive, negative, and disorganized dimensions, but Frühling V Rijsdijk, Heritability estimates Available from Science Direct Available from BJPsych

Aim: To identify and describe screening instruments for detecting illicit drug use/abuse that are appropriate for use in general hospital wards: A systematic review.

Alastair Cardno

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 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.

Jenny Lang

Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: A systematic review.

Addictive Behaviors, 36, 1111-1119

Aim: To identify and describe screening instruments for detecting illicit drug use/abuse that are appropriate for use in general hospital wards and review evidence for reliability, validity, feasibility and acceptability.

Methods: Instruments were identified from a number of screening instrument databases/libraries and Google Scholar. They were independently assessed for eligibility by two reviewers. MEDLINE, EMBASE, PSYCINFO, and Cochrane Library were searched for articles published up to February 2010. Two reviewers independently assessed the identified articles for eligibility and extracted data from the eligible studies.

Results: 13 instruments, ASSIST, CAGE-AID, DAST, HQPDHQ, DUDIT, DUS, NMASSIST, SIP-AD, SDS, SMART-AID, SS-SM, TICS and UNCOPE were included in the review. They had to 28 items and took less than 10 min to administer and score. Evidence on validity, reliability, acceptability and feasibility of instruments in adult patients not known to have a substance abuse problem was scarce. Of the 21 studies included in the review, only one included participants from general hospital wards. Reported sensitivity, specificity and predictive values varied widely both within studies of the same instrument and also between different instruments. No study was identified comparing two or more of the included instruments.

Conclusion: The review identified and described 13 instruments that could be useful in general hospital wards. This is however lack of evidence for comparing the three instruments across the available measures.

John F Morgan

The Role of Spirituality in recovery from eating disorders.

Restoring Our Bodies, Reclaiming Our Lives: Guidance and Reflections on Recovery from Eating Disorders by Eating Disorders, Boston & London, chapter 9

Full recovery from an eating disorder is possible. Despite what you may have been led to believe, most people with anorexia, bulimia, or binge eating disorder are able to completely restore their health and well-being. But how do they do it? Author Aimee Liu has woven together dozens of first-person accounts of recovery to create a breakthrough roadmap for healing from an eating disorder. Restoring Our Bodies, Reclaiming Our Lives answers key questions including: How does healing begin? What does it feel like? What supports and accelerates it? Will I ever be free of worry about a relapse? Throughout the book are informative sidebars written by leading professionals in the field, addressing essential topics such as finding the right therapist, the use of medications, exploring complementary treatments, and how family members can help.

Alastair Cardno

Habitability estimates for psychotic symptom dimensions in twins with psychiatric disorders.

American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, 156:89-98

Factor analysis of psychotic symptoms frequently results in positive, negative, and disorganized dimensions, but habitability estimates have not yet been reported. Symptom dimensions are usually only measured in individuals with psychotic disorders. Here, it is valuable to assess influences acting via liability to psychosis and independent modifying factors. We estimated habitability for psychotic symptom dimensions, taking account of these issues. Two-hundred-and-twenty-four probandwise twin pairs (106 monzygotic, 118 same-sex dizygotic), where probands had psychoses, were ascertained from the Maudsley Twin Register in London (1948-1993). Lifetime history of DSM-III-R psychotic disorder and psychotic symptom dimensions was assessed from clinical records and research interviews and rated using the Operational Criteria Checklist. Estimates of habitability 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 = 86%, 95%CI 68-94%) 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 substantive habitability 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.
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 DSM-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 2q33 and 22q11. 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.
Exploring treatment attendance and its relationship to outcome 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

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

In 1995, following years of disjointed organisation and inequality in delivery, Together We Stand laid out a strategy to transform the York, Selby and Ealingwold CAMHS, as Barry Wright and Greg Richardson explain. There has been a significant increase in attendance rates. Different characteristics were identified that predicted attendance and continuation in treatment for MET and SBNT. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

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Protecting children and supporting parents

There has been a significant increase in attendance rates. Different characteristics were identified that predicted attendance and continuation in treatment for MET and SBNT. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Melatonin 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 dyssomnias 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 wakings. 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)

How my research makes a difference to clients’ lives

Not available

Available from ProQuest Search: search.proquest.com

Available from Springer Link: link.springer.com

Bany Wright

Mint Pillay, Ben

Alderson-Day, Barry Wright, Chris Williams and Bron Unwin


Clinical Child Psychology and Psychiatry, January 2011, vol./is. 16(1-2), 1350-1350 (0451-7001 (Jan-Feb 2011))

English

There is relatively little evidence about the effectiveness of parent-training programmes for children with autism spectrum conditions (ASCs). Here we evaluate a programme developed to fill a gap in the provision of parent-interventions after EarlyBird, which is only available for parents of pre-school-ASC children. This programme (ASCEND) has now been running for five years. Questionnaires were used to evaluate seven consecutive 11-session programmes from 2004 to 2007, involving 79 parents representing 58 children. We measured satisfaction ratings in all seven groups, the latter five groups (59 parents representing 44 children) were given Developmental Behaviour Checklists (DBCs) and parental knowledge questionnaires pre- and post-course. Eighty-eight per cent of respondents found the course useful or very useful while parental knowledge and skills improved significantly across a range of learning outcomes. DBC scores showed significant changes post-course for total problem behaviours and disruptive/antisocial behaviour, with a trend towards reductions in anxiety reported by parents. Changes in behaviour scores moderately correlated with specific learning items relating to improved skills in behaviour management. This preliminary evaluation suggests that the course produces positive outcomes in terms of parent satisfaction, parent learning and perceived changes in child behaviour, although further independent analysis is required in the form of a randomized controlled trial. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal, Peer Reviewed

PsychoINFO

Available from Wiley online library

(journals.sagepub.com)

John F Morgan

John F Morgan.


European Eating Disorders Review, January 2011, vol./is. 19(1-85 86), 1072-4133 (0999-8968 (Jan-Feb 2011))

English

Reviews the book, Eating disorders: A guide to medical care and complications (2nd edn) by P. S. Mehler and A. E. Andersen (see rec record 2010-0682-000). This book offers a very valuable source for professionals involved in eating disorders. It is well written and the second edition encompasses advances in our knowledge of medical risk management since its original inception in 2000. The authors are preeminent in their fields, yet wear their learning with a light touch. In particular, they avoid unnecessary jargon in such a way that the book could be assimilated by all involved professionals, regardless of medical training. The use of case histories as well as pithy summaries brings to life issues that for non-medics can sometimes seem obtuse. There are many strengths to this book, and the chapters are clear and focused. Finally, bioethical principles of caring for anorexia are laid out with clarity. This book is a deceptively easy read and will allow practitioners to approach medical risk management with confidence, understanding and balance. It is a fine achievement for two such experts to deliver their knowledge with such simplicity. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Book Review

PsychoINFO

Available from Wiley online library

(onlinelibrary.wiley.com)

Tom Hughes, Federica Marino-Lanci and Alice Locker

Tom Hughes, Alastair Cardno, Robert West, Federica Marino-Francis, Imogen Featherstone, Keeley Rolling, Alice Locker, Kate McIntosh and Allan House

The prevalence and importance of unrecognized bipolar disorder among patients prescribed antidepressant medication in UK General Practice (PPAPA).

National Institute for Health Research MHRN Scientific Meeting.

English

Background - Depression is a common problem presenting in primary care. Research from the USA suggests that 21-25 per cent of those who receive a diagnosis of depressive disorder in primary care actually have bipolar disorder. Research questions - 1. What is the prevalence of undiagnosed bipolar disorder among people being treated in UK primary care with antidepressants for depressive or anxiety disorder?: 2. Do patients with undiagnosed bipolar disorder have more severe illnesses than people being treated for depressive or anxiety disorder who do not have undiagnosed bipolar disorder?: 3. What is the accuracy of the Mood Disorder Questionnaire as a means of identifying bipolar disorder in UK primary care? Method - Cross-sectional sample of 348 patients aged between 16 and 40, registered with general practices in West Yorkshire and prescribed antidepressant medication, excluding certain conditions. Measures - A brief screening questionnaire for bipolar disorder, the Mood Disorder Questionnaire; a standardised psychiatric interview, the Schedules for Clinical Assessment in Neuropsychiatry; a Health Related Quality of Life measure (SF-36). Primary and, where relevant, secondary care records will be examined. The accuracy of the screening questionnaire (MDQ) will be examined using the diagnostic interview as the validating criterion. Progress - Recruitment began in December 2010 and is now 15 per cent of the required sample.

Presentation

Not available

Charlotte Heaps

Charlotte Heaps, Emily Bowen E, Cooper N

A review of the clinical and legal issues surrounding refusal of treatment following overdose.

Acute Medicine, 2010, vol./is. 9(2-66-9), 1747-4884/1747-4892 (2010)

English

This article reviews the clinical and legal issues involved in dealing with patients who refuse medical treatment following an overdose. We first describe a real case that has been made anonymous, before discussing a general approach to practice and then conclude with the outcome of the case, sources of further information and some key learning points.

Journal Article, MEDLINE

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

Peter Trigwell

Peter Trigwell and S Jawad.

Psychological support and care for young people with diabetes in the transition period.

Diabetic Medicine, volume 27 issue 2 page 175

English

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%) 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. Copyright 2010 John Wiley & Sons.
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.2

In their excellent article, Henshaw & Protti (2010) briefly mention the impact that a low body weight can have on reproductive and endocrine 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. 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.

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Eating disorders have long been perceived to occur primarily in women; few disorders in general medicine or psychiatry exhibit such a skew in gender distribution. Men and women with eating disorders share common risk factors and exhibit some overlap in clinical presentation, but important differences do exist. Determining which factors best explain these differences remain uncertain. Furthermore, despite a marked increase in the incidence of anorexia nervosa and bulimia nervosa in women over the last 50 years, the awareness of eating disorders in men remains low. This is in spite of the fact that men represent 10-20% of cases of anorexia nervosa and bulimia nervosa and up to 40% of cases of binge eating disorder. Similarly, recent research has focused on the assumption and stereotype that eating disorders in men are associated with homosexuality, when male body image objectification and body dissatisfaction are also widespread in younger heterosexual men who are being increasingly confronted with the same impossible body image ideals that already challenge women and gay men. The stigma of being a man with an eating disorder continues, and we persist in attempting to fit men with eating disorders into a theoretical and clinical framework largely focused on the physical, psychological, and emotional development of women. This article reviews the literature on eating disorders in men and explores the factors that may explain this gender discrepancy. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Resolution and remission in schizophrenia: Getting well and staying well. Advances in Psychiatric Treatments, March 2010, vol./is. 16/2(86-95), 1355-5146 (March 2010) English

Remission is a new research outcome indicating long-term wellness. Remission not only sets a standard for minimal level (6 months). Individuals who achieve remission from schizophrenia have better subjective well-being, and better functional outcomes than 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)


Aims: To compare baseline characteristics of clients initially preferring abstinence with those preferring non-abstinence at the screening stage of a randomized controlled trial of treatment for alcohol problems (UKATT); and to identify predictors of goal preference from client characteristics present before the preference was stated. Methods: From discussions with clients entering the trial (N = 742), screeners noted whether clients were aiming for abstinence and non-abstinence. In univariate comparisons among client characteristics recorded at baseline assessment and by logistic regression analysis with pre-existing characteristics as independent variables. Results: Across all UKATT sites, 54.3% of clients expressed a preference for abstinence and 45.7% for non-abstinence. In univariate comparisons, clients preferring abstinence were significantly (P < 0.01) more likely to: (i) be female, (ii) be unemployed, (iii) report drinking more heavily but less frequently, (iv) have been detoxified in the 2 weeks prior to assessment, (v) report more alcohol problems, (vi) be in the action stage of change, (vii) report greater negative expectancies of drinking, (viii) report greater mental and physical ill-health, (ix) report less social support for drinking and (x) be more confident of their ability to resist heavy drinking in tempting situations. In the logistic regression model, the strongest predictors of goal preference were gender, drinking pattern, recent detoxification and social support for drinking. Conclusion: The implications of these findings for service delivery are better considered in conjunction with findings from a companion paper reporting treatment outcomes associated with each goal preference. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
A multi-agency approach to arrest referral is described. While such schemes are now widely accepted within a range of available from PubMed. The shared management of patients with schizophrenia in primary care can only succeed if underpinned by valid, easily available from PubMed. We report two cases of pathological ingestion of salt as a feature of anorexia nervosa, which we have previously reported in another paper. In both instances, excessive quantities of salt were ingested in the context of treatment programs requiring nutritional rehabilitation, and motivated by a wish to despoil the food and render it distasteful, to rob its ingestion of any hedonic qualities. In one instance, this behavior pattern was imitated by other patients on the unit. Having first briefly described salinophagia in 1999, the first author has received considerable correspondence from other specialists suggesting that this is not an isolated phenomenon. The issues of phenomenology and treatment are further discussed. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their care, particularly as many patients are ambivalent about treatment and may develop concerning physical complications. Anorexia nervosa has the highest standardised mortality rate of any psychiatric disorder and all eating disorders cause significant short and long term psychological and physical morbidity. In this article, we provide an overview of the current psychological, pharmacological and physical evidence based management of patients with eating disorders. A multi-agency approach to arrest referral is described. While such schemes are now widely accepted within a range of measures designed to break the drug/crime link, there exists great variation in terms of the type of scheme, the setting, management and resourcing. The Leeds Arrest Referral Scheme is part of a multi-agency initiative designed to provide access to treatment for individuals detained in police custody with the ultimate goal of reducing drug-related harm and drug-related offending. Three arrest referral addiction therapists work in six police divisions and have direct contact with arrestees. They are able to refer directly into drug and alcohol services, including detoxification services, in the city. Monitoring and evaluation procedures provide measures of effectiveness. In the year ending April 2000, 66.3% of individuals seen were referred into treatment and 34.7% attended for initial appointment. The scheme meets Home Office recommendations and Drug Prevention Advisory Service (DPAS) guidelines for arrest referral schemes. The shared management of patients with schizophrenia in primary care can only succeed if underpinned by valid, easily administered and clinically relevant outcome measures. While conditions such as depression and anxiety lend themselves to this approach through the development, over a number of years, of patient- and observer-rated scales, schizophrenia still lacks the capacity for meaningful outcome measures. Recently, two international working groups have developed the concept of remission in schizophrenia and recommended a simple, brief and clinically valid measure based upon improvement in key symptoms over a specified time period. The authors consider this concept and its application to primary care both as a commissioning tool and to facilitate shared care of this chronic medical condition. 2009 Radcliffe Publishing. Aims: To compare treatment outcomes between clients preferring abstinence and those preferring non-abstinence at the screening stage of a randomized controlled trial of treatment for 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 abstinence, 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, with clients preferring abstinence more likely to obtain an abstinence outcome and those preferring non-abstinence a non-problem drinking outcome. Conclusion: The client's personal drinking goals should be discussed in assessment at treatment entry and as a basis for negotiation. The role of social support for a positive change in drinking behaviour. The book is guided by a key principle: the development of social support for a positive change in drinking behaviour. The book is divided into three parts including the following topics: (1) an introduction to the evidence base underpinning SBNT (2) core components of the treatment; and (3) common questions asked about the intervention. Featuring a series of practical handouts, this book is intended for clinicians, counsellors, nurses, psychologists and all those involved in the treatment of alcohol misuse and dependence. The appendices of this book contain worksheets that can be downloaded to purchasers of the print version. (PsycINFO Database Record (c) 2013 APA, all rights reserved) Aims: To compare treatment outcomes between clients preferring abstinence and those preferring non-abstinence at the screening stage of a randomized controlled trial of treatment for 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. 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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 audiorecorded 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 than similarities between gay and straight men. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal: Peer Reviewed Journal
PsyINFO: Available from Wiley Online Library (onlinelibrary.wiley.com)

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

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.


Objective: There is a 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 children in the special schools except for faddiness, which is an autism specific feature 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)

Journal: Peer Reviewed Journal
PsyINFO: Available from University of York (https://pure.york.ac.uk)
BACKGROUND: This case report shows that Munchausen’s syndrome can present as rectal foreign body insertion.

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 antipsychotic drugs 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)

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.

Munchausen’s syndrome and anorexia nervosa. Cerebral palsy and anorexia nervosa. Comorbidity is defined as the coexistence of two or more psychiatric or psychological conditions; for the purposes of this chapter, one of these conditions will be substance misuse or substance dependence. For many people who suffer from psychiatric or psychological disorders, substance use and misuse has utility. It is often the case that traditional medicine has less to offer than the patient’s own self-medication regimen and that social rather than pharmacological interventions are really what is needed. It is particularly important for doctors to be clear about the purpose of their prescribing and to monitor its effectiveness. Where substance misuse and psychiatric disorder coexist, the case for not prescribing, even for psychiatric illness, should always be vigorously explored. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Munchausen’s syndrome presenting as rectal foreign body insertion: a case report. 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.

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 factitious 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.


Addiction and the medical complications of drug abuse.

Management of Comorbidity

Emotion recognition in faces and the use of visual context in young people with high-functioning autism spectrum disorders.

Wake up call for British psychiatry: Response.

The effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care (AESOPS) - A randomised control trial protocol.

Barry Wright

Duncan Raistrick

David Yeomans

John F Morgan

Duncan Raistrick

Barry Wright, Natalie Clarke, Jo Jordan, Andrew W. Young, Paula Clare, Jeremy Nason, Leesa Clarke and Christine Williams


Duncan Raistrick and Gillian Tober

Dec-08

Dec-08

Dec-08

Dec-08

Nov-08

Wake up call for British psychiatry: Response.


English

Comments on an article by Nick Craddock et al. (see record 2008-09305-004). The paper by Craddock et al. and the subsequent letters 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 blame, cost, 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.

Duncan Raistrick

EMBASE

The principles of addiction medicine.

Addiction and the medical complications of drug abuse.

Management of Comorbidity

Emotion recognition in faces and the use of visual context in young people with high-functioning autism spectrum disorders.

BMC Health Services Research, 2008, vol./is. 8; 1472-5863 (2008)

English

[from the preface]: “The Invisible Man” is a self-help guide for men with eating disorders, compulsive exercise, and bigorexia, 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 histories of male eating disorders, challenging the idea that these are new conditions. It 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 and sociology of male eating disorders—exploring biological, psychological, and social aspects of these disorders. Part IV provides a practical, seven-stage approach to treatment.


Addiction and the medical complications of drug abuse.

Management of Comorbidity

Emotion recognition in faces and the use of visual context in young people with high-functioning autism spectrum disorders.

[Editor in Chief] Steven B. Karch


English

[from the chapter]: 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 drugs presents difficulties for the unway or ill-informed doctor. In order to prescribe safely and effectively doctors must: understand the nature of dependence; understand the dependence-forming potential of drugs; and understand the importance of motivation.

Barry Wright

Duncan Raistrick

David Yeomans, Available from Sage Journals

Book available for purchase.


English

The invisible man: A self-help guide for men with eating disorders, compulsive exercise and bigorexia, 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 histories of male eating disorders, challenging the idea that these are new conditions. It 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 and sociology of male eating disorders—exploring biological, psychological, and social aspects of these disorders. Part IV provides a practical, seven-stage approach to treatment.

Book Author

PsychINFO

Book available for purchase.

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Available from Sage Journals (journals.sagepub.com)

Available from B.J.Psych (bp.rcpsych.org)

Last updated: August 2020 Next revised date: February 2021
Martin Schmidt, John F Morgan and Fanda Youssaf.
Nov-08

Treatment adherence and the care programme approach in individuals with eating disorders.


English

Aims and method: To examine service-level variables predicting treatment adherence in a specialist eating disorders 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 a 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 disorders services to improve treatment adherence. (PsychnFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

J. Peer Reviewed Journal

John F Morgan

Gillian Tyer, Wendy Clyne, Olywn Finnegam, Amanda Farrin, Ian Russell and UKATT Research Team.
Nov-08

Validation of a scale for rating the delivery of psycho-social treatments for alcohol dependence and misuse: The UKATT Process Rating Scale (PRS).

Alcohol and Alcoholism, November 2008, vol./is. 43/6(675-682), 0735-0414:1464-3502 (Nov-Dec 2008)

English

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 reliably able 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 the two psycho-social treatments of alcohol use and dependence. (PsychnFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

J. Peer Reviewed Journal

John F Morgan

Carol Martin

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

Dazed and confused: Making sense of delirium after hip fracture.


English

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 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 their discussions of their symptoms. The difficulty that participants demonstrated in incorporating their delirious experiences into existing schemata may partially explain the adoption of anxiety-management strategies. Several participants expressed concerns about their mental state and how others would perceive it, which may also 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)

J. Peer Reviewed Journal

John F Morgan

John F Morgan.
Sep-08

Review of Psychological responses to eating disorders and obesity.


English

Reviews the book: Psychological responses to eating disorders and obesity edited by Julia Buckroyd and Sharon Rother (2008). 'Psychological Responses to Eating Disorders and Obesity' represents an attempt to synthesise psychological treatment approaches to both eating disorders and obesity. It provides and appropriately idiosyncratic amalgam of different therapeutic approaches. This eclectic, pragmatic perspective accords with best practice itself, in which unidimensional dogma is less convincing than focusing on 'what works'. This is reflected in the introduction's end-sentence of 'integrated treatment' and the call for 'the developing rapport between modalities and an end to theæturgisms which have stood in the way of patient benefit'.

Book Review

Barry Wright

Clare Whilton, Chris Williams, Barry Wright, Jenny Jardine and Anne Hunt.
Sep-08

The role of evaluation in the development of a service for children with life-limiting conditions in the community.

Child Care, Health and Development, September 2008, vol./is. 34/5(576-583), 0305-1662:1965-2214 (Sep 2008)

English

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 (MPOC-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 (MPOC- 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 'respectful and supportive care' as the highest domain in the MPOC-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 MPOC tools were extremely useful in helping providers to identify aspects of the service in need of improvement and hence implement valued changes. (PsychnFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

J. Peer Reviewed Journal

Barry Wright

Available from PsycINFO
Available from University of Central Lancashire
Available from Wiley online library
Available from Wiley online library
Available from Psiych Bulletin (pb.rpsych.org)
Purpose of the study: s [2]. There is a diurnal pattern too. External stress and physiological conditions also affect prolactin variations.

John F Morgan, Barry Wright.

Development in deaf and blind children.

Psychiatry, July 2008, vol./is. 70/2, 286-293, 1476-1793 (July 2008)

English

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 11 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 of the world, which in turn are mediated by how the family and environment supports and interacts with the child. The corollary of this is that professionals and family have an important role to play in creating the conditions in which children can thrive. 2008 Elsevier Ltd. All rights reserved.

Barry Wright

Jul-08

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Barry Wright

Jul-08

Development in deaf and blind children

Psychiatry, July 2008, vol./is. 70/2, 286-293, 1476-1793 (July 2008)

English

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 11 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 of the world, which in turn are mediated by how the family and environment supports and interacts with the child. The corollary of this is that professionals and family have an important role to play in creating the conditions in which children can thrive. 2008 Elsevier Ltd. All rights reserved.

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Tariq Mahmood, M A Franks, K A N Macritchie, Tariq Mahmood and A H Young.

Jun-08

Bouncing back: Is the bipolar rebound phenomenon peculiar to lithium? A retrospective naturalistic study.


English

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 28 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 readmission. 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)


May-08

Screening for eating disorders in primary care: EDE-Q versus SCOFF.


English

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 interviewed participants (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 >2.80 yielded the optimal trade-off between sensitivity (Se) (0.80) and specificity (Sp) (0.80) (positive predictive value (PPV) = 0.44), whereas a score of two or more positive responses on the SCOFF was optimal (Se = 0.72, Sp = 0.72, 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. (PsycINFO 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


English

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 of patients with BED. Binge eating disorder (BED) may affect one in four obese patients, 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.

Mar-08

A Dual Aspect Process Model of Intensive Interaction


English

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 Yeomans, Chris Bushe, and Tamin Iam, Shubulade M Smith


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 pharmacy 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%, risperidone long-acting intramuscular injection (LAIM) 67% (n = 6) and risperidone (n = 30) 55% used as antipsychotic monotherapy. Clinically Significant hyperprolactinemia (>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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Tara Mahmood, Paola J Valappil, Sangeetha Sankaranarayanan, and Taniq Mahmood


Comments on an article by Helen Smith and Tom White (see record 2007-17844-005), who assessed the feasibility of using a structured risk assessment tool (Historical Clinical Risk 20-Item (HCR–20) Scale) in general adult psychiatry. 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Barry Wright, Barry Wright, Chris Williams, and Greg Richardson


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) ... (Correspondence)

Duncan Raistrick and Gillian Tober


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 Humber region of England. Fifteen 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 use more illicit drugs. In contrast to surveys in primary care, this survey found that specialists scored low 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)


PsycINFO Available from BUPsych Bulletin (pb.rncpsych.org)

PsycINFO Available from Sage Journals (journals.sagepub.com)

John F Morgan, Pilar Muro-Sans, Juan Antonio Amador Campos and John F Morgan.

The SCOFF-c: Psychometric properties of the Catalan version in a Spanish adolescent sample.

Journal of Psychosomatic Research, January 2008, vol./is. 64(1-86), 0022-3999

Objective: The objective of this study is to validate the Catalan version of the SCOFF questionnaire with a community sample of adolescents. Method: This study used a community sample of 954 participants (475 girls and 479 boys; aged between 10.9 and 17.3 years of age from the city of Barcelona) and a risk group of 78 participants (35 men and 43 women; derived from the community sample) that have exceeded ≥95 percentile in at least two of the three scales of the Eating Disorders Inventory-2 (EDI-2): Drive for Thinness, Bulimia, and Body Dissatisfaction. Results: There were significant differences in total SCOFF scores across gender and school grades. The SCOFF best cutoff point was 2 (sensitivity = 73.08%; specificity = 77.74%). Concurrent validity with the EDI-2 varied between low and moderate. The reliability of the SCOFF questionnaire was moderate. Exploratory factor analysis of the SCOFF questionnaire showed a two-factor structure for the total sample and for girls, and one factor for boys. Conclusion: The best cutoff point for this community sample is 2. The data suggest that the SCOFF questionnaire could be a useful screening questionnaire to enable the detection of groups possibly at risk for eating disorders among adolescent Spanish community samples.

Graham Firth, Helen Eldoff, Catherine Leeming and Marion Crabb

Intensive Interaction 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

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 perspectives could enable future Intensive Interaction interventions to be more successfully planned and supported.

David Yeomans

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


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 screening of SMI patients. AIMS: A total of 966 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 (prehypertension (50%), hyperlipidaemia (71%), poor diet (32%), low exercise levels (37.4%) 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 undiagnosed. 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.

John F Morgan, Jon Arcesu, Walter P Bouman and John F Morgan

Treating young people with eating disorders: Transition from Child Mental Health to Specialist Adult Eating Disorder Services.

European Eating Disorders Review, January 2008, vol./is. 16(1/30-36), 1072-4133:1099-0968 (Jan-Feb 2008)

Background: The transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) of young people with eating disorders may pose a number of difficulties, including an inconsistent referral process and age boundaries. Methods: We compared young adults referred to a specialist Adult Eating Disorders Service (AEDS) who had previous involvement with CAMHS for the treatment of their eating disorder with those who did not. Information regarding the socio-demographic characteristics and eating disorders symptomatology of patients assessed by an AEDS over a 4-year period was collected. Results: Patients who had previous involvement with CAMHS (particularly the ones treated as in-patients) presented with a lower self-esteem and more maturity fears (MF) than those without previous involvement. Conclusions: This study discusses the implication of these results in transitional arrangements between CAMHS and Adult services. It also highlights the need for heightened awareness of particular issues of self-esteem and maturation in these patients moving between services. (PsychINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Graham Firth, Helen Eldoff, Catherine Leeming and Marion Crabb

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

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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 perspectives could enable future Intensive Interaction interventions to be more successfully planned and supported.
Duncan Raistrick
Kim Wolff (editor), Duncan Raistrick, Nick Lintzers and Joanna Banbery. Dec-07
Addiction medicine. Drug abuse handbook (2nd ed.), 2007 (559-565) (2007) 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 expanded 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 non-specialist. 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
PsychINFO
Book available for purchase.

Tariq Mahmood
Joseph I Tracy, Cynthia Lippincott, Tariq Mahmood, Brigid Waldron, Kevin Kanauss, David Glosser and Michael R Sperling. Dec-07
Are depression and cognitive performance related in temporal lobe epilepsy? Epilepsia, December 2007, vol./is. 48/12(2327-2335), 0013-9580/1528-1167 (Dec 2007) 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 utilising 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 our left or right TLE 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 unraveling 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 neurocognitive 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
Motivational interviewing has been practised in the UK primary care setting over many years; a book available for purchase. This chapter is concerned with understanding possible limitations to motivational therapies and indeed motivational dialogue in general. The results of motivational interviewing studies have been mixed which is an indication of the complexity of interactions involved in building motivation and progressing to actual behaviour change (see Chapter 9) but also a caution that motivational therapies have their limitations. In a systematic review of 29 studies using motivational interviewing for the treatment of a variety of conditions, Dunn et al. (2001) found that three-quarters of the substance misuse studies had significant effect sizes, ranging from 0.30 to 0.95; treatments directed at weight reduction were most effective while those for smoking cessation were least effective. In the detail of some of these studies there is evidence that people not yet ready to change and those with a moderate severity of dependence benefit most from motivational interventions. It makes sense that people who are severely dependent on a substance may need more than motivation in order to change and that those who are already motivated do not need motivational therapies at all. This is the starting point for this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

In this chapter we propose a protocol for integrating motivational dialogue into routine treatment of tobacco dependence using a stepped care approach. In earlier chapters we have explored the evidence for motivational interviewing as a stand-alone treatment with different substance problems in different permutations and 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)

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)

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In this chapter we propose a protocol for integrating motivational dialogue into routine treatment of alcohol and drug dependence using a stepped care approach. In earlier chapters we have explored the evidence for using a motivational style of counselling problem drinkers as compared with a confrontational approach (see Chapter 1) and with a non-directive approach (see Chapter 8). In Chapter 5, Kadden and colleagues reviewed the evidence for using motivational interviewing as a stand-alone treatment with different substance problems in different permutations and 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)

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

Duncan Raistrick and Gillian Tober

Oct-07

Trends in BMI and changes in lifestyle in a UK primary care setting: a longitudinal study.

Ian Russell, Duncan Raistrick and Gillian Tober

Dec-07

Yours truly
discuss the methodological issues behind the choice of research design in this field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Barry Wright

Nov-07

Intervention and support for parents and carers of children and young people on the autism spectrum: A resource for trainers.


English

The needs of parents and carers of children on the autism spectrum are not met by conventional parenting strategies. This resource for trainers and facilitators offers the best available knowledge and theories to help them develop an understanding of how their child perceives the world and ultimately improve their family life.

The manual is divided into ten sessions that introduce a topic related to autism and Asperger Syndrome. For example, ‘mindblindness’ and the social world, and strategies to manage individual behaviour. During each session parents are introduced to a new topic and are invited to participate in exercises and group discussions that serve to reinforce the key messages discussed earlier. Each session closes with recommended reading and ‘homework’.

This manual is a valuable resource for professionals working with parents of children and young people with autism and Asperger Syndrome and is an effective complement to How to Live with Autism and Asperger Syndrome: Practical Strategies for Parents and Professionals published by Jessica Kingsley Publishers, which is referenced throughout the resource.

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

European Psychiatry, October 2007, vol./is. 22/4(143-418), 0924-9338 (Oct 2007)

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 weight and lifestyle advice including smoking cessation to reduce cardiovascular risk. Results: Nine hundred and sixty-eight patients 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 < 0.05) and diet (p < 0.0001). 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 (p < 0.0001). At the end of the programme significant cardiovascular risk factors remained, 46% of subjects smoked, 26% had hypertension and 81% had BMI >25. 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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 developed and found to have good psychometric properties in terms of test-retest reliability, internal consistency, distribution of responses and concurrent validity. Clinical implications: The SSQ is suitable for use as the social domain element of an outcome measures package. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

The importance of providing an integrated biopsychosocial model of care in bariatric teams is highlighted. 2007


Oct-07

A resource for trainers.

Strategies for Parents and Professionals published by Jessica Kingsley Publishers, which is referenced throughout the resource.

This manual is divided into ten sessions that introduce a topic related to autism and Asperger Syndrome. For example, ‘mindblindness’ and the social world, and strategies to manage individual behaviour. During each session parents are introduced to a new topic and are invited to participate in exercises and group discussions that serve to reinforce the key messages discussed earlier. Each session closes with recommended reading and ‘homework’.

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European Psychiatry, October 2007, vol./is. 22/4(143-418), 0924-9338 (Oct 2007)

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 weight and lifestyle advice including smoking cessation to reduce cardiovascular risk. Results: Nine hundred and sixty-eight patients 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 < 0.05) and diet (p < 0.0001). 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 (p < 0.0001). At the end of the programme significant cardiovascular risk factors remained, 46% of subjects smoked, 26% had hypertension and 81% had BMI >25. 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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 developed and found to have good psychometric properties in terms of test-retest reliability, internal consistency, distribution of responses and concurrent validity. Clinical implications: The SSQ is suitable for use as the social domain element of an outcome measures package. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
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 collaboration. Early intervention services may use partnerships rather 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 partnerships.

There is strong evidence for the effectiveness of psychosocial treatments for addiction disorders and it follows that psychosocial interventions suitable for use by psychiatrists should ensure competence to deliver these treatments as part of their repertoire of knowledge and skills. The essential proposition running throughout the book is that psychological 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) (journal abstract)

There 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.

Objective: Historical and contemporary research has posited 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 audio-taped 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: focus of control, sacrifice, self-image, salvation, maturation. Appropriate control impact 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 impact 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)

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 of 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.
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 nonwords, 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)
John F Morgan

Helen C Murphy and John F Morgan.

Sep-06

Society's advice on low weight and IVF was ignored by media.


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 detetic advice, warned of pregnancy risks and, if appropriate, provided with access to further interventions including psychological ...

Journal: Letter

EMBASE

Available from PubMed

Last updated: August 2020 Next revised date: February 2021

John F Morgan

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.


English

Objective: Bulimia nervosa is common and treatable. An association between bulimia and obstetric complications has been suggested, but no study 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 primigravidae previously treated for bulimia in a specialist eating disorder service. A cohort of 122 women with active bulimia during pregnancy was contrasted with 82 with quiescent bulimia, using structured interviews and a clinical review. 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 unexplained pregnancy was markedly elevated (OR, 30.0; 95% CI, 12.8-68.7). Risk estimates were not explained by differences in adiposity, demographic, alcohol/substance/laxative misuse, smoking, or year of birth, but relative contributions of bulimic behaviors were not discriminated. Conclusions: Active bulimia during pregnancy is associated with postnatal depression, miscarriage, and preterm delivery. Bulimia may be a treatable cause of adverse obstetric outcome. (PsyINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal: Peer Reviewed Journal

PsycINFO

Available from PubMed

Last updated: August 2020 Next revised date: February 2021

Tom Isherwood

Tom Isherwood, Mick Burns and Giles Rigby

Apr-06

A qualitative analysis of the 'management of schizophrenia' within a medium-secure service for men with learning disabilities.


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 Checklist'. The responses were analysed using a grounded theory approach. Principle themes identified are described. The therapy vs. security factor was 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. (PsyINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal: Peer Reviewed Journal

PsycINFO

Available from PubMed

Last updated: August 2020 Next revised date: February 2021

Barry Wright

Bernadette Ashby, Barry Wright and Jo Jordan.

Feb-06

Chronic Fatigue Syndrome: An Evaluation of a Community Based Management Programme for Adolescents and their Families.


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. Semistructured 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. (PsyINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal: Peer Reviewed Journal

PsycINFO

Available from Wiley online library

Last updated: August 2020 Next revised date: February 2021

Duncan Raistrick

Duncan Raistrick, David West, Olywyn Finnegam, Gill Thriftenthalwe, Roger Breatley and Jo Banbery.

Dec-05

A comparison of buprenorphine and lofexidine for community opiate detoxification: Results from a randomized controlled trial.


English

Objective: To investigate whether a buprenorphine opiate detoxification regimen can be considered to be at least as clinically effective as a lofexidine regimen. Design: An open-label randomized controlled trial (RCT) 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 the 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 lofexidine and 65% of those on buprenorphine completed detoxification. Of these, 36.7% of the lofexidine and 45.9% of the buprenorphine groups reported abstinence at 1 month. Of those not completing detoxification abstinence 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 lofexidine detoxification treatment. Whether or not individuals were randomized to, or chose, a treatment appeared not to affect the study's outcome. (PsyINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal: Peer Reviewed Journal

PsycINFO

Available from PubMed

Last updated: August 2020 Next revised date: February 2021
A M Winrow and Leslie Citrome
The effective management of individuals with severe mental illnesses (SMIs) requires an holistic approach that offers changes to available from Semantic Scholar.

Objective: Measurement of plasma methadone concentration to investigate the rate of clearance of methadone in general hospitals: older people with co-morbid mental illness.
Aim: To explore the training needs of general nurses to care for this group.
Method: Focus groups with general nurses were conducted with the aim of identifying key factors undergoing changes during pregnancy, accounting for differences in obstetric and psychopharmacological management of pregnancy. 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 prescribed 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. Springler-Verlag 2005.

Journal Article
EMBASE
Available from Cambridge Core
Available from Springer Link

John Holmes and John Holmes.

Nov-05

Old age medical patients screening positive for depression.


English

Objective: The aim was to observe whether medical inpatients screening positive for depression using the Geriatric Depression Scale (GDS) continue to screen positive following hospital discharge. Method: Participants aged 65 or over, were recruited from consecutive admissions to a city teaching hospital. Subjects had an Abbreviated Mental Test Score (AMTS) of seven or above and a GDS-15 score of five or above. Information was collected on past psychiatric history and living arrangements. Subjects were followed up at three months and later with the GDS repeated. Results: Thirty subjects were recruited and 26 (87%) followed-up. Ten (38%) no longer scored positive on the GDS, and overall the mean GDS score decreased by two points (Z = 2.235 p < 0.05). Patients with a past psychiatric history or living alone were more likely to be depressed at follow-up. 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.

Journal Article
EMBASE
Available from Cambridge Core
Available from Springer Link

Kim Wolff, Annabel Boys, Amin Rostami-Hodjegan, Aalastair W M Hay and Duncan Raistrick

Nov-05

Changes to methadone clearance during pregnancy.

European Journal of Clinical Pharmacology, November 2005, vol./is. 61/10(763-768), 0031-6970 (November 2005)

English

Objective: Measurement of plasma methadone concentration to investigate the rate of clearance of methadone prescribed for heroin dependence in the first, second and third trimesters of pregnancy. A secondary objective was to evaluate the outcome of pregnancy. Methods: Longitudinal within subject study of nine pregnant opioid dependent subjects prescribed methadone at the Leeds Addiction Unit, an outpatient community based treatment centre. Plasma concentration versus time data for methadone was collected during each trimester and post-partum for our subjects. Data was available for the first and second trimesters for 4/9 cases. All but one of the subjects provided data during the third trimester and data post-partum was collected from three respondents. Measurements of methadone levels in plasma were carried out using high performance liquid chromatography (HPLC). Results: Trough mean plasma methadone concentrations reduced as the pregnancies progressed from 0.12 mg/L (first trimester) to 0.07 mg/L (third trimester). The weight-adjusted clearance rates gradually increased from a mean of 0.17 to 0.21 L/hr/kg during pregnancy, although patterns differed substantially between the nine women. An assessment of relative clearance of methadone using two patients for whom we have had all three CL values (trimester 1-3) demonstrated notable change of CL (P=0.056) over time. Eight of our subjects delivered (3 males), within two weeks of their due date the ninth (male) was premature (21 days). The mean length of gestation was 39.7 weeks (SD=10 days) and none of the neonates met criterion for 'low birth weight' mean 3094, SD 368 q). Five neonates spent time (0.5-28 days) in a special care baby unit (SCBU) and 4 of these displayed signs of methadone withdrawal. Conclusions: General Practitioners and hospital 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. Springler-Verlag 2005.

Journal Article
EMBASE
Available from Cambridge Core
Available from Springer Link

John Holmes and Carol Martin

Nov-05

Provision of care for older people with co-morbid mental illness in general hospitals: General nurses' perceptions of their training needs.


English

Introduction: There are high levels of co-morbid mental illness amongst older people in general hospitals; this study explored the training needs of general nurses to care for this group. Method: Focus groups with general nurses were analysed using framework analysis. Findings and Conclusion: Nurses wanted training, but did not believe that training alone was sufficient to improve care, expressing that more integrated working between acute and mental health services was also needed. Liaison mental health services provide a way to deliver both training and a more integrated service. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal Article
PsycINFO
Available from Wiley Online Library

David Yeomans

Nov-05

Do guidelines for severe mental illness promote physical health and well-being?


English

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 wishing 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Journal Article
PsycINFO
Available from Semantic Scholar

Last updated: August 2020 Next revised date: February 2021
Mortality and suicide after non-fatal self-poisoning: 16-year outcome study.

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 any cause or by suicide. Method: A retrospective single-group cohort study was undertaken with 976 consecutive emergency unit patients attending a large accident and emergency unit in 1980-1986 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 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 rates 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)

Setting standards for training and competence: The UK alcohol treatment trial.
Alcohol and Alcoholism, September 2005, vol./is. 40/5(413-418), 0735-0414;1465-3002 (Sep-Oct 2005)

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 the 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 treatment 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)

A feasibility study comparing two treatment approaches for chronic fatigue syndrome in adolescents.
Archives of Disease in Childhood, April 2005, vol./is. 90/4(369-72), 0003-9888;1468-2044 (2005 Apr)

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, 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.

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Is the presence of urinary indolyl-3-acryloylglycine associated with autism spectrum disorder?

To test whether the presence of indolyl-3-acryloylglycine (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 8mo; 79% male) agreed to participate, as did 155 children without ASDs (mean age 10y, SD 3y 2mo; 54% male) in mainstream and special schools (56 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)
The positive impact of psychotherapy upon the mental health problems of older people is increasingly accepted. Louise Bergin and John F Morgan

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 genitoplasty 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 psychosexual 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.

The positive impact of psychotherapy upon the mental health problems of older people is increasingly accepted. Louise Bergin and John F Morgan

In patients with bipolar disorder whose first episode was manic, 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., 1999; Raymond et al., 2003). 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; Grof 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 abstract)

The positive impact of psychotherapy upon the mental health problems of older people is increasingly accepted. Louise Bergin and John F Morgan

Euthymic bipolar patients on maintenance treatment (9 whose first episode was manic and 9 whose first episode was depressive) were identically challenged with a 5-HT1D receptor agonist. 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 abstract)
Mortality in Parkinson's disease and its association with dementia and depression.


Objective: To compare the mortality rate in Parkinson's disease (PD) with a control group without PD, and to assess the relationship between mortality and features of PD. Material and methods: Ninety PD patients and 50 controls, mortality ascertained at 11 years follow-up. Results: The hazard ratio (HR) for mortality in PD patients compared with controls was 1.64 (95% CI: 1.26-2.12). Multivariate analysis showed age, dementia and depression were independent predictors of mortality but age at onset of PD and severity of neurological symptoms were not. The HR for age was 1.09 (95% CI: 1.05-1.13), for dementia 1.94 (95% CI: 1.26-2.99), and for depression 2.66 (95% CI: 1.59-4.4). Conclusion: Mortality in PD is increased compared with controls. Psychological variables are important predictors of mortality in PD. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Embarrassing comedies: A qualitative and quantitative study of dependence and readiness to change.


Comments on the article by E. Hartney et al. (see record 2003-06548-005). The current authors argue that the Hartney et al. study appears to confirm the ability of Leeds Dependence Questionnaire (LDQ) to distinguish different populations of drinkers on the basis of their perceived ability to control, or their level of dependence and does not in any way diminish the validity either of the concept or the measure. Presentation of both the quantitative data (LDQ scores) and qualitative data give valuable and additional support to the nature of the dependence construct as described by Raistrick et al. (1994) and measured by their scale, the LDQ. The relationship between dependence and consumption is an interesting one. The Hartney et al. sample adds interesting information on yet another relationship attesting precisely to the fact that it is not the alcohol per se, but a variety of cues which condition drinking behaviour, thus rendering it possible to have high consumption and low dependence. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

The Society for the Study of Addiction (SSA) is a learned society which is a company limited by guarantee with charitable status, an independent organization promoting the cause of research, public policy and treatment of addiction. Founded in London in 1884 with the aim of promoting a research-based understanding of inebriety, it is the oldest society of its kind. The pursuit and enhancement of evidence-based policy and treatment informed its work in the early days and has remained its organizing principle throughout its history. Led initially by medical political interests, the Society has grown to encompass a broader disciplinary base, reflecting the expansion of interest in addiction from biological, psychological and social science into nursing, social work, probation, other arms of criminal justice work and voluntary sector professionals. Today its membership is made up of researchers, practitioners and policy makers from all these disciplines, the majority of whom reside and work in the United Kingdom; its international membership makes up nearly one-third of the total membership and there are current endeavours to expand collaboration with other national societies in the field. Its activities are focused upon the Society journals, Addiction and Addiction Biology, other publishing activities, the annual symposium and a number of policy initiatives. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

We fully agree with Kisley et al (2004) that the patients receiving compulsory community treatment are often relatively young, male, single, Black or from a minority ethnic group, unemployed and with a history of schizophrenia, drug use, previous admissions and forensic contact. They obviously are more severely unwell and more liable to be readmitted than are those who are treated without compulsory treatment orders (CTOs). Therefore, it would have been more appropriate to compare the patients on CTOs with individuals whose applications for CTOs were not granted by the family courts (as in New Zealand), or who were discharged by the Mental Health Review Boards (as in Australia).

The Society has grown to encompass a broader disciplinary base, reflecting the expansion of interest in addiction from biological, psychological and social science into nursing, social work, probation, other arms of criminal justice work and voluntary sector professionals. Today its membership is made up of researchers, practitioners and policy makers from all these disciplines, the majority of whom reside and work in the United Kingdom; its international membership makes up nearly one-third of the total membership and there are current endeavours to expand collaboration with other national societies in the field. Its activities are focused upon the Society journals, Addiction and Addiction Biology, other publishing activities, the annual symposium and a number of policy initiatives. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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<th>Author(s)</th>
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<td>John F Morgan, Norman Poole, Ashraf Al Atar, Louise Bidlake, Albemic Fiennes, Sara McCluskey, S Nassey, Gail Bano and John F Morgan</td>
<td>Pouch dilatation following laparoscopic adjustable gastric banding: Psychobehavioral factors (can psychobehavioral factors predict pouch dilatation?)</td>
<td>Obesity Surgery, June 2004, vol./iss. 14/6(798-807), 0960-8623 (June/July 2004)</td>
<td>Journal Article</td>
<td>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 likely 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 prescriptive BMI. Conclusions: Psychological factors may be better predictors of pouch dilatation than biomedical variables. Disordered eating can be an attempt to modulate negative emotions. Pouch dilatation may be a consequence of this eating behavior.</td>
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<tr>
<td>Duncan Raistrick, John Strang and Duncan Raistrick.</td>
<td>Alcohol and Drugs Policy: why the clinician is important to public policy</td>
<td>Psychiatry Volume 3, Issue 1, January 2004, Pages 65-67</td>
<td>Journal Article</td>
<td>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?</td>
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<td>Tariq Mahmood, Sara McCluskey, Louise Bidlake and Gillian Tober</td>
<td>Bipolar Disorder, Migraine and 5-HT</td>
<td>Journal of Psychiatry, Vol 183, Issue 6, Page 562</td>
<td>Journal Article</td>
<td>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.</td>
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<td>Allan House, David Owens, Allan House and Isaura Gairin.</td>
<td>Authors reply</td>
<td>The British Journal of Psychiatry, December 2003, Volume 183, Issue 6, Page 562</td>
<td>Journal Article</td>
<td>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.</td>
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<tr>
<td>Duncan Raistrick and Gillian Tober</td>
<td>Much more than outcomes</td>
<td>Drug and Alcohol Findings, 2003, vol./iss. 8, AAAA-2004 (Spr 2003)</td>
<td>Journal Article</td>
<td>It records agency activity as well as outcomes, is suitable for drugs or alcohol, can be customised, and outputs to the national drug monitoring database - it's RESULT, a new treatment monitoring system developed in Leeds. Cites seventeen references. [Journal abstract]</td>
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Do we manage deliberate self-harm appropriately? Characteristics of general hospital patients who are offered psychiatric aftercare.

**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, parasuicide, 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, concomitant 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-melatonin axis, cortisol secretion and sleep abnormalities appear to be implicated. Psychosocial explanations for these epidemiological findings include alcohol use, a sense of personal isolation and the ‘broken promise’ effect.

**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.
John F Morgan

Evidence based practice: still a bridge too far for addiction counsellors?

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. Patient(s): Eight women originally treated for bulimia nervosa (T0:sub-0); T1:sub-0; T2:sub-0) who underwent ultrasonography up to 2 years after treatment (T:sub-1;sub2); and had a second ultrasonographic scan 9 years later (T:sub-2;sub-2). 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-2, 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-2, 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.

Tariq Mahmood

John F Morgan

Ethanol: a medicine to a problem- still a bridge too far for addiction counsellors?

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

Note 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, 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 157 subjects (Ss), with agreement in prediction of eating disorder for 167. 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).
**John Holmes**

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 facing 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 BJPsych Bulletin (bp.rcpsych.org)

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**John F Morgan**

John F Morgan, Fizan Reid, Aileen Brunton, Claire Price, Lin Perry and Hubert John Lacey.

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(3-75), 13620347*  

**English**

**QUESTIONS:** In patients with bulimia nervosa (BN), are antidepressants as effective as psychological treatment (PT) for increasing remission and clinical 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; Clinical Evidence; and reference lists; by hand searching the International Journal of Eating Disorders and book chapters on BN; and by contacting pharmaceutical companies...  

- **Main results:** Studies were selected 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 binge or purge episodes], clinical improvement (/>=50% reduction in binge or purge episodes), and dropout). Main results: 5 RCTs (237 patients) compared antidepressants with PT Groups did not differ significantly for remission (SRCTs); only 1RCT 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); 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.

**Journal Article**  
**PsyCINFO:** Available from BMJ Journals (www.bmj.com)  
**Evidence Based Mental Health (ebmh.bmj.com)**

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**Gillian Tober 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:** *Peer Reviewed Journal*  
**PsyCINFO:** Available from Taylor & Francis Online (www.tandfonline.com)

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**Hiroko Akagi**

Hiroko Akagi and T Manej Kumar.

Jun-02  
**Lesson of the week: Akathisia: overlooked at a cost.**


**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 substances 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-oriocine service which showed that when the offending drug was discontinued ...
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<th>Author(s)</th>
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<tr>
<td>John F Morgan</td>
<td>Review of antidepressants increase remission and clinical improvement in bulimia nervosa.</td>
<td>May 02</td>
<td>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.</td>
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<td>Sue Clegg, Jon Barrett and John F Morgan</td>
<td>Available from Taylor &amp; Francis Online</td>
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<tr>
<td>Gillian Tober, Alex Copello, Jim Orford, Ray Hodgson, Gillian Tober and Clive Barrett</td>
<td>Social behaviour and network therapy: Basic principles and early experiences.</td>
<td>May 02</td>
<td>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. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Barry Wright, Christine Williams, Barry Wright, Gillian Callaghan and Brian Coughlan</td>
<td>Do children with autism learn to read more readily by computer assisted instruction or traditional book methods?: A pilot study.</td>
<td>Mar 02</td>
<td>Examined the effects of computer vs book-based instruction on the development of reading skills by 8 3-5 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)</td>
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<td>Saeideh Saeidi, Sue Clegg, Jon Tan and Saeideh Saeidi</td>
<td>Reflecting or Acting? Reflective Practice and Continuing Professional Development in Higher Education.</td>
<td>Feb 02</td>
<td>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 cognitivist 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 reframing might have implications for the design of CPD for higher education lecturers. (PsycINFO Database Record (c) 2012 APA, all rights reserved; journal abstract)</td>
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<td>Barry Wright</td>
<td>Joint trainers and trainees forum - A collaborative approach to higher specialist training.</td>
<td>Jan 02</td>
<td>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)</td>
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<td>Lesley Hewson and Barry Wright</td>
<td>Available from ACP Journals Club (acpjc.acponline.org)</td>
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<td>Alex Copello, Jim Orford, Ray Hodgson, Gillian Callaghan and Brian Coughlan</td>
<td>Available from ACP Journals Club (acpjc.acponline.org)</td>
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Addiction psychiatry is at an interesting stage of development and seems to be set on a path that will part company with other disciplines. This is because the discipline of addiction psychiatry is emerging from a period of uncertainty into a period of relative clarity.

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 Motivational Enhancement Therapy (MET) or to Social Behaviour and Network Therapy (SBNT), a novel treatment developed for the trial with strong support from theory and research. The trial will test two main hypotheses, expressed in null form as: (1) less intensive, motivationally based treatment (MET) is as effective as more intensive, socially based treatment (SBNT); (2) more intensive, socially based treatment (SBNT) is as cost-effective as less intensive, motivationally based treatment (MET). A number of subsidiary hypotheses regarding client-treatment interactions and therapist effects will also be tested. The article describes general features of the trial that investigators considered desirable, namely that it should: (1) be a pragmatic, rather than an explanatory, trial; (2) be an effectiveness trial based on ‘real-world’ conditions of treatment delivery; (3) incorporate high standards of training, supervision and quality control of treatment delivery; (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.

Comments on the article by T. Bradbeer et al (see record 2001-07825-004) which discussed driving habits and attitudes towards alcohol consumption. The study found a significant correlation between alcohol intake and driving habits, with those who drink more alcohol also tend to drive more frequently and at higher speeds. The authors conclude that these findings support the need for targeted interventions to reduce the harmful effects of alcohol on driving.

A national alcohol strategy for England. This paper describes the national alcohol strategy for England, which was announced in 2001. The strategy aims to reduce alcohol-related harm by increasing awareness of the risks associated with alcohol consumption and promoting safer drinking patterns.

Driving and substance misuse. This paper examines the relationship between driving and substance misuse, with a focus on the role of substance use in the context of alcohol-related driving offenses. The authors highlight the importance of addressing substance misuse as part of any wider strategy to reduce alcohol-related harm.

Last updated: August 2020 Next revised date: February 2021
Serotonin and bipolar disorder.

Leeds Dependence Questionnaire: New data from a large sample of clinic attenders.

Addiction

With the emergence of specific pharmacological probes for various serotonin (5-HT) receptors and radio-ligands for central 5-HT, it has now become possible to investigate its role in the pathogenesis of bipolar disorder more closely. This paper critically reviews the scientific literature regarding the relationship between bipolar disorder and serotonergic systems. A number of direct and indirect approaches were examined, including brain studies, CSF studies, neuroendocrine studies, genetics, platelet studies, and psychopharmacological studies. The evidence suggests that central serotonergic activity is reduced in the depressive phase of bipolar disorder. Similar findings have been reported in bipolar patients when euthymic, indicating that that lower 5-HT activity could be a trait marker for bipolar disorder. Findings reported in the manic phase of this illness are inconsistent. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Developing a child and adolescent mental health service for children with learning disabilities.


Depression among children and adolescents with learning disabilities. Mental health services have been slow to respond to the needs of this group of children. Although school nurses and education authorities are generally well aware of the problems of the group, the psychological support available has been inadequate. It is possible that an integrated service would be a suitable model of care for all children with special educational needs (CEN). (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Smoking cessation.

The SCIMITAR+ trial which was designed to test a bespoke smoking cessation intervention for patients with SMR 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 intervention for children with learning disabilities. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Findings reported in the manic phase of this illness are inconsistent. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Gillian Tiber and Duncan Raistrick  
Measuring outcomes in a health service addiction clinic. 
Addiction Research, April 2000, vol./is. 4/1(69-182), 1058-6989 (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 original, 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, Peer Reviewed Journal  
PyscINFO  
Available from Taylor & Francis Online (www.tandfonline.com)  
Available from EMBASE (link.springer.com)  
Available from PsycINFO (www.apa.org)  
Available from Bmj (bmj.com)  
Available from LYPFT list of published studies

John F Morgan  
Poly cystic ovary syndrome.  
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 original, 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)  
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Available from PsycINFO (www.apa.org)  
Available from Bmj (bmj.com)  
Available from LYPFT list of published studies

Addiction, December 2000, vol./is. 95/12(1771-1783), 0965-2140/1360-0443 (Dec 2000)  
English  
Investigated a population-based pharmacokinetic (POP-PK) approach for monitoring plasma methadone concentrations in opioid addicts. Oral doses of rac-methadone were given to 35 17-36 yr 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)  
Journal, Peer Reviewed Journal  
PyscINFO  
Available from Taylor & Francis Online (www.tandfonline.com)  
Available from EMBASE (link.springer.com)  
Available from PsycINFO (www.apa.org)  
Available from Bmj (bmj.com)  
Available from LYPFT list of published studies

Duncan Raistrick  
The Management of Alcohol Detoxification  
Advances in Psychiatric Treatment, 6, 348-355  
English  
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 as 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 expedient, 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  
Journal Article  
PyscINFO  
Available from Bmj (bmj.com)  
Available from LYPFT list of published studies

David Yeomans and JJ Sanford.  
Assessing aggression in psychiatric inpatients (6) (multiple letters)  
English  
... I have been treated to demonstrations of knives, scissors, a machete, and a (relica) 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 handover of most weapons can be instigated with minimal risk to all concerned. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  
Journal Article  
EMBASE  
Available from the BMJ (bmj.com)  
Available from LYPFT list of published studies

Barry Wright  
Have the Cross-Informant Syndromes of the CBCL any practical value in identifying grouped ICD10 diagnoses?  
English  
120 children referred to a child and adolescent psychiatric service in a university clinic were studied with the aim of deriving predictors for grouped ICD10 diagnoses using the CBCL Cross-Informant Syndromes (CISs). CIS7 (Delinquent Behaviour) and CIS8 (Aggressive Behaviour) were shown to significantly separate Disruptive Behaviour Disorders from all other disorders. As cross-validation, a separate clinical sample of 118 children from a similar service in another part of the country was used to see to what extent the CIS predictors from the first sample held up in the second sample. Positive and Negative Predictive Powers, all corrected for chance, confirmed that the Disruptive Behaviour Disorder group could be usefully separated from all other disorders using the Delinquent Behaviour and the Aggressive Behaviour Cross-Informant Syndrome scores. There was no good evidence that Emotional (Anxiety-Mood) Disturbance could be usefully separated in the same way using the Anxiety-Depressed Syndrome (CIS3) or any other syndrome. Discriminant Function Analysis showed that there was no significant improvement in prediction when more elaborate linear combinations of the syndromes were used. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  
Journal Article  
EMBASE  
Available from Springer Link (link.springer.com)  
Available from LYPFT list of published studies

Last updated: August 2020 Next revised date: February 2021
Duncan Raistrick
Dec-00
Dihydrocodeine: A useful tool in the detoxification of methadone-maintained patients.
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 program. On completion, 3 Ss began treatment with naltrexone, and another was abstinent at a follow-up appointment, 1 wk later. A further 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, Peer Reviewed Journal
PsycINFO Available from the Journal of Substance Abuse Treatment (www.journalsofsubstanceabusetreatment.com)

Barry Wright
Barry Wright, Ian Patridge and Christine Williams.
Oct-00
Evidence and attribution: Reflections upon the management of attention deficit hyperactivity disorder.
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 processes 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 Article, Peer Reviewed Journal
PsycINFO Available from Sage Journals (journals.sagepub.com)

John F Morgan
John F Morgan, Patricia Marsden and Hubert John Lacey.
Dec-00
Spiritual starvation?: A case series concerning Christianity and eating disorders.
English
Describes the cases of 4 female patients with eating disorders in whom complex interactions occurred among religious faith, pathogenesis of the eating disorder, and clinical management. The results show that in some of the cases, religious beliefs seemed to provide a containment of maladaptive behaviors, partly through prayer and through a sense of belonging to the religious community. In other cases, it proved difficult to separate the concept of a punitive God from the illness process. The cases are discussed with reference to a limited empirical literature. Similarities are noted between some religious institutions and eating disorder treatment regimes. This paper explores management issues, including the use of pastoral counseling and the ethics of addressing religious beliefs in therapy. The authors note the benefits of a rapprochement between psychiatry and religion. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Journal, Peer Reviewed Journal
PsycINFO Available from Wiley Online Library (onlinelibrary.wiley.com)

Duncan Raistrick, Duncan Raistrick and Joanna Banbery.
Dec-00
Detoxification from heroin with buprenorphine.
English
Sr: 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 controlled 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 standard treatment protocol lasting 7 days.
Letter EMBASE Available from BJPsych Bulletin (pb.bjpsych.org)

Tariq Mahmood, Tariq Mahmood and Trevor Silverstone.
Dec-00
Twin concordance for bipolar disorder and migraines.
English
Reports on a pair of 29-year-old female monozygotic twins concordant for bipolar disorder and migraine 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 Article, Peer Reviewed Journal
PsycINFO Available from the American Journal of Psychiatry (www.amjpsychiatry.org)

Barry Wright
Oct-00
From charles atlas to Barbie complex - Fat is more than a feminist issue.
English
Children learn a lot by playing with dolls. Dolls are totems of human aspirations. The impossibly svelte body shapes of characters grows ever more muscular with time, exceeding the muscularity of the biggest human body-builders, though Barbie responded responsibly in 1998 by giving her less make-up and changing her body shape, with a smaller bust and mouth, thicker 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 muscularity of the biggest human body-builders, though Barbie's boyfriend, Ken, has been spared that indignity.
Note EMBASE Available from The Lancet Journals (www.thelancet.com/journals)

Barry Wright
Jun-00
Re: Chronic fatigue syndrome.
Irish Journal of Psychological Medicine, June 2000, vol./iss. 17(77), 0790-9667 (Jun 2000)
English
Repplies to comments by E. Goudsmit (see record 200008316-009) on the article by B. Wright et al (see record 199903021-008) 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 represent 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, Peer Reviewed Journal
PsycINFO Available from Irish Child Health Database - Peer Reviewed Papers (www.childrensdatabase.ie)
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 detecting2,3 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 drinking, Guilty feelings, and Eye-openers)4 has proved popular with clinicians because of its simplicity. We developed a short screening 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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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.

Journal Article

CINAHL: Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)

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Journal Article

CINAHL: Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)
Aims. Although methadone is widely used to treat opiate dependence, guidelines for its dosage are poorly defined.

Methods: Sparse plasma rac-methadone concentrations measured in 35 opiate users were assessed using the P-Pharm software. The final structural model comprised a biexponential function with first-order input and allowance for time-dependent change in both clearance (CL) and initial volume of distribution (V). Values of these parameters were allowed to increase or decrease exponentially to an asymptotic value. Results: Increase in individual values of CL and increase or decrease in individual values of V with time was observed in applying the model to the experimental data. Conclusions. A time-dependent increase in the clearance of methadone is consistent with auto-induction of CYP2D6, the enzyme responsible for much of the metabolism of the drug. The changes in V with time might reflect both up- and downregulation of alpha-sub1c/sub2-acid glycoprotein, the major plasma binding site for methadone. By accounting for adaptive kinetic changes, the POP-PK model provides an improved basis for forecasting plasma methadone concentrations to predict and adjust dosage of the drug to monitor compliance in opiate users on maintenance treatment.

Objectives: Parents often present practising 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.

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 lightweight notes had solely physical factors to account for their presentations, compared to 88% in the middleweight group and 64% in the heavyweight group. Heavier case notes more often contained comments about psychiatric problems affecting the physical presentation (lightweight 8%; middleweight 20%; heavyweight 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% heavyweight 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.
Tackling Alcohol Together provides an authoritative, independent analysis of the British experience with alcohol, policy and makes specific policy recommendations. A wealth of data is provided on drinking, drinking problems and policy initiatives, all of which have been critically scrutinized and where appropriate, re-analyzed. This is an important book that will be essential reading for all who work in this area.

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 engorgement. This will also suffer disordered/impaired sexual arousal, in the form of reduced vaginal lubrication and engorgement. This being the case, it may be reasonable to assume that a similarly large proportion of 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 clear 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.

OBJECTIVE: To determine the relation 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. RESULT: 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=0.78); 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=0.4); 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.
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<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Journal, Peer Reviewed Journal, Date</th>
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<tr>
<td>Chris Williams, Barry Wright and Ian Partridge</td>
<td>Attention deficit hyperactivity disorder a review.</td>
<td>British Journal of General Practice, July 1999, vol.69, 44(637-71), 0960-1643 (1999 Jul)</td>
<td>Available from Wiley online (onlinelibrary.wiley.com)</td>
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John F Morgan, The media has shown some interest in children with chronic fatigue syndrome, although national coverage does not

Examined which childhood factors were associated with adult criminality. 108 males and 63 females (aged 2-11 yrs)

Available from the Journal of

Available from Cambridge

EMBASE

EMBASE

EMBASE

Chronic fatigue

John F Morgan.

Available from

Barry Wright and

Driving, mental illness

Estimated the prevalence of migraine in people suffering from bipolar affective disorder. A headache questionnaire

EMBASE

Adult criminality in

Mary G Milnes

Objectives: Drivers with certain mental illineses 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 DVLA 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 DVLA criteria of ‘fitness to drive’ and advice given when prescribing psychotropic medication. Results: Of 297

patients, 123 (41%) were drivers. 19/123 (13%) of drivers failed to meet the DVLA standards of ‘fitness to drive’, In 9/19 of

these cases the psychiatrist did not advise the patient in line with the DVLA 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.
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<th>Name</th>
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<tr>
<td>Gillian Tober</td>
<td>Learning theory, addiction and counseling.</td>
<td>Dec-98</td>
<td>Chapter 10 describes a cognitive counseling 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 understand of additions.</td>
</tr>
<tr>
<td>Kenneth C. Kutner, Howard M. Busch, Tarle Mahmood, Stanley P. Racis, and Phoebe R. Krey.</td>
<td>Neuropsychological functioning in systemic lupus erythematosus.</td>
<td>Dec-98</td>
<td>Compared neuropsychological (NP) functioning in 22 patients with systemic lupus erythematosus (SLE). 10 rheumatoid arthritis (RA) patients, and 9 normal controls. Following an aphasia screening, several NP tests were administered. SLE Ss exhibited greater visuomotor difficulty than RA Ss and controls and had more difficulty with higher reasoning than controls. SLE Ss obtained lower scores on a tactial 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.</td>
</tr>
<tr>
<td>Paul Blenkiron</td>
<td>Does the management of depression in general practice match current guidelines?</td>
<td>Dec-98</td>
<td>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 appropriate antidepressant prescribing, criteria for psychiatric referral and a philosophy of patient collaboration. However, many continue to be reluctant to prescribe for understandable depression (S2/116 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 = 0.01), 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.</td>
</tr>
<tr>
<td>John F Morgan</td>
<td>Genetic epidemiology of binging and vomiting.</td>
<td>Nov-98</td>
<td>Sir. Sullivan et al (1998) applied bivariate twin modelling to 1897 female twins born between 1934 and 1971, and appeared to demonstrate a strong association between binging and vomiting, with a high genetic correlation. This assumes a degree of temporal uniformity with regard to bulimia nervosa (i.e. that a subject binging or vomiting in the 1950s exemplifies the same phenotypic trait as a subject in th 1990s).</td>
</tr>
<tr>
<td>John F Morgan and Hubert John Lacey.</td>
<td>Sialinophagia in anorexia nervosa.</td>
<td>Oct-98</td>
<td>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 (approximate 80 g) per day. The phenomenology of her behavior appeared to demonstrate a strong association between binging and vomiting, with a high genetic correlation. This assumes a degree of temporal uniformity with regard to bulimia nervosa (i.e. that a subject binging or vomiting in the 1950s exemplifies the same phenotypic trait as a subject in th 1990s).</td>
</tr>
<tr>
<td>John F Morgan</td>
<td>Gender issues in the management of multi-impulsive bulimia: A case study.</td>
<td>Jul-98</td>
<td>Described the management of multi-impulsive bulimia nervosa (MIBN) in a 27 yr-old man. Inpatient treatment was attempted using a standardized focal-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 conclude that inpatient management of men with MIBN in a treatment program with a feminist perspective would be contraindicated. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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</table>
The nature of fatigue in multiple sclerosis.

Psychosomatic Research, July 1998, vol./is. 45/1(33-38), 0022-3959 (Jul 1998)

This cross-sectional descriptive study investigated whether people with multiple sclerosis (MS) differentially 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% (65%) 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)

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 were 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.

Inconsistencies in risk assessment.


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)

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


Deliberate self-poisoning accounts for 100,000 hospital admissions in England and Wales every year, and its incidence is increasing. One percent of patients kill themselves in the year following attendance. 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 varies greatly, even in the same region. We assessed the management of self-poisoning in four teaching hospitals in England by using standardised methods of notification.

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


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)

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


HIV-1 infection is explored, considering both nutritional and psychological factors. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Duncan Raistrick
Dec-97
Costing substance misuse services.
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 with 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 £35; 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.

Duncan Raistrick
Dec-97
The pharmacokinetics of methadone in healthy subjects and opiate users.
English
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 biexponential 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> using 0-24 h data) in the healthy subjects. The results of separate analyses of the data from opiate users and healthy subjects were in contrast with those obtained from pooled data analysis. The former indicated a significantly lower clearance for opiate users (3.2 +/- 0.3 s.d. 1 h<sup>-1</sup> vs. 4.5 +/- 1.1 s.d. 1 h<sup>-1</sup>) and the latter showed no difference in the population mean values of V/F (212 +/- 27 s.d. 1 and 239 +/- 121 s.d. 1, P = 0.15), while according to the latter analysis addiction was a covariate for V/F but not for oral clearance. A slower absorption of methadone in opiate users was indicated from the analysis of both pooled and separate data. The median elimination half-life of methadone in healthy subjects was 33.46 h depending on the method used to calculate this parameter. Conclusions - Estimates of the long terminal elimination half-life of methadone (33.46 h in healthy subjects and, possibly, longer in opiate misusers) 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).

John F Morgan
Dec-97
Dietary habits and mortality in vegetarians and health conscious people (multiple letters) [9]
English
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 ...

Duncan Raistrick
Dec-97
Why Britain’s drug czar mustn’t wage war on drugs. Aim for pragmatism, not dogma
English
The British government has advertised the first ever post of drug supremo, or ‘drug czar’ to borrow the term used in the 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 dominated posturing 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.

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


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 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, clinical checklist (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 (χ2=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 three common psychiatric problems.

Tariq Mahmood, Mike Devlin and Trevor Silverstone.

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)

Clozapine is a new atypical antipsychotic drug with a high therapeutic index and low risk of extrapyramidal adverse effects. It is indicated in the treatment of resistant manic episodes, and has also been used in the treatment of resistant mania. The authors report a case of clozapine treatment in a patient with schizoaffective disorder. The patient had a history of recurrent episodes of mania, depression, and psychoses, which had been resistant to treatment with conventional antipsychotics. Clozapine was started at a low dose, and gradually increased to achieve a therapeutic blood level. The patient showed a marked improvement in his symptoms, and remained in remission for several years. The authors conclude that clozapine may be a useful treatment for resistant manic episodes, and have presented a new case of its successful use in the treatment of schizoaffective disorder. Their conclusions are supported by the literature, which has shown clozapine to be effective in the treatment of refractory mania, and to have a low risk of extrapyramidal adverse effects. The authors also discuss the potential mechanisms of action of clozapine, and its role in the management of resistant psychotic disorders.
The use of CS spray in the mentally ill.

Peter Trigwell

Mar-97


English

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.

Journal Article

Available from Science Direct (www.sciencedirect.com)

Job satisfaction and psychological morbidity in medical house officers.

Navneet Kapur and Allan House

Mar-97


English

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 rota 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.

Journal Article

Available from the BMJ (bmj.com)

CS gas has been used as chemical restraint in mentally ill person.

Peter Trigwell

Feb-97


English

Editor-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 become suddenly and unexpectedly violent, causing injuries to hospital staff. The episode could not be contained on the ward, and so the police were called ...

Letter

Available from the BMJ (bmj.com)

Psychosurgery: Description and outcome study of a regional service.

R P Snaith, E R Dove, J Marlowe, S Pemberton, D J Price, S Rawson, J F Wright, A Butler, A K Coughlan, M Hird and Peter Trigwell

Feb-97


English

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. Pre-surgical assessments included the Global Assessment of Function, the Comprehensive Psychiatric Rating Scale, 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)

Journal Article


Benzodiazepine misuse by drug addicts.

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

Jan-87

Annals of Clinical Biochemistry, January 1987, vol./iss. 34/1(68-73), 0004-5632 (January 1987)

English

Using a high-performance liquid chromatography method, we measured seven commonly prescribed benzodiazepines (chlor Diazepoxide, nitrazepam, nordiazepam, oxazepam, lorazepam, temazepam and diazepam) in 100 urine samples obtained from patients attending the Leeds Addiction Unit. All of the urines 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 in this study. 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.

Journal Article

Available from EMBASE (www.sagepub.com)

Methadone maintenance and tuberculosis treatment.

Duncan Rastwick

Dec-96


English

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 tuberculosis drugs or supplement their methadone prescription with illicitly obtained opiates. Failure to comply with tuberculosis 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 a user starting rifampicin. Notifications of tuberculosis in the United Kingdom rose from a plateau of some 5100 in 1987 to over 5700 in 1994. Drug misusers account for only a small number of cases, but they share nationally identified risk factors3; thus high rates of tuberculosis can be expected.

Correspondence

Available from the BMJ (bmj.com)

Prescrivere Metadone: i punti locali.

Duncan Rastwick

Dec-96

G.P. Guelfi (ed) Metadone Le Ragioni per Luso (Italy, Paoni Editore)

English

Not available

Book entry

Book available for purchase.

Last updated: August 2020 Next revised date: February 2021
<table>
<thead>
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<th>Title</th>
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<td>Depression associated with stroke</td>
<td>Dec-96</td>
<td>Allan House.</td>
<td>Reviews the literature in an effort to determine if depression after stroke has a physiological association. It is concluded that as a clinical phenomenon, depression after stroke does not seem to differ greatly from depression encountered in other physically ill populations. Rates of major depression after stroke are probably about double the general population rate over the 1st 12-18 mo, but thereafter they return to population rates unless there is a new event. Also depression is not the only emotional complication of stroke, others include anxiety, irritability, emotionalism, and apathy. The etiology of depression is probably multifactorial. The location of the brain lesion may be one relevant factor. Depression in a clinical population is a complex phenomenon, and it is unlikely to be explained by a simple formula. Psychosocial factors, among others, are likely to be important. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
<td>Not available</td>
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<tr>
<td>Management of Alcohol Misuse Within the Context of General Psychiatry</td>
<td>May-96</td>
<td>Duncan Raistrick.</td>
<td>Advances in Psychiatric Treatment May 1996, 2 (3) 125-132: DOI: 10.1192/apt.2.3.135</td>
<td>Not available</td>
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<td>The prevalence of psychiatric illness in 50 consecutive elderly patients admitted with hip fracture was determined using the Geriatric Mental State in its community version, supplemented by the Standardized Mini Mental State Examination. Organic impairment was found in 52%, depression in 16% and obsessional neurosis in 2%. The presence of psychiatric illness significantly increased the length of stay. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
<td>Jul-96</td>
<td>John Holmes.</td>
<td>International Journal of Geriatric Psychiatry, July 1996, vol./is. 11/7(607-611), 0885-6230:1099-1166 (Jul 1996)</td>
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<td>Management of Depression and Depressive Illness in Elderly Patients with Hip Fracture.</td>
<td>Jul-96</td>
<td>John Holmes.</td>
<td>The prevalence of psychiatric illness in 50 consecutive elderly patients admitted with hip fracture was determined using the Geriatric Mental State in its community version, supplemented by the Standardized Mini Mental State Examination. Organic impairment was found in 52%, depression in 16% and obsessional neurosis in 2%. The presence of psychiatric illness significantly increased the length of stay. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>David Yeomans and Peter Trigwell</td>
<td>Membership examinations are complex and difficult. Important practical issues must be considered at an early stage, and you can improve upon your chance of success by addressing your learning style, revision strategy and examination technique.</td>
<td>British Journal of Hospital Psychiatry, March 1996, vol./is. 55/6(332-334), 0007-1064 (1996 Mar 20-Apr 2)</td>
<td>English</td>
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<td>Duncan Raistrick and Gillian Tober</td>
<td>Dec-95</td>
<td>YARTIC Occasional Paper 7: Prescribing Methadone (Leeds, YARTIC)</td>
<td>1995</td>
<td>British Medical</td>
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<td>Duncan Raistrick</td>
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<td>Methadone maintenance treatment. Treatment should be tailored for each patient.</td>
<td>1995</td>
<td>British Medical</td>
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<td>Peter Trigwell</td>
<td>Dec-95</td>
<td>Illness behaviour in the chronic fatigue syndrome and multiple sclerosis</td>
<td>1995</td>
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<td>Tom Hughes and David Owens.</td>
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<td>Can attempted suicide (deliberate self-harm) be anticipated or prevented?</td>
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<td>Duncan Raistrick</td>
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<td>The value of independence</td>
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<td>British Medical</td>
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<td>Peter Trigwell</td>
<td>Jul-95</td>
<td>'Abnormal' illness behaviour in chronic fatigue syndrome and multiple sclerosis.</td>
<td>1995</td>
<td>British Medical</td>
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**Note:** This table contains references to various studies, articles, and books, along with abstracts that can help in understanding the research and conclusions drawn from these studies.
R P Snaith, M Hamilton, S Morley, D Hargreaves and Peter Trigwell.

Jul-95  A scale for the assessment of hedonic tone. The Snaith-Hamilton Pleasure Scale


English  Background. Hedonic tone and its absence, anhedonia, are important in psychopathological research, but instruments for their assessment are lengthy and probably culturally biased. Method. A new scale was constructed from the responses of a large sample of the general population to visit six situations which afforded pleasure. The most frequent item reviewed was the effect of cultural setting, age, or sex were removed. A pilot study led to an abbreviated scale of 14 items, covering four domains of pleasure response. This questionnaire was subjected to psychometric evaluation in new samples from the general population and psychiatric patients. Results. The scale was found to have an internal version, and those likely to be affected by cultural setting, age, or sex were removed. A pilot study led to an abbreviated scale of 14 items, covering four domains of pleasure response. This questionnaire was subjected to psychometric evaluation in new samples from the general population and psychiatric patients. Results. The scale was found to have an internal. Validity and reliability were found to be satisfactory. Conclusions. The new scale, the Snaith-Hamilton Pleasure Scale (SHAPS), is an instrument which may be recommended for psychopathological research.

Duncan Raistrick, Peter Trigwell, Stephen Currant, John Milton and Celli Rowe.

Jun-95  Training in psychodynamic psychotherapy: The psychiatrist's trainee's perspective.

Irish Journal of Psychological Medicine, June 1995, vol./is. 12/2/S7-59, 0790-9667 (Jun 1995)

English  Discusses the subjective difficulties experienced by 3 junior psychiatry 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 in the course. The 3rd trainee, an agnostic, was mainly struck by the apparent similarity between PDP and religion and found some of the courses 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. (PayInfo Database Record (c) 2013 APA, all rights reserved)

Gillian Tober, Gillian Tober.

Apr-95  Drug taking in a northern UK city

Accident and emergency nursing, April 1994, vol./is. 2/2(70-78), 0965-2302 (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, 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.

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 in 1990, with 10% of allocated places were not taken up and the reasons for 98% of these reports 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 the two day 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 other two had each reduced non-attendance rates by 18%. These reductions have clinical relevance, representing 383 patient days over the whole year in the two day hospitals.

Duncan Raistrick.

Dec-94  Report of advisory council on the misuse of drugs: AIDS and drug misuse update

Addiction, 1994, vol./is. 88(10)/1211-1213, 0695-2140 (1994)

English  Alcohol, other drugs, and violence. (from the chapter) both substance-misuse and violence that behaves 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 of stimulant drugs, depressant drugs, opiates, perception-altering drugs / personal factors (personally, victims) / meaning and management (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Saideen Saedi, S Littlewood and Saideeh Saedi.

Nov-94  Therapeutic mealtimes

Elderly care, November 1994, vol./is. 6/6/20-21, 1369-1856 (1994 Nov-Dec)

English  Not available
Susan Pemberton, Simon Hatcher, Philip Stanley and Allan House
Oct-94
Chronic Fatigue Syndrome: A Way Forward.
British Journal of Occupational Therapy, 01 October 1994, vol./iss. 57/10(381-383), 03080226
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’ therapists’ views on the cause of CFS.

Journal Article
CINAHL
Available from Sage Journals (journals.sagepub.com)

Carol Martin
John P Watts, Alan Butler, Carol Martin and Ted Sumner
Oct-94
Outcome of admission to an acute psychiatric facility for older people: A pluralistic 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 demented 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 Ss on the MADRS. Factor analysis of the scales produced 4 factors. The MADRS and the depression subscale of the Hospital Anxiety Depression Scale (HAD-D) were strongly weighted on the 1st factor, the GPS linear analog scale on the 2nd, the Selfcare-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 Ss, carer rating of resolution of perceived problems is suggested. (PsyINFO Database Record (c) 2013 APA, all rights reserved)

Journal, Peer Reviewed Journal
PsyINFO
Available from Wiley Online Library (onlineibrary.wiley.com)

Duncan Raistrick and Gillian Tober
Duncan Raistrick, Jackie Bradshaw, Gillian Tober, Jeremy Weiner, Jeff Allison and Carolyn Healey.
May-94
Development of the Leeds Dependence Questionnaire (LDQ): A questionnaire to measure alcohol and opioid dependence in the context of a treatment evaluation package.
Addiction, May 1994, vol./iss. 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 opioids; it was designed to be sensitive to change over time and 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 0.95. (PsyINFO Database Record (c) 2013 APA, all rights reserved)

Journal, Peer Reviewed Journal
PsyINFO
Available from Wiley Online Library (onlineibrary.wiley.com)

Barry Wright
Barry Wright, Richard Mindham and Wendy Burn.
Mar-94
Canine Capgras.
Irish Journal of Psychological Medicine, March 1994, vol./iss. 11/1(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. (PsyINFO Database Record (c) 2013 APA, all rights reserved)

Journal Article
PsyINFO
Available from Cambridge Core (www.cambridge.org/core)

Duncan Raistrick
Kim Wolff, Alastair W 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 were described using a single 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(a), 1.7 h^{-1}) 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(1/2) 26.8 h) beginning soon after the administration of the daily oral prescription. The apparent volume of distribution - assuming the rate of extraction, the clearance and the volume of distribution are significant - demonstrates good compliance with the dosing regimen. Multiple dosing may influence the pharmacokinetics of methadone. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Journal Article
EMBASE
Available from King’s College London Research Outputs (ckpure.kcl.ac.uk/portal/en/publications/search.html)

Gillian Tober
Gillian Tober.
Dec-93
Harrison, L. [Ed]: Substance Misuse: Designing Social Work Training
English
Not available
Book entry
Book available for purchase.

Duncan Raistrick
Kim Wolff, Alastair W Hay, Duncan Raistrick and Morgan Feesty.
Dec-93
Use of ‘very low-dose phenobarbital’ to investigate cocaine tolerance in patients on reducing doses of methadone (dextroxtorphan).
English
Incorporation of very low doses of phenobarbital into a methadone lincus has enabled us to monitor the compliance of 7 patients receiving a reducing dose of methadone (dextroxtorphan) for treatment of opioid addiction. By measuring both plasma phenobarbital and methadone we detected 4 patients who consumed extra illicitly obtained methadone during the dextroxtorphan treatment. Treatment outcome was poor; 11 of the original 18 patients dropped out of treatment within 14 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, Review
EMBASE
Available from Science Direct (www.sciencedirect.com)

David Yeomans
Christopher Williams, David Yeomans, Stephen Curran and Gilbert Blackwood.
Jun-93
An association between functional psychosis and urinary incontinence.
Irish Journal of Psychological Medicine, June 1993, vol./iss. 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. (PsyINFO Database Record (c) 2013 APA, all rights reserved)

Journal, Peer Reviewed Journal
PsyINFO
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<td>Duncan Raistrick</td>
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Last updated: August 2020 Next revised date: February 2021

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<td>Gillian Tober</td>
<td>Duncan Raistrick</td>
<td>Dec-89</td>
<td>Development of a district training strategy.</td>
<td>British Journal of Addiction, December 1990, vol./is. 85/12(1563-1570), 0952-1281 (Dec 1990)</td>
<td>Reiterates the need for training in addiction for primary care workers and proposes motivational and structural explanatory frameworks to further the understanding of the difficulties in recruitment of staff to substance misuse training. The basic tenets of a district training strategy are derived from this analysis. The strategy is based on identification of the specific occupational needs of each primary care worker group at each stage of his or her career and on the utilization of available resources to fulfill training needs. The approach taken by 2 district health authorities in formulating a strategy and implementing it through a local drug advisory committee is described. (French abstract) (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
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<td>Gillian Tober</td>
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<td>Apr-89</td>
<td>Substance problems: the future of specialist services</td>
<td>British Journal of Addiction, April 1988, vol./is. 83/4/349-350, 0952-1281 (Apr 1988)</td>
<td>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.</td>
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<tr>
<td>Duncan Raistrick, R J Davison</td>
<td>Making treatment decisions.</td>
<td>Mar-89</td>
<td>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)</td>
<td>Journal, Peer Reviewed Journal</td>
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<td>Duncan Raistrick</td>
<td>Phenomenology of Abstinence is Best</td>
<td>May-88</td>
<td>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)</td>
<td>Journal, Peer Reviewed Journal</td>
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<td>Ann C Evans and Duncan Raistrick</td>
<td>Patterns of use and related harm of solvent inhalation in 31 13-29 yr olds who misused toluene with 12 10-19 yr olds who misused butane. The 2 groups in terms of related harm solvent inhalation. 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)</td>
<td>Jun-87</td>
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<td>Duncan Raistrick</td>
<td>The validity of the Short Alcohol Dependence Data (SADD) Questionnaire: A short self-report questionnaire for the assessment of alcohol dependence. Reports on the results of group therapy and results of the group were better for the group who attended 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)</td>
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