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<th>Trust Author</th>
<th>Author(s)</th>
<th>Year of Publication</th>
<th>Title</th>
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<th>Abstract</th>
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<tr>
<td>Anjula Gupta</td>
<td>Emily Thornehill, Chris Sanderson and Anjula Gupta</td>
<td>Jan-22</td>
<td>A grounded theory analysis of care-coordinators’ perceptions of family growth associated with an experience of first episode psychosis</td>
<td>Psychosis, Psychological, Social and Integrative Approaches (online)</td>
<td>English</td>
<td>Background: Growth associated with a first episode of psychosis (FEP) is taken from post-traumatic growth literature, where positive changes are perceived following adverse circumstances. FEP is a critical period in which care-coordinators play a key role in working with families. Care-coordinators’ perceptions influence the way in which they work with families. Methods: Eleven care-coordinators described their perceptions of growth within families with FEP through semi-structured interviews. Transcripts were analysed using social constructivist grounded method. Results: Care-coordinators perceived the existence of family growth in the form of enhanced communication, as well as less explicit forms of growth including distancing from unhelpful relationships and re-establishment of norms and boundaries. Growth was inhibited by the construct of the ‘perfect family’ model, a mis-trust in services due to suspiciousness or prior negative experiences of services. Conclusions: These inhibitors limit engagement with interventions and prevent open exploration of difficulties. Future work may consider how these findings align with the views of families.</td>
<td>Journal Article</td>
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<td>Available from Taylor and Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>)</td>
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<td>Caroline Norrie, Stephanie Bramley, Valerie Lipman and Jill Manthorpe</td>
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<td>Jan-22</td>
<td>Transferable Learning about PPIE in Social Care: Findings from a Workshop with PWLE</td>
<td>Journal of Integrated Care</td>
<td>English</td>
<td>Purpose: The involvement of patients or members of the public within public health, health and social care, and addictions services is growing in the UK and internationally but is less common in gambling support services. The purpose of this study was to explore Patient and Public Involvement (PPI) infrastructures and engagement channels used in health and care services and debate their transferability to the gambling support sector (including research, education and treatment). Design: A narrative review examined data from six English language electronic databases, NHS evidence and grey literature covering the period 2007-2019. We identified 130 relevant items from UK literature. A workshop was held in London, England, with people with lived experience of gambling harm to seek their views on and applicability of the review findings to gambling services. Findings: Synthesis of literature and workshop data was undertaken. Main themes addressed ‘What works’ in relation to: Building infrastructures and organising involvement of people with lived experience; What people want to be involved in; Widening participation and sustaining involvement; and Respecting people with lived experience.</td>
<td>Journal Article</td>
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<td>Available from King’s College London Research Outputs (<a href="http://www.kclpure.kcl.ac.uk/portal/en/publications/search.html">www.kclpure.kcl.ac.uk/portal/en/publications/search.html</a>)</td>
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<td>Clare Fenton</td>
<td>Melissa Brettell, Clare Fenton and Ethan Foster</td>
<td>Jan-22</td>
<td>Linking Leeds: A Social Prescribing Service for Children and Young People</td>
<td>International Journal of Environmental Research and Public Health 2022, Volume 19, issue 3, page 1426</td>
<td>English</td>
<td>The use of social prescribing interventions for common mental health issues is expanding as clinicians seek to diverge from the traditional medical model of treatment. This intervention allows for the referral of patients to a non-clinical social activity via a link worker. Evidence for the benefits of social prescribing is growing. Most evidence is based on adults; however, a smaller number of studies involving children and young people have produced encouraging results. This evaluation reports on data routinely collected by the Linking Leeds service between 9 January 2019-11 January 2020. Linking Leeds provides Social Prescribing for people aged 16 years and above; however, the current paper focuses on service users aged between 16 and 25. Their aim is to connect people to services and activities in their community in order to benefit overall health and mental wellbeing. This evaluation of the Linking Leeds program supports the growing body of evidence to support the benefits social prescribing can have on young people’s mental health. The main mechanisms were identified which underpin social prescribing in young people: social connectedness and behavioural activation.</td>
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<td>Susan Guthrie</td>
<td>Susan Guthrie, John Baker, Jane Cahill and Bronwyn Hemsey</td>
<td>Jan-22</td>
<td>Mealtime difficulties in adults with mental health conditions: an integrative review</td>
<td>Journal of Mental Health, pp.1-13</td>
<td>English</td>
<td>Background: Dysphagia and choking are highly prevalent in adults with mental health conditions. However, there is scant research considering the personal experience of dysphagia for this population. Aims: To understand the evidence-base for strategies to involve the patient in recognition, assessment and treatment of mealtime difficulties Methods: This integrative review synthesised the literature on the experience of dysphagia in patients with mental health conditions. Patient consultation led to co-designed search terms and eligibility criteria for a systematic search of five scientific databases following Prisma guidance. Quality assessment of the eligible studies and reflexive thematic analysis were completed. Results: 31 studies were included for review. These included case reports, literature reviews and cross-sectional studies. Quality of evidence was weak and no intervention studies were identified. There was scant detail regarding the personal experience of dysphagia or choking. Themes identified related to biomedical perspectives, influencing factors presented without context, and decision-making led by clinicians. Conclusions: Guidance on mental healthcare calls attention to under-diagnosis of physical co-morbidities and advocates patient inclusion. However, the patient voice in this population is rarely described regarding dysphagia. Further inclusive research is indicated to explore the impact of dysphagia and choking, and implications for interventions and outcome measures.</td>
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Ellen Tsapis
Barry Wright, Helen Philips, Vicki Ackroyd, Rebecca Joy, Ellen Tsapis and Richard Ogden
Dec-21
Understanding of metaphors for Autism Spectrum Disorder assessment in Deaf people
International Journal on Mental Health and Deafness, Volume 5 Issue 1, 2021
English
Background: Deaf children are thought to be more frequently diagnosed with Autism Spectrum Disorder (ASD) compared to hearing children. Some clinicians use questions in assessment of ASD that test comprehension of abstract language such as metaphors, idioms and literal thinking.
Method: Using information from a large study of ASD Assessment in deaf children and young people, trained clinical assessors were asked to pay close attention to the use of abstract language in the play/interaction based assessment.
Results: Clinicians observed that deaf children had difficulty understanding abstract language used in spoken English despite very clearly not having ASD. In addition, deaf children whose first language is BSL used a range of abstract language in BSL with notable differences from English abstract language.
Conclusion: This suggests a need to develop clearer parameters around how abstract language comprehension is tested (informally and formally) in the assessment process and the importance of understanding the child’s linguistic background during assessment.

Hayley Carrick and Megan Garside
Barry Wright, Hayley Carrick, Megan Garside, Rebecca Hargate, Ian Noon and Rosie Eggleston
Dec-21
The impact of COVID-19 on deaf children in the United Kingdom
International Journal on Mental Health and Deafness, Volume 5 Issue 1, 2021
English
Object: The aim of this study was to explore the impact of the coronavirus (COVID-19) pandemic on the mental health of deaf children and young people (CYP) across the United Kingdom. Method: An online survey, consisting of questions coproduced with members of the National Deaf Children’s Society Young Campaigners was circulated during the months of August and September 2020. The survey explored mode of communication, mental health, emotional and psychological wellbeing and support accessed. Results: 135 deaf children and young people responded. Nearly 60% of participants reported that their mental health was worse during the period of social restrictions (lockdown) and large numbers reported feeling isolated and lonely. 67.9% of our sample agreed that there was someone in their life they were able to talk to about their mental health, with support often received from family or friends.
Conclusion: This is a small study but highlights some major mental health challenges for deaf children and young people during the COVID-19 crisis in the UK. Further research is warranted to explore the mental health of minority groups such as deaf CYP, to better understand their needs and develop appropriate and accessible preventive measures and mental health support.

Ellen Kingsley
Han I Wang, Barry Wright, Matthew Bursnall, Cindy Cooper, Ellen Kingsley, Ann Le Couteur, Dawn Teare, Katie Riggs, Kirsty McKendrick, Gina Gomez de la Cuesta, Tim Chater, Aimi Baer
Dec-21
Cost-utility analysis of LEGO based therapy for school children and young people with autism spectrum disorder: results from a randomised controlled trial
BMJ Open, Volume 12, Issue 1
English
Objectives: To assess the cost-effectiveness of LEGO-based therapy compared with usual support.
Design: Cost-utility analysis alongside randomised control trial.
Setting: Mainstream primary and secondary schools in the UK.
Participants: 248 children and young people (CYP) with autism spectrum disorder (ASD) aged 7–15 years.
Intervention: LEGO-based therapy is a group social skills intervention designed specifically for CYP with ASD. Through play, CYP learn to use the skills such as joint attention, sharing, communication and group problem-solving. CYP allocated to control arm received usual support only.
Conclusion: This is a small study but highlights some major mental health challenges for deaf children and young people during the COVID-19 crisis in the UK. Further research is warranted to explore the mental health of minority groups such as deaf CYP, to better understand their needs and develop appropriate and accessible preventive measures and mental health support.

Jo Ramsden
Jackie Grasselli, Jo Ramsden, Sue Ryan, Nicole Webster and Laura West
Dec-21
Intensive intervention and risk management services (IIRMS) three years on: what we need to do better in the offender personality disorder pathway
The Journal of Forensic Practice, Volume 23 Issue 4, Dec 2021
English
Purpose: This is a discussion paper describing the reflections of clinical leads within well-established intensive intervention and risk management services (IIRMS). IIRMS has developed in the past five years, with a small number of services leading in the development of a psychologically informed case management approach to working with individuals released from prison on probation licence, who have a history of high risk, high harm violent convictions linked to pervasive psychological and interpersonal problems.
Design/methodology/approach: Clinical leads of three services considered a period of 23 months up to December 2019, in which the outcomes for all individuals on their caseload at that time were reviewed. Reflections on the themes included the reasons for a premature return to prison and emerging themes for those who appeared to be successfully resettled.
Findings: Approximately one-third of the individuals were returned to prison, and for most, this occurred within the first 18 months of release. There was considerable unanimity between clinical leads regarding the themes, and problems with relative youth, substance misuse, relationship difficulties, managing transitions and complacency featured. There were four themes identified in those who appeared to have settled successfully in the community.
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<th>R&amp;D List of Published Studies</th>
<th>Journal Article</th>
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<td><strong>George Crowther, David Hall and Reece Yates</strong>&lt;br&gt;Ben G Edmans, Emma Wolverson, Rebecca Dunnings, Matthew Stann, Gregor Russell, George Crowther, David Hall, Reece Yates, Michael Albert and Benjamin R Underwood&lt;br&gt;Dec-21&lt;br&gt;Inpatient psychiatric care for patients with dementia at four sites in the United Kingdom&lt;br&gt;International Journal of Geriatric Psychiatry. Dec 2021. (Online)&lt;br&gt;English&lt;br&gt;No abstract available&lt;br&gt;Journal Article</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
<td>Available from Cambridge Core (<a href="http://www.cambridge.org/core">www.cambridge.org/core</a>)</td>
<td>Available from Emerald Insight (<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>)</td>
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<td><strong>Madeleine Vernon Smith</strong>&lt;br&gt;Nicola Walker, Madeleine Vernon Smith and Michael Townend&lt;br&gt;Nov-21&lt;br&gt;A feasibility study of a novel work-focused relational group CBT treatment programme for moderate to severe recurrent depression&lt;br&gt;Mental Health Review Journal. Volume 26, Issue 4&lt;br&gt;English&lt;br&gt;Purpose: No current psychotherapeutic intervention is designed to enhance job retention in employees with moderate–severe recurrent depression. The aim of this study is to test the feasibility of a new, interdisciplinary work-focused relational group cognitive behavioural therapy (CBT) treatment programme for moderate–severe depression.&lt;br&gt;Methodology/approach: The programme was based on a theoretical integration of occupational stress, psychological, social/interpersonal and bio-medical theories. It consisted of up to four 1:1 psychotherapy sessions; 12 work-focused, full-day, weekly CBT sessions facilitated by a cognitive behavioural therapist and occupational therapist; and up to four optional 1:1 sessions with an occupational therapist. Depression severity (primary outcome) and a range of secondary outcomes were assessed before (first CBT session) and after (twelfth CBT session) therapy using validated instruments.&lt;br&gt;Findings: Eight women (26–49 years) with moderate–severe depression participated. Five were on antidepressant medication. While there was no statistically significant change in Hamilton Depression Rating Scale depression scores after therapy (n = 5; p = 0.313), Beck Depression Inventory-II depression scores significantly decreased after therapy (n = 8; -20.0 median change, p = 0.016; 6/8 responses, 7/8 minimal clinically important differences, two remissions). There were significant improvements in the secondary outcomes of overall psychological distress, coping self-efficacy, health-related quality of life and interpersonal difficulties after therapy. All clients in work at the start of therapy remained in work at the end of therapy. The intervention was safe and had 100% retention.&lt;br&gt;Conclusion: A novel workplace intervention for moderate–severe depression has been developed and delivered. Further research is needed to evaluate the effects of the programme on job retention.&lt;br&gt;Journal Article</td>
<td>Available from Emerald Insight (<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>)</td>
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<td>**Emily Shoesmith, Lisa Huddleston, Fabiana Lorenzatto, LION Shahab, Simon Gilbody and Elena Ratschen&lt;br&gt;Nov-21&lt;br&gt;Supporting smoking cessation and preventing relapse following a stay in a smoke-free setting: a meta-analysis and investigation of effective behaviour change techniques&lt;br&gt;Addiction, Volume 116, Issue 11, Pages 2978-2994. November 2021&lt;br&gt;English&lt;br&gt;Background and Aims: Admission to a smoke-free setting presents a unique opportunity to encourage smokers to quit. However, risk of relapse post-discharge is high, and little is known about effective strategies to support smoking cessation following discharge. We aimed to identify interventions that maintain abstinence following a smoke-free stay and determine their effectiveness, as well as the probability of effective behaviour change techniques (BCTs) used in these interventions.&lt;br&gt;Methods: Systematic review and meta-analyses of studies of adult smokers aged ≥ 18 years who were temporarily or fully abstinent from smoking to comply with institutional smoke-free policies. Institutions included prison, inpatient mental health, substance misuse or acute hospital settings. A Mantel-Haenszel random-effects meta-analysis of randomized controlled trials (RCTs) was conducted using biochemically verified abstinence (7 day point prevalence or continuous abstinence). BCTs were defined as ‘promising’ in terms of probable effectiveness if BCT was present in two or more of the included trials.&lt;br&gt;Results: More than 84% of respondents completed a pulse and cardiac history before prescribing AChEIs. AChEIs can be associated with cardiac side-effects, an electrocardiogram (ECG) is sometimes requested before treatment. Previous work has suggested there is little consensus as to when or how ECGs should be obtained. This can create inconsistent practice, with patient safety, economic and practical repercussions. We surveyed 305 UK memory clinic practitioners about prescribing practice.&lt;br&gt;Conclusions: The variation in practice observed has service-level and patient implications and raises potential patient safety concerns. Implementing national guidelines or seeking novel ways of conducting cardiac monitoring could help standardise practice.&lt;br&gt;Journal Article</td>
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<td>**George Crowther, Noura Ahmed, Deepa Kasa and Zoe Goff&lt;br&gt;George Crowther, Noura Ahmed, Deepa Kasa, Zoe Goff and Muazhar H Tayebjee&lt;br&gt;Nov-21&lt;br&gt;Cardiac monitoring in memory clinics: a national survey of UK practice&lt;br&gt;BjPsych Bulletin First View , pp. 1 - 6&lt;br&gt;English&lt;br&gt;Aims and method: People diagnosed with dementia are often started on acetylcholinesterase inhibitors (AChEIs). As AChEIs can be associated with cardiac side-effects, an electrocardiogram (ECG) is sometimes requested before treatment. Previous work has suggested there is little consensus as to when or how ECGs should be obtained. This can create inconsistent practice, with patient safety, economic and practical repercussions. We surveyed 305 UK memory clinic practitioners about prescribing practice.&lt;br&gt;Results: More than 84% of respondents completed a pulse and cardiac history before prescribing AChEIs. Opinion was divided as to who should fund and conduct ECGs. It was believed that obtaining an ECG causes patients inconvenience and delays treatment. Despite regularly interpreting ECGs, 76% of respondents did not update this clinical skill regularly.&lt;br&gt;Clinical implications: The variation in practice observed has service-level and patient implications and raises potential patient safety concerns. Implementing national guidelines or seeking novel ways of conducting cardiac monitoring could help standardise practice.&lt;br&gt;Journal Article</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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Aims: Handheld electrocardiogram (ECG) monitors are increasingly used by both healthcare workers and patients to diagnose cardiac arrhythmias. There is a lack of studies validating the use of handheld devices against the standard 12-lead ECG. The Kirkda 6L is a novel handheld ECG monitor which can produce a 6-lead ECG. In this study, we compare the 6L ECG against the 12-lead ECG.

Methods and results: A prospective study consisting of unselected cardiac inpatients and outpatients at Leeds Teaching Hospital NHS Trust. All participants had a 12- and 6-lead ECGs. All ECG parameters were analysed using a standard method template for consistency between independent observers. Electrocardiograms from the recorders were compared by the following statistical methods: linear regression, Bland–Altman, receiver operator curve, and standard method template for consistency between independent observers. Electrocardiograms from the recorders were compared by the following statistical methods: linear regression, Bland–Altman, receiver operator curve, and standard method template for consistency between independent observers.

Conclusions: Three of the five randomised controlled trials. Other designs included non-randomised comparison groups, pre / post and other Bland–Altman analysis). From Bland–Altman analysis demonstrate overall an acceptable agreement with few outliers instances (<6%, between recorders) were also small, with AUCs for QT leads of >75% and AUCs for QTc leads of >60%. Mean differences for QT and QTc were compared by the following statistical methods: linear regression, Bland–Altman, receiver operator curve, and standard method template for consistency between independent observers. Electrocardiograms from the recorders were compared by the following statistical methods: linear regression, Bland–Altman, receiver operator curve, and standard method template for consistency between independent observers.
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<tr>
<td>Kerry Hinsby</td>
<td>Helping to embed a trauma-informed clinical model in a forensic mental health service using the seven-eyed model of supervision</td>
<td>Clinical Psychology Forum No 344 August 2021, pages 59-64</td>
<td>Available from BPS [<a href="https://shop.bps.org.uk">https://shop.bps.org.uk</a>]</td>
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<td>Helen Phillips, Jennifer Sweetman, Rachel Hodkinson, Emily Hayward, Amelia Ralph-Lewis and Catarina Teige</td>
<td>Adapting and validating the Autism Diagnostic Interview-Revised for use with deaf children and young people</td>
<td>Autism. Online first, July 2021</td>
<td>Available from Sage Journals [journals.sagepub.com]</td>
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**Background:** People with severe mental illnesses (SMIs) have reduced life expectancy compared with the general population. Diabetes is a contributor to this disparity, with higher prevalence and poorer outcomes in people with SMI.

**Aim:** To determine the impact of SMI on healthcare outcomes for people with type 2 diabetes (T2DM).

**Methods and setting:** Retrospective, observational, matched, nested, case-control study conducted in England using patient records from the Clinical Practice Research Datalink, linked to Hospital Episode Statistics.

**Method:** A range of healthcare processes (primary care consultations, physical health checks, and metabolic measurements) and outcomes (prevalence and hospitalisation for cardiovascular disease (CVD), and mortality risk) were compared for 2192 people with SMI and T2DM (cases) with 7773 people who had diabetes alone (controls).

**Sociodemographics, comorbidity, and medication prescription were covariates in regression models.**

**Results:** When compared with results for participants with T2DM only, SMI was associated with increased risk of all-cause mortality (hazard ratio [HR] 1.919, 95% confidence interval [CI] = 1.602 to 2.300) and CVD-specific mortality (HR 2.242, 95% CI = 1.547 to 3.250), higher primary care physician consultation rates (incidence rate ratio [IRR] 1.149, 95% CI = 1.111 to 1.188), more-frequent checks of blood pressure (IRR 1.024, 95% CI = 1.003 to 1.046) and cholesterol (IRR 1.038, 95% CI = 1.019 to 1.058), lower prevalence of angina (odds ratio 0.671, 95% CI = 0.450 to 1.001), more emergency admissions for angina (IRR 1.532, 95% CI = 1.069 to 2.195), and fewer elective admissions for ischaemic heart disease (IRR 0.662, 95% CI = 0.508 to 0.915).

**Conclusion:** Monitoring of metabolic measurements was comparable for people with T2DM who did, and did not, have SMI. Increased mortality rates observed in people with SMI may be attributable to underdiagnosis of CVD and delays in treatment.**
Foreign body ingestion is a challenging clinical presentation familiar to most gastroenterologists. In this edition of Frontline, Yadollahi et al report on a large series of such patients in their tertiary referral centre in Southampton. The authors describe an increasing incidence of foreign body ingestions over a 5-year period, discuss the outcomes of endoscopic management and relate the anticipated burden of this increasing presentation on staff and resources in their hospital.

This is a welcome and detailed addition to the small body of literature on the subject. The episodes of foreign body ingestion described by the authors of this article (who are all clinical gastroenterologists) are acts of self-harm. Terms such as ‘parasuicide’ and ‘deliberate self-harm’ have been superseded by this now preferred term. Foreign body ingestion is a small subset of such behaviours—the most common being overdose and cutting. Young people who self-harm have a substantially increased risk of adverse non-fatal and fatal outcomes, including suicide, compared with those who do not, yet most episodes of self-harm never result in a medical presentation. In a survey of adults from England aged 16–74 years, the prevalence of self-reported lifetime non-suicidal self-harm increased from 2.4% in 2000 to 6.4% in 2014, most notably in females aged 16–24 years, in whom prevalence increased to 19.7% in 2014. The reasons behind this remain unclear.

Self-harm is a complex behaviour and represents the final common pathway of a number of upstream risk factors. It can be a presentation of...
Improving physical health care for inpatients with eating disorders

**Aims.** Primary aim – To improve how physical health issues are addressed for inpatients with eating disorders. Secondary aim – To improve efficiency within the MDT. Background. The Yorkshire Centre for Eating Disorders (YCED) is an inpatient unit for the treatment of patients with anorexia and bulimia nervosa. Anorexia nervosa has the highest mortality of all psychiatric disorders with an extensive list of physical manifestations. This project was designed to help better address the physical health concerns of our patients by introducing a primary care style, once weekly clinic that could self-refer.

Method. Questionnaires were designed to assess whether a once weekly physical health clinic would benefit the service. The clinic was run on a weekly basis from 26th April to 24th June 2019. Follow-up questionnaires were designed and distributed to both patients and staff following this period. Data were analysed with Microsoft Excel to determine if improvement had been made.

Result. N = 12 inpatients responded to the initial questionnaires. n = 2 were discharged during the 8 week period so were included in the analysis but did not complete the follow-up questionnaire. 100% of the staff (n = 8) felt a once weekly clinic would benefit their patients. 62% (n = 5) stated they felt distracted from their other duties with physical health requests. 33% (n = 4) of the inpatient group felt the clinic would benefit them with 67% (n = 8) stating indifference to the idea. 26 appointments were conducted in the physical health clinic with 80% (n = 8) of the service users expressing at least some 70%. (n = 7) stated their physical health concerns had better addressed using the clinic service. 

**Conclusion.** Our Junior Doctor Seclusion Reviews were not meeting the MHA Code of Practice Criteria, and we believe this to largely be due to lack of awareness of the standards. As such, results have been disseminated to Junior trainees and documentation. We will re-audit in 12 months.

**Available from Cambridge Core**
(www.cambridge.org/core)
Clinical audit
Aims. Tardive dyskinesia (TD) is a disabling extra-pyramidal side effect (EPSE) associated with long-term antipsychotic medication, with an incidence rate of 5% per year of typical antipsychotic exposure. The Abnormal Involuntary Movement Scale (AIMS) is a validated tool for screening for TD and its use is recommended every 3–6 months in those taking antipsychotics. Atypical antipsychotics present a lower risk and have contributed to complacency in monitoring and treatment. The primary aim of this audit was to establish whether AIMS was completed for all patients taking regular antipsychotic medication for three months or more. Secondary aims were to investigate whether patients were informed about EPSEs on initiation, titration and change of antipsychotics, and whether they were assessed for the emergence of side effects during subsequent clinical reviews.
Method. This single-site audit examined the care of inpatients on Ward 4 of the Becklin Centre, a male working-age acute psychiatric ward, between 1st November 2020 and 31st January 2021. Patients aged 18–65 years who were prescribed regular antipsychotics were eligible for inclusion. Exclusion criteria included the presence of other neurological movement disorders. 50 patients were included. Data collection took place between 8th February and 6th March 2021; this involved reviewing patient records throughout their inpatient stay on Care Director, an electronic patient record system. Results were compiled using a pre-determined data collection tool and analysed using Microsoft Excel.
Result. For 14 (28.0%) patients there was documented evidence of the provision of verbal information surrounding EPSEs during initiation or change of antipsychotics, and 12 (24.0%) received written or verbal information about wider side effects. For 19 (38.0%) there was a documented assessment of side effects during clinical review following the initiation or change of antipsychotic medication. Of the 33 patients who took antipsychotics for over three months, 3 (9.1%) received an AIMS assessment.
Conclusion. An inadequate proportion of inpatients prescribed long-term antipsychotics were assessed for TD, likely due to a lack of awareness of the relevant guidance. A substantial number of patients were not informed about side effects during subsequent clinical reviews.

Investigation and management of vitamin D insufficiency and deficiency in adult psychiatric admissions: a clinical audit
Aims. Growing evidence suggests vitamin D as a contributing factor in psychiatric illness, particularly depression. Leeds and York Partnership NHS Foundation Trust (LYPFT) has a policy recommending that vitamin D levels are checked in all inpatients. The principal aims of this audit were to establish whether vitamin D levels were checked in inpatients and whether oral supplementation was commenced where appropriate, with a pre-determined target of 90% for both. The secondary aims were to assess whether rates of checking and replacing vitamin D, and mean vitamin D levels, differed between Caucasian and non-Caucasian populations.
Method. We investigated adults aged 18–65 years newly admitted to the Becklin Centre, an acute psychiatric inpatient unit of four wards, between 1st December 2019 and 29th February 2020. 140 patients met eligibility criteria and were included in this study, of which 86 (61.4%) were Caucasian. Data were collected between 25th February and 28th February 2021 by retrospectively reviewing two electronic patient record systems, Care Director and PPM, and the electronic prescribing platform EPMA. Results were compiled on a pre-determined data collection tool and analysed using Microsoft Excel. We defined insufficiency as serum 25-hydroxyvitamin D levels below 75nmol/l and deficiency as below 50nmol/l.
Result. Vitamin D levels were checked in 79 (56.4%) inpatients, and the proportion checked differed significantly according to ethnicity (Caucasian = 64.0%, non-Caucasian = 44.4%, χ² = 4.59, p = 0.032). Of these, 1 (1.3%) had an insufficient sample, 5 (6.3%) had normal levels, 41 (51.9%) had insufficient levels and 32 (40.5%) were deficient. Colecalciferol was commenced for 61 (83.6%) of those with insufficient or deficient vitamin D levels. Rates of colecalciferol prescribing did not differ between ethnic groups (Caucasian = 82.0%, non-Caucasian = 85.0%; χ² = 0.091, p = 0.76). Mean vitamin D levels did not significantly differ (p = 0.77) between Caucasians (38.3nmol/l) and non-Caucasians (36.2nmol/l).
Conclusion. LYPFT did not meet the target for testing for and treating vitamin D insufficiency and deficiency in psychiatric inpatients. Other blood results were often available when vitamin D levels were not, suggesting a lack of awareness of the relevant guidance. Ethnicity influenced rates of vitamin D analysis but not replacement or mean serum levels. Colecalciferol prescribing did not differ between ethnic groups. There was no significant difference in mean vitamin D levels between ethnic groups. However, LYPFT did not meet the target for testing for and treating vitamin D insufficiency and deficiency.
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<tr>
<td>Oliver Turner and David Leung</td>
<td>Jun-21</td>
<td>On-call medical seclusion reviews: are we meeting MHA code of practice (COP) requirements?</td>
<td>BJPsych Open</td>
<td>English</td>
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<td>David Hall, Thomas Lane and Alexander Hartinson</td>
<td>Jun-21</td>
<td>Creating a virtual, clinical scenario based teaching programme for foundation doctors in Leeds</td>
<td>BJPsych Open</td>
<td>English</td>
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</table>

**Background.** Seclusion is an important aspect of inpatient care. MHA COP Chapter 26 provides guidance for documenting seclusion reviews, ensuring safeguards are in place to protect patient’s safety and human rights. Secluded patients require a medical review within 1 hour, and four hourly thereafter, until a higher trainee or Consultant undertake an MDT Review. In our Trust, LYPFT, trainee undertake these reviews. There is noted discrepancy in seclusion review documentation. This audit identifies our compliance with time limits, and whether documentation meets the required criteria in the MHA Code of Practice.

**Method.** Our Sample includes all Out-of-Hour Junior Trainee Medical Seclusion Reviews between 01/01/20 and 01/04/20 at LYPFT. Seclusions were identified from on call logs, and clinical notes were reviewed for a documented seclusion review. The date and time of seclusion are recorded, whether a 1 or 4 hourly review, and the time of review. We recorded any mention of: physical health; mental state; observation levels; recent medication; medication side effects; risk to others; risk to self and the need for ongoing seclusion.

**Result.** 56 episodes of seclusion were identified; all 56 had a documented medical seclusion review. 49 reviews were on time, 4 were late with a documented reason, and 3 were late without. There was documentation of the Higher Trainee being informed in 53 reviews. No seclusion reviews mentioned all MHA COP criteria. We more frequently mentioned patients’ physical health (51), psychiatric health (52) and need for seclusion (54). 46 seclusion reviews mentioned risk of harm to others; only 3 mentioned risk of self-harm. 25 seclusion reviews mentioned medication, and 5 mentioned review for side effects. 5 seclusion reviews mentioned observation levels.

**Conclusion.** Our Junior Doctor Seclusion Reviews were not meeting the MHA Code of Practice Criteria, and we believe this to largely be due to lack of awareness of the standards. As such, results have been disseminated to Junior trainees in weekly teaching. We created a medical seclusion review template, adopted by the Trust, to ensure documentation.

**Objectives.** Are we seeing newly secluded patients on time? Are we documenting these reviews in clinical notes? Do documented reviews meet criteria stated by the MHA COP 26.133? Are we informing Higher Trainees of the need for MDT reviews?

**Aims.** Are Junior Trainee, Medical Seclusion Reviews compliant with MHA COP Criteria?

**Method.** Through consultation with foundation doctors on their psychiatry placements in Leeds, we established that they didn’t feel the trustwide teaching programme met their needs, with them rating the relevance as 5.8 on a 1-10 Likert scale. They also reported their access to formal and informal teaching had been limited by COVID-19 restrictions. We aimed to create an accessible teaching programme that met their developmental needs as set out by the Foundation programme and MDT reviews. This also provided the CTs with an opportunity to develop their teaching skills, something that has become more difficult during COVID.

**Method.** Having assessed the foundation doctors confidence in dealing with different scenarios, we created a 9 week teaching programme covering common mental health presentations they’re likely to encounter during their training. The virtual sessions focus on what assessment and management skills would be expected for a foundation doctor, as well as when and how to access support and refer on. The programme was designed to be trainee led with the teaching being facilitated by core trainees as it was felt that they would best relate to the experiences and developmental needs of foundation doctors. This also provided the CTs with an opportunity to develop their teaching skills, something that has become more difficult during COVID.

**Result.** Through weekly feedback of the sessions we were able to demonstrate that for 8 of the 9 sessions the foundation doctors rated them as being ‘useful’ or ‘very useful’ and we’re currently reviewing the topic and materials for the outlying session. Through self-assessed ratings before and after the programme, we demonstrated significant increases in confidence in dealing with all 9 of the scenarios. All of the foundation doctors indicated that they had found the programme beneficial.

**Conclusion.** As shown in the results, the programme has been well received by the foundation doctors who’s confidence in dealing with a range of scenarios has improved. The programme has also been well received by the trust who have asked us to repeat the it for future foundation rotations and by core trainees who were grateful of the development opportunities that this provided.
### Innovating in CMHT’s: Heena Mistry

**Aims.** This project was designed to evaluate the use of PRN medication and PRN monitoring charts on an adult learning inpatient ward. The monitoring and Aims. ‘Group consultations/visits’ are described as providing shared medical appointments delivering a range of care options and education by clinicians while providing elements of patient choice, empowerment and peer support. This innovative and cost effective model of care delivery was first conceived in the US and has been gaining a strong foothold in the UK since 2016, mainly limited to GP settings. The project goal was to attempt to transfer the model into a mental health setting by developing and delivering a novel intervention, to improve health and wellbeing options in a CMHT population.

**Method.** A four session course was developed focusing on stress, sleep and nutrition. These chosen topics covered common significant challenges to patient health in psychiatry. Sessions were delivered to proactively address these important health related issues in a group visit setting. Baseline and post intervention feedback including telephone interviews were conducted to evaluate the effectiveness of the intervention.

**Result.** The qualitative data and the positive feedback obtained from participants indicate the intervention was highly valued and deemed effective in promoting positive health and lifestyle changes. Participants valued the educational and co-production aspects as well as the social and peer support elements of the groups. They appreciated the level of access they had with the clinicians involved, to explore their health and wellbeing in more detail without being limited by the usual 30 minute clinic follow-up sessions. The clinicians involved found the sessions rewarding and more engaging than most of routine 1:1 clinic sessions as they were able to spend quality time exploring important issues and not just educate the patients but also be educated by their questions and feedback about their lived experiences.

**Conclusion.** Clinical practice must be improved. The results were presented to ward staff and doctors to discuss the implications for patient care and ways to improve clinical practice by ensuring full monitoring of the use of PRN medication to help reduce the overmedication of people with learning disabilities. NICE guidelines and The Royal College of Psychiatrists have published guidelines on the prescription of psychotropic drugs for people with learning disabilities. NHS England have also published an article to discourage overmedication of people with learning disabilities. There is a risk that doctors are prescribing medication to treat behaviour that is an expression of distress or a mode of communication rather than a mental disorder. Doctors have a responsibility to ensure they have fully assessed the person’s potential to benefit from medication before they prescribe. The audit would serve to provide a baseline for this team prior to any audits in the future. We believe it is a cost effective and helpful innovation which warrants further promotion and evaluation.
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<th>Authors</th>
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<tr>
<td>Daniel Whitney and Guy Brookes</td>
<td>Jun-21</td>
<td>Evaluation of a novel consultant psychiatric clinic in general practices and its effects on secondary mental health contact and the general practitioners' perspectives</td>
<td>BJPsych Open, Volume 7, Issue 51, June 2021</td>
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<tr>
<td>Helen Turner, Musabbir and Mohammad Pham, Phuong Aboh, Amy Christiana Elisha-Guy Brookes</td>
<td>Jun-21</td>
<td>A physicians' compliance in identifying patients' drivers and providing advice on the Driver and Vehicle Licensing Agency (DVLA) guidelines</td>
<td>BJPsych Open, Volume 7, Issue 51, June 2021</td>
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**Aims:** To assess whether direct access to a 45 minute screen appointment in a Consultant Psychiatric clinic, based in General Practice, affects; the number of contacts patients have with secondary care pre and post being seen; whether the General Practitioner (GP) would have referred to secondary services if the clinic had not been in operation; the GPs' views on how helpful the clinic was in understanding the patients' problems and managing the problems outside of secondary care.

**Method:** We compared the number of mental health contacts (per month), for each of the 57 patients who had been referred to the clinic, in the months pre and post being seen in the clinic. We also asked the involved GPs to complete a brief survey for each patient who had been referred to determine whether, they would otherwise have been referred to the CMHT and whether the clinic has helped with their understanding and management of the patients' problems.

**Result:** The mean number of contacts with secondary services before being seen in clinic was 3.30 per month compared to 2.44 after being seen. The mean difference of 2.86 is statistically significant on a paired-test with a P Value of 0.0149 (95% confidence intervals of 0.58 to 5.13). We received 22 survey responses from GPs of patients referred to the clinic including for patients who did not attend. All 22 responses indicated that the patient would have been referred to the CMHT if the clinic had not been available. 95% were rated as being very helpful or moderately helpful in understanding the patient’s problems. 91% were rated as very helpful or moderately helpful in managing the patients’ problems outside secondary care.

**Conclusion:** Our evaluation has demonstrated that a model of direct access for GPs to a Consultant Psychiatric clinic can reduce referrals and patient contacts with secondary mental health services. GPs have found this model helpful in understanding patients’ problems and managing the problems outside of secondary care.

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<td>Christiana Elisha-Aboh, Amy Song, Mohammad Musabbir and Helen Turner</td>
<td>Jun-21</td>
<td>A physicians’ compliance in identifying patients’ drivers and providing advice on the Driver and Vehicle Licensing Agency (DVLA) guidelines</td>
<td>BJPsych Open, Volume 7, Issue 51, June 2021</td>
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**Aims:** The DVLA has strict guidelines regarding how long a driver should stay off driving when they have certain mental health illnesses or severity of symptoms. It is difficult to give such advice if we are unaware of the patients’ that drive; especially when they do not volunteer this information for various reasons. This audit was aimed at identifying people who have been admitted to the Ward 3 at the Mount Hospital and if they were asked about driving. The audit also looked at whether there were discussions around the driving requirements and DVLA guidelines in terms of their mental health diagnosis. The expected outcome of this project was to improve information gathering when clerking in a new patient and to ensure that elderly patients’ who drive are made aware of the DVLA guidelines.

**Method:** This audit retrospectively examined the care of 50 patients on Ward 3 at the Mount Hospital, a mixed acute psychiatric ward for older people, between 1st April 2020 and 11th November 2020. All patients’ aged 65 years and over who were on admission within that period were audited. Data collection took place between 17th November and 17th December 2020; this involved reviewing patient records throughout their inpatient stay including paper notes and electronic records (on Care Director). Results were compiled using a pre-determined data collection tool and analysed using Microsoft Excel. The audit used the standards within the DVLA Guidance—Psychiatric Disorders: Assessing fitness to drive.

**Result:** Only 1 (2%) patient had sufficiently documented evidence around driving and the impact of psychotropic medication on driving. DVLA information was given verbally in 3 (9%) patients and only 2 patients had this information passed on to their General Practitioner (GP). Only 3 (8%) patients were made aware of the DVLA guidelines and 2 (4%) patients made aware of their obligation to inform the DVLA.

**Conclusion:** Generally, the compliance of psychiatrists in identifying all patients’ who drive is poor and seems even worse with elderly patients’. There was little documented evidence that patients were asked about their driving status on or during their admission, were given verbal or written information, had discussions around the impact of medication on driving or informed about their obligation to notify the DVLA. This study provides opportunity to improve practice by...
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<td>The role of animal-assisted therapy in the management of people with dementia: a systematic literature review</td>
<td>Syed Nabeel Javaid</td>
<td>Jun-21</td>
<td>BJPsych Open, Volume 7, Issue 51, June 2021</td>
<td>Aims: The aim of this systematic literature review was to determine the evidence-based effectiveness of animal assisted interventions and to look at the factors that limit implementation of this intervention. Background: Dementia is a major health issue worldwide impacting not only on the people diagnosed with dementia, but also on their families and caregivers, and the healthcare professionals. The symptoms of dementia include cognitive impairment that can range from mild to severe, and behavioural and psychological symptoms which have debilitating effects on functional capacity and quality of life. A number of non-pharmacological interventions are being developed to help people with dementia. Animal assisted therapy is one of those interventions that has demonstrated positive effects on various aspects of dementia (Filan and Llewellyn-Jones, 2006). However, there are limitations to its use and feasibility of animal assisted therapy programmes is unclear. Method: Only randomised-controlled trials (RCTs) were to be included to evaluate high quality evidence. A systematic literature search was carried out to find using the PubMed and Cochrane databases and a search of the NICE website. Literature was screened according to inclusion and exclusion criteria. Eight randomised-controlled trials were selected to be used in this systematic review to assess the effectiveness of animal-assisted therapy. Result: The results regarding the effectiveness of animal assisted therapy were variable. There was some improvement demonstrated in symptoms of depression, agitation, behaviour and cognitive impairment. Quality of life and activities of daily living also demonstrated positive outcomes. There was a reduction in the risk of falls in people with dementia. However, the studies conducted demonstrated limited methodologies. The factors limiting the use of animal assisted therapy were found to be concerns around adverse events to animals, issues of animal welfare and economic feasibility of animal assisted therapy programmes. Conclusion: Further research needs to be done using properly conducted randomised controlled trials with larger sample sizes to formally assess people's perceptions regarding therapy animals and develop clear guidelines and protocols for integrating these interventions in healthcare.</td>
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<td>Assessing the delivery of smoking cessation interventions in adult inpatients</td>
<td>Katie Blissard-Javaid and Richard Westmoreland</td>
<td>Jun-21</td>
<td>BJPsych Open, Volume 7, Issue 51, June 2021</td>
<td>Aims: To assess level of compliance with national and local guidance with regards to the recording of service users smoking status and offering of interventions. Background: Across the general population, prevalence of smoking is decreasing but in those with severe mental illness, the prevalence hasn't significantly changed. LYPFT are working towards becoming a smoke-free trust. The Trust Guidance expects that Trusts should ask 100% of service users if they smoke (which should be recorded on their physical health CQUIN) and of those that do, should be offered nicotine replacement therapy and cessation advice. Public Health England is working towards all hospital trusts across the UK being Smoke-free. Method: All service users on each of the 4 adult inpatient wards at the Becken Centre, Leeds, were included in the audit. A total of 78 service users were included in the audit. We reviewed the digital records for every service user, specifically looking at the physical health CQUIN. We recorded if smoking status had been documented and what interventions (if any) had been recorded as given. Possible interventions included offering brief advice and offering nicotine replacement therapy. We then reviewed medication charts to see if any nicotine replacement therapy had been prescribed. Result: The audit found that approximately half of all service users in our audit smoked cigarettes and that the vast majority of those had their smoking status documented in their digital medical records. Three quarters of those that smoked were offered brief cessation advice and half of them were offered nicotine replacement therapy. Only a third of service users that smoked had NRT prescribed on their medication chart. This represented 65% of those recorded as being offered NRT. Conclusion: There are numerous possible reasons for the above outcomes. These include a lack of knowledge and confidence in delivering smoking cessation interventions, conversations having taken place but not recorded and confusion regarding the appropriate staff member to deliver the intervention. In addition, whilst only medical professionals typically prescribe NRT, the physical health CQUIN is recorded by nurses. Therefore, this may reflect a lack of communication between staff groups. Our trust will become smoke free in the near future. To facilitate this, we hope to reduce the discrepancy between the number of service users who smoke and the number prescribed NRT.</td>
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<td>LYPFT list of published studies</td>
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<td>Available from Cambridge Core (<a href="http://www.cambridge.org/core">www.cambridge.org/core</a>)</td>
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Last updated: February 2022 Next revised date: August 2022
Experiences of people seen in an acute hospital setting by liaison mental health services: responses from an online survey

BJPsych Open, Volume 7, Issue S1, June 2021

Aims. Recently the NHS has expanded the provision of liaison mental health services (LMHS) to ensure that every acute hospital with an emergency department in England has a liaison psychiatry service. Little work has been undertaken to explore first-hand experiences of these services. The aim of this study was to capture service users' experiences of LMHS in both emergency departments and acute inpatient wards in the UK, with a view to adapt services to better meet the needs of its users.

Method. This cross-sectional internet survey was initially advertised from May-July 2017 using the social media platform Facebook. Due to a paucity of male respondents, it was re-run from November 2017-February 2018, specifically targeting this demographic group. 184 people responded to the survey, of which 147 were service users and 37 were service users’ accompanying partners, friends or family members. The survey featured a structured questionnaire divided into three categories: the profile of the respondent, perceived professionalism of LMHS, and overall opinion of the service. Space was available for free-text comments in each section. Descriptive analysis of quantitative data was undertaken with R statistical software V.3.2.2. Qualitative data from free-text comments were transcribed and interpreted independently by three researchers using framework analysis; familiarisation with the data was followed by identification of a thematic framework, indexing, charting, mapping and interpretation.

Result. Opinions of the service were mixed but predominantly negative. 31% of service users and 27% of their loved ones found their overall contact with LMHS useful. Features most frequently identified as important were the provision of a 24/7 service, assessment by a variety of healthcare professionals and national standardisation of services. Respondents indicated that the least important feature was the provision of a separate service for older people. They also expressed that a desirable LMHS would include faster assessments following referral from the parent team, clearer communication about next steps and greater knowledge of local services and third sector organisations.

Conclusion. Our survey identified mixed responses, however service users and their loved ones perceived LMHS more frequently as negative than positive. This may be attributed to the recent governmental drive to assess, treat and discharge 95% of all patients seen in emergency departments within four hours of initial attendance. Additionally, dissatisfied service users are more likely to volunteer their opinions. The evaluation and adaptation of LMHS should be:

Advance care planning ahead of life altering clinical deterioration in secure settings: Do not wait until a crisis

Criminal Behaviour and Mental Health: Early view

All professionals involved in someone’s care should be equipped to support individuals, and the people close to them, to understand how their health is likely to change, consider the burdens and likely outcomes of treatment options and make realistic, informed recommendations to guide future care. This can be particularly challenging in forensic mental health, when it covers cardiopulmonary resuscitation alongside recommendations about acute hospital admission and medical escalation within and outside of hospital settings. Some clinicians question whether or not the harms of raising the spectre of invasive ventilation and potential mortality risks unnecessary anxiety and psychological harm amongst detained patients. Instead, we argue that timely advance care and treatment escalation planning with each patient, informed by psychiatric clinicians, is long overdue.
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<td>Andrea Steu, Emma Diggins and Nagulan Thevarajan</td>
<td>Audit of physical health monitoring on admission to Mill Lodge (CAMHS Inpatient Unit, York)</td>
<td>Jun-21</td>
<td>BJPsych Open, Volume 7, Issue S1, June 2021</td>
<td>Aims. This audit aimed to evaluate the standard of initial physical health assessment that young people receive on admission to Mill Lodge. Adherence to recommendation 2.6.3 of the service specification for Tier 4 CAMHS was assessed. Standard 2.6.3 of the service specification for Tier 4 child and adolescent mental health services states that on admission all young people must have an initial assessment (including a risk assessment) and care-plan completed within 24 hours. Where admission is for day-in-patient care this will include a physical examination. In line with this standard this audit will evaluate the use of physical examination, baseline blood tests and ECG carried out on young people. Background. Mental health problems in children and young people are associated with both short- and long-term physical health problems. It is therefore important that they undergo full physical health assessment on admission to a Tier 4 inpatient unit. Method. Electronic records were reviewed for all patients admitted within 6 months period, between 1st August 2018 and 1st February 2019. Data were collected in March 2019 and entered directly into an excel spread sheet designed for data collection. A total of 23 patients were identified for inclusion in this audit. Simple statistical analysis was carried out using excel. Result. Over 80% of patients who did not refuse had a completed physical examination (85%), blood results recorded (82%) and ECG (84%) within the first 24 hours of their admission. 100% of patients who did not refuse had bloods and ECG checked at some time during their admission, with 90% having a physical examination. For several patients (3 physical examination, 2 bloods, 3 ECG), no reason was documented as to why the procedure or examination did not take place. For 1 patient, blood tests were delayed due to having no blood tubes available. Conclusion. Taken into account the result of this audit and bearing in mind the importance of physical examination as part of the admission process, it is important to try and support both regular Mill Lodge staff and on-call junior doctors to follow Standard 2.6.3's guidance around physical examination on admission to hospital. While good results were seen in many areas, the ward is not yet achieving the standard of 100%. A re-audit will take place in twelve months' time to review recommendation and compliance.</td>
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<td>Elisabeth Bond, Stephanie Vel En Tial and Clare Stephenson</td>
<td>An audit on consent to treatment within forensic inpatient units at the Newsam Centre</td>
<td>Jun-21</td>
<td>BJPsych Open, Volume 7, Issue S1, June 2021</td>
<td>Aims. We aimed to investigate the adherence to the Mental Health Act Code of Practice and the adequate documentation of consent to treatment across three forensic low secure inpatient units. Method. Our sample included all inpatients detained on three forensic wards at The Newsam Centre. This included a total of 31 patients with an age range of 25 to 59 years. The Mental Health Act Code of Practice was used as criteria for audit standards. Data were collected using Microsoft Excel and analysed using descriptive methods. Result. We found that 28 patients out of 31 had been admitted for over three months and of these patients 12 were subject to a T2 and 16 subject to a T3. A total of 24 patients had their CTT medication list documented on the online drug chart; with a remaining seven patients who did not. As per guidelines, 27 patients had the appropriate medications prescribed as per their CTT, however one patient did not. The audit revealed a total of two patients currently on a LYPFT list of published studies</td>
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<td>Louise Combes and Lauren A Bradley</td>
<td>To Jurassic Park via Australia: A case study showing how dramatherapy enabled the creation and maintenance of embodied metaphors to support recovery from early psychosis</td>
<td>May-21</td>
<td>Dramatherapy, Volume 41, Issue 1, pages 37-49.</td>
<td>This case study shows how Dramatherapy can engage clients with communication difficulties, which exclude them from standard mental health pathways in early intervention in psychosis services. Deliberately prioritising the client’s newfound modes of expression to shape the narrative within, it is evident Dramatherapy processes; embodiment, projection and role enabled this client to create and then inhabit his own playful metaphors. These metaphors continued to facilitate every day life challenges. During his Dramatherapy relationship, the client within this case study transitioned from supported accommodation to his own property, progressed to residential rehabilitation for alcohol misuse and finally engaged in cognitive behavioural therapy. From feedback interviews we know he continued to create and use his own protective metaphors 10 months after drama therapy ended. He returned to education as part of his plan to seek appropriate employment and was discharged to his GP.</td>
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Last updated: February 2022 Next revised date: August 2022
Introduction: People with severe mental illness have a shortened life expectancy [1,2,3], with cardiovascular disease the main cause. [4] Diabetes is a major risk factor for this. [5] The aim of the project was to develop a logic model that illustrates the steps needed to develop an effective intervention for diabetes management in a psychiatric inpatient setting, as the point of admission to a psychiatric inpatient unit may present as an opportunity time for improving diabetes care.

Methods: We undertook (i) a survey of diabetes care among inpatients in a Mental Health Trust in England, comparing care to the National Health Service (NHS) Core National Diabetes Standards [6] (ii) interviews with key clinical staff on understand challenges in delivering good diabetes care (iii) a review of current UK guidance on standards for diabetes care. Based on the findings, we developed an initial logic model for service delivery.

Results: Among 163 inpatient records reviewed, 44 (27%) had a diagnosis of diabetes, and only 3 (7%) had all three National Institute for Health and Care Excellence (NICE) treatment targets of HbA1c, cholesterol and blood pressure within range. Staff identified needs for regular training, better understanding of roles in shared care, and good quality IT support. We developed a logic model that illustrates the steps needed to develop an effective intervention for diabetes management in a psychiatric inpatient setting.

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<tr>
<td>Zoe Goff, Allan Weston and Laura Mansbridge</td>
<td>Diabetes Care in an Acute Psychiatric Inpatient Setting – A Logic Model For Service Delivery</td>
<td>Poster</td>
<td>May-21</td>
<td>Introduction: People with severe mental illness have a shortened life expectancy [1,2,3], with cardiovascular disease the main cause. [4] Diabetes is a major risk factor for this. [5] The aim of the project was to develop a logic model that illustrates the steps needed to develop an effective intervention for diabetes management in a psychiatric inpatient setting, as the point of admission to a psychiatric inpatient unit may present as an opportune time for improving diabetes care. Methods: We undertook (i) a survey of diabetes care among inpatients in a Mental Health Trust in England, comparing care to the National Health Service (NHS) Core National Diabetes Standards [6] (ii) interviews with key clinical staff to understand challenges in delivering good diabetes care (iii) a review of current UK guidance on standards for diabetes care. Based on the findings, we developed an initial logic model for service delivery. Results: Among 163 inpatient records reviewed, 44 (27%) had a diagnosis of diabetes, and only 3 (7%) had all three National Institute for Health and Care Excellence (NICE) treatment targets of HbA1c, cholesterol and blood pressure within range. Staff identified needs for regular training, better understanding of roles in shared care, and good quality IT support. We developed a logic model that illustrates the steps needed to develop an effective intervention for diabetes management in a psychiatric inpatient setting.</td>
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Assessing implementation fidelity in the First Episode Rapid Early Intervention for Eating Disorders service model

Aims: This study evaluated fidelity to the FREED service model during the multicentre FREED-Up study.

Method: Participants were 259 emerging adults (aged 16–25 years) with an eating disorder of <3 years duration, offered treatment through the FREED care pathway. Patient journey records documented patient care from screening to end of treatment. Adherence to wait-time targets (engagement call within 48 h, assessment within 2 weeks, treatment within 4 weeks) and care package, and differences in adherence across diagnosis and treatment group were examined.

Results: There were significant increases (16–40%) in adherence to the wait-time targets following the introduction of FREED, irrespective of diagnosis. Receiving FREED under optimal conditions also increased adherence to the targets. Care package use differed by component and diagnosis. The most used care package activities were psychoeducation and dietary change. Attention to transitions was less well used.

Conclusions: This study provides an indication of adherence levels to key components of the FREED model. These

R&D

Mary Franklin-Smith, William Rhys Jones and Monique Schelhisae.

May-21

Assessing implementation fidelity in the First Episode Rapid Early Intervention for Eating Disorders service model

BJPsych Open, Volume 7 Issue 3, English

The First Episode Rapid Early Intervention for Eating Disorders (FREED) service model is associated with significant reductions in wait times and improved clinical outcomes for emerging adults with recent-onset eating disorders. An understanding of how FREED is implemented is a necessary precondition to enable an attribution of these findings to key components of the model, namely the wait-time targets and care package.

Aims: This study evaluated fidelity to the FREED service model during the multicentre FREED-Up study.

Method: Participants were 259 emerging adults (aged 16–25 years) with an eating disorder of <3 years duration, offered treatment through the FREED care pathway. Patient journey records documented patient care from screening to end of treatment. Adherence to wait-time targets (engagement call within 48 h, assessment within 2 weeks, treatment within 4 weeks) and care package, and differences in adherence across diagnosis and treatment group were examined.

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Conclusions: This study provides an indication of adherence levels to key components of the FREED model.

Tariq Mahmood, Anneka Tomlinson and Jamshid Nazari

May-21

A Recessively Inherited Risk Locus on Chromosome 13q22.31 Confering Susceptibility to Schizophrenia.


We report a consanguineous family in which schizophrenia segregates in a manner consistent with recessive inheritance of a rare, partial-penetrance susceptibility allele. From 4 marriages between 2 sets of siblings who are half first cousins, 6 offspring have diagnoses of psychotic disorder. Homozygosity mapping revealed a 6.1-Mb homoyzogous region on chromosome 13q22.3-31.1 shared by all affected individuals, containing 13 protein-coding genes. Microsatellite analysis confirmed homogyzosity for the affected haplotype in 12 further apparently unaffected members of the family. Psychiatric reports suggested an endophenotype ofilder psychotic illness in 4 of these individuals. Exome and genome sequencing revealed no potentially pathogenic coding or structural variants within the risk haplotype. Filtering for noncoding variants with a minor allele frequency of <0.05 identified 17 variants predicted to have significant effects, the 2 most significant being within or adjacent to the SCEL gene. RNA sequencing of blood from an affected homoyzogy showe the upregulation of transcription from NDFIP2 and SCEL. NDFIP2 is highly expressed in brain, unlike SCEL, and is involved in determining T helper (Th) cell type 1 and Th2 phenotypes, which have previously been implicated with schizophrenia.

Lucy Tindall and Barry Wright

Lucy Tindall, Paul Toner, Antonina Mikocka-Walus and Barry Wright

Perceptions of and Opinions on a Computerized Behavioral Activation Program for the Treatment of Depression in Young People: Thematic Analysis.

Journal of Medical Internet Research, Volume 23, Issue 4, April 2021, English

Background: Depression is one of the leading causes of illness and disability in young people, with approximately 20% having experienced a depressive episode by the age of 18 years. Behavioral activation (BA), a National Institute for Health and Care Excellence–recommended treatment for adults with depression, has shown preliminary support for its use with young people. BA may have the potential to be adapted and delivered in a computerized format to address the barriers often associated with young people accessing support. Despite the benefits of adopting computerized therapy delivery, the limited effectiveness of some programs has been attributed to a failure to tailor interventions to patients and practices. Therefore, while developing new treatments, it is important that target users be involved in the intervention design.

Objective: This qualitative study aims to explore the views and preferences of young people and health care professionals regarding the development of a new computerized BA therapy for young people with low mood or depression, to ensure that the therapy was suitable for the target user.

Methods: Semistructured focus groups and individual interviews were conducted with young people (those with experience in accessing support and those without) and health care professionals regarding the development of a new computerized BA therapy for young people with low mood or depression. The data were analyzed using thematic analysis.

Results: A total of 27 individuals, comprising both health care professionals and young people, participated in this study. Vital information pertaining to the important components of a new therapy, including its presentation, delivery, and content, was collected.

Conclusions: Variations in perspectives highlighted the need to adopt a systemic approach in therapy development by considering the opinions of young people with and without experience in accessing mental health support and health care professionals.
George Crowther, Manimegalai Chinnasamy, Sarah Bradbury, Laura Shaw, Sara Ormerod, Alison Wilkinson, Rebecca Chubb, Mazen Daher, Pramod Kumar, Andrew Gaskin, Karen Williams, Justine Brennan-Tovey, Angus Brown, Eleanor Stebbings, Sunita Sahu, Roger Smyth, Hilary Kinsler, Stephen O'Connor, Andrew Wells, Ross Owershott, Kehinde Junaid, Apama Monteikar, Jenny Humphries, Karen James, Sahu, Roger and Lad, Ashmita.

April-21

Trends in referrals to liaison psychiatry teams from UK emergency departments for patients over 65

International Journal of Geriatric Psychiatry: Early view

Introduction: The number of people over the age of 65 attending Emergency Departments (ED) in the United Kingdom (UK) is increasing. Those who attend with a mental health related problem may be referred to liaison psychiatry for assessment. Improving responsiveness and integration of liaison psychiatry in general hospital settings is a national priority. To do this psychiatry teams must be adequately resourced and organised. However, it is unknown how trends in the number and type referrals of older people to liaison psychiatry teams by EDs are changing, making this difficult.

Methods: We performed a national multi-centre retrospective service evaluation, analysing existing psychiatry referral data from EDs of people over 65. We described trends in the number, rate, age, mental health presentation, and time taken to assessment over a 7 years period.

Results: Referral data from 28 EDs across England and Scotland were analysed (n = 18,828 referrals). There was a general trend towards increasing numbers of people referred to liaison psychiatry year on year. Variability in referral numbers between different departments, ranged from 0.1 to 24.3 per 1000 ED attendances. The most common reasons for referral were mood disorders, self-harm and suicidal ideas. The majority of referrals were assessed within 60 min, however there is variability between departments, some recording wait over 11 h.

Discussion: The data suggests great inter-departmental variability in referral numbers, is not possible to establish the cause of variability. However, the data highlights the importance of asking further questions about why the differences exist, and the impact that has on patient care.

Daniel Romeu, Daniel Romeu

April-21

Is climate change a mental health crisis?


Summary: The Earth’s climate is in a complex state of change as a result of human activity. The interface between climate change and physical health has received significant attention, but its effects on mental health and illness are less understood. This article provides an insight into the psychiatric sequelae of climate change, suggests strategies that psychiatrists can use to take action, and argues that it is their responsibility to do so.

Praxis

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

Stephanie Vel En Tial and Adebayo Kuyajisen and Stephen Cutran.

Mar-21

An Audit on the monitoring of Antipsychotics in Acute Inpatient Psychiatric Units at Fieldhead Hospital

Faculty of Old Age Psychiatry Conference 2021 Poster Viewing Area - Poster 88

English

The use of antipsychotics have been found to be associated with metabolic side effects including hypertension, weight gain, insulin resistance, glucose intolerance and dyslipidemia. These side effects are related to the development of both diabetes mellitus and cardiovascular disease which can lead to increased mortality and morbidity and affect compliance and engagement to healthcare services. It is imperative therefore that Clinicians are able to balance the risks and adverse effects versus the benefits of treatment as antipsychotics can greatly improve patients quality of life, function and cognition.

Recommendations published by the Prescribing Observatory for Mental Health (POMH-UK) proposed that physical health checks such as ones measuring metabolic syndrome should be done annually. These evidence-based guidelines recommend that patients on continuing antipsychotic medications should receive screening and morbidity and affect compliance and engagement to healthcare services. It is imperative therefore that Clinicians are able to balance the risks and adverse effects versus the benefits of treatment as antipsychotics can greatly improve patients quality of life, function and cognition.

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Pen Smith and Lisa Simpson

Mar-21

Service user experiences of a novel in-reach rehabilitation and recovery service for people with profound and enduring mental health needs

mental health Nursing: Early view

This article provides an organizational case study using exploratory qualitative and visual research methods. We address the research question: What are the experiences of service users who use a novel in-reach rehabilitation and recovery service for people with severe and enduring mental health needs? Fifteen purposefully sampled service users were recruited from across a Service that is novel in embedding community sectors within inpatient provision. The sample reflects approximately the demographic of the Service and comprises: 10 men, 5 women; 12 white British, 3 ethnic minority; aged 18–60 years; and across inpatient care and supported community living. Photo-elicitation was used to enrich data collection through lightly structured interviews focused on the images brought by participants. Interview transcripts were analysed using interpretative phenomenological analysis. Analysis indicates that participants oriented towards four ‘meta-questions’: What does mental well-being mean to you? What difficulties have you encountered? What do you appreciate about the Service? What do you need for change to occur? We also identified six themes which told the story of a journey. The journey begins with challenge and moves towards making connections with others. Here, power dynamics are often experienced and addressed in the development of a greater sense of independence. This then provides opportunities for raised awareness around possibilities of recovery and a new found hope. Our three main conclusions are all relevant to clinical practice: service users (a) place great importance on building relationships; (b) aspire to make informed choices throughout their recovery journey; and (c) desire greater transparency regarding treatment options.

Journal Article

Available from Wiley Online Library
(onlineibrary.wiley.com)
Sue Ranger, Rebecca Hunter, Sue Ranger and Lorraine Ingram.

Mar-21

Development and use of the Early Attachment Observation tool for infant mental health


English

The Early Attachment Observation (EAO) is a simple assessment tool that has been developed by the Leeds Infant Mental Health service in collaboration with Leeds Health Visiting Service for use by health visitors to identify emerging attachment difficulties. The EAO is delivered as part of the universal offer at the routine 6-8-week health visitor contact. The EAO protocol requires the health visitor to ask the primary caregiver three questions about the emerging relationship between themselves and their infant: Describe your relationship with your baby in three words; is the best thing about your relationship with your baby?; and What is your biggest fear about your relationship with your baby? The health visitor completes a 2-minute observation of the interactions between the infant and parent. The purpose of the EAO is to screen for emerging attachment difficulties, in line with the WAVE report Conception to Age 2: The Age of Opportunity. The EAO is now a crucial element of the Leeds Early Start infant mental health pathway. The purpose of this article is to outline the development, pilot, implementation and evaluation of the use of the EAO in Leeds.

Available from MapOnline (www.magonlineibrary.com)

Mary Franklin-Smith, Monique Schehaze and William Rhy Jones.

Amelia Austin, Michaela Flynn, James Shearer, Mike Long, Karina Allen, Victoria Mountford, Danielle Glennon, Nina Grant, Amy Brown, Mary Franklin-Smith, Monique Schehaze, William Rhy Jones, Gabrielle Brady, Nicole Nurses, Frances Connon, Kate Mahony, Lucy Serpell and Ulrike Schmidt

Mar-21

The First Episode Rapid Early Intervention for Eating Disorders (FREED) is a service model and care pathway for emerging adults aged 16 to 25-years with a recent onset eating disorder (ED) of <3 years. A previous single-site study suggests that FREED significantly improves clinical outcomes compared to treatment-as-usual (TAU). The present study (FREED-Up) assessed the scalability of FREED. A multi-centre quasi-experimental pre-post design was used, comparing patient outcomes before and after implementation of FREED in participating services.

Methods: FREED patients (n = 278) were consecutively, prospectively ascertained referrals to four specialist ED services in England, assessed at four time points over 12 months on ED symptoms, mood, service utilisation and cost. FREED patients were compared to a TAU cohort (n = 224) of similar patients, identified retrospectively from electronic patient records in participating services. All were emerging adults aged 16-25 experiencing a first episode ED of <3 years duration.

Results: Overall, FREED patients made significant and rapid clinical improvements over time. 53.2% of FREED patients with anorexia nervosa reached a healthy weight at the 12-month timepoint; compared to only 17.9% of TAU patients (X2 [1, N = 107] = 10.46, p < .001). Significantly fewer FREED patients required intensive (i.e., in-patient or day-patient) treatment (6.6%) compared to TAU patients (12.4%) across the follow-up period (X2 [1, N = 40] = 4.36, p = .037). This contributed to a trend in cost savings in FREED compared to TAU (£4472, p = .06, CI -£23168, £233).

Discussion: FREED is robust and scalable and is associated with substantial improvements in clinical outcomes, reduction in inpatient or day-patient admissions, and cost-savings.

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

Simon Gilbody, Emily Peckham, Della Bailey, Catherine Arundel, Paul Heron, Suzanne Crosland, Caroline Fairhurst, Catherine Hewitt, Jinshuo Li and members of the SCIMITAR+ collaborative

Feb-21

Smoking cessation in severe mental illness: combined long-term quit rates from the UK SCIMITAR trials programme

The British Journal of Psychiatry, Volume 218, Issue 2, pages 95-97, February 2021

English

Smoking contributes to health inequalities for people with severe mental illness (SMI). Although smoking cessation interventions are effective in the short term, there are few long-term trial-based estimates of abstinence. The SCIMITAR trials programme includes the largest trial to date of a smoking cessation intervention for people with SMI, but this was underpowered to detect anticipated long-term quit rates. By pooling pilot and full-trial data we found that quit rates were maintained at 12 months (OR = 1.67, 95% CI 1.02–2.73, P = 0.04). Policymakers can now be confident that bespoke smoking cessation interventions produce successful short- and long-term quitting.

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

Christopher J Black, Yan Yiannakou, Robert West, Lesley A Houghton and Alexander C Ford

Feb-21

A Novel Method to Classify and Subgroup Patients With IBS Based on Gastrointestinal Symptoms and Psychological Profiles


English

Introduction: Conventionally, patients with irritable bowel syndrome (IBS) are subgrouped based on their predominant bowel habit. Given the relevance of psychological comorbidity to IBS symptoms, our aim was to explore an alternative approach to subgrouping by incorporating factors beyond stool form and frequency.

Methods: We collected demographic, symptom, and psychological health data from 1,375 adult subjects in the community who self-identified as having IBS, identifying 2 cohorts meeting either Rome III or Rome IV criteria. In each cohort, we performed latent class analysis, a method of model-based clustering, to identify specific subgroups (clusters). For each cluster, we drew a radar plot and compared these by visual inspection, describing cluster characteristics.

Results: In total, 1,080 individuals met the Rome III criteria for IBS, and 811 met the Rome IV criteria. In both cohorts, a 7-cluster model was the optimum solution, and the characteristics of the clusters were almost identical between Rome III and IV.

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<td>Max Henderson Vaughan Parsons, Dorota Juszczyk, Gill Gilworth, Georgia Ntani, Paul McCrone, Stephani Hatch, Robert Shannon, Max Henderson, David Coggon, Mariam Molokhia, Julia Smedley, Amanda Griffiths, Karen Walker-Bone and Ira Madan.</td>
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Understanding the functions of repeated self-harm: A Q methodology approach

Louise D Bryant, Roseanne O’Shea, Kate Farley, Cathy Brennan, Helen F Crosby, and Allan House

Background: Multiple repetition of self-harm is common and is associated with poor quality of life and with an increased risk of suicide. Treatment outside specialist clinics rarely takes account of what is known about the varied and conflicting reasons for multiple repetition. We aimed to identify ways in which individuals who self-harm make sense of their motivations for repetition.

Methods: In 2018/2019 we recruited 59 participants from NHS services, support organizations in England and via social media into a Q-methodology study. Participants sorted, ranked and commented on 46 separate functions of self-harm according to whether they agreed or disagreed with them as reasons for their own self-harm. The functions were identified from a range of academic sources and first person accounts.

Results: Principal Component Analysis was used to identify four distinct accounts for repeated self-harm: 1) Managing my mental state, 2) Communicating Distress, 3) Distract from suicidal thoughts or feelings and 4) Producing positive feelings. There were no clear links between account and gender or other respondent characteristic, although those who self-harmed most regularly and frequently (‘so many times I’ve lost count’) were mostly in Accounts 1 and 4.

Conclusions: This is the first study to use Q methodology to explore reasons for repeated self-harm. The accounts identified can help in personalizing therapy by going beyond models that focus on a single function such as affect regulation or experiential avoidance, while reducing the field to a manageable number of points of view that can be explored in therapy.

Mental health and caregiving experiences of family carers supporting people with psychosis


Aims: Family carers supporting an individual with psychosis often experience poorer mental health, however, little is known about specific risk factors among these carers. We investigated the associations between demographic, caregiving characteristics and mental health outcomes in family carers supporting an individual with psychosis and compared carers’ outcomes with general population norms.

Methods: We analysed baseline data from the COPe-support randomised controlled trial of online psychoeducation and peer support for adult carers supporting an individual with psychosis between 2018 and 2020. We collected carers’ demographic and health outcome data, including wellbeing using Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS as primary outcome), quality of life using EQ-5D-5L and caregiving experience assessed with Experience of

Conceptualising ‘success’ among Imprisonment for Public Protection (IPP) sentenced offenders with personality-related difficulties

Nicole King and Bryony Crisp

This paper explores conceptualisations of ‘success’ by men on Imprisonment for Public Protection (IPP) sentence licence screened into the Offender Personality Disorder Pathway. ‘Success’ was defined as a process of having ‘survived’ the perceived injustices associated with the IPP sentence. Participants’ discussed ‘internal factors’ enabling them to make use of ‘external facilitators’ of self-change; ‘success’ was embedded in the development of interpersonal relationships with professionals. We propose a model of reciprocal anxiety existing within the criminal justice system in relation to the management of individuals on IPP sentence.
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<td>Amelia Austin, Rachel Potterton, Michaela Fynn, Kate Richards, Karina Allen, Nina Grant, Danielle Glennon, Victoria Mountford, Mary Franklin-Smith, Monique Schelhase, William P Jones, Lucy Serpell, Kate Mahoney, Gaby Brady, Nicole Nunes, Kuda Kali, Frances Connan and Ulrike Schmidt</td>
<td>Jan-21</td>
<td>Exploring the use of individualised patient-reported outcome measures in eating disorders: Validation of the Psychological Outcome Profiles</td>
<td>European Eating Disorders Review (Early view)</td>
<td>The study aimed to validate the use of the Psychological Outcome Profiles (PSYCHLOPS) in eating disorder treatment and identify patient concerns beyond those measured by common eating disorder PROMs. The results showed that the PSYCHLOPS had adequate psychometric properties and that a total of 53.3% of participants reported concerns not addressed by the EDE-Q or the CIA. The most common concerns identified included depression/anxiety, academic problems, treatment concerns and disturbed sleep. The discussion highlighted the importance of using PSYCHLOPS to identify individual patient concerns and improve treatment outcomes.</td>
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<td>Rachel Potterton, Amelia Austin, Karina Allen, Vanessa Lawrence, Victoria Mountford, Danielle Glennon, Nina Grant, Amy Jan-21</td>
<td>Jan-21</td>
<td>I’m truly free from my eating disorder: Emerging adults’ experiences of FREED, an early intervention service model and care pathway for eating disorders</td>
<td>Journal of Eating Disorders volume 9, Article number: 3 (2021)</td>
<td>The study aimed to assess emerging adults’ experiences of receiving treatment through FREED. The findings revealed that FREED was associated with reduced duration of untreated eating disorder and improved clinical outcomes, but patients’ experiences of treatment have yet to be assessed. The objective of this study was to assess emerging adults’ experiences of receiving treatment through FREED.</td>
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| Anna Kathryn Taylor | Finding the 'right' GP: a qualitative study of the experiences of people with long COVID | Dec-20 | BJGP Open Vol. 4, Issue 5, December 2020 | English | Background: An unknown proportion of people who had an apparently mild COVID-19 infection continue to suffer with persistent symptoms, including chest pain, shortness of breath, muscle and joint pains, headaches, cognitive impairment ('brain fog'), and fatigue. Post-acute COVID-19 ('long COVID') seems to be a multisystem disease, sometimes occurring after a mild acute illness; people struggling with these persistent symptoms refer to themselves as 'long haulers'. 
Aim: To explore experiences of people with persisting symptoms following COVID-19 infection, and their views on primary care support received.
Method: Interviews were conducted by telephone or video call, digitally recorded, and transcribed with consent. Thematic analysis was conducted applying constant comparison techniques. People with experience of persisting symptoms contributed to study design and data analysis.
Results: This article reports analysis of 24 interviews. The main themes include: the 'hard and heavy work' of enduring and managing symptoms and accessing care; living with uncertainty, helplessness and fear, particularly over whether recovery is possible; the importance of finding the 'right' GP (understanding, empathy, and support needed); and recovery and rehabilitation: what would help? |
| Anna Kathryn Taylor | Accuracy of individual and combined risk-scale items in the prediction of repetition of self-harm: multicentre prospective cohort study | Dec-20 | BJPsych Open, (Volume 7, issue 1) | English | Background: Individuals attending emergency departments following self-harm have increased risks of future self-harm. Despite the common use of risk scales in self-harm assessment, there is growing evidence that combinations of risk factors do not accurately identify those at greatest risk of further self-harm and suicide.
Aims: To evaluate and compare predictive accuracy in prediction of repeat self-harm from clinician and patient ratings of risk, individual risk-scale items and a scale constructed with top-performing items.
Method: We conducted secondary analysis of data from a five-hospital multicentre prospective cohort study of participants referred to psychiatric liaison services following self-harm. We tested predictive utility of items from five risk scales: Manchester Self-Harm Rule, ReACT Self-Harm Rule, SAD PERSONS, Modified SAD PERSONS, Barratt Impulsiveness Scale and clinician and patient risk estimates. Area under the curve (AUC), sensitivity, specificity, predictive values and likelihood ratios were used to evaluate predictive accuracy, with sensitivity analyses using classification-tree regression.
Results: A total of 483 self-harm episodes were included, and 145 (30%) were followed by a repeat presentation within 6 months. AUC of individual items ranged from 0.43–0.65. Combining best performing items resulted in an AUC of 0.58. Some individual items outperformed the scale they originated from; no items were superior to clinician or patient risk estimations.
Conclusions: No individual or combination of items outperformed patients’ or clinicians’ ratings. This suggests there are limitations to combining items to construct scales of self-harm repetition. Risk scales should have little role in the clinical assessment of risk.
| Cara Beattie, Fraser Ritchie, Aastair Cardno and Tariq Mahmood | Migration and Psychosis: Evidence from South Asian Communities in Bradford | Dec-20 | The Journal of Islamic Medical College (JIMC) (Volume 15, Issue 4, pages 226-230) | English | Objective: To study the risk of psychosis in south Asian communities in Bradford and investigate the role of cannabis as a contributory factor.
Study Design: Naturalistic studies based on electronic summary records.
Place and Duration of Study: The studies were conducted at the Becklin Centre, St James’s University Hospital, Leeds and the University of Leeds, School of Medicine from 2018 to 2020.
Material and Method: A service evaluation and research project looking into the role of cannabis included 194 1st 1st patients admitted to acute psychiatry wards at the Becklin Centre between 1 January 2016 and 30 November 2018. Epidemiological study used electronic summary records provided by the Bradford Early Intervention for Psychosis Service of 15-35-year old newly diagnosed cases with first episode psychosis in 2013-15 and local census data to calculate the risks ratios.
Results: Compared with indigenous white population, Pakistanis in Bradford had significantly higher risk of psychosis (RR: 1.41, 95% CI 1.07, 1.85*). This trend was also seen in Bangladeshi community (RR 1.72, 95% CI 0.91, 3.28*). Indian community, on the other hand, experienced lower risk (RR 0.54, 95% CI 0.20, 1.27*).
Conclusion: We found increased risk of psychosis in Pakistani and Bangladeshi communities but not in Indian community. |
Tom S Ainscough, Alex Mitchell, Catherine Hewett, Michelle Honspool, Pete Stewart, Suzy Ker, Lesley Colley, Claire Paul, Phil Hough, Simon Hough, John Britton and Elena Ratschen

**Dec-20**

**Investigating changes in patients' smoking behaviour, tobacco dependence and motivation to stop smoking following a 'smoke-free' mental health inpatient stay: results from a longitudinal survey in England**

**Necton and Tobacco Research, ntsa258**

**English**

**Introduction:** In line with national guidance, mental health Trusts in England are implementing complete smokefree policies. We investigated inpatients' changes in smoking behaviour, tobacco dependence, vaping and motivation to stop smoking between pre-admission and post-discharge.

**Methods:** We surveyed acute adult mental health inpatients from 14 wards in three mental health Trusts in England in 2019. Structured face-to-face and telephone interviews with patients who smoked on or during admission were conducted during the admission period and at 1 and 1 month after discharge. Data on smoking status; daily cigarette consumption; Heaviness of Smoking Index (HSI); Strength of Urges to Smoke (SUTS); Motivation to Stop Smoking (MTSS); and vaping were collected and analysed using regression and probit models.

**Results:** Inpatient smoking prevalence was 51.9%, and a total of 152 of all 555 eligible smokers (27%) were recruited. Attention was high: 49.3% at the first, and 50.7% at the second follow-up interview. Changes in self-reported smoking status, motivation to quit and vaping did not change significantly over the study period. Cigarette consumption (p<0.001) and Heaviness of Smoking Index (p<0.001) modestly reduced. Frequency and strength of urges to smoke (p<0.01 and 0.012, respectively) decreased modestly after discharge but were scored as high by 57% and 60% of participants.

**Barry Wright, Helen Sweetman, Rachel Hodkinson, Emily Sweetman, Rachel Hodkinson, Amelia Ralph-Lewis, Emily Hayward, Alice Brennan, Josie Mulloy, Natalie Day, Martin Bland and Victoria Allgar**

**Dec-20**

**Modifying and validating the social responsiveness scale (SRS) edition 2 for use with deaf children and young people**

**PLoS ONE**

**Volume 15 Issue 12**

**English**

A Delphi consensus methodology was used to adapt a screening tool, the Social Responsiveness Scale–2 (SRS-2), for use with deaf children including those whose preferred communication method is sign language. Using this approach, 27 international experts (The Delphi International Expert Panel), on the topic of autism spectrum disorder (ASD) in deaf people, contributed to the review of item content. A criterion for agreement was set at 80% of experts on each item (with 75% acceptable in the final fourth round). The agreed modifications are discussed. The modified SRS-Sign adaptation for deaf people (referred to here as the "SRS-2 Deaf adaptation") was then translated into British Sign Language using a robust translation methodology and validated in England in a sample of 198 deaf children, 76 with Autism Spectrum Disorders (ASD) and 122 without ASD. The SRS-2 Deaf adaptation was compared blind to a NICE (National Institute for Health and Care Excellence) guideline standard clinical assessment. The area under the Receiver Operating (ROC) curve was 0.811 (95% CI: 0.753, 0.869), with an optimal cut-off value of 73, which gave a sensitivity of 82% and a specificity of 67%. The Cronbach Alpha coefficient was 0.968 suggesting high internal consistency. The intraclass Correlation Coefficient was 0.897, supporting test-retest reliability. This performance is equivalent to similar instruments used for screening ASD in the hearing population.

**Keni-Michele Lodge, Paul Matthew Lomax and Sheila Hollins**

**Dec-20**

**Authors reply**

**The British Journal of Psychiatry, December 2020, Volume 218**

**English**

We welcome the responses to our editorial on removing intellectual disability and autism spectrum disorder (ASD) from the Mental Health Act (MHA) and value the authors’ contributions to this important debate. We address the key points raised.

De Villiers questions why we seek to remove only intellectual disability and ASD from the definition of mental disorder in the MHA. The reason is simple: there is clear evidence that people with intellectual disability and/or ASD experience restrictive practices including inappropriate use of psychotropic medication, physical restraint and seclusion, and prolonged, ineffective admissions resulting in suffering, trauma and serious harm to their human rights when detained in hospital; 3–5 yet they are particularly vulnerable to their voices going unheard. De Villiers suggests our concern is stigma; 2 in fact, our fundamental concerns are to protect human rights and to raise the standards of mental healthcare provided to people with intellectual disability and ASD.

We agree with Courtenay that aetiological factors accounting for ‘behavioural challenges’ can include physical health and social factors, but we argue that the right place for these to be assessed and addressed is in the community; where mental health factors are thought to be causal, the MHA would remain an option if treatment really cannot be offered in the community.

Through our clinical experience, we have encountered MHA detentions where the underlying aetiological factor was pain because of a physical health problem. We argue that a person without intellectual disability and/or ASD would not accept being admitted to a mental health hospital because of pain arising from a physical health problem, particularly without efforts being made to elicit and treat the cause in the community. This is an example of the lazy practice and lazy diagnosis to which we refer. Watts questions the grounds for our statement on lazy diagnosis and practice. 7 It is based both on our opinion informed by our experience, and on evidences including on the inappropriate prescription of psychotropic medication among people with intellectual disability and/or ASD without adequate clinical formulation. 8

**Correspondence**

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Available from Oxford Academic
When Food is Feared: A Systematic Review of Enteral Feeding by Nasogastric Tube in Young People with Eating Disorders

**Background:** Adolescents with severe restrictive eating disorders often require enteral feeding. Nasogastric feeding is occasionally used during hospitalisation to treat medical instability as a result of malnourishment, or in a specialist setting to supplement minimal oral intake by underweight patients. There is minimal guidance for clinicians to determine when nasogastric feeding should be implemented, how it should be provided and how to complement feeding with a nasogastric tube. This systematic review sets out to determine best practice for NG feeding.

**Methods:** A systematic review following PRISMA guidelines was conducted by searching AMED, EMBASE and MEDLINE databases from 2000-2020. Inclusion terms used were as follows: enteral feeding by nasogastric tube, under 18 years, eating disorders, and primary research. Exclusion terms: mental disorders other than eating disorders; non-primary research; no outcomes specific to NG feeding and over 18 years. Titles and abstracts were screened by all authors before reviewing full length articles.

**Results:** 28 studies met the full criteria. 51.7% of studies were deemed high risk of bias due to the type of study: 37.9% retrospective cohort and 17.2% were qualitative. Studies identified 1) 6-66% required NG feeding; 2) staff and young people understand its necessity but generally view it negatively; 3) there are 3 main types of feeding regime: continuous, nocturnal and bolus; 4) high calorie feeds are not associated with increased risk of refeeding syndrome; 5) Common complications were nasal irritation, epistaxis, electrolyte disturbance, distress and tube removal; 6) length of stay in hospital may be longer in patients requiring NG feeding; 7) psychiatric and medical wards differ in approach; 8) concurrent therapy reduces NG use and aids recovery.

**Conclusions:** All studies which reviewed the use of NG over a period of time found that it had increased significantly in recent years. Due to the possibility of patient removal of the tube, it may be beneficial in practice to deliver feeds using a bolus regime which has been tailored to the individual caloric needs of the patient. This review enables cautious recommendations to be made and highlights the lack of high-quality evidence around the use of NG feeding in eating disordered young people.

The RESPECT study: a feasibility randomised controlled trial of a sexual health promotion intervention for people with serious mental illness in community mental health services

**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 trial (RCT) comparing Sexual health promotion intervention (3 individual sessions of 1 h) (I) or treatment as usual (TAU) for adults aged 18 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.

**Conclusion:** The RESPECT study was a two-armed randomised controlled, open feasibility trial (RCT) comparing Sexual health promotion intervention (3 individual sessions of 1 h) (I) or treatment as usual (TAU) for adults aged 18 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.

The transition from children’s services to adult services for young people with attention deficit hyperactivity disorder: the CATCh-uS mixed methods study.

**Background:** Understanding stakeholders' views and experiences provides 'insight into why an intervention fails unexpectedly or has unanticipated consequences, or why a successful intervention works and how it can be optimised'.166 It is, therefore, an important component of service evaluation and development.

**Method:** The CATCh-uS study was a two-armed randomised controlled, open feasibility trial (RCT) comparing Sexual health promotion intervention (3 individual sessions of 1 h) (I) or treatment as usual (TAU) for adults aged 18 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.

**Conclusion:** The CATCh-uS study was a two-armed randomised controlled, open feasibility trial (RCT) comparing Sexual health promotion intervention (3 individual sessions of 1 h) (I) or treatment as usual (TAU) for adults aged 18 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.

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<td>Farq Mahmood, Mohammed El-Asrag, James Poulter, Alastair Cardno, Annika Tomlinson, Sophia Ahmed, Wmned Al-Arri, Jamshid Nazari, Joanna Neill9, Rikfa Chamali, Nancy Kwan, Suhalia Ghuloum, Hamid Alhaj, Juliette Randerson Moir, Shabana Khan, Hassen Al-Amin, Colin Johnson, Noreen Gul, Ben Stanley Mutsatsa, Fareha Begum, Peter Woodruff, Khan, Hassen Al-Moor, Shabana Juliette Randerson Hamid Alhaj, Suhaila Ghuloum, Nancy Kiwan, Rifka Chamali, James Asrag, James Thomas and Chris Poulter</td>
<td>A Recessively Inherited Risk Locus on Chromosome 13p22-31 Conferring Susceptibility to Schizophrenia</td>
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<td>Catherine E Arundel, Emily Peckham, Della Bailey, Suzanne Crossland, Paul Heron and Simon Gilbody</td>
<td>Challenges and solutions to nicotine replacement therapy access: observations from SCIMITAR</td>
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<td>Fareha Begum, Stanley Muttsatsa, Noreen Gul, Ben Thomas and Chris Flood</td>
<td>Antipsychotic medication side effects knowledge amongst registered mental health nurses in England: A national survey</td>
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<td>Rebecca Hunter, Katie Glazebrook and Sue Ranger</td>
<td>The Leeds Infant Mental Health Service: early relationships matter</td>
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<tr>
<td>Alistair Bums, Judith Harrison, Catherine Symonds and Julie Morris</td>
<td>A novel hybrid scale for the assessment of cognitive and executive function: The Free-Cog</td>
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<td>Wendy Burn</td>
<td>Neuroscience: the way forward</td>
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<tr>
<td>Michaela Flynn, Amelia Austin, Katie Lang, Karina Allen, Ranjee Bassi, Gabrielle Brady, Amy Brown, Frances</td>
<td>Assessing the impact of First Episode Rapid Early Intervention for Eating Disorders on duration of untreated eating disorder: A multi-centre</td>
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<td>Sleep disorders in attention-deficit hyperactivity disorder and autism spectrum disorder: a pragmatic approach to video</td>
<td>Paul J Shanahan, Miriam Isaac and Jane Elizabeth Blackwell</td>
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<td>Anxiety-related factors associated with symptom severity in irritable bowel syndrome</td>
<td>Christopher J Black, Yan Yiannakou, Lesley A Houghton, Farag Shuweihdi</td>
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<tr>
<td>Clinical Topics in Old Age Psychiatry</td>
<td>Nick Brindle, Julian Hughes, Philippa Lilford</td>
</tr>
<tr>
<td>Working effectively with personality disorder: Contemporary and critical approaches to organisational and</td>
<td>Jo Ramsden, Sharon Prince and Julia Blazdell</td>
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<tr>
<td>Continuity of care: under attack</td>
<td>Anuradha Menon</td>
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<td>Building momentum for local action on problem gambling in Leeds and Yorkshire</td>
<td>Myrte Embers, Jo Rowland, Magda Boo and Ian Cameron</td>
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Biomarkers in psychiatry: a clinician's viewpoint

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.

Sensory stories as a meaningful occupation for people with profound intellectual and multiple disabilities

This article discusses the history of sensory stories and their role in Occupational Therapy practice as an occupation to increase meaningful activity engagement for individuals with profound intellectual and multiple disabilities (PIMD). This terminology is used more often in international circles, although in the UK the description of profound and multiple learning disabilities (PMLD) is more commonly used.

Is consent causing confusion for clinicians? A survey of child and adolescent Mental health professional’s confidence in using Parental Consent, Gillick Competence and the Mental Capacity Act

All professionals engaged in clinical work should be competent to assess consent for the interventions they provide. This study assesses CAMHS clinicians confidence and knowledge in the various forms of consent and the number of minors admitted to mental health units in England under parental consent alone. An online questionnaire using vignettes of possible scenarios was sent to child and adolescent mental health practitioners in Tees Esk and Wear Valleys Trust. A freedom of information request was used to determine the number of young people admitted through parental consent. Thirteen of the 20 trusts contacted had no knowledge of the number of young people admitted under parental consent. A total of 93 participants completed the survey. Out of six vignettes, there were two where the majority of responses were discordant with current legal advice. Both of these vignettes considered the use of parental consent for admission to a mental health unit.

A large population-based study of the mental health and wellbeing of children and young people in the North of England

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.
Background: Dissociative seizures are paroxysmal events resembling epilepsy or syncope with characteristic features that allow them to be distinguished from other medical conditions. We aimed to compare the effectiveness of cognitive behavioural therapy (CBT) plus standardised medical care with standardised medical care alone for the reduction of dissociative seizure frequency.

Methods: In this pragmatic, parallel-arm, multicentre randomised controlled trial, we initially recruited participants at 27 neurology or epilepsy services in England, Scotland, and Wales. Adults (≥18 years) who had dissociative seizures in the previous 4 weeks and no epileptic seizures in the previous 12 months were subsequently randomly assigned (1:1) from 17 liaison or neuropsychiatry services following psychiatric assessment, to receive standardised medical care or CBT plus standardised medical care, using a web-based system. Randomisation was stratified by neuropsychiatry or liaison psychiatry recruitment site. The trial manager, chief investigator, all treating clinicians, and patients were aware of treatment allocation, but outcome data collectors and trial statisticians were unaware of treatment allocation. Patients were followed up 6 months and 12 months after randomisation. The primary outcome was monthly dissociative seizure frequency (ie, frequency in the previous 4 weeks) assessed at 12 months. Secondary outcomes assessed at 12 months were: seizure severity (intensity) and bothersomeness; longest period of seizure freedom in the previous 6 months; complete seizure freedom in the previous 3 months; a greater than 50% reduction in seizure frequency relative to baseline; changes in dissociative seizures (rated by others); health-related quality of life; psychosocial functioning; psychiatric symptoms, psychological distress, and somatic symptom burden; and clinical impression of improvement and satisfaction. p values and statistical significance for outcomes were reported without correction for multiple comparisons as per our protocol. Primary and secondary outcomes were assessed in the intention-to-treat population with multiple imputation for missing observations. This trial is registered with the International Standard Randomised Controlled Trial Number (ISRCTN) 05681227, and ClinicalTrials.gov, NCT02325544.
Ruth Sutherland, Alice Holland and Sharon Prince

May-20

Cygnus: a psychoeducational group for carers of people with a personality disorder

International Journal of Care and Caring, Volume 4, Number 2, May 2020, pages 261-266

English

National Institute for Health and Care Excellence guidance suggests that carers of individuals with a diagnosis of borderline personality disorder experience high levels of psychological distress, yet few services in the UK offer specific support to this group of carers. This article will describe the development of a psychoeducational carers' group based on schema theory (Young et al, 2003), including the development of the role of carer experts-by-experience as group co-facilitators. Initial outcome data from the pilot suggest that carers are highly satisfied with the group and that it improves their knowledge, understanding and personal well-being.

Jo Ramsden, Sophie Crosswaite, Mark Freestone and Jo Ramsden

May-20

Indefinite detention or supervision for public protection when a life sentence is not available: Pathway outcomes among prisoners in one region

Criminal Behaviour and Mental Health, Volume 30, Issue 2-3, June 2020, pages 95-104

English

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 (HIPPP) 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 Delius (nDelius) 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 associated with pathway outcome and multi-variate regression analysis to evaluate the impact of these variables on the likelihood of being released.

Anthony Harrison, Anja Harrison, Whitney Scott, Liadh Timmins, Christopher Graham and Anthony Harrison

May-20

Investigating the potentially important role of psychological flexibility in adherence to antiretroviral therapy in people with HIV

AIDS Care, Psychological and Socio-Medical Aspects of AIDS/HIV, Issue 7, June 2020, pages 914-921

English

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 adherence.

Naeema Majothi, Hean Yeung Lee, Pankajam Nagarajan and Raghu Vutla

May-20

Treatment Of Psychosis In Huntington’S Disease With Clozapine

Progress in Neurology and Psychiatry, Volume 24.02 April-June 2020

English

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.
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<tr>
<th>Author(s)</th>
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<tr>
<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</td>
<td>English</td>
<td>Journal Article</td>
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<tr>
<td>Saeideh Saeidi, Kay Hampshire, Filippo Varese, Gillian Haddock, Saeideh Saeidi and John Fox</td>
<td>The development and assessment of a scale to measure the experience of an anorexic voice in anorexia nervosa</td>
<td>May-20</td>
<td>Clinical Psychology and Psychotherapy, accepted articles online</td>
<td>English</td>
<td>Journal Article</td>
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This chapter explores a multiple methods research project on sharing personal mental health lived experience, undertaken in 2013 in a UK statutory mental health trust and a similar organisation in Australia. Mental illness is cited as affecting 1 in 4 people in the general population of the UK (McManus et al., 2007; Singleton et al., 2000), and there is some evidence to suggest that the prevalence of mental illness in the mental health workforce may be similar to or higher than in the general population (Reid et al., 1999; Evans et al., 2006; Royal College of Physicians, 2015; NHS, 2016; Orlinsky et al., 2011; Evans et al., 2006). While mental health peer workers are being employed increasingly within statutory mental health services, with a clear expectation that it is part of their role to be open about their lived experience of mental illness, it is less clear what attitudes exist towards other mental health professionals sharing their lived experience with service users. The impetus for the research came from Alison O’Connell, co-author of this chapter, who was a recovery and social inclusion worker in a UK mental health trust, and who contacted the researcher in 2013. Their practice observations, and the impetus for this research, are explored next.

### Methods

Multi-site, cross-sectional survey. 18 acute hospitals across England with a liaison psychiatry service. All participants who were randomized, 261 were in UC group and 265 were in BSC group.

### 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 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.

### Findings:

The mean total cost in the BSC group was £270 (95% 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-effectiveness at £20 000/QALY).

### Results:

A total of 1475 face to face contacts from 18 hospitals were included in the analysis, of which approximately 7 day period. Data included location of referral, source of referral, main clinical problem, type of liaison intervention of 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

### 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 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.
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<th>Journal Article</th>
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<tr>
<td>OH physiotherapy by telemedicine: A case study in an NHS Trust</td>
<td>Joe Loftus and Francis Fatoye</td>
<td>Mar-20</td>
<td>Leeds and York Partnership NHS Foundation Trust</td>
<td>Can telemedicine improve the delivery and effectiveness of an NHS occupational physiotherapy service?</td>
<td>Available from The @ Work Partnership (<a href="http://www.atworkpartnership.co.uk">www.atworkpartnership.co.uk</a>)</td>
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<td>Occupational Health [at work]. February/March 2020 (vol. 16/5) page 31-33</td>
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<td>Joe Loftus and Francis Fatoye present the results of their small-scale study at Leeds and York Partnership NHS Foundation Trust.</td>
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<td>Musculoskeletal (MSK) disorders among National Health Service (NHS) staff are a significant clinical and economic burden on the NHS. The disorders are responsible for one in five absence episodes and staff working while unable to carry out usual duties negatively affects productivity.</td>
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<td>Occupational health (OH) physiotherapy is used to combat MSK issues in NHS workers. However, it is not always practical for staff absent from work, or in work but requiring assessment, to access face-to-face appointments at sites convenient to them or distant from their particular workplace. The recent NHS Workforce Health and Wellbeing Framework advocates removing such barriers</td>
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<td>In 2010 aspire hosted a student Dramatherapist (DT), patient feedback was positive about using Dramatherapy before other therapies as part of the assessment process.</td>
<td>Some feedback was positive about using Dramatherapy before other therapies as part of the assessment process.</td>
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<td>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.</td>
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<td>This first phase produced good outcomes.</td>
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<td>We gained funding to mainualise this approach, then, in 2015 5 years further funding to expand the service in Leeds as well as a 2nd site in York.</td>
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<td>The DT is using the learning from this study to train others, publish and co-produce research with patients to improve services.</td>
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<tr>
<td>Delivering cognitive analytic consultancy to community mental health teams: Initial practice-based evidence from a multi-site evaluation</td>
<td>Judith Hartley, Jeetender Ghag, Katie Ackroyd, Kate Freshwater, Jayne Finch, Adam Freear, Judith Hartley and Mel Simmonds Buckle y</td>
<td>Mar-20</td>
<td>NICE recommend creative therapies for treatment of psychosis.</td>
<td>Objectives: This study sought to employ the hourglass model to frame the methodological evolution of outcome studies concerning 5-session cognitive analytic consultancy (CAC).</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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<td>Design: Pre-post mixed methods evaluation (study one) and mixed methods case series (study two).</td>
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<td>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.</td>
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<td>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 indicated.</td>
<td>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 indicated.</td>
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<td>Barry Wright, John Schofield, Calum Scott, Penny Spikins and Barry Wright</td>
<td>Autism Spectrum Condition and the Built Environment: New Perspectives on Place Attachment and Cultural Heritage</td>
<td>English</td>
<td>BMC Psychiatry <em>BMC Psychiatry</em></td>
<td>BMC Psychiatry <em>BMC Psychiatry</em></td>
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<td>Penn Smith</td>
<td>Photo elicitation study of a novel in-reach Rehabilitation and Recovery Service for people with severe and enduring mental health needs</td>
<td>None</td>
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<td>BMC Psychiatry <em>BMC Psychiatry</em></td>
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<td>Daniel Whitney and Alison Jane Stansfield</td>
<td>Should we be accepting self-referrals for Autism assessments?</td>
<td>Advances in Autism, ahead of print (online)</td>
<td>BMC Psychiatry <em>BMC Psychiatry</em></td>
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<td>Title</td>
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<td>Abstract</td>
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<td><strong>Support, interventions and outcomes for families/carers of people with borderline personality disorder: A systematic review</strong></td>
<td>Ruth Sutherland, John Baker And Sharon Prince</td>
<td>Dec-19</td>
<td>It is clear from existent literature that families and carers of relatives and friends with borderline personality disorder (BPD) experience high levels of burden. Whilst family interventions are considered vital to improving the outcomes of those with a range of mental health difficulties, there has been limited development of direct interventions for carers of people with BPD, despite a high level of need. This systematic review aimed to appraise and synthesize the existing research evidence for interventions for carers of people with BPD. Ten studies were included that were directly related to six interventions for families and carers of people with personality disorder. The findings of these studies, whilst limited, do provide some initial evidence that interventions for carers may lead to significant outcomes for the participants, particularly in improving carer well-being and reducing carer burden.</td>
<td>Wiley Online Library (onlinelibrary.wiley.com)</td>
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| **Sexual health promotion in people with severe mental illness: the RESPECT feasibility RCT** | Elizabeth Hughes, Natasha Mitchell, Samantha Gascoyne, Thirimon Moe-Byrne, Amanda Edmondson, Elizabeth Coleman, Lottie Milet, Shehzad Ali, Ceri Dare, Catherine Hewitt, Sonia Johnson, Carrie Llewellyn, Catherine Mercer, Fiona Nolan, Charlotte Walker and Judith Watson | Dec-19 | 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. | NIHR Journals Library (www.journalslibrary.nihr.ac.uk) |
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<th>First Author</th>
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<th>Abstract</th>
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<tbody>
<tr>
<td>Barry Wright</td>
<td>Lucy</td>
<td>Tindall</td>
<td>Dec-19</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>Volume 6, Issue 1</td>
<td>December 2019</td>
<td></td>
<td>This single-centre RCT pilot study compared a CCBT program (Stressbusters) with an attention control (self-help websites) for adolescent depression at referral to evaluate the clinical and cost-effectiveness of CCBT (trial registration: ISRCTN31219579).</td>
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<td>George Crowther</td>
<td>George Crowther</td>
<td>Cathy Brennan, Katherine Hall, Abigail Flinders and Michael Bennett</td>
<td>Dec-19</td>
<td>The development and feasibility testing of the Distress Recognition Tool</td>
<td>Quality in Ageing and Older Adults</td>
<td>Vol. ahead-of-print</td>
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<td>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.</td>
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<td>P260 Improving end of life care for people with COPD: outcomes of a newly established integrated palliative COPD MDT</td>
<td>Alison Boland, Chris Kane, Jason Ward, Christian Hosker, Amanda Wilkinson, Stanley Miller and Sue Hilton</td>
<td>11) p. e032179, online first publication</td>
<td>Available from BMJ journals (bmj.com)</td>
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<td>Minocycline at 2 Different Dosages vs Placebo for Patients With Mild Alzheimer Disease: A Randomized Clinical Trial</td>
<td>Robert Howard, Olga Zubko, Rosie Bradly, Emma Harper, Lynn Pank, John O'Brien, Chris Fox, Naj Tabet, Gill Livingston, Peter Bentham, Rupert McShane, Rister Burns</td>
<td>JAMA Neurol. Published online</td>
<td>Available from JAMA Network (jamanetwork.com)</td>
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<td>Liaison psychiatry measurement and evaluation of service types, referral patterns and outcomes (LP-, MAESTRO): a protocol</td>
<td>Chris Smith, Jenny Hewison, Robert M West, Peter Trigwell, Mike J Crawford, Carolyn J Czoksi Murray, Matt Fossey, Claire Hulme, Sandy Tubeuf and Allan House</td>
<td>BMJ open; Nov 2019; vol. 9 (no. 11): p. e002179</td>
<td>Available from BMJ journals (bmj.com)</td>
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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. Meantime 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.

Introduction
Minocycline is anti-inflammatory, protects against the toxic effects of β-amyloid in vitro and in animal models of AD, and is a credible repurposed treatment candidate.

Objective
To determine whether 24 months of minocycline treatment can modify cognitive and functional decline in patients with mild AD.

Design, Setting, and Participants
Participants were recruited into a double-blind randomized clinical trial from May 23, 2014, to April 14, 2016, with 24 months of treatment and follow-up. This multicenter study in England and Scotland involved 32 National Health Service memory clinics within secondary specialist services for people with dementia. From 886 screened patients, 554 patients with a diagnosis of mild AD (Standardised Mini-Mental State Examination [sMMSE]) involved 32 National Health Service memory clinics within secondary specialist services for people with dementia.

Objective
To determine whether 24 months of minocycline treatment can modify cognitive and functional decline in patients with mild AD.

Results
In the first 9 months, 69 discussions took place about 55 unique patients. Meantime of the first discussion to death was 94 days (13.4 weeks)

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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.

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.
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<tr>
<td>Peter Trigwell, Chris Smith, Jenny Hewison, Robert West, Peter Trigwell, Mike Crawford, Carolyn Czokski-Murray, Matt Fossey, Claire Hulme, Sandy Tubeuf 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</td>
<td>Available from BMJ Open (bmjopen.bmj.com)</td>
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Introduction As no previous studies have characterised the sleep of school-age children in Shaqra Province, Saudi 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. 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 (89% of males and 95% of females).

Results also indicated that there was a significant difference between males and females 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).

Background Service users and carers using mental health services want more involvement in their care and the aim of this research programme was to enhance service user and carer involvement in care planning in mental health services.

Objectives Co-develop and co-deliver a training intervention for health professionals in community mental health teams, which aimed to enhance service user and carer involvement in care planning in mental health services. Develop a patient-reported outcome measure of service user involvement in care planning, design an audit tool and assess individual preferences for key aspects of care planning involvement. Evaluate the clinical effectiveness and the cost-effectiveness of the training. Understand the barriers to and facilitators of implementing service user- and carer-involved care planning. Disseminate resources to stakeholders.

Methods A systematic review, focus groups and interviews with service users/carers/health professionals informed the training and determined the priorities underpinning involvement in care planning. Data from focus groups and interviews were combined and analysed using framework analysis. The results of the systematic review, focus groups/interviews and a review of the training interventions were synthesised to develop the final training intervention. To develop and validate the patient-reported outcome measure, items were generated from focus groups and interviews, and a psychometric analysis was conducted. Patient-reported outcome measures and a three-round consensus exercise were used to develop an audit tool, and a stated preference survey was undertaken to assess individual preferences for key aspects of care planning. The clinical effectiveness and cost-effectiveness of the training were evaluated using a pragmatic cluster trial with cohort and cross-sectional samples. A nested longitudinal qualitative process evaluation using multiple methods, including semi-structured interviews with key informants involved locally and nationally in mental health policy, were used to collect data on the training intervention.

Results also indicated that there was a significant difference between males and females 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).

Background The average life expectancy for people with a severe mental illness (SMI) such as schizophrenia or bipolar disorder is 15-20 years less than for the population as a whole. Diabetes contributes significantly to this inequality, being 2.3 times more prevalent in people with SMI. Various risk factors have been implicated, including side effects of antipsychotic medication and unhealthy lifestyles, which often occur in the context of socio-economic disadvantage and healthcare inequality. However, little is known about how these factors interact to influence the risk of developing diabetes and poor diabetic outcomes, or how the organisation and provision of healthcare may contribute.

Objective The study aims to identify the determinants of diabetes and to explore variation in diabetes outcomes for people with SMI.

Methods This study will employ a concurrent mixed methods design combining the interrogation of electronic primary care health records from the Clinical Practice Research Datalink (CPRD GOLD) with qualitative interviews with adults with SMI and diabetes, their relatives/friends, and healthcare staff. The study has been funded for two years from

Objective The study aims to: (1) identify the determinants of diabetes and to explore variation in diabetes outcomes for people with SMI; (2) develop an audit tool, and (3) assess individual preferences for key aspects of healthcare planning involvement.
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<td>Personality Disorder Pathway strategy for the yorkshire and Humber Region: Making Connections and Delivering Community to Community Pathways</td>
<td>Mark Naylor</td>
<td>Sep-19</td>
<td>There is a high prevalence of smoking among people with severe mental ill health (SMI). Helping people with SMI to quit smoking could improve their health and longevity, and reduce health inequalities. However, those with SMI are less likely to access and engage with routine smoking cessation services than the general population.</td>
<td>Available from the Yorkshire and Humber Involvement Network. (<a href="http://www.yorkshireandhumberinvolvementnetwork.nhs.uk">www.yorkshireandhumberinvolvementnetwork.nhs.uk</a>)</td>
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<td>A bespoke smoking cessation service compared with treatment as usual for people with severe mental ill health: the SCIMITAR+ RCT.</td>
<td>Emily Peckham, Catherine Akundel, Della Bailey, Suzanne Croxland, Caroline Fairhurst, Paul Heron, Catherine Hewett, Jinshuo Li, Steve Parrott, Tim Bradshaw, Michelle Hopwood, Elizabeth Hughes, Tom Hughes, Suzy Ker, Moira Leahy, Tayla McCloud, David Osborn, Joseph Reilly, Thomas Steel, Emma Ballantyne, Polly Bidwell, Susan Bonner, Diane Brennanz, Tracy Callen, Alex Carey, Charlotte Colbeck, Debbie Coton, Emma</td>
<td>Sep-19</td>
<td>The primary outcome was self-reported, CO-verified smoking cessation at 12 months. Smoking-related secondary outcomes were self-reported smoking cessation, the number of cigarettes smoked per day, the Fagerström Test for Nicotine Dependence and the Motivation to Quit questionnaire. Other secondary outcomes were Patient Health Questionnaire-9 Items, Generalised Anxiety Disorder Assessment-7 Items and 12-Item Short-Form Health Survey.</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>The development of the Promoting Independence in Dementia (PRIDE) intervention to enhance independence in dementia</td>
<td>Lauren Yates, Emese Csipke, Esme Moniz-Cook, Phuong Leung, Holly Walton, Georgina Charlesworth, Aimee Spector, Elf Hogervorst, Gail Mountain and Martin Orelli</td>
<td>Sep-19</td>
<td>The intervention facilitates engagement in evidence-based stimulating cognitive, physical and social activities.</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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The appropriateness of care for the ill and injured amongst Neanderthals, inferred through skeletal evidence for survival from injury and illness. We argue that healthcare provisioning was not only a more significant evolutionary strategy 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.

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 prescription decisions. Service users further...
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<td>Barry Wright and Joseph Richmond</td>
<td>Training medical students to manage difficult circumstances: a curriculum for resilience and resourcefulness?</td>
<td>Jul-19</td>
<td>BMC Medical Education volume 19, Article number: 280 (2019)</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>
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<td>Keeble Jasmin, Andrew Walker, Peter Trigwell, Alan Quirk, Jenny Hewson, Carolyn Czoski Murray and Allan House</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>Jul-19</td>
<td>BMC Health Services Research volume 19, Article number: 522 (2019)</td>
<td>Background: Liaison psychiatry services provide mental health care for patients in physical healthcare (usually acute hospital) settings including emergency departments. Liaison work involves close collaboration with acute hospital staff so that high quality care can be provided. Services however are patchy, relatively underfunded, heterogeneous and poorly integrated into acute hospital care pathways. Methods: We carried out in-depth semi-structured interviews with 73 liaison psychiatry and acute hospital staff from 11 different acute hospitals in England. The 11 hospitals were purposively sample to represent hospitals in which four different types of liaison services operated. Staff were identified to ensure diversity according to professional background, 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</td>
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<td>Tom Hughes, Robert Smith, Lu Han, Shehzad Ali, Stephanie L Prady, Joanne Taylor, Tom Hughes, Ramzi A Najm, 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>Jul-19</td>
<td>Journal of Psychiatric and Mental Health Nursing [online early view] July 2019</td>
<td>What is known on the subject? People with severe mental illness (SMI) have a life expectancy of 15–20 years less than the general population, partly due to increased risk of physical disease, including type II diabetes (T2DM) and cardiovascular disease. Little is known about changes in cardiovascular risk factors over time in people with both T2DM and SMI compared to those with T2DM and no SMI. What this paper adds to existing knowledge? We investigated whether levels of cardiovascular risk factors, cholesterol, HbA1c, systolic and diastolic blood pressure associated with adverse clinical outcomes are different in T2DM patients with and without SMI. We found significant differences in systolic blood pressure and HbA1c between the two groups. Fifty-five percent and twenty-nine percent of T2DM patients with comorbid SMI are at increased risk of adverse clinical outcomes due to sub-optimal HbA1c and systolic blood pressure levels, respectively. What are the implications for practice? Many patients with T2DM and SMI have higher levels of cardiovascular risk compared to patients with T2DM only, and good management of risk factors is therefore particularly important in patients with both conditions. Achieving better control of HbA1c levels is likely to be central to addressing inequalities in outcomes for patients with both SMI and T2DM.</td>
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Natalie Kirby,
Objective We set out to test whether the early years foundation stage profile (EYFSP) score derived from 17 items
investigating social competence and autism spectrum disorders (ASD) is associated with diagnosis of an ASD.
Methods We used the total EYFSP score and a subscore consisting of five key items. The subscore was prospectively designed for school-age children with ASD and uses group-based play in a school setting. The subscore consists of five key items: (1) Social Interaction, (2) Social Communication, (3) Social Learning, (4) Social Relationships, and (5) Social Skills. The subscore was prospectively designed using an expert panel. The subscore was used to identify children at risk of ASD.
Results There were 13,037 children in the study. The prevalence of ASD was 2.1% (n=269). The subscore had a sensitivity of 6.4% and a specificity of 15.2% for identifying children with ASD.
Conclusions We demonstrate the feasibility of linking education and health data. Performance on teacher ratings taken at the end of reception year was associated with subsequent diagnosis of ASD. This study supports the finding that warm parenting moderates the relationship between family financial difficulty and child mental health outcomes. The study supports the findings that warm parenting moderates the relationship between family financial difficulty and children scoring <25 on the total EYFSP had a 4.1% chance of ASD compared with children scoring <10 on an EYFSP subscore proposed by an expert panel prospectively. The rate of diagnosis of ASDs at follow-up was just under 1% (84 children). The subscore had a sensitivity of 6.4% and a specificity of 15.2% for identifying children with ASD.

Danielle Varley, Barry Wright and Ellen Kingsley.
Investigating Social Competence and Isolation in Children with Autism Spectrum Disorder (ASD) through a School Environment Survey (SOSOCIALISE): study protocol
BMU Open, Volume 9, Issue 5 2019
English
Introduction Social skills training interventions for children with autism spectrum disorder (ASD) typically focus on social interaction, social communication, social learning, and social relationships. Despite the reported potential benefits of LEGO-based therapy in a prior randomised controlled trial (RCT) and its adoption by many schools, the evidence to support its effectiveness on the social and emotional well-being of children with ASD is limited and includes no assessment of cost-effectiveness.
Methods and analysis: This multi-centre, pragmatic, cluster RCT will randomise 240 participants aged 7–15 years with a clinical diagnosis of ASD to receive usual care or LEGO-based therapy with usual care. Cluster randomisation will be conducted on a school level, randomising each school as opposed to each child within a school. All prospective participants will be screened for eligibility before assenting to the study (with parents giving informed consent on behalf of their child). All 40 participants will be followed up at 52 and 52 weeks after randomisation to assess for social, emotional and behavioural changes. The primary outcome measure is the social skills subscale of the Social Skills Improvement System completed by a teacher or teaching assistant associated with participating children at the 20-week follow-up time point.
Ethics and dissemination Ethics approval has been obtained via the University of York Research Ethics Committee. The study will be conducted on a school level, randomising each school as opposed to each child within a school. All prospective participants will be screened for eligibility before assenting to the study (with parents giving informed consent on behalf of their child). All 40 participants will be followed up at 52 and 52 weeks after randomisation to assess for social, emotional and behavioural changes. The primary outcome measure is the social skills subscale of the Social Skills Improvement System completed by a teacher or teaching assistant associated with participating children at the 20-week follow-up time point.
Barry Wright and Jane Elizabeth Blackwell
Investigating the association between early years foundation stage profile scores and subsequent diagnosis of autism spectrum disorder: a retrospective study of linked healthcare and education data
BMU Paediatrics Open May 2019 Volume 3 Issue 1
English
Objective We set out to test whether the early years foundation stage profile (EYFSP) score derived from 17 items assessed by teachers at the end of reception year had any association with autism spectrum disorder (ASD) diagnosis in subsequent years. This study tested the feasibility of successfully linking education and health data.
Method We used the total EYFSP score and a subscore consisting of five key items in the EYFSP, prospectively identified using a panel of early years autism experts.
Results This study demonstrated the feasibility of linking education and health data using ASDs as an exemplar. A total of 8,935 children had linked primary care and education data with 20.7% scoring <25 on the total EYFSP and 15.2% scoring <10 on an EYFSP subscore proposed by an expert panel prospectively. The rate of diagnosis of ASDs at follow-up was just under 1% (84 children). Children scoring <25 on the total EYFSP had a 4.1% chance of ASD compared with 0.12% of the remaining children. The process used to design the subscore differed with greater positive correlation between parent and child factors.
Conclusions We demonstrate the feasibility of linking education and health data. Performance on teacher ratings taken at the end of reception year was associated with subsequent diagnosis of ASD. Further research is warranted to explore the utility of the subscore.

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Saeideh Saeidi

May-19

Health Awards - Why They Work.

Authors: Saeidi, Saeideh

TA OF:

Evidence for the health impact of obesity has largely focussed on adults. We estimated the population prevalence and

Available from ProQuest

Available from Wiley Online

Health Awards - Why They Work.

Authors: Saeidi, Saeideh

SAIDAH SAEDIEH

May-19


English

Saeideh Saeidi explains how applying for and winning a Mary Seacole award has helped her move forward on a number of levels.

It was a wonderful surprise and a joy to receive the Mary Seacole Development Award. The award has given me many benefits, both personally and professionally. First of all, it has provided me with the opportunity to explore my organisation’s cross-cultural strengths and weaknesses. The data for baseline assessment was collected through an online survey and a scoping exercise. An action plan was developed, based on the findings, to promote greater cultural competence across the trust. Senior leaders in the organisation are supportive of the action plan. Cultural competence is a system-wide approach that incorporates individual and organisational competencies. Individual competency is about having the ability to understand, appreciate and interact with people from cultures and/or belief systems other than one’s own. Organisational competency is about developing culturally safe and linguistic environments, meaningful data collection, diverse workforce and leadership, service delivery systems that are flexible and adaptable, and policies, procedures and strategies that have incorporation of cultural diversity as a central tenet. Cultural competence offers a framework through which to improve services for patients from culturally diverse backgrounds, values, beliefs and behaviours to ensure better outcomes and experiences. The award also gave me valuable professional development opportunities, including meetings with Chris Islam, then CIO of The King’s Fund, further

Available from ProQuest Search (search.proquest.com)

Vishal Sharma

Apr-19

A systematic review

Obesity Reviews. 2019;1–9. published by John Wiley & Sons Ltd on behalf of World Obesity Federation

Evidence for the health impact of obesity has largely focussed on adults. We estimated the population prevalence and

Available from ProQuest Search (search.proquest.com)

Vishal Sharma, Susanne Coleman, Jane Nixon, Linda Sharples, Julian Hamilton-Shield, Harry Rutter and Maria Bryant

A systematic review and meta-analysis estimating the population prevalence of comorbidities in children and adolescents aged 5 to 18 years

OBJECTIVES:

Evidence for the health impact of obesity has largely focussed on adults. We estimated the population prevalence and

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

Jeetender Ghag

Stephen Keellie, Jeetender Ghag, Katie Ackroyd, Kate Freshwater, Jayne Finch, Adam Freear, Judith Hartley and Mel Simmonds-Buckle

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

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

OBJECTIVES:

This study sought to employ the hourglass model to frame the methodological evolution of outcome studies concerning

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

Paul Blencron and Lucy Goldsmith

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

BJPsych Bulletin, 1-7, March 2019

English

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 impairment (P = 0.002). Clinical implications PHQ-9 and GAD-7 appear acceptable as patient-reported outcome measures in community mental health teams. SWEMWBS seems insensitive to change. National outcome programmes should ensure good follow-up rates.

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<tr>
<td>Barry Wright, Mark Mon-Williams, Brian Kelly, Stefan Williams, David Sims, Faisal Mushtaq, Kuldeep Sohal, Jane Elizabeth Blackwell and John Wright</td>
<td>Jan-19</td>
<td>Investigating the association between early years foundation stage profile (EYFSP) score and subsequent diagnosis of an autism spectrum disorder: a retrospective study of linked healthcare and education data</td>
<td>Available from BMJ Journals (<a href="http://www.bmj.com">www.bmj.com</a>)</td>
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<td>Sarah Wigham, Jacqui Rodgers, Tom Berney, Ann Le Couteur, Barry Ingham and Jeremy R Parr</td>
<td>Feb-19</td>
<td>Psychometric properties of questionnaires and diagnostic measures for autism spectrum disorders in adults: A systematic review</td>
<td>Available from Taylor and Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>)</td>
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**Objective** We set out to test whether the early years foundation stage profile (EYFSP) score derived from 17 items 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 uncared for; I’m different; What if people find out? and Finding my identity. Participants felt that, while some childhood experiences had been difficult, these contributed to their strengths and capabilities, such as independence and a capacity for caring for others. 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.

**Results** This study demonstrated the feasibility of linking education and health data using ASDs as an exemplar. A total of 8,935 children had linked primary care and education data with 20.7% scoring <25 on the total EYFSP and 15.2% scoring <10 on a EYFSP subscore proposed by an expert panel prospectively. The rate of diagnosis of ASDs at follow-up was just under 1% (84 children), children scoring <25 on the total EYFSP had a 4.1% chance of ASD compared with 0.15% of the remaining children. Using the prospectively designed subscore, this difference was greater (6.4% and 0.12%, respectively).

**Conclusion** Accurately diagnosing autism spectrum disorders in adulthood can be challenging. Structured questionnaires and diagnostic measures are frequently used to assist case recognition and diagnosis. This study reviewed research evidence on structured questionnaires and diagnostic measures published since the National Institute for Health and Care Excellence evidence update. The Cochrane library, Medline, Embase and PsycINFO were searched. In all, 20 studies met inclusion criteria. Sensitivity and specificity of structured questionnaires were best for individuals with previously confirmed autism spectrum disorder diagnoses and reduced in participants referred for diagnostic assessments, with discrimination of autism spectrum disorder from mental health conditions especially limited. For adults with intellectual disability, diagnostic accuracy increased when a combination of structured questionnaires were used. Evidence suggests some utility of diagnostic measures in identifying autism spectrum disorder among clinic referrals, although specificity for diagnosis was relatively low. In mental health settings, the use of a single structured questionnaire is unlikely to accurately identify adults without autism spectrum disorder or differentiate autism spectrum disorder from mental health conditions. This is important as adults seeking an autism spectrum disorder diagnostic assessment are likely to have co-existing mental health conditions. Robust autism spectrum disorder assessment tools specifically for use in adult diagnostic health services in the presence of co-occurring mental health and neurodevelopmental disorders are a research priority.

**Design** A retrospective data linkage study.

**Setting and participants** The Born in Bradford longitudinal cohort of 13,857 children.

**Outcome measures** We linked the EYFSP score at the end of reception year with subsequent diagnosis of an ASD, using all ASD general practitioner Read codes. We used the total EYFSP score and a subscore consisting of five key items in the EYFSP, prospectively identified using a panel of early years autism experts.

**Results** Objective We set out to test whether the early years foundation stage profile (EYFSP) score derived from 17 items assessed by teachers at the end of reception school year had any association with autism spectrum disorder (ASD) diagnosis in subsequent years. This study tested the feasibility of successfully linking education and health data. 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 uncared for; I’m different; What if people find out? and Finding my identity. Participants felt that, while some childhood experiences had been difficult, these contributed to their strengths and capabilities, such as independence and a capacity for caring for others. 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.
### Alisha B Palmos, Stuart Watson, Tom Hughes, Andreas Finkelmeyer, Hamish McKelister-Williams, Nicol Ferrier, Ian M Anderson, Rajesh Nair, Allan H Young, Rebecca Stubbs

**Jan-19**

**Associations between childhood maltreatment and inflammatory markers**

**BJPsych Open Volume 5 Issue 1 January 2019 Published online 2019 Jan 4**

**English**

**Background**

Childhood maltreatment is one of the strongest predictors of adulthood depression and alterations to circulating levels of inflammatory markers is one putative mechanism mediating risk or resilience.

**Aims**

To determine the effects of childhood maltreatment on circulating levels of 41 inflammatory markers in healthy individuals and those with a major depressive disorder (MDD) diagnosis.

**Method**

We investigated the association of childhood maltreatment with levels of 41 inflammatory markers in two groups, 164 patients with MDD and 301 controls, using multiplex electrochemiluminescence methods applied to blood serum.

**Journal Article**

Available from National Center for Biotechnology Information [www.ncbi.nlm.nih.gov](http://documents.manchester.ac.uk)

### Kay Gant

**Dec-18**

**The Development and Assessment of a Scale to Measure the Experience of an Anorexic Voice in Anorexia Nervosa**

**Doctorate in Clinical Psychology**

This thesis sought to develop and assess a novel scale to measure the experience of an anorexic voice in anorexia nervosa. It consists of three standalone papers. Papers one and two have been prepared for submission to two separate journals relevant to the methodology and research area for each, and comply with the journal guidelines. Paper one is a thematic synthesis of qualitative literature exploring “inner speech” for individuals with a diagnosed psychological disorder. Following a standardised procedure for thematic synthesis, six databases were searched and 10 studies were included. In total, three analytical themes were identified within the data: 1) Withdrawing to an inner world, 2) A fragmented and conflicted self and 3) Re-connecting with the outside world. The results found several similarities regarding the nature, function and negative consequences of engaging with critical inner dialogues across clinical samples. IS as both a coping mechanism and a maintaining factor of psychological distress was a key finding. The results indicated therapeutic approaches facilitating acceptance of internal experiences and disengagement from critical internal dialogues may be helpful.

**Journal Article**

Available from University of Manchester [https://dclinpsych.leeds.ac.uk](https://dclinpsych.leeds.ac.uk)

### Alex Brooks and Kerry Hinsby

**Dec-18**

**Evaluating the use of a Dynamic risk assessment to inform a management plan within a community forensic MDT**

**Doctorate in Clinical Psychology**

A brief overview of the service and commissioning of the service evaluation project. This project was commissioned by the Newam Centre, Leeds and York Partnership NHS Foundation Trust, as part of a wider project looking into the tools that they have developed for assessing risk. The Newam Centre contains forensic inpatient wards and a Forensic Outreach Team (FOT) working into the community. Three projects were commissioned as part of this service evaluation project (SEP), with 2 of my colleagues looking into the use of the Collaborative Dynamic Risk Assessment Tool used with service users on the inpatient ward.

This project was commissioned to look at a Dynamic Risk Assessment Framework (DRAF) that is used as part of multidisciplinary team (MDT) meetings within the FOT. This framework was developed by Dr Alex Brooks, a Clinical Psychologist working within the team, and had not been evaluated prior to the commissioning of this project. The FOT is made up of: 2 Consultant Forensic Psychiatrists, 1 Consultant Psychiatrist, 5 Community Psychiatric Nurses (including one team leader), 2 Clinical Psychologists, 1 Health Support Worker, and 1 Housing Support Officer. MDT meetings take place weekly and it is within these meetings that the team use the DRAF when discussing that week’s caseload. As the tool is relatively new and unevaluated, it was decided that it would be helpful to gather the opinions of the team on the framework and how it was being used.

**Journal Article**

Available from University of Leeds: Clinical Psychology [https://dclinpsych.leeds.ac.uk](https://dclinpsych.leeds.ac.uk)

### Louis Appleby, Jenny Shaw, Nav Kapur, Sandra Flynn, Jane Graney, Thabiso Nyathi, Jessica Raphael, Seri Abraham, Sandeep Singh-Dernek, Louise Robinson, Alice Edwards and Fahda Abreem

**Dec-18**

**Safer care for patients with Personality Disorder**

**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.**

**English**

**What is personality disorder?**

Personality disorder (PD) refers to a complex psychiatric condition characterised by emotional changeability and difficulty relating to other people. It is often linked to previous traumatic events. PD does not refer to a single diagnosis, the International Classification of Diseases, Tenth Revision (ICD-10) classification system currently defines 10 types. In this study most patients were recorded as having borderline or antisocial PD. These are also the diagnoses for which National Institute for Health and Care Excellence (NICE) guidance has been published.

**Why did we carry out the study?**

Individuals with PD are often frequent users of mental health care. However, management of PD patients is notoriously challenging and influenced by the type of PD, the degree of severity and the presence of comorbid psychiatric disorders. Problems in interpersonal functioning mean patients with PD have high levels of service disengagement and treatment refusal, and there are often difficulties in relationships between staff and patient. Patients with PD, particularly borderline PD, are at high risk of suicide and homicide, and commonly feel marginalised from mainstream mental health services. We wanted to analyse the characteristics of patients with PD prior to suicide and homicide to learn more about their treatment and pathways into care. We wanted to examine whether services followed NICE guidance for PD. Finally, we wanted to learn from patients and staff about their experiences and how they think services could be improved.

**Journal Article**

Available from University of Manchester StaffNet [http://documents.manchester.ac.uk](http://documents.manchester.ac.uk)
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<tr>
<th>Name</th>
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<tr>
<td>Anna Lovell, Anne Rogers, Lauren Walker, Lindsay Cree, Andrew Grundy, Patrick Callaghan, Chris Roberts, Patrick Gahon, Linda Davies, Caroline Sanders, Richard Drake and The EQUIP team.</td>
<td>EQUIP: Enhancing the Quality of User Involved Care Planning in Mental Health Services Summary of Results</td>
<td>English</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 addressed 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 services.</td>
<td>Available from the University of Manchester: EQUIP (<a href="http://research.bmh.manchester.ac.uk/equip">http://research.bmh.manchester.ac.uk/equip</a>)</td>
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<td>Nick Waggett (NSCAP)</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 English</td>
<td>The research develops theory and practice within established psychanalytic and systems-psychodynamics perspectives on the role of technology within work by arguing for the importance of technology as a significant actor within, and mediator of, human processes in the 21st Century. Empirical research was undertaken within the human services sector to explore the role of technology as a mediator of organizational processes, and the implications of this for leaders and consultants. Technology use is seen as essential to achieving greater efficiency and effectiveness in all organizations, including human services, but it was found that it may also disrupt processes that are central to the achievement of the primary task of the service. The research used a visual methodology known as the social photo-matrix that enabled humans and technology to be seen as symmetrical actors in organizations. A key finding was that technology mediates processes to make them fit models of measurement and efficiency, and transforms the reality of services both on the ground and in the minds of the people within them. These processes.</td>
<td>Available from Tavistock and Portman repository (<a href="https://dclinpsych.leeds.ac.uk">https://dclinpsych.leeds.ac.uk</a> Extranet)</td>
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<td>Gail Harrison</td>
<td>An evaluation of the implementation and impact of psychological formulation meetings in the Leeds Rehabilitation and Recovery service</td>
<td>Doctorate in Clinical Psychology English</td>
<td>The Leeds Rehabilitation and Recovery Service (RandR) 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>
<td>Available from University of Leeds: Clinical Psychology Extranet (<a href="https://dclinpsych.leeds.ac.uk">https://dclinpsych.leeds.ac.uk</a> Extranet)</td>
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<td>Kerry Hirsby and Alex Brooks</td>
<td>Evaluation the use of a collaborative dynamic risk assessment tool used with service users at the Newsam Centre</td>
<td>Doctorate in Clinical Psychology English</td>
<td>Forensic services have a responsibility to manage the risk of violence by their service users. This is typically done using structured professional judgement tools such as the HCR-20 and FAGE risk assessment. These tools are primarily based on historical (static) risk factors and ultimately produce a categorical risk rating. Douglas and Skeem (2005) introduced the idea of risk state (opposed to risk status) and collated a number of dynamic (changeable) risk factors. The team at the Newsam Centre have used this model to develop a conversational tool to use with service users to facilitate a collaborative risk assessment. They also developed a framework to be used as part of community multidisciplinary team meetings to support the formulation of risk management plans.</td>
<td>Available from University of Leeds: Clinical Psychology Extranet (<a href="https://dclinpsych.leeds.ac.uk">https://dclinpsych.leeds.ac.uk</a> Extranet)</td>
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<td>Ranil Tan</td>
<td>What role am I playing?: Inpatient staff experiences of an introductory training in Cognitive Analytic Therapy (CAT) informed care</td>
<td>International Journal of Cognitive Analytic Therapy and Relational Mental Health Volume 2, 2018 English</td>
<td>The current paper aimed to ascertain multi-disciplinary team (MDT) staff’s experiences of a two-day introductory training to Cognitive Analytic Therapy (CAT). This training was specifically designed for MDT staff working in inpatient services for women with a diagnosis of personality disorder. 45 MDT staff completed the training. Following this, each participant completed a feedback questionnaire. Responses were examined using thematic analysis. The results indicated the training had been positively received by staff and was anticipated to have a range of benefits across their work in inpatient services. This paper particularly focuses on one of the main themes: the practical applications of the CAT model to everyday clinical practice. The results are discussed in relation to previous research in this area, focusing on the unique impact within this training of the use of sequential diagrammatic reformulations (SDR's). The conclusion emphasises the need for relationally based training to be available for staff working in inpatient services to meet the requirements of the service.</td>
<td>Available from ICATA – International Cognitive Analytic Therapy Association (<a href="http://internationalcat.org">http://internationalcat.org</a>)</td>
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<td>Bothan Davies</td>
<td>Ignoring it won't make it go away: Recognising and reformulating gender in CAT</td>
<td>Cognitive Analytic Therapy and the Politics of Mental Health 1st Edition (London: Routledge) Chapter 13 English</td>
<td>The conclusion emphasises the need for relationally based training to be available for staff working in inpatient services to meet the requirements of the service.</td>
<td>Book available for purchase.</td>
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<td>Ruth Sutherland and Aliya Zamir</td>
<td>Tweet, tweet, who's there? Social media in Specialist Services for People with Longstanding Difficulties. Accepted for publication in Clinical Psychology Forum, the British Psychological Society.</td>
<td>July 2018</td>
<td>English</td>
<td>Social media is widely used and can be a great resource within mental health settings for enhancing service communication, engagement and delivery. A questionnaire survey was undertaken to assess how and if service users can be supported through social media.</td>
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<tr>
<td>Harriet Tan, Lindsay Jones and Natalie Clinkscales</td>
<td>What role am I playing? Inpatient staff experiences of an introductory training in Cognitive Analytic Therapy (CAT) informed care</td>
<td>Volume. 2, 2018</td>
<td>English</td>
<td>The current paper aimed to ascertain multi-disciplinary team (MDT) staff’s experiences of a two-day introductory training to Cognitive Analytic Therapy (CAT). This training was specifically designed for MDT staff working in inpatient services for women with a diagnosis of personality disorder. 45 MDT staff completed the training. Following this, each participant completed a feedback questionnaire. Responses were examined using thematic analysis. The results indicated the training had been positively received by staff and was anticipated to have a range of benefits across their work in inpatient services. This paper particularly focuses on one of the main themes: the practical applications of the CAT model to everyday clinical practice. The results are discussed in relation to previous research in this area, focusing on the unique impact within this training of the use of sequential diagrammatic reformulations (SDR’s). The conclusion emphasises the need for relationally based training to be available for staff working in inpatient services to meet the complex and changing needs of the client group. Furthermore, it is argued that CAT meets such a demand by providing a comprehensive and unified model of working which can offer a helpful and containing way of reframing clients, while allowing staff to understand their own responses to the work. Limitations and areas for further work are also discussed.</td>
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<td>Max Henderson, Katherine Peene, Sadhbh Joyce, Leona Tan, Max Henderson, Anya Johnson, Helena Nguyen, Matthew Modini, Markus Groth, Nicholas Glezier and Samuel B Harvey</td>
<td>A framework to create more mentally healthy workplaces: A viewpoint.</td>
<td>Jan 2018; vol. 52 (no. 1); p. 15-23</td>
<td>English</td>
<td>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.</td>
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Experiences of clients' experience of a programme theory

Allan House, Kay Radcliffe, Elaine McMullan, Anjula Gupta and Quirk. Tubeuf and Alan Martin, Sandy Hulme, Adam Fossey, Claire Crawford, Matt Trigwell, Mike Walker, Peter Murray, Andrew Carolyn Czoski-Murray, Cathy Brennan, Jenny Hewsion, and Carol Martin Ciara Masterson Sylvie Collins.

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.

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.

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 staff experiences.

Methods

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.

Conclusion

Although many of the models were different, they shared common factors: all involved staff working 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.

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.
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.

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.

JOURNAL ARTICLE

Available from The Lancet Journals.

Last updated: February 2022 Next revised date: August 2022

Leeds website - University of Leeds: Clinical Psychology Extranet

Clinical interviewing with a population who tend to mistrust interpersonal communication is complex and challenging. This paper argues that, traditionally, the basis on which these types of interviews are conducted (to gather information to inform a diagnosis or formulation) has the potential to compound the difficulties. An approach is outlined which challenges implicit assumptions about the neutrality of the interview and assumes, instead, that ‘personality disorder’ emerges from the failures in communication which often characterise these encounters. Workers are invited to understand how they themselves, their assumptions and routine organisational practices contribute to this dynamic process. They are invited to work instead with a focus on building trust and learning collaboratively about what helps. Understanding risk issues is considered to be an intrinsic part of this process given that the emotional events which underpin risk are assumed to be inevitably ‘live’ within the interview.

JOURNAL ARTICLE

Available from PubMed.

Extranet

Leeds: Clinical Psychology Extranet

Clinical interviewing 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. 65); 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.

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JOURNAL ARTICLE

Available from PubMed.

Available from Taylor and Francis Online.

JOURNAL ARTICLE

Available from The Lancet Journals.

Last updated: February 2022 Next revised date: August 2022

University of Leeds website - University of Leeds: Clinical Psychology Extranet

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

JOURNAL ARTICLE

Available from University of Leeds: Clinical Psychology Extranet.

Available from The Lancet Journals.

Last updated: February 2022 Next revised date: August 2022

Dec-18

Identifying research

Structured lifestyle

Violence risk assessment has always been a central focus and a key responsibility for forensic mental health services

Evaluating the use of

"Are you calling me a

Available from University of

Kerry Hinsby

Jo Ramsden

Stephen Wright

Jo Ramsden

Kerry Hinsby

Dec-18

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| Max Henderson | Katie Blissard Barnes, and Max Henderson | Nov-18 | Occupational Health and Public Mental Health | Oxford Textbook of Public Mental Health Chapter 12 2018 | English | This chapter describes the wide-ranging role of occupational health in optimizing the health of the workforce and the workplace. In doing so it highlights the importance of the workplace for improving public mental health. It examines the relationship between work and public mental health from a number of angles, and describes how in the context of health inequalities mental health can each be seen as both an exposure and an outcome. It explores the impact that work can have on mental health. The main models describing the psychosocial work environment are explained. The chapter also explores the effect poor mental health can have on the workplace at an individual, organizational, and wider economic perspective. The unique role of occupational health in supporting employees and employers and benefits at the population level are emphasized. | Book chapter | Book available for purchase. |
| Max Henderson | Lisa Harber-Aschan, Matthew Hotopf, June S L Brown and Max Henderson | Nov-18 | Longitudinal patterns of mental health service utilisation by those with mental-physical comorbidity in the community | Journal of Psychosomatic Research Volume 117, February 2019, Pages 10-19 | English | Objective Successful healthcare integration demands an understanding of current service utilisation by people with comorbidity. Physical illness may impact on mental health service use (MHSU), but longitudinal studies of comorbidity and MHSU are rare. This study 1) estimated associations between mental-physical comorbidity and longitudinal MHSU patterns; 2) tested whether associations between comorbidity and continuous MHSU are driven by “need”.
Methods Survey data from a South East London community cohort were used (N = 1052). Common mental disorder symptoms (CMDS) were measured using the Clinical Interview Schedule Revised and self-report of long-standing disorders. A checklist of common conditions measured chronic physical conditions. MHSU captured self-reported use of mental health services in the past year at two time points. “Need” indicators included CMDS at follow-up, suicidal ideation, somatic symptom severity, self-rated health, daily functioning problems and perceived functioning limitations due to emotional health. Analyses used logistic and multinomial regression.
Results Continuous MHSU (at both time-points) was twice as commonly reported by those with comorbidity than those without physical comorbidity (30.9% vs 12.3%). CMDS at follow-up, suicidal ideation, and perceived functioning limitations due to emotional health only partially explained the association between CMDS-physical comorbidity and continuous MHSU. In the adjusted model, comorbidity remained associated with continuous MHSU (RRR = 3.23, 95% CI: 1.39–7.51; p = .002), while the association for non-comorbid CMDS was fully attenuated (RRR = 1.08, 95% CI: 0.40–2.93; p = .85).
Conclusion CMDS-physical comorbidity was strongly associated with continuous MHSU, and “need” did not account for this association. | Journal Article | Available from ScienceDirect (www.sciencedirect.com) |
<p>| Alix Smith and Lynda Ellis | Elizabeth Edginton, Rebecca Waley, Maureen Twiddy, Alex Wright | Nov-18 | TIGA-CUB-manualised psychoanalytic child psychotherapy versus treatment as usual for | Journal of Child and Adolescent Mental Health, 30:3, 167-182, DOI: | English | 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 skewed the view one has, and potentially increases the tolerance/threshold of abuse within a clinical population. | Journal Article | Available from Taylor and Francis Online (<a href="http://www.tandfonline.com">www.tandfonline.com</a>) |
| Hollie Roblin | Donna Kemp and Hollie Roblin | Oct-18 | Community care | Mental Health Nursing Magazine; Oct 2018; vol. 38 (no. 5); p. 9-9 | English | Community care for people with mental health difficulties far precedes the formation of the NHS. Through the middle ages, communities cared for their own, with the terms ‘village idiot’ and ‘lunatic’ being attributed to people with mental impairment. As far back as the 12th century monks known as ‘soul friends’ took perhaps the earliest description of a mental health nursing role in the community. The monks would visit people who were suffering from mental disorders and offer them (and their families) spiritual guidance. | Journal Article | Available from PocketMags (<a href="https://pocketmags.com">https://pocketmags.com</a>) |</p>
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<td>Barry Wright, Penny Spikins, Andrew Needham, Barry Wright, Calvin Dytham and Gail Hitchens.</td>
<td>Sep-18</td>
<td>Healthcare provisioning in evolutionary context.</td>
<td>In 8th Annual Meeting of the European Society for Human Evolution. York.</td>
<td>Available from University of York (pure.york.ac.uk)</td>
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| John Baker et al. | Service user and carer involvement in mental health care safety: raising concerns and improving the safety of services | BMC Health Services Research | Aug-18 | English | Background: Previous research into improving patient safety has emphasised the importance of responding to and learning from concerns raised by service users and carers. Expertise gained by the experiences of service users and their carers has also been seen as a potential resource to improve patient safety. We know little about the ease of raising concerns within mental health services, and the potential benefits of involving service users and carers in safety interventions. This study aimed to explore service user and carer perceptions of raising safety concerns, and service user, carer and health professional views on the potential for service user and carer involvement in safety interventions. Methods: UK service users, carers and health professionals (n=185) were recruited via social media to a cross-sectional survey focussed on raising concerns about safety issues and views on potential service user and carer participation in safety interventions. Data were analysed using descriptive statistics, and free text responses were coded into categories. Results: The sample of 185 participants included 90 health professionals, 77 service users and 18 carers. Seventy-five hospitals (82.2%) 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 all hospitals (57, 32%) provided non-acute liaison work including outpatient clinics and links to specialist hospital services. Care of patients with mental health issues was often out of surgical department and wards. However, under half of hospitals had 24 hours access to the service (78, 44%). One-third of all hospitals (57, 32%) provided non-acute liaison work including outpatient clinics and links to specialist hospital services. Care of patients with mental health issues was often out of the at the time of the survey. 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 mood stabilised.

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| Barry Wright et al. | Clinical and cost-effectiveness of one-session versus multi-session cognitive–behavioural therapy (CBT) for specific phobias in children: protocol for a non-inferiority randomised controlled trial | BMJ Open | Aug-18 | English | The results point to potentially important training topics and culture changes that would be beneficial in supporting staff who have abusive experiences at work. Primarily training for staff on how to identify an abusive behaviour, how to report it, and how to manage psychological impacts.

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| Andrew Walker et al. | Organisation and delivery of liaison psychiatry services in general hospitals in England: results of a national survey | BMJ Open | Aug-18 | English | 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. Care of patients with mental health issues was often out of the at the time of the survey. 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 mood stabilised.

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| Michael Dixon et al. | Use of cinacalcet in lithium-induced hyperparathyroidism | BMJ Case Rep. | Aug-18 | English | 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 mood stabilised.
Vicci Ackroyd and Barry Wright

Jul-18

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


English

Background: Having good access to information is crucial when attending an appointment with a health professional; for 5% of the world’s population, who have some degree of hearing loss, this is challenging. With the introduction of acts against discrimination in the U.K., there is a responsibility to provide equitable access to services; best practice states that professionals should work with a registered British Sign Language Interpreter. In child and adolescent mental health services, practitioners may work with the deaf child/young person and their families; this presents many challenges. Previous models of interpreting do not lend themselves to this setting; interpreters need to have high levels of language and two-way interpreting skills, imparting detailed information about language and communication demands they face.

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.

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.

Caroline Dada, Donna Stansfield and Tanya Cullen

Jul-18

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

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

English

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

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Ahmed Hankir

Frederick R. Carrick, Guido Pagnacco, Ahmed Hankir, Mahera Abdulrahman, Rashid Zaman, Emily R Kalambeti, Derek A Barton, Paul E Link and Elena Oggero

Jul-18

The Treatment of Autism Spectrum Disorder With Auditory Neurofeedback: A Randomized Placebo Controlled Trial Using the Mente Autism Device

Pioneers in Neurology, Volume 9, page 537, 2018

English

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.
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: The final model, adjusted for all measured confounders, had job demands (odds ratio 1.79, 95% CI 1.35–2.32; p=0.0008), low job control (1.89, 1.29–2.77; 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).

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 challenged full policy implementation during the PH48 period.

Discussion: The challenges experienced during the PH48 period in implementing complete smokefree policies are important to consider when evaluating the effectiveness of smokefree policies. Many mental health Trusts across the UK are currently in the process of implementing the new guidance and little is known about the impact of and experience with policy implementation.

Clinical implications: The measure provides a useful and robust way to determine symptomatic change in a liaison psychiatry service. Three hundred and sixty patient contacts with 207 separate individuals were rated using six subscales (mood, psychosis, cognition, substance misuse, mind–body problems and behavioural disturbance) plus two additional items (side-effects of medication and capacity to consent for medical treatment). Each item was rated on a five-point scale from 0 to 5 (nil, mild, moderate, severe and very severe).

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

Clinical implications: The measure provides a useful and robust way to determine symptomatic change in a liaison mental health setting, although the mind–body subscale requires modification.
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<tr>
<td>Barry Wright, Penny Spikins, Callum Scott and Barry Wright</td>
<td>May-18</td>
<td>How Do We Explain 'Autistic Traits' in European Upper Palaeolithic Art?</td>
<td>Open Archaeology, Volume 4, Issue 1, p. 263-279.</td>
<td>University of York (pure.york.ac.uk)</td>
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<td>Ranil Tan, Peter J Taylor, Alex Perry, Paul Hutton, Ranil Tan, Naomi Fisher, Chiara Focone, Diane Griffiths and Claire Seddon</td>
<td>May-18</td>
<td>Cognitive Analytic Therapy for psychosis: A case series.</td>
<td>Psychology and psychotherapy. May 2018</td>
<td>Wiley Online Library (onlinelibrary.wiley.com)</td>
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<td>Amy M Russell, and Alison Stansfield</td>
<td>Development of a supported self-management intervention for adults with type 2 diabetes and a learning disability: OK Diabetes</td>
<td>Pilot and Feasibility Studies 2018; 10 6 May 2018 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 45 (51%) participants deemed to be very experienced with the sessions and 12(40%) with this strategies.</td>
<td>Available from BioMed Central (<a href="http://www.biomedcentral.com">www.biomedcentral.com</a>)</td>
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<td>George Crowther, and Mike Bennett</td>
<td>The barriers and facilitators for recognising distress in people with severe dementia on general hospital wards</td>
<td>Oxford Academic: Age and Ageing, 2018 (Published online ahead of print) English Introduction: Psychological symptoms and delirium are common, but underreported in people with dementia on hospital wards. Unrecognised and untreated symptoms can manifest as distress. Identifying distress accurately therefore could act as a trigger for better investigation and treatment of the underlying causes. The challenges faced by healthcare professionals to recognise and report distress are poorly understood. Methods: Semi-structured interviews with a purposive sample of 25 healthcare professionals working with older people in general hospitals were conducted. Interviews were analysed generating themes that describe the facilitators and barriers of recognising and caring for distress in dementia.</td>
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<td>David Harvey and Wendy Selton.</td>
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<td>Apr-18</td>
<td>The use of psychologically-informed warning letters in probation for high-risk clients with personality difficulties</td>
<td>Probation Journal Vol 65, Issue 2, pp. 170 - 183, April 2018</td>
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| Gail Harrison and Emma Sellers | Gail Harrison, Emma Sellers and Melanie Blakeman. | Apr-18 | Team psychological formulations in assertive outreach teams: Evaluating staff experiences | British Journal of Mental Health Nursing, Volume 7, Issue 2, April 2018 | English | 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. |

<p>| Amy Russell | John O'Dwyer, Amy Russell and Louise Bryant. | Apr-18 | 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 | Send to Pilot Feasibility Stud. 2018 Apr 23;4:80 | English | 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 &gt; 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. Interview data for interviewer-administered participant questionnaires was &gt; 95% but the interviewers... |</p>
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<td>Dorota Juszczyzk, Max Henderson, Julia Smedley, Robert Shannon, Iris Madan</td>
<td>Development of an intervention to facilitate return to work of UK healthcare staff with common mental health disorders</td>
<td>Apr-18</td>
<td>Occupational and Environmental Medicine, 2018, Volume 75, Issue 2</td>
<td>Available from RCNi (journals.rcni.com)</td>
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<td>Alison Jane Stansfield, Louise Bryant, Amy M Russell, Rebecca E A Walwyn, Amanda J Farrin, Alexandra</td>
<td>Characterizing adults with Type 2 diabetes mellitus and intellectual disability: outcomes of a case-finding study</td>
<td>Mar-18</td>
<td>Diabetic Medicine, Volume35, Issue3 March 2018</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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<td>Saeideh Saedt</td>
<td>Diversity matters: towards greater cultural competence</td>
<td>Mar-18</td>
<td>Mental Health Practice, 05 March 2018 / Vol 21 issue 6</td>
<td>Available from BMJ Journals (journals.bmj.com)</td>
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# Effectiveness of Background and Objectives: Approximately half the care for people with dementia is provided by families. It is therefore particularly central. The needs-led approach offers a perspective that is able to capture both stresses and positive needs. 

## 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 needs.

### 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). The 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.

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<td>A feasibility study for traditional providers to support the management of Elderly People with Anxiety and Depression: The NOTEPAD study Protocol</td>
<td>Mar-18</td>
<td>A feasibility study for non-traditional providers to support the management of elderly people with anxiety and depression. The NOTEPAD study protocol.</td>
<td>English</td>
<td>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 a more active role. 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 control condition. The intervention will be a first step treatment approach for adult depression as well as an alternative to watchful waiting in general practice.</td>
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<td>Is self-guided internet-based cognitive behaviour therapy (iCBT) harmful? An individual participant data meta-analysis.</td>
<td>Mar-18</td>
<td>Self-guided internet-based cognitive behaviour therapy (iCBT) harmful? An individual participant data meta-analysis.</td>
<td>Psychological Medicine</td>
<td>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: Thirteen out of 16 eligible trials were included in the present IPD meta-analysis. Of the 3805 participants analysed, 7.2% showed 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. 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.</td>
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<tr>
<td>Identifying perinatal depression with case-finding instruments: a mixed-methods study (BaBY PaNDA – Born and Bred in Yorkshire)</td>
<td>Feb-18</td>
<td>Identifying perinatal depression with case-finding instruments: a mixed-methods study (BaBY PaNDA – Born and Bred in Yorkshire)</td>
<td>Health Services and Delivery Research</td>
<td>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.</td>
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<td>Anjula Gupta, Kay Radcliffe</td>
<td>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.</td>
<td>Feb-18</td>
<td>Available from Wiley Online Library. (onlinelibrary.wiley.com)</td>
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<tr>
<td>Elaine McMullan, Anjula Gupta and Sylvie Collins.</td>
<td>Experiences of mental health nursing staff working with voice hearers in an acute setting: An interpretive phenomenological approach</td>
<td>Feb-18</td>
<td>Psychiatric and Mental Health Nursing, Early View (Online Version of Record published before inclusion in an issue) Feb 2018</td>
<td>Available from Wiley Online Library. (onlinelibrary.wiley.com)</td>
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<tr>
<td>Kay Radcliffe, Ciara Masterson and Carol Martin.</td>
<td>Clients' experience of non-response to psychological therapy: A qualitative analysis</td>
<td>Feb-18</td>
<td>Counselling and Psychotherapy Research Early View (Online Version of Record published before inclusion in an issue)</td>
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<td>Barry Wright, Danielle Moore, Josie Smith and Tim Richardson.</td>
<td>The Use of Medline</td>
<td>International Journal on Mental Health and Deafness</td>
<td>Jan-18</td>
<td>Volume 4, Issue 1, 2018, p. 59-64</td>
</tr>
<tr>
<td>Saeideh Saeidi and Richard Wall</td>
<td>The case for mental health support at a primary care level</td>
<td>Journal of Integrated Care</td>
<td>Jan-18</td>
<td>Vol. 26 Issue: 2, pp.130-139</td>
</tr>
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<td>Emily Peckham, Catherine Arundel, Della Bailey, Tracy Callen, Christina Gusack, Suzanne Crosland, Penny Foster, Hannah Herity, James Hope, Suzy Ker, Tavia McGlauth</td>
<td>Successful recruitment to trials: findings from the SCIMITAR+ Trial.</td>
<td>Trials</td>
<td>Jan-18</td>
<td>Vol. 19 (no. 1); p. 53</td>
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Background Mental and physical health problems are common in people with substance misuse problems and those who died by suicide. The study is a national case series of male patients in England and 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 clinical services as it indicates a different preventive emphasis despite the existence of other shared characteristics.

Objective: To examine the knowledge and attitudes of gastroenterologists towards individuals with eating disorders. Design, Setting and Participants: An electronic questionnaire was sent to all members of the British Society of Gastroenterology. Respondents completed questions examining knowledge of the diagnostic criteria, physical complications, legal framework and prevalence rates of eating disorders. Attitude items covered beliefs about aetiology and treatment, confidence levels in diagnosis and management and clinicians’ experience of managing patients with eating disorders in medical settings. Results: Gastroenterologists’ knowledge of eating disorders was variable although attitudes were more balanced compared to other doctor groups. 29.1% of gastroenterologists felt that individuals with anorexia nervosa should not be treated on a medical unit. 56.4% of gastroenterologists described low confidence levels in diagnosing eating disorders whilst only 36.4% felt confident in their ability to manage these conditions. 64.5% of respondents described poor access to liaison psychiatry and specialist eating disorder services. Only 38.9% were aware of the use of a formal clinical guideline for the management of eating disorders in their hospital. Discussion: There is a clear need for greater education and training of gastroenterologists regarding the diagnosis and management of eating disorders, including awareness of and engagement with national guidelines, protocols and management pathways. Prescribers’ views and experiences of assessing the appropriateness of prescribed medications are often required in their management. Given the extent of prescribing for service users who attend specialist addiction services, it is important to consider how prescribers in this setting assess the appropriateness of service users’ prescribed medications. Objective To explore prescribers’ views and experiences of assessing the appropriateness of medications prescribed for service users coming in for treatment as well as the differences between prescribers. Setting A specialist addiction service in the North of England. Method A phenomenological approach was adopted. Semi-structured interviews were conducted with four nurse prescribers and eight doctors. Data were analysed using thematic framework analysis. Main outcome measure Prescribers’ views and experiences of assessing the appropriateness of prescribed medications. Results Assessment of the appropriateness of prescribed medications involved reviewing medications, assessing risk, history-taking, involvement of service users, and comparing guideline adherence and ‘successful’ prescribing. Doctors and nurse prescribers assessed the appropriateness of medications they considered to be within their competency. Doctors provided support to nurse prescribers and general practitioners (GPs) when dealing with issues around prescribing. Conclusion Assessment of the appropriateness of prescribed medications is complex. The recent reduction in medical expertise in specialist addiction services may negatively impact on the clinical management of service users. It appears that there is a need for further training of nurse prescribers and GPs so they can provide optimal care to service users.
### Tobacco Smoking in Severe Mental Illness

#### Background

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.

#### Objectives

The purpose of this study is to explore individual experiences of health care staff when working within dementia care setting. Health care staff are key stakeholders in the implementation of smokefree policies. Understanding these experiences can inform the development of strategies to support healthcare professionals in implementing smokefree policies in mental health settings.

#### Methodology

This study follows qualitative methods through the use of interviews with nine staff on a one to one basis. 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.

#### Results

The study found that staff experience a range of positives and challenges when working in dementia care settings. Staff highlighted the importance of a supportive and well-structured work environment, effective communication, and adequate support systems. The results also suggest that staff perceive a need for improved training and education on dementia care and safe smokefree policies. The findings contribute to the understanding of the experiences of healthcare staff when implementing smokefree policies in dementia care settings.

#### Conclusion

The study highlights the need for comprehensive support systems and training for healthcare staff when implementing complete smokefree policies in dementia care settings. The findings suggest that effective communication, a supportive work environment, and adequate support systems are crucial for the success of these policies. Further research is needed to explore strategies to support healthcare staff in implementing and maintaining smokefree policies in dementia care settings.
There has been 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: 0.5%, 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.
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<th>Author(s)</th>
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<tr>
<td>Helen L. Brooks, Karina Lovell, Penny Bae, Caroline Sanders, Anne Rogers</td>
<td>Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers</td>
<td>Health Expectations: An International Journal of Public Health Care and Health Policy, Early View (Online Version of Record published before inclusion in an issue)</td>
<td>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.</td>
<td>Journal Article Available from Sage Journals (onlinelibrary.wiley.com)</td>
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<td>Kay Radcliffe, Elaine McMullan and Jo Ramsden</td>
<td>Developing offender manager competencies in completing case formulation: An evaluation of a training and supervision model</td>
<td>Sage Journals: Probation Journal, November 2017</td>
<td>The Offender Personality Disorder (OPD) pathway is a national initiative which co-commissions health and probation to develop an offender availability and mental health formulation approach within their local areas. The study aimed to evaluate the effectiveness of a training and supervision model in enhancing the skills of offender managers in completing case formulations. The study involved a mixed-methods design, including a qualitative evaluation of the training and supervision model and a quantitative evaluation of the impact on the skills of offender managers. The findings were used to inform the development of a new model for the OPD pathway, which includes a greater focus on mental health formulation and the provision of additional training and support for offender managers.</td>
<td>Journal Article Available from Sage Journals (journals.sagepub.com)</td>
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<td>Donna Kemp, Ruth Brown, Kat Munn and Vikki Wilford</td>
<td>Care programme approach: Formulations of Mental Health Nursing: An Essential Guide for Nursing and Healthcare Students, Nov 2017, Chapter 23 'Mental health and adults'</td>
<td>English</td>
<td>The care programme approach (CPA) is a central part of UK secondary mental health services. It is 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.</td>
<td>Book chapter subsection Book available for purchase.</td>
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<td>Barry Wright, Malini Pires, Barry Wright, Paul Kaye and Rachel C Churchill</td>
<td>The impact of leishmaniasis on mental health and psychosocial wellbeing: A systematic review</td>
<td>PLoS One, Volume 14, Issue 10, Published Oct 2019</td>
<td>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 control group studies, 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 decreased QoL that is seen in people with leishmaniasis.</td>
<td>Journal Article 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>Samuel B Harvey,</td>
<td>Oct-17</td>
<td>NIPSA: a new scale for measuring non-illness predictors of sickness absence</td>
<td>English</td>
<td>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 NIPSA (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&lt;0.05), meaning a final questionnaire that included 20 questions with three subscales. Conclusions: The NIPSA is a new tool that will hopefully allow clinicians to quickly assess for the presence of non-illness predictors of sickness absence.</td>
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<td>Max Henderson</td>
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<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>English</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>
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<td>Rebecca Anne Tyner,</td>
<td>Oct-17</td>
<td>The impact of reformulation on insight and symptom change in cognitive analytic therapy</td>
<td>English</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. Methods: 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. 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, a corrective experience questionnaire, 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>
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### Alice Staniford. Oct-17

**Shared decision-making between people with experience of psychosis and mental health professionals: A discourse analysis.**  

Ideas about shared decision making (SDM) began to emerge in the 1970s as a challenge to the tradition of paternalism in healthcare. Theoretical models have focused on delineating this process and identifying discrete stages including exploration of service-user preferences, deliberation in relation to possible interventions and an emphasis on interactional, two-way communication processes that prioritise collaboration. There are particular challenges in terms of enacting the principles of shared decision-making with those with more complex mental health needs including experience of psychosis. Types of experience (unusual beliefs, intrusions, suspiciousness, changes to cognitive processes) along with issues of capacity, consent and the legal framework of the Mental Health Act (MHA; 1983) make it more challenging to implement these principles, even though they are laid out in best practice guidelines, and consistently correlate with positive outcomes for service-users.  

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

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

**Available from White Rose eTheses Online (etheses.whiterose.ac.uk)**

### Clare Surr and Cara Gates Oct-17

**What works in delivering dementia education or training to hospital staff? A**  

**International Journal of Nursing Studies Volume 75.**

**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.

**Journal Article**  

Available from Science Direct (www.sciencedirect.com)

### Sarah Talan  

**Oct-17**

**Investigating a serious incident - a personal perspective**  


**English**  

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. This began what would become an eye opening special interest session ...

**Correspondence**  

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<tr>
<td>Johnny Lovell</td>
<td>Sharing Lived Experience with Service Users in Mental Health Interventions</td>
<td>Sep-17</td>
<td>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. Hall 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 mental health lived experience when undertaken by practitioners in different job roles, such as peer support workers, doctors and nurses. Almost all of the given real-life examples were well made and well received. Practitioners favour disclosures such as hobbies and pastimes which they perceive as less risky, and tend to avoid sharing mental health lived experience which they see as the domain of peer support workers. In contrast, service users value the sharing of mental health lived experience most highly, and value it when undertaken by practitioners in all job roles except for non-clinical staff. Sharing mental health lived experience carries risk if it is done badly, but also carries benefits when it is done well. Stigma, isolation, despair, and disengagement may be decreased by disclosure and increased by non-disclosure. Fear of disclosure appears to be out of proportion to actual risk. In practice, most practitioners make helpful disclosures that do not lead to negative consequences.</td>
<td>Thesis</td>
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<td>Lee Marklew</td>
<td>Making sense of Community Treatment Orders: the service-user experience</td>
<td>Sep-17</td>
<td>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 Reconciliation; 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>
<td>Thesis</td>
<td>Available from White Rose EThesis Online: etheses.whiterose.ac.uk</td>
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<td>Thomas RE Barnes, Verity C Leeson, Carol Paton, Louise Manton, Linda Davies, William Whittaker, David Osborn, Raj Kumar, Patrick Keown, Rameez Zafar, Khalid Iqbal, Vineet Singh, Pavel Fridrich, Zachary Keown</td>
<td>Amisulpride augmentation in clozapine-unresponsive schizophrenia (AMICUS): a double-blind, placebo-controlled, randomised trial of clinical effectiveness and cost-effectiveness</td>
<td>Sep-17</td>
<td>English</td>
<td>Background When treatment-refractory schizophrenia shows an insufficient response to a trial of clozapine, clinicians commonly add a second antipsychotic, despite the lack of robust evidence to justify this practice. Objectives The main objectives of the study were to establish the clinical effectiveness and cost-effectiveness of augmentation of clozapine medication with a second antipsychotic, amisulpride, for the management of treatment-resistant schizophrenia. Design The study was a multicentre, double-blind, individually randomised, placebo-controlled trial with follow-up at 12 weeks. Settings The study was set in NHS multidisciplinary teams in adult psychiatry.</td>
<td>Journal Article</td>
<td>Available from NIHR Journals library: <a href="http://www.journalslibrary.nihr.ac.uk">www.journalslibrary.nihr.ac.uk</a></td>
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Barry Wright

Natassa F Brennan, Anja Hiddinga and Barry Wright

Sep-17

Intersecting Cultures in Deaf Mental Health: An Ethnographic Study of NHS Professionals Diagnosing Autism in D/deaf Children

Culture, Medicine, and Psychiatry

English

Autism assessments for children who are deaf are particularly complex for a number of reasons, including overlapping cultural and clinical factors. We capture this in an ethnographic study of National Health Service child and adolescent mental health services in the United Kingdom, drawing on theoretical perspectives from transcultural psychiatry, which help to understand these services as a cultural system. Our objective was to analyse how mental health services interact with Deaf culture, as a source of cultural linguistic identity. We ground the study in the practices and perceptions of 16 professional psychiatrists who have conducted autism assessments for deaf children aged 0–18. We adopt a framework of intersectionality to capture the multitude, mutually enforcing factors involved in this diagnostic process. We observed that professionals working in specialist Deaf services, or with experience working with the Deaf community, had intersectional understandings of assessments: the ways in which cultural, linguistic, sensory, and social factors work together to produce diagnoses. Working with a diagnostic system that focuses heavily on ‘norms’ based on populations from a hearing culture was a key source of frustration for professionals. We conclude that recognising the intersectionality of mental health and Deaf culture helps professionals provide sensitive diagnoses that acknowledge the multiplicity of D/deaf experiences.

Barry Wright

Fiona Patterson, Fran Cousins, Helena Edwards, Anna Rosselli, Sandra Nicholson and Barry Wright

Sep-17

The Predictive Validity of a Text-Based Situational Judgment Test in Undergraduate Medical and Dental School Admissions

Academic Medicine

English

PROBLEM: Situational judgment tests (SJTs) can be used to assess the nonacademic attributes necessary for medical and dental trainees to become successful practitioners. Evidence for SJTs' predictive validity, however, relates predominantly to selection in postgraduate settings or using video-based SJTs at the undergraduate level; it may not be directly transferable to text-based SJTs in undergraduate medical and dental school selection. This preliminary study aimed to address these gaps by assessing the validity of the UK Clinical Aptitude Test (UKCAT) text-based SJT.

APPROACH: Study participants were 218 first-year medical and dental students from four UK undergraduate schools who completed the first UKCAT text-based SJT in 2013. Outcome measures were educational supervisor ratings of in-role performance in problem-based learning tutorial sessions-mean rating across the three domains measured by the SJT (integrity, perspective taking, and team involvement) and an overall judgment of performance-collected in 2015.

OUTCOMES: There were significant correlations between SJT scores and both mean supervisor ratings (uncorrected r = 0.24, P < .001; corrected r = 0.34) and overall judgments (uncorrected r = 0.16, P < .05; corrected r = 0.20). SJT scores predicted 6% of variance in mean supervisor ratings across the three nonacademic domains.

Ahmed Hankir

Ahmed Hankir, Mohammad Shuaib, Suhail Akhtar, Aala Ali and Rashid Zaman

Sep-17

Working in psychiatry in New Zealand: Experiences of International (non-New Zealand) Medical Graduates.

Psychiatry

English

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 mental health problems in postnatal women. The number of doctors who applied for documentation to work abroad surged by over 1000 per cent on the same day that the Health Secretary made the Junior Doctor Contract announcement. Not surprisingly, Jeremy Hunt was accused of acting as 'a recruiting agent' for doctors. Evidence for SJTs' predictive validity, however, relates predominantly to selection in postgraduate settings or using video-based SJTs at the undergraduate level; it may not be directly transferable to text-based SJTs in undergraduate medical and dental school selection. This preliminary study aimed to address these gaps by assessing the validity of the UK Clinical Aptitude Test (UKCAT) text-based SJT.

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Ahmed Hankir

Ahmed Hankir, Philippa Brothwood, Bethany Crocker, Mao Fong Lim, Isabel Lever, Frederick R Carrick, Rashid Zaman and Charlotte Wilson Jones.

Sep-17

A Labour of Love: A King's College London Psychiatry Society Event to challenge the stigma attached to mental health problems in post-natal women.

Psychiatry

English

BACKGROUND: On the 9th October 2000, Dr Daksha Emson, a London based psychiatrist with bipolar affective disorder, tragically killed herself and her three-month-old baby daughter during a psychotic episode. An independent inquiry into Dr Emson's death concluded that mental health stigma in the National Health Service was a factor that contributed to her death. Despite the morbidity and mortality attributed to the stigma attached to mental health problems in postnatal women. The number of doctors who applied for documentation to work abroad surged by over 1000 per cent on the same day that the Health Secretary made the Junior Doctor Contract announcement. Not surprisingly, Jeremy Hunt was accused of acting as 'a recruiting agent' for doctors. Evidence for SJTs' predictive validity, however, relates predominantly to selection in postgraduate settings or using video-based SJTs at the undergraduate level; it may not be directly transferable to text-based SJTs in undergraduate medical and dental school selection. This preliminary study aimed to address these gaps by assessing the validity of the UK Clinical Aptitude Test (UKCAT) text-based SJT.

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Ahmed Hankir, Rashid Zaman, Max Fong Lim, Isabel Lever, Philippa Brothwood, Frederick R Carrick, Jamie Hacker Hughes and Charlotte Wilson Jones

**BACKGROUND:**
There are higher levels of psychological distress in healthcare professionals and students compared to the general population. Yet, despite the availability of effective treatment, many in this group continue to suffer in silence. Fear of exposure to stigmatization has been identified to be a major barrier to accessing and using mental health services. King’s College London Undergraduate Psychiatry Society (KCL PsychSoc) organized an event entitled, “What does bipolar disorder even mean? Psychological distress: How can we challenge the stigma?” Healthcare professionals who themselves recovered from psychological problems and a mental health advocate with first-hand experience of psychological distress were invited to deliver talks followed by an interactive question and answer session.

**DESIGN:**
We conducted a single-arm pre-post comparison study. People who attended the KCL Psych Soc event were recruited to participate. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill (CAMI)) were administered on participants before and immediately after exposure to the event.

**RESULTS:**
44/44 of the participants recruited completed the study (100% response rate). There were statistically significant changes in the respondents’ scores for all 3 stigma scales (p value MAKS=0.0001, p value CAMI=0.0001, p value RIBS=0.0011).

Ahmed Hankir, Rashid Zaman, Benjamin Geers, Gus Rosie, Grainne Breslin, Lilly Barr, Frederick R Carrick and Sal Anderson

**BACKGROUND:**
There is a preponderance of mental health problems in students on a global scale which can have a considerable effect on their academic performance and a profound impact on their quality of life. Many universities offer free counselling services however despite this a recent study in the US revealed that up to 84% of students who screened positive for depression or anxiety did not receive any treatment. There are many obstacles that students with mental health problems encounter that prevents them from receiving care, foremost among these is stigma. Film based interventions are showing promise at challenging stigma which can subsequently lower the barriers to accessing and using mental health services for students who need them.

**DESIGN:**
We conducted a single-arm, pre-post comparison study on arts students from the London College of Communication. Participants were exposed to the Wounded Healer film, a motion picture featuring a protagonist who is a doctor with first-hand experience of psychological distress. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), behaviour (Reported and Intended Behaviour Scale (RIBS)) and attitudes (Community Attitudes towards the Mentally Ill (CAMI)) were administered on participants before and immediately after exposure to the intervention.

**RESULTS:**
21/28 (78%) of the participants recruited for the study responded. The mean age of respondents was 22 years (Std. Dev 2.20). There was an increase in the MAKS score after students viewed the Wounded Healer film indicating lower levels of stigma in mental health knowledge however this change was not statistically significant.

Ahmed Hankir, Samara Linton, Ahmed Hankir, Sal Anderson, Frederick R Carrick and Rashid Zaman

**AIMS:**
To conduct a pilot study on a motion picture based, anti-stigma programme entitled, “The Wounded Healer film” to measure if it is associated with any changes in stigma variables in healthcare students and if it encouraged care seeking in this group.

**BACKGROUND:**
The 2008 Stigma Shout Survey of almost 4000 people using mental health services and carers revealed that healthcare professionals are a common source of stigma reported by people with mental illness. Psychological problems are common in medical students and doctors, however, the level of care seeking in this group is low. Fear of exposure to stigmatization is a crucial barrier to accessing and using mental health services. Recent research has revealed that film-based interventions can be used to challenge mental health stigma and encourage care seeking.

**METHODS:**
We conducted a single-arm, pre-post comparison study on students who attended the Wounded Healer film at a University College London Psychiatry Society event (n=11). Before and after exposure to the film, students were asked to complete validated stigma scales that measured mental health-related knowledge, attitudes and behaviours. Responses were on a Likert scale and participants also provided free free-text comments which were subjected to thematic analyses.

**RESULTS:**
There was a statistically significant difference in the mental health-related knowledge pre-intervention score compared to the post-intervention score (p value=0.0011).

**CONCLUSION:**
Film based interventions can be used to challenge mental health stigma and encourage care seeking.
| Ahmed Hankir, Bajaad Khail, Qasim Waddood, Daanayl Madarbutkus, Habibah Anfah Yunus, Saleena Bibi, Frederick R Carrick and Rashid Zaman. | Sep-17 | The Federation of Student Islamic Societies programme to challenge mental health stigma in Muslim communities in Ireland: The FOSIS Dublin study. | Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 279-284 | English | BACKGROUND: 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 Muslims reported in the literature. DESIGN: We conducted a single arm, pre-post comparison study on Muslims who attended the FOSIS mental health conference in University College Dublin, Ireland. Validated stigma scales measuring knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill (CAMI)) and behaviour (Reported and intended Behaviour Scale (RIBS)) were administered on participants before exposure to the programme and immediately afterwards.

| Ahmed Hankir, Bruce Kirkcaddy, Frederick R Carrick, Asad Siddiq and Rashid Zaman | Sep-17 | The performing arts and psychological well-being. | Psychiatria 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 contention, 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.

| Ahmed Hankir, Frederick R Carrick, Rashid Zaman, and Jamie Hacker Hughes | Sep-17 | Part II: Muslim perceptions of British combat troops. | Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 179-178 | English | 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 and far-right British political parties. 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: We present results from our survey, with particular emphasis on how Muslims perceive the military role and foreign policy of the United Kingdom. We also present, for comparison, responses from British non-Muslims.

| Ahmed Hankir, Frederick R Carrick and Rashid Zaman. | Sep-17 | Part I: Muslims, social inclusion and the West: Exploring challenges faced by stigmatized groups. | Psychiatria Danubina, Sept 2017, issue 29 (Suppl 3) pages 164-172 | English | The rise of radicalisation, the ‘demoralization’ 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 it seems, is a critical time to learn about what the true message of Islam is and who the blessed prophet Muhammad peace be upon him (PBUH) was from reliable and authentic sources. This paper aims to challenge the stigma attached to Muslims through the following means: 1. It contains information to educate people about Islam, debunk myths and challenge negative stereotypes; 2. It utilizes the power of ‘story-telling’ to engage readers and to equip them with facts and the necessary skills to combat Islamophobia. Part I includes a brief introduction of Islam and concludes with a concise description and evaluation of an anti-Islamophobia programme that was piloted in Cambridge University (UK) and delivered as a Keynote Address at the Carrick Institute for Graduate Studies International Symposium of Clinical Neuroscience in Orlando, (USA). Our hope is that through this initiative we can create a critical mass and inspire and empower people, Muslims and non-Muslims alike to stand in solidarity and collectively challenge extremism in any of its many forms. Our hypothesis is that this will result in better outcomes such as reductions in radicalization and Islamophobia.
The Baqa’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 Baqa’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, 12 of which were in health centres at Baqa’a refugee camp and the remaining two at the Field Office of the United Nations Relief and Works Agency (UNRWA) in Amman, Jordan. All the interviews were recorded and transcribed and thematic analyses conducted. Ethical approval was granted by the University of Leeds and UNRWA.

RESULTS: 16/16 (100%) respondents reported that 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.

As one such example of promoting occupational therapy to a CCG, MSc students (authors Bell and Flanagan) on a role-emerging placement at Leeds Beckett University were placed into a GP practice in a socio-economically.

Often these populations experience lifestyle and social challenges, such as smoking, drug or alcohol misuse and unemployment, which in addition may exacerbate underlying ill-health and disease (Dyson, 2014). The kinds of interventions or activities that may already exist, but would now be eligible for referral by a GP, range from 'knit and natter' clubs, health promotional educational groups, arts, creativity, learning and exercise on referral, to fishing clubs (Dyson, 2014). Clinical Commissioning Groups (CCGs) within the NHS have been tasked to work with local social care providers, charities and other community groups to identify suitable projects for funding (NHS England, 2014). This clearly not only offers opportunities for all allied health professions (AHPs) but also meshes with related governmental drivers for AHPs to be more substantively involved in public health and the promotion of wellbeing (Public Health England and Allied Health Professions Federation, n.d.).
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<tr>
<td>George Crowther</td>
<td>George Crowther</td>
<td>Aug-17</td>
<td>Dementia Inpatient Study on The Recognition and Evaluation of Signs Signalling Emotional Distress: DISTRESSED study</td>
<td>Available from eThesis (etheses.whiterose.ac.uk)</td>
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<td>Sarah Talan and Alison Jane Stansfield</td>
<td>Sarah Talan, Kanmani Balaji and Alison Jane Stansfield</td>
<td>Aug-17</td>
<td>What is the association between ADI-R scores and final diagnosis of autism in an all IQ adult autism diagnostic service?</td>
<td>Available from Emerald Insight (<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>)</td>
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<td>Barry Wright</td>
<td>Penelope Spikins, Barry Wright and Callum Scott</td>
<td>Aug-17</td>
<td>Autism spectrum conditions affect preferences in valued personal possessions</td>
<td>Available from APA PsycNET (psycnet.apa.org)</td>
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<td>Finding our way: early learning from the Compass Project, an Intensive</td>
<td>Sarah Talari, Kanmani Balaji and Alison Jane Stansfield</td>
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<td>Intervention Risk Management service for women</td>
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<td>Advances in Autism, Vol. 3 Issue: 4, pages 250-262</td>
<td>English</td>
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<td>Purpose</td>
<td>The diagnosis of autism in adults often involves the use of tools</td>
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<td>recommended by NICE guidance but which are validated in children. The</td>
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<td>purpose of the paper is to establish the strength of the association</td>
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<td>between the Autism Diagnostic Interview-Revised (ADI-R) scores and the</td>
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<td>final clinical outcome in an all intellectual quotients adult autism</td>
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<td>diagnostic service and to establish if this in any way relates with</td>
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<td>gender and intellectual ability.</td>
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<td>Design/methodology/approach</td>
<td>The sample includes referrals to Leeds Autism Diagnostic Service in</td>
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<td>2015 that received a clinical outcome. Sensitivity, specificity and</td>
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<td>positive and negative predictive values were calculated to evaluate</td>
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<td>ADI-R and final clinical outcomes. Logistic regression model was used</td>
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<td>to predict the effect of the scores in all the domains of ADI-R and</td>
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<td>the two-way interactions with gender and intellectual ability.</td>
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<td>Findings</td>
<td>ADI-R has a high sensitivity and low specificity and is useful to rule</td>
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<td>out the presence of autism, but if used alone, it can over diangose.</td>
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<td>Restricted stereotyped behaviours are the strongest predictor for</td>
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<td>autism and suggests that the threshold should be increased to</td>
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<td>enhance its specificity.</td>
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<td>Prevalence of and associations with agitation in residents with</td>
<td>Gill Livingston, Julie Barber, Louise Marston, Penny Rapaport,</td>
<td>Available from Cambridge Core (<a href="http://www.cambridge.org/Core">www.cambridge.org/Core</a>)</td>
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<td>dementia living in care homes: MARQUE cross-sectional study</td>
<td>Deborah Livingston, Sian Cousins, Sarah Robertson, Francesca La</td>
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<td>Background: Agitation is reportedly the most common</td>
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<td>neuropsychiatric symptom in care home residents with dementia.</td>
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<td>Aims</td>
<td>To report, in a large care home survey, prevalence and determinants of</td>
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<td>agitation in residents with dementia.</td>
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<td>Method</td>
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<td>12 November 2015 about residents with dementia with respect to</td>
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<td>DEMOOL proxy and dementia severity (Clinical Dementia Rating). We also</td>
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<td>interviewed residents and their relatives. We used random effects</td>
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<td>models adjusted for resident age, gender, dementia severity and care</td>
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<td>home type with CMAI as a continuous score.</td>
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<td>Effective Dementia Education and Training for the Health and Social</td>
<td>Claire A Surr, Cara Gates, Donna Irving, Jan Oyebode, Sarah Jane Smith,</td>
<td>Available from Sage Journals (journals.sagepub.com)</td>
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<td>Care Workforce: A Systematic Review of the Literature</td>
<td>Sahdia Parveen, Michelle Drury and Alison Dennison</td>
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<td>Review of Educational Research, October 2017, Volume 87, Issue 5,</td>
<td>English</td>
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<td>pages 966-1002</td>
<td>Ensuring an informed and effective dementia workforce is of international</td>
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<td>concern; however, there remains limited understanding of how this can</td>
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<td>be achieved. This review aimed to identify features of effective</td>
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<td>dementia educational programs. Critical interpretive synthesis</td>
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<td>underpinned by Kirkpatrick’s return on investment model was applied.</td>
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<td>One hundred and fifty-two papers of variable quality were included.</td>
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<td>Common features of more efficacious educational programs included the</td>
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<td>need for educational programs to be relevant to participants' role and</td>
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<td>experience, involve active face-to-face participation, underpin</td>
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<td>practice-based learning with theory, be delivered by an experienced</td>
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<td>facilitator, have a total duration of at least 8 hours with individual</td>
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<td>sessions of 90 minutes or more, support application of learning in</td>
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<td>practice, and provide a structured tool or guideline to guide care</td>
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<td>practice. Further robust research is required to develop the evidence</td>
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<td>Review of Educational Research, October 2017, Volume 87, Issue 5,</td>
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| Ensuring an informed and effective dementia workforce is of international concern; however, there remains limited understanding of how this can be achieved. This review aimed to identify features of effective dementia educational programs. Critical interpretive synthesis underpinned by Kirkpatrick’s return on investment model was applied. One hundred and fifty-two papers of variable quality were included. Common features of more efficacious educational programs included the need for educational programs to be relevant to participants' role and experience, involve active face-to-face participation, underpin practice-based learning with theory, be delivered by an experienced facilitator, have a total duration of at least 8 hours with individual sessions of 90 minutes or more, support application of learning in practice, and provide a structured tool or guideline to guide care practice. Further robust research is required to develop the evidence base; however, the findings of this review have relevance for all working in workforce education.

Systematic review Available from Sage Journals (journals.sagepub.com)
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<th>Last updated: February 2022</th>
<th>Next revised date: August 2022</th>
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<td>Emily Peckham, Sally Brabyn, Liz Cook, Garry Tw and Simon Gilbody</td>
<td>Smoking cessation in severe mental ill health: what works? an updated systematic review and meta-analysis.</td>
<td>BMC Psychiatry; Jul 2017; vol. 17 (no. 1); p. 252</td>
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<td>Barry Wright, Lisa Hackney, Melissa Barry, Danya Glaser, Vivien Prior, Victoria Algar, David Marshall, Jamie Barrow, Natalie Kirby, Megan Garside, Pukk Kaushal, Alex Perry and Dean McMillan</td>
<td>Decreasing rates of disorganised attachment in infants and young children, who are at risk of developing, or who already have disorganised attachment. A systematic review and meta-analysis of early parenting interventions.</td>
<td>BMJ Open; Jul 2017; vol. 7 (no. 4); p. 012</td>
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<td>Tom Hughes, Emmanuel Peckham, Suzanne Crossland, Tom Hughes, Alisha O'Connor, Imogen Sargent and Simon Gilbody</td>
<td>TDICs (trials within Cohorts) design as a way of overcoming barriers to research participation in mental health studies</td>
<td>Trials within Cohorts (TwICs): 2nd international symposium London, UK; Oct 2016; Published: 20 July 2017</td>
<td>English</td>
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<td>Rebekah Sutherland and Rob Baskind</td>
<td>Evaluating the routine collection of quality of life/functioning outcomes in an Adult ADHD service in order to inform the</td>
<td>J Clin Psych; Jun 2021; vol. 97 (no. 2); p. 252</td>
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<td>Matthew Osborne and Claire Paul</td>
<td>Jun-17</td>
<td>A smoking cessation intervention for staff in mental health services</td>
<td>Nursing Times [online]</td>
<td>July 2017</td>
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<td>Jessica Broughton, Sarah Harris, Lucy Beasant, Esther Crawley and Simon Collin</td>
<td>Jun-17</td>
<td>Adult patients’ experiences of NHS specialist services for chronic fatigue syndrome (CFS/ME): a qualitative study in England</td>
<td>BMC Health Services Research</td>
<td>Volume 17</td>
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<td>Vicky Ward, Paul Morin, Vicky Ward, Allan House, Tessa Holmes, David Woodcock and Richard Graham</td>
<td>May-17</td>
<td>Knowledge sharing across health and social care boundaries</td>
<td>University of Leeds website Faculty of Medicine and Health - Mobilising Knowledge Across Health and Social Care Boundaries</td>
<td>English</td>
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Interventions for treating anxiety after stroke

The Cochrane database of systematic reviews; May 2017; vol. 5 ; p. CD008860

Background: Anxiety after stroke occurs frequently and can be treated with antidepressants or other anxiety-reducing drugs, or both, or with psychological therapy.

Study characteristics: Evidence is current to January 2017. We found three studies with 196 stroke survivors who had received a diagnosis of anxiety. One study assessed the effect of a relaxation CD used five times a week for one month for participants with a diagnosis of anxiety. Two studies assessed the use of antidepressants in participants who had both anxiety and depression.

Key results: One study found that participants were less anxious three months after using a relaxation CD when compared with those who were given no therapy. One study reported that participants were less anxious when treated with an antidepressant medicine (paroxetine), or with paroxetine and psychotherapy, than with standard care. This study reported that half of the participants receiving paroxetine experienced side effects that included nausea, vomiting, or dizziness. The third study also reported that participants were less anxious when treated with an antidepressant (buspirone hydrochloride) than with standard care, and only 14% of those receiving buspirone hydrochloride reported nausea or palpitations.

Quality of the evidence: We judged that the quality of this evidence was very low. Studies were few and each included a small number of participants. Studies assessing antidepressants did not include comparison with a placebo drug, and information in both study reports was insufficient to permit assessment of whether other biases had been introduced. The study of relaxation therapy was very small, with loss of two participants who used the CD, and the study recruitment process may have attracted participants who had a positive bias towards psychological therapies.

Conclusion: Current evidence is insufficient to guide the treatment of anxiety after stroke. Additional well-conducted randomised trials are needed.

Patient and public involvement (PPI) is integral to UK health research guidance; however, implementation is inconsistent. There is little research into the attitudes of NHS health researchers towards PPI.

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

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

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

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

Implications for practice: Guidelines on PPI may not be enough to prompt changes in research practice. Leaders and researchers need to support attitudinal and cultural changes where required, to ensure the full potential of PPI in mental health and learning disability services research is realized.
<p>| Barry Wright | Julie C Wilson, Barry Wright, Robert Smith, Helen Pearce and Sally Richardson | Apr-17 | Can urinary indolylacroylglycine (IAG) levels be used to determine whether children with autism will benefit from dietary intervention?: Autism, gastrointestinal problems and IAG | Pediatric Research | English | Background: An increase in urinary indolyl-3-acryloylglycine (IAG) has been reported in children with autism spectrum disorders (ASD) who suffer with bowel problems in comparison to ASD children without gastrointestinal (GI) problems. The case for dietary intervention for ASD children with GI symptoms might be strengthened were such a difference to be autism-specific. Methods: Quantitative analysis of urinary IAG levels was performed for 53 children on the autism spectrum and 146 age-matched controls. The parents of each child were asked to provide information on bowel symptoms experienced by the child and their eating habits over a period of 2 wk. Results: We find no significant difference in urinary IAG levels between the ASD children with GI problems and ASD children without GI problems. Although we see some difference between ASD children with GI problems and controls in mainstream schools with GI problems, the difference between non-autistic children with other developmental disorders and controls in mainstream schools is more significant so that any difference is not autism-specific. We find a strong correlation between bowel symptoms and diet problems in ASD children, especially dosysnchronous feeding behavior and we show that ASD children suffering from multiple bowel symptoms tend to be those who also have dietary problems. Conclusion: We found no evidence to support the hypothesis that children with ASD who suffer with bowel problems have increased levels of urinary IAG in comparison to children with ASD who do not have gastrointestinal problems. | Journal Article | Available from Nature.com |
| Tim Branton | Ian M Anderson, Andrew Blamire, Tim Branton, Sabrina Brigadoi, Ross Clark, Darragh Downey, Graham Dunn, Andrew Easton, Rebecca Elliott, Clare Elwell, Katherine Hayden, Fiona Holland, Salman Karim, Jo Lowe, Colleen Loo, Rajesh Nair, Timothy Oakley, Antony Prakash, Panenee K Sharma, Stephen R Williams and R Hamish McAlister | Apr-17 | Randomised controlled trial of ketamine augmentation of electroconvulsive therapy to improve neuropsychological and clinical outcomes in depression (Ketamine-ECT study) | Efficacy and Mechanism Evaluation | English | Background: Electroconvulsive therapy (ECT) is the most effective acute treatment for severe depression, but there are concerns about its adverse cognitive effects. ECT may impair cognition through stimulation of glutamate receptors, and preliminary evidence has suggested that ketamine, a glutamate antagonist, may alleviate these effects. Ketamine has been shown to have a rapid, but temporary, antidepressant effect after a single infusion. Objective: To determine the efficacy and safety of adjunctive low-dose ketamine to reduce cognitive impairments caused by ECT and, secondarily, to improve symptomatic outcome. Design: Multicentre, two-arm, parallel-group, patient-randomised, placebo-controlled superiority trial. Setting: Eleven ECT suites based within seven NHS trusts in the north of England. Participants: Severely depressed hospitalised patients or outpatients who received ECT as part of their usual clinical care. Interventions: Patients were randomised to ketamine (0.5 mg/kg) or saline as an adjunct to their anaesthetic for their ECT course in a 1:1 ratio. Main outcome measures: The primary outcome was delayed verbal recall on the Hopkins Verbal Learning Task – Revised (HVLT-R) after four ECT treatments (mid-ECT), analysed using a Gaussian repeated measures model. Secondary outcomes included autobiographical, working and visual memory and verbal fluency, symptoms and quality of life. Results: Of 211 patients randomised, 136 were included in the intention-to-treat analysis. There was no significant difference in verbal recall between ketamine and saline (mean difference 0.6 words, 95% CI −1.9 to 3.2, p = 0.63). No differences were found for secondary outcomes, and no serious adverse events were reported. Conclusion: Adjunctive ketamine does not improve cognitive function in ECT. | Journal Article | Available from NIHR Journals library: <a href="http://www.journalslibrary.nihr.ac.uk">www.journalslibrary.nihr.ac.uk</a> |</p>
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<th>Author(s)</th>
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<td>Barry Wright, Jan Aldridge, Karen Shimmon, Mike Miller, Lorna Katharine Fraser, and Barry Wright</td>
<td>&quot;I can't tell my child they are dying&quot;: Helping Parents Have Conversations With Their Child</td>
<td>Archives of Disease in Childhood - Education and Practice 2017, Volume 102, Issue 4, pages 182-187</td>
<td>This paper explores the challenges of resolving conflicting feelings around talking with a child about their terminal prognosis. When children are left out of such conversations it is usually done with good intent, with a parent wishing to protect their child from anxiety or loss of hope. There is however growing evidence that sensitive, timely, age appropriate information from those with whom children have a good relationship is helpful both for the child and their family. There is no evidence that involving children in sensitive and timely discussions creates significant problems, rather that withholding information may lead to confusion, frustration, distress and anger. The authors discuss ways in which families can be supported to have these significant conversations with their children.</td>
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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>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 &quot;volcano metaphor&quot; 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 &quot;contain&quot; 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>Ian Owen</td>
<td>On Attachment: The View from Developmental Psychology</td>
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**Main Outcomes and Measures:**

**Objective:**

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

**Methods:**

Participants were randomized to either collaborative care or usual care. Collaborative care involved a case manager who assessed functional impairments and 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 17-item Depression Anxiety Stress Scales (DASS-17).

**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.
Critical time intervention for severely mentally ill prisoners (CrISP): a randomised controlled trial

Background: The transition from prison to community is difficult for prisoners with mental illness. Critical time intervention (CTI) is designed to provide intensive support to meet health, social care and resettlement needs through close working between client and key worker pre, and up to 6 weeks post, release.

Objectives: To establish whether or not CTI is effective in (1) improving engagement of discharged male prisoners who have mental illness with community mental health teams (CMHTs) and (2) providing practical support with housing, finance and re-establishing social networks.

Trial design: A multicentre, parallel-group randomised controlled trial, with follow-up at 6 weeks and at 6 and 12 months. A subset of prisoners and case managers participated in a complementary qualitative study.

Setting: Eight English prisons.

Participants: One hundred and fifty adult male prisoners, convicted or remanded, cared for by mental health in-reach teams and diagnosed with severe mental illness, with a discharge date within 6 months of the point of recruitment.

Intervention: Participants were randomised to either the intervention or the control (treatment as usual). The intervention group was assigned a case manager who assessed mental and physical health before and following release, made appropriate links to health, housing and financial services and supported the re-establishment of family/peer contact.

Outcome: The primary outcome measure was engagement with a CMHT 6 weeks post discharge. Secondary outcomes included contact with mental health services at 6 and 12 months. A health economic evaluation was undertaken using service contact at the follow-up time points. We were unable to assess the intervention’s effect on reoffending and longer-term health-care use because of study delays.

What are the key elements of cognitive analytic therapy (CAT) for psychosis? A Delphi study

Objective: There has been growing interest in the use of cognitive analytic therapy (CAT) with those facing experiences of psychosis. However, there is little research on how CAT is best applied to working with psychosis. This study aimed to identify what the key aspects of CAT for psychosis are or whether this approach requires adaptation when applied to those with experiences of psychosis, drawing on expert opinion.

Method: An adapted Delphi methodology was used. Items were generated during an initial workshop (N = 24) and then rated for agreement or importance via an online survey by a sample of experts with experience of CAT and working clinically with psychosis (N = 14).

Results: Following two rounds of ratings, consensus was reached on most items. Additional comments emphasized the need to be flexible with regard to the varying needs of individual clients.

Conclusions: Results highlight the specific relational understanding of psychosis provided by CAT as one of the key elements of this approach. Responses emphasized the need for some level of adaptation to work with psychosis, including greater flexibility with regard to the treatment frame.

Practitioner Points:
When working with experiences of psychosis, aspects of the CAT model, such as session length, pacing, and duration of therapy, are open to change and may require modification.

When working with experiences of psychosis, narrative reformulation letters and sequential diagrammatic reformulation (SDR) remain essential to the therapy.

This Delphi methodology study essentially relies on opinion. Further empirical research could test assumptions about the most important or therapeutically effective components of CAT in psychosis.

CAT is still not widely used in the context of psychosis limiting the pool of experts available for the current sample.

Anybody who uses the term ‘autism’ is faced with the challenge that autism is a highly variable condition which affects people in different ways. For some people with autism, their autism is a severe impairment, a condition which brings severe challenges and affects many areas of their life. To not acknowledge their difficulties would be to fail to engage with the challenges they face and even to risk depriving such people of the evident justification for much needed help.

For many people, however, autism can present challenges in some contexts but also advantages in others. For such people to term their autism a disability seems mistaken; for them there are good arguments for seeing autism as simply a difference, bringing both advantages and disadvantages, or strengths and weaknesses as with any other difference.

The very varied nature of autism means that no term or even approach will be entirely appropriate for everyone whom autism affects. Many might find that our discussion of the talents and special skills associated with autism and how these might have contributed to human success validates their own feeling of their own important talents and skills. However, others might feel that this sets unrealistic expectations that they should have an area of particular contribution
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<td>Learning from the cradle to the grave: the psychotherapeutic development of doctors from beginning to end of a career in medicine and psychiatry</td>
<td>James Johnston</td>
<td>Jan-17</td>
<td>The Royal College of Psychiatrists, January 2017, Occasional Paper 102</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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| Computerised cognitive-behavioural therapy for depression in adolescents: feasibility results and 4-month outcomes of a UK randomised controlled trial | Barry Wright, Lucy Tindall, Elizabeth Littlewood, Victoria Algar, Paul Noeles, Dominic Trépel and Shehzad Ali | Jan-17 | BMJ Open 2017 Volume 7 Issue 1                                                  | OBJECTIVES: Computer-administered cognitive-behavioural therapy (CCBT) may be a promising treatment for adolescents with depression, particularly due to its increased availability and accessibility. The feasibility of delivering a randomised controlled trial (RCT) comparing a CCBT program (Stressbusters) with an attention control (self-help websites) for adolescent depression was evaluated.  
DESIGN: Single centre RCT feasibility study.  
SETTING: The trial was run within community and clinical settings in York, UK.  
PARTICIPANTS: Adolescents (aged 12-18) with low mood/depression were assessed for eligibility, 91 of whom met the inclusion criteria and were consented and randomised to Stressbusters (n=45) or websites (n=46) using remote computerised single allocation. Those with comorbid physical illness were included but those with psychosis, active suicidality or postnatal depression were not.  
INTERVENTIONS: An eight-session CCBT program (Stressbusters) designed for use with adolescents with low mood/depression was compared with an attention control (accessing low mood self-help websites).  
PRIMARY AND SECONDARY OUTCOME MEASURES: Participants completed mood and quality of life measures and a service Use Questionnaire throughout completion of the trial and 4 months post intervention. Measures included the Beck Depression Inventory (BDI) (primary outcome measure), Mood and Feelings Questionnaire (MFQ), Spence Children's Anxiety Scale (SCAS), the EuroQol five dimensions questionnaire (youth) (EQ-5D-Y) and Health Utility Index Mark 2 (HUI-2). Changes in self-reported measures and completion rates were assessed by treatment group.  
RESULTS: From baseline to 4 months post intervention, BDI scores and MFQ scores decreased for the Stressbusters group but increased in the website group. Quality of life, as measured by the EQ-5D-Y, increased for both groups while costs at 4 months were similar to baseline. Good feasibility outcomes were found, suggesting the trial process to be feasible and acceptable for adolescents with depression. |
Background: The philosophy of the new service is to facilitate community recovery to reach into the inpatient ward and, in this way, provide more holistic and intensive support. The service seeks to meet the needs of service users throughout their journey by integrating fully in the rehabilitation pathway and citywide rehabilitation support services. This is anticipated to be of huge benefit to service users, reducing the number of readmissions and length of stay, so reducing also the cost to the public purse (Barnes and Dilks, 2014). Essentially, it is hoped that this model will help avoid institutionalization and will promote better outcomes for service users who may be characterised as ‘high need’ and ‘slow moving’.

Method: This research involves undertaking photo elicitation with service users and purposefully sampled staff (including inpatient service and community partners) to explore their experience of the new service. Photo elicitation, first named in 1957 by John Collier (Harper, 2002), is a method in which participants are invited to take photographs in order to express their experience around the topic of investigation. The photographs are then used in research interviews in order to facilitate detailed discussions. A pilot study has been conducted in order to seek feedback on the process before continuing the main study data collection. Two members of staff, one male and one female, and one male service user were approached to take part in the pilot study. Participants were asked to take between five and seven photographs representing their experience of the service during a period of time between seven to ten days. Interviews followed a semi-structured interview question format and were led by discussions prompted by the photographs.

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

Success using the method: Initial analysis has revealed interesting themes including the role of relationships in recovery as well as the importance of meaning-making in participants’ lives. This image depicts a staff member’s experience of supporting service users in their recovery journey. Each different combination represents a challenge to overcome and an opportunity to open up new possibilities. Overall the theme is ‘freedom to move forward’. Wanting the best for service users is key, in addition to advocating service user choice whilst acknowledging limitations. The pilot study has demonstrated photo elicitation works well as a method and generates rich data. As a commonly used medium, photography is well suited for vulnerable participants. Participants have engaged with the process of taking photographs and offered valuable feedback. Time to stop and reflect has been viewed as valuable, and the process itself described as empowering. This work demonstrates that taking photographs enables participants to find meaning through visualisation and photography is well suited for vulnerable participants.
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<td>Barry Wright</td>
<td>A guide to Writing Social Stories: Step-by-Step Guidelines for Parents and Professionals</td>
<td>Jessica Kingsley Publishers, 2016</td>
<td>Dec-16</td>
<td>Social Stories™ 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™ 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.</td>
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<td>Barry Wright and Christine Williams</td>
<td>Social stories in mainstream schools for children with autism spectrum disorder: a feasibility randomised controlled trial</td>
<td>BMJ Journals, Volume 6, Issue 8</td>
<td>Dec-16</td>
<td>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.</td>
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<td>Barry Wright, David Alexander, Assad Aghahoseini and the York Surgical Outcomes Research Team</td>
<td>Does preoperative depression and/or serotonin transporter gene polymorphism predict outcome after laparoscopic cholecystectomy?</td>
<td>BMJ Journals, Volume 6, Issue 9</td>
<td>Dec-16</td>
<td>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.</td>
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A new model for a community mental health service for children and young people aged 0-18 years is described. 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), anxiety and depression (Hospital Anxiety and 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 435/440 (98.9%) of these patients, of whom 175 (40.2%) had been discharged at time of follow up. Therapy programmes varied substantially in mode of delivery (individual or group) and number of sessions. Overall change in health 1 year after first attending specialist services was ‘very much’ or ‘much better’ for 27.5% (115/418) of patients, ‘a little better’ for 36.6% (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 2-5 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 chronic condition that requires the ongoing management of adult patients, even after therapy programmes have been discharged at time of follow up. Therapy programmes varied substantially in mode of delivery (individual or group) and number of sessions. Overall change in health 1 year after first attending specialist services was ‘very much’ or ‘much better’ for 27.5% (115/418) of patients, ‘a little better’ for 36.6% (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 2-5 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”.

The Oxford Specialist Handbook of Medical Psychotherapy covers all aspects of the psychiatric specialty of medical psychotherapy, including the role of the medical psychotherapist, key features of the main therapeutic models, and the research evidence for the efficacy of different psychotherapies across the range of psychiatric disorders and patient populations encountered in mental health settings. It details the theoretical concepts, techniques, mechanisms of change, empirical evidence, and training required for each of the major models of psychotherapy—psychoanalytic, cognitive behavioural, systemic, and group—as well as other therapeutic modalities most commonly available within the National Health Service in the UK. These include cognitive analytic therapy (CAT), interpersonal psychotherapy (IPT), psychodynamic interpersonal therapy (PIT), dynamic interpersonal therapy (DIT), dialectical behaviour therapy (DBT), mentalization-based treatment (MBT), schema therapy, mindfulness-based interventions, therapeutic communities, art psychotherapy, dramatherapy, music therapy, and counselling. The book also describes the general therapeutic competencies common to all modalities, including development of the therapeutic alliance, handling emotions, dealing with breaks and endings, assessing and managing risk, and using clinical supervision. Psychotherapy assessment, formulation and consultation are also reviewed. Key issues regarding the ethics and boundaries of medical and psychiatric care are examined, as well as the application of psychotherapeutic principles within the wider health-care system, focusing on management, teaching and consultation, organizational dynamics, and the involvement of patients and service users in the planning and delivery of services. The expanding field of psychotherapy research and its links with attachment studies and neuroscience is reviewed, as well as the applications of medical psychotherapy within the other psychiatric specialties.
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<tr>
<td>Duncan Raistrick</td>
<td>Weak evidence on nalmefene creates dilemmas for clinicians and poses questions for regulators and researchers</td>
<td>Dec-16</td>
<td>Nalmefene has been approved in Europe for the treatment of alcohol dependence and subsequently recommended by the UK National Institute for Health and Care Excellence (NICE). This study examines critically the evidence base underpinning both decisions and the issues arising. Methods: Published studies of nalmefene were identified through a systematic search, with documents from the European Medicines Agency, the NICE appraisal and public clinical trial registries also examined to identify methodological issues. Results: Efficacy data used to support the licensing of nalmefene suffer from risk of bias due to lack of specification of a priori outcome measures and sensitivity analyses, use of post-hoc sample refinement and the use of inappropriate comparators. Despite this, evidence for the efficacy of nalmefene in reducing alcohol consumption in those with alcohol dependence is, at best, modest, and of uncertain significance to individual patients. The relevance of existing trial data to routine primary care practice is doubtful. Conclusions: Problems with the registration, design, analysis and reporting of clinical trials of nalmefene did not prevent it being licensed and recommended for treating alcohol dependence. This creates dilemmas for primary care clinicians and commissioning organisations where nalmefene has been heavily promoted, and poses wider questions about the effectiveness of the medicines regulation system and how to develop the alcohol treatment evidence base.</td>
<td>Journal article</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>Hayley Kenny and Alison Jane Stansfield</td>
<td>How useful are the Adult Asperger Assessment and AQ-10 within an adult clinical population of all intellectual abilities?</td>
<td>Dec-16</td>
<td>Purpose – The Adult Asperger Assessment (AAA) was designed to be a screening tool to identify adults with Asperger syndrome and/or high-functioning autism. The AAA includes three questionnaires; the Autism Quotient (AQ), the Empathy Quotient (EQ) and the Relatives Questionnaire (RQ). The Autism Quotient-10 (AQ-10) was designed to be a “red flag” for healthcare professionals considering referral for ASD assessment. The purpose of this paper is to determine the usefulness of the AAA and AQ-10 as part of an adult autism diagnostic pathway that includes patients of all intellectual ability. 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</td>
<td>Research Paper</td>
<td>Available from Emerald Insight (<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>)</td>
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<td>Prakash Hosalli</td>
<td>Being a college tutor for psychiatry trainees</td>
<td>Dec-16</td>
<td>College tutors for psychiatry trainees are National Health Service (NHS) consultants who have responsibility for organisation and delivery of postgraduate education and learning opportunities for the core trainees in NHS trusts. College tutors are responsible for monitoring the progress of trainees through the core training schemes. Tutors have various roles and responsibilities in teaching and training. Being a tutor can be a rewarding experience and any consultant interested in postgraduate teaching should consider becoming one.</td>
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<td>Yvonne Beckford, Iliaas Vader, Lenka Novakova, Deborah Squibb, Joanna Hoskin, Ros Herman and Bernice Woll</td>
<td>Dec-16</td>
<td>Deaf children have language difficulties too</td>
<td>British Deaf News online post, March 1, 2016</td>
<td>Our January edition looked at work being done in DCAL to increase knowledge about language difficulties among sign language users. Here, Joanna Hoskin tells the BDN about a project under which she and other speech and language therapists along with deaf staff at a London mental health unit have been working together to implement new strategies to help them pick up on any language difficulties among those they come into contact with. Picture the scene. Billy is deaf. He lives at home with his parents and brothers where everyone in the family uses BSL. As Billy grows up, his parents notice he isn’t learning BSL like his brothers. They notice he has difficulties understanding language. He can’t understand explanations of family plans. He needs directions and instructions to be broken down and repeated. When he plays with his brothers, his mum notices that he gets frustrated. He needs to see a game being played to understand what to do. When she tells him how to play a game, he can’t get it. His parents know Billy has skills in other areas. He is good at practical tasks, he understands and remembers how to get to places and use the computer for games.</td>
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<td>Tom Hughes, Federica Marino-Francis and Alice Locker</td>
<td>Dec-16</td>
<td>Unrecognised bipolar disorder among UK primary care patients prescribed antidepressants: An observational study</td>
<td>British Journal of General Practice, February 2016, vol.66, 643(e71-e77), 0960-1643 (February 2016)</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: Awareness of the need for straightforward screening procedures in primary care for depression or anxiety, together with a focus on understanding the nature of diagnostic work, is likely to be helpful.</td>
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<td>Dr Amy M Russell</td>
<td>Dec-16</td>
<td>What to do when you have Type 2 diabetes: An easy read guide</td>
<td>Diabetes UK, Resources, Learning Disabilities website</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 a learning disability.”</td>
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<td>Julie Swallow</td>
<td>Dec-16</td>
<td>Understanding Cognitive Screening Tools: Navigating Uncertainty in Everyday Clinical Practice</td>
<td>Emerging Technologies for Diagnosing Alzheimer’s Disease Part of the series Health Technology and Society pp 123-139</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 uncertainty overall is dealt with responsibly.</td>
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<td>Psychotherapy in Eating Disorders</td>
<td>William Rhys Jones and John F Morgan</td>
<td>Dec-16</td>
<td>Not available</td>
<td>Book available for purchase.</td>
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**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 Edited 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.
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<th>Author(s)</th>
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<tr>
<td>Lucy Tindall, Danielle Varley, Barry Wright, and Lucy Tindall</td>
<td>A feasibility and pilot trial of computerised cognitive behaviour therapy for depression in adolescents: lessons learned from planning and conducting a controlled trial</td>
<td>Mental Health Review Journal, Vol. 21 Iss: 3, pp. 193 - 199</td>
<td>2016</td>
<td>English</td>
<td>Purpose: The purpose of this paper is to focus upon the challenges faced by a research team when conducting a computerised cognitive behaviour therapy (CCT) trial for adolescents with low mood/depression and how solutions were sought to eliminate these difficulties in future child and adolescent mental health clinical research.</td>
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<td>Louise Burke</td>
<td>Pharmacological treatments for managing eating disorders</td>
<td>Journal Article</td>
<td>Dec-16</td>
<td>English</td>
<td>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.</td>
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<td>Gillian Tober, Sarah A Jones, Gary Latchford and Gillian Tober</td>
<td>Client experiences of motivational interviewing: An interpersonal process recall study</td>
<td>Journal Article</td>
<td>Dec-16</td>
<td>English</td>
<td>To explore clients' experience of the therapy process in motivational interviewing (MI) for alcohol abuse. A qualitative methodology which utilizes a video recording as a cue to aid memory recall. Clients watched a videotape of their MI session and were asked to identify and describe the important moments in the therapy session. The transcribed interviews were then analysed using grounded theory. A single session of MI is seen by the clients in this study as a complex interpersonal interaction between client and therapist, which impacts on the client's cognitive and affective intrapersonal processes. The themes which emerged partly confirm processes of MI previously hypothesized to be important, but also highlight the importance of factors common to all therapeutic approaches. The aspects of therapy which clients in this study felt were important are similar to those hypothesized to underline the effectiveness of MI, including a non-confrontational approach, affirmation, and developing discrepancies between beliefs and behaviour. These were embedded in aspects common to all therapies, including the qualities of the therapist and the therapeutic relationship. Client's perspectives on therapeutic processes are an important area of research, and IPR is a particularly suitable method. 2015 The British Psychological Society.</td>
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<td>Elizabeth McDermott, Elizabeth Hughes and Victoria Rawlings</td>
<td>Understanding lesbian, gay, bisexual and trans (LGBT) adolescents' suicide, self-harm and help-seeking behaviour</td>
<td>Research Paper</td>
<td>Dec-16</td>
<td>English</td>
<td>Background International research demonstrates that LGBT1 youth are at much higher risk of suicide and self-harm compared to their heterosexual or cisgender2 counterparts. Evidence in the UK is sparse and only beginning to establish sexual and gender identity as a risk factor for adolescent suicide and self-harm, and as a result of this research scarcity we also know very little about help seeking behavior. The Suicide Prevention Strategy (2012) has identified LGBT youth as a high risk group but currently there is limited evidence to develop effective suicide prevention policy and practice. This study aimed to provide national evidence on LGBT youth suicide, self-harm and help-seeking behaviours in order to support the implementation of the Suicide Prevention Strategy (2012) and reduce the risk of suicide in LGBT young people. About the study The study was a two staged, sequential mixed methods design that used online and face-to-face methods. The first stage consisted of 15 online and 14 face-to-face qualitative interviews with LGBT young people (aged 15-25 years old). The second stage of the research consisted of an online LGBT youth questionnaire completed by 789 participants with experience of self-harm or suicidal feelings, and an online questionnaire completed by 113 mental health service staff. Key findings Understanding LGBT youth self-harm and suicide similar to findings from other studies on youth suicide, those who had self-harmed and/or had a disability had an increased likelihood of planned or attempted suicide. Gender identity was also a risk factor for self-harm and suicide. Those who were gender diverse (Trans/unsure) were nearly twice as likely to have self-harmed and one and a half times as likely to have attempted suicide.</td>
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<td>R &amp; D</td>
<td>William Rhys Jones and John F Morgan</td>
<td>Dec-16</td>
<td>Novel psychoactive substance use and internet drug purchasing in eating disorder</td>
<td>Supplement on the 4th National Congress of Young Psychiatrists, Vol 3 (No.2 Suppl) 2016 May - August</td>
<td>English</td>
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<td>Tom Hughes</td>
<td>R Hamish McAllister-Williams, Ian M Anderson, Andrew Finkelmeyer, Peter Gallagher, Heinz C R Grunze, Peter M Haddad, Tom Hughes, Adrian J Lloyd, Chrysovalante Mamasoula, Elaine McColl, Simon Pearce, Naïma Siddiqi, Basi N P Sinha, Nick Steen, June Wainwright, Fiona H Winter, I Nicol Ferrier, Stuart Wilson and the</td>
<td>Dec-16</td>
<td>Antidepressant augmentation with metyrapone for treatment-resistant depression (the ADD study): A double-blind, randomised, placebo-controlled trial</td>
<td>The Lancet Psychiatry, February 2016, vol./is. 3/2(117-127), 2215-3066:2215-0374 (01 Feb 2016)</td>
<td>English</td>
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<td>Mary Chambers, Xenia Kantaris, Fiona Nolan, Sue McAndrew, Paul Watts, Ben Thomas</td>
<td>Dec-16</td>
<td>The Therapeutic Engagement Questionnaire (TEQ)</td>
<td>English</td>
<td>Faculty of Health, Social Care and Education, Kingston University and St George's University, London, South West London and St. George's Mental Health NHS Trust. It is important to make as explicit as possible the contribution made by registered mental health nurses to service user recovery. The development of a mental health nursing metric that measures the nurse–patient relationship and therapeutic engagement is vital and long overdue. If no attempt is made to capture the contribution of mental health nursing to the quality care agenda and its importance in enhancing the service users' experience, we run the risk of doing a disservice to the profession and those that it cares for. The metric, which takes the form of a 20-item, multidimensional questionnaire measures both the atmosphere and environment of the acute clinical setting and 1:1 sessions with registered mental health nurses. The metric has been designed to produce data that will identify the nature of nursing interactions and the impact on service user recovery. It also indicates how service users are involved in the decision making and monitoring of their care and treatment. Information gathered by the Therapeutic Engagement Questionnaire (TEQ) will help to advise mental health nursing staff at all levels of seniority about the nature of therapeutic engagement experienced by service users. In addition, the data will be in a form that can be integrated into the key performance indicator (KPI) data bank of healthcare Trusts thus enabling trusts to identify areas of good practice and to support those facing challenges. The metric has been developed and initially authenticated in collaboration with 4 Trusts across England. The study has brought together service users and registered mental health nurses who have co-produced this metric with the study team. We are currently authenticating the metric in a further 25 Trusts across England with wide geographical spread. The study has been adopted by the UKCRN Portfolio. The study has been adopted by the UKCRN Portfolio.</td>
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<tr>
<td>Barry 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 (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).</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. Purposive sampling was adopted. Data was collected across a 6 month period utilising an innovative rhizomatic approach and thematically analysed. The thesis suggests a nursing narrative on curiosity which is socially constructed, with curiosity acting as a liberator and antecedent to reflexive knowledge correspondence and construction. Nurses viewed their engagement in curiosity as a key asset for melding the various sources of professional knowledge required for the provision of person-centered care. However, curiosity is also lived within the tension afforded by organisational compliance discourse, which demands engagement with prescriptive, formulaic forms of knowledge and a felt dismissal of the need for professional nursing knowledge and curiously crafted practice. Acts of resistance to dominant organisational compliance discourse are evident, as nurses engage in curiosity on a moral but covert basis, in an attempt to preserve epistemic truths, subvert and circumvent compliance and prescription and thus exercise professional freedom. Concerns are raised as to</td>
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<td>Alexandros Chatziagorakis and Gearoid Fitzgerald</td>
<td>The Effectiveness of Producing accessible information for people with intellectual disabilities</td>
<td>Dec-16</td>
<td>Psychiatry Core: Trainees’ Perception of Homophobia in Psychoanalytic Psychotherapy: A Preliminary Survey</td>
<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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<td>Tom Isherwood, Prakash Hosali, Tom Hughes, Tarnor Kayalackakom, Ian Kellar, Helen Kayalackakom, Tarron Kayalackakom, John Lewis, Neda Mahmoodi, Kirstine McMenamin, Robert Tom Hughes</td>
<td>The Effectiveness of Pharmacological and Non-Pharmacological Interventions for Improving Glycaemic Control in Adults with Severe Mental Illness: A Systematic Review and Meta-Analysis</td>
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<td>Available from Plos One (journals.plos.org/plosone)</td>
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<td>Rebekah Joy Sutherland and Tom Isherwood</td>
<td>The Evidence for Easy-Read for People With Intellectual Disabilities: A Systematic Literature Review</td>
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<td>Available from Wiley Online Library (onlinelibrary.wiley.com)</td>
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<tr>
<td>Alison Jane Stansfield, Alwyn Kam, Tara Baddams, Bethany Woodrow, Emma Roberts, Bhavika Patel and Conor James Davidson</td>
<td>Nov-16</td>
<td>Are we good and are we safe? Measuring quality and assessing risk in an adult autism diagnostic service</td>
<td>Advances in Autism, Vol. 3 Issue: 1</td>
<td><a href="https://doi.org/10.1108/AIA-03-2016-0008">https://doi.org/10.1108/AIA-03-2016-0008</a></td>
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<td>Bethan Davies</td>
<td>Dec-15</td>
<td>The gender dilemma...</td>
<td>Reformulation, Summer 2015</td>
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<td>Mahbub Khan</td>
<td>Dec-15</td>
<td>A Qualitative Investigation of the Conceptualisation of Psychosis in People of a Muslim Faith</td>
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<td>Laura Drage</td>
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<td>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</td>
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<td>Alison Jane Stansfield</td>
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<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>
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<td>Study protocol for the randomised controlled trial: Ketamine augmentation of ECT to improve outcomes in depression (Ketamine-ECT study)</td>
<td>Liam Trevithick, R Hamish McIntosh, Williams, Andrew Bannre, Tim Branton, Ross Clark, Darnagh Downey, Graham Dunn, Andrew Easton, Rebecca Elliott, Clare Ellwell, Katherine Hayden, Fiona Holland, Salman Karim, Jo Lowe, Colleen Luo, Rajesh Nair, Timothy Oakley, Antony Prakash, Parveen K Sharma, Stephen R Williams and Ian Maden</td>
<td>Dec-15</td>
<td>BMC Psychiatry, 2015, Volume 15, Number 1, Page 7</td>
<td>Available from BioMed Central (<a href="http://www.biomedcentral.com">www.biomedcentral.com</a>)</td>
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<td>The Experience and Meaning of Relationships for People with Psychosis in a Rehabilitation</td>
<td>Diane Naomi Agoro</td>
<td>Dec-15</td>
<td>European Journal of Palliative Care, 01 May 2015, vol.is. 22(151-151), 13522779</td>
<td>Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</td>
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<td>No exclusions - developing an autism diagnostic service for adults irrespective of intellectual ability</td>
<td>Alwyn Kam, Frances Needham and Alison Jane Stansfield</td>
<td>Dec-15</td>
<td>Advances in Autism, Volume 1, issue 2 pp. 66-78</td>
<td>Available from Emerald Insight (<a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a>)</td>
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<td>Barry Wright H A Smith, Barry Wright and Sophie Bennett.</td>
<td>Dec-15</td>
<td>Hallucinations and illusions in migraine in children and the Alice in Wonderland Syndrome.</td>
<td>BMJ</td>
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<td>Rebecca Hibbs, Available from BMJ Journals</td>
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<td>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 31,526 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 &lt; 0.046) and an estimate of 19% for cognitive disorganization, which was close to significant (SE = 0.13; p &lt; 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.</td>
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<td>John F Morgan Rebecca Hibbs, Nicholas Magill, Elizabeth Goddard, Charlotte Rhind, Simone Raemker, Pamela Angelica Ronald Dominiuka Sieradzka, Robert A Power, Daniel Freeman, Alastair Cardno, Frank G Dushbridge and Angela Ronald</td>
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<td>Victoria Betton Victoria Betton and G Ingram</td>
<td>Dec-15</td>
<td>Should all NHS premises provide free access to wi-fi?</td>
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<td>John F Morgan Rebecca Hibbs, Nicholas Magill, Elizabeth Goddard, Charlotte Rhind, Simone Raemker, Pamela Angelica Ronald Dominiuka Sieradzka, Robert A Power, Daniel Freeman, Alastair Cardno, Frank G Dushbridge and Angela Ronald</td>
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There is a paucity of research on the nature of life adversity in depressed and non-depressed older adults. Early life events work in-depth interviews; however, larger epidemiological trials investigate life adversity using brief questionnaires. This study investigated the type of life adversity experienced in later life and its association with depression and compares adversity captured using a brief (LTE-Q) and in-depth (LEDQ) measure. 960 participants over 65 years were recruited in UK primary care to complete the PHQ-9 and LTE-Q. A sub-sample (n=19) completed the LEDQ and a questionnaire exploring the subjective experience of the LTE-Q and LEDQ. Important life adversity was reported on the LTE-Q in 48% of the sample. In the LTE-Q sample the prevalence of depression (PHQ-9 >10) was 12%. Exposure to recent adversity was associated with doubling of the odds of depression. The LTE-Q only captured a proportion of adversity measured by the LEDQ (42% vs 84%). Both measures showed health, bereavement and relationship events were most common. The cross-sectional design limits the extent to which inferences can be drawn across the direction of causality between adversity and depression. Recall in older adults is questionable. UK older adults face adversity in areas of health, bereavement and relationships which are associated with depression. This has clinical relevance for psychological interventions for older adults to consider social context and social support. It helps identify the strength and weaknesses of a brief adversity measure in large scale research. Further research is needed to identify the strengths and weaknesses of a brief adversity measure in large scale research.
| John F Morgan and Saeidi Saeidi | VA Mountford, A Brown, B Bamford, S Saeidi, John F Morgan and Hubert John Lacey | Dec-15 | BodyWise: Evaluating a Pilot Body Image Group for Patients with Anorexia Nervosa. | European eating disorders review: the journal of the Eating Disorders Association 23:1 2015 Jan pg 62-7 | English | Body image disturbance can be enduring and distressing to individuals with eating disorders and effective treatments remain limited. This pilot study evaluated a group-based treatment-BodyWise-developed for use in full and partial hospitalization with patients with anorexia nervosa at low weight. A partial crossover waitlist design was used. BodyWise (N = 50) versus treatment as usual (N = 40) were compared on standardized measures of body image disturbance. Results demonstrated significant improvement in the group compared to treatment as usual for the primary outcome measure (Eating Disorder Examination-Questionnaire Shape Concern subscale) and other manifestations of body image disturbance including body checking and body image quality of life. BodyWise appeared acceptable to participants, and was easy to deliver within the pragmatics of a busy eating disorder service. There is potential for its wider dissemination as a precursor to more active body image interventions. | Journal Article | Unbound MEDLINE Available from Prime Access at Unbound Medicine (unboundmedicine.com) |
| Duncan Raistrick | Duncan Raistrick | Dec-15 | Study presents limited assessment of pharmacotherapy for alcohol use disorders | Evidence Based Mental Health, 01 February 2015, vol./is. 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)1 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 disulfiram, 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 disulfiram.
The paper identifies some small studies of new drugs, but typically these lacked adequate data for analysis; moreover, only 8 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; ... | Journal Article | Evidence Based Mental Health Available from BMJ Journals (journals.bmj.com) |
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/verbal language to a visual one. We recruited 144 deaf young people (aged 11–16 years), 191 deaf parents of a child aged either 4–10 or 11–16 years (the child could be hearing or deaf) and 77 deaf teachers and teaching assistants. We sought deaf people whose main or preferred language was BSL. We also recruited hearing participants to aid cross-validation. We found that the test–retest reliability, factor analysis and internal consistency of the three new scales were broadly similar to those of other translated versions of the SDQ. We also found that using the established multi-informant SDQ scoring algorithm there was good sensitivity (78%) 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 (www.journalslibrary.nihr.ac.uk).
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 care services in the North of England to participate in a programme of cross-sectional and prospective studies. Case identification, and rapid cycling, comorbidity and functioning were examined.

RESULTS: Of 350 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.


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Clinical effectiveness and cost-effectiveness of parenting interventions for children with severe attachment problems: A systematic review and meta-analysis

A bipolar II cohort (ABC): The association of functional disability with gender and rapid cycling

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

Adapted behavioural activation for the treatment of depression in Muslims.

Clinical effectiveness


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

Allan House

Gnazala Mir, Shaista Meen, David Coffell, Dean McMillan, Alan House and Jonathan W Kanter.


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 offer inform economic aspects of the main review. Data sources: A total of 20 electronic databases were searched with additional mechanisms for identifying a wide pool of references using the Cochrane methodology. Examples of databases searched include PsycINFO (1860 to January week 1, 2012), MEDLINE and MEDLINE in-Process and 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 data: 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 seeking to improve outcomes in at-risk populations showed statistically significant improvement in disorganised attachment. The intervention saw less disorganised attachment at outcome than the control (odds ratio 0.47, 95% confidence interval 0.34 to 0.65; p < 0.00001). Much of this focused around interventions improving maternal sensitivity, with or without video feedback. In the first supplementary review, 26 reviews sought to evaluate an attachment assessment tool demonstrating validity of the tool.

The fusion of conceptual frameworks within this approach provides increased choice to Muslim patients, in line with their religious teachings which will potentially reinforce and enhance BA strategies and concepts. The intervention was culturally sensitive, with input from a Pakistani Muslim ethical committee and feedback from local religious leaders. Strategies to help improve programme fidelity and acceptance included: training in BA for local mental health staff, an adaptation of the intervention to focus more on include discussion of Islamic teachings and closely following existing treatment models. Patients were generally enthusiastic about the approach, which proved acceptable and feasible to most participants; however, therapists required 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 their religious teachings which will potentially reinforce and enhance BA strategies and concepts.
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<th>Authors</th>
<th>Title</th>
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<th>Purpose</th>
<th>Methodology/approach</th>
<th>Findings</th>
<th>Practical Implications</th>
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<td>Jo Ramsden</td>
<td>Working in partnership: Making it happen for high risk personality disordered offenders</td>
<td>Journal of Forensic Practice, August 2015, vol./iss. 173(171-179), 2050-8794 (10 Aug 2015)</td>
<td>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 recidivism, 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 overviews 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.</td>
<td>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.</td>
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<td>Stephen Linacre</td>
<td>Comparing carer wellbeing: implications for eating disorders</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.</td>
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<td>Anne Cooper and Alison Inglehearn</td>
<td>Perspectives: Managing professional boundaries and staying safe in digital spaces.</td>
<td>Perspectives: Managing professional boundaries and staying safe in digital spaces., 2015, vol./iss. 20/7(625-633), 17449871</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 Nastair Cardno</td>
<td>Medical psychotherapy consultation: psychoanalytic psychotherapy for the patient and professional</td>
<td>Psychoanalytic Psychotherapy Volume 30, 2016 Issue 3</td>
<td>An NHS Mental Health Trust Medical Psychotherapy Consultation Service using psychoanalytic psychiatry to help the patient and professional is described. The Consultation Service established in 2000 is offered to secondary acute and community mental health teams and primary care. The service was evaluated as a basis for regional and national development. Between 2006 and 2013, 87 consultations from 210 were sampled to ascertain demographic and diagnostic profiles and outcomes of the consultation process. We conducted an online survey of local consultant psychiatrists’ views about the service, and undertook a thematic analysis of the free text comments. We also conducted a survey of members of the Royal College of Psychiatrists’ Medical Psychotherapy Faculty to ascertain whether similar consultation services existed elsewhere in the UK and had been evaluated. The Leeds model of psychoanalytic consultation – a ‘consultation sandwich’ – is described. From a psychoanalytic perspective, the work of consultation is seen as an extension of the dynamic field of the analytic situation. This paper develops the concept of a bastion – an omnipotent reserve in and between the patient and professional derived from adhesive identifications leading to stuck</td>
<td>Originality/value: This paper overviews 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.</td>
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Burnout—or heartburn?

A psychoanalytic view on staff Burnout in the context of service transformation in a crisis service in Leeds

Anuradha Menon, Claire Flannigan, Mary-Jane Tacchi and James Johnston

Dec-15

Burnout or heartburn? A psychoanalytic view on staff Burnout in the context of service transformation in a crisis service in Leeds. Psychoanalytic Psychotherapy, October 2015, vol./is. 29(4)(330-342), 0266 8734(1474-9734) (02 Oct 2015)

English

Crisis resolution and home treatment teams (CRHT) are integral to acute psychiatric services. This survey quantifies staff burnout using the MBI-HSS (Maslach Burnout Inventory) and notes sources of stress and satisfaction before (2012) and after (2013) service transformation of a CRHT in Leeds into a single point of access, with home treatment devolved to community teams. Moderate to high Burnout scores were observed over the study period, with a rise in the mean depersonalisation score from 5.8 to 7.2 over the study period. Contact with colleagues; work with patients and variety of work emerged as rewarding while themes of suicide and violence were most linked with stress, with clinicians reporting self-doubt in the face of difficult clinical decisions. Clinicians positively rated a weekly psychoanalytic reflective practice group. A pictorial representation of qualitative results uses psychoanalytic theory inconceptualising ‘skins’ around various aspects of the clinical setting, which then become semipermeable in response to a patient in crisis when clinicians feel poorly supported by the changing organisation.

Journal Article

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

**Methods/Design:**
Phase I is a prospective case-finding study (target n = 120 to 350) to identify and characterise potential participants, while developing a standardised supported self-management intervention. Phase II is a randomised feasibility trial (target n = 80) with blinded outcome assessment. Patients identified in Phase I will be interviewed and consented prior to being randomised to (1) standard treatment, or (2) supported self-management. Both arms will also be provided with an 'easy 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
### Self-Harm

#### 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 whether treatment with methylphenidate improves emotion recognition in adult ADHD patients. Secondly, we aimed to explore if emotion recognition impairments are as a result of a general cognitive dysfunction or are a specific impairment in social perception.

#### 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.

#### Results:
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 (HSCIC), 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 (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.

#### Conclusions:
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.

#### Acknowledgements:
This project received funding from the National Institute for Health Research (NIHR) Health Technology Assessment Program (grant no. 07/33/01) following a commissioned call for this research.

#### References:

#### Funding Information:
- National Institute for Health Research (NIHR) Health Technology Assessment Program (grant no. 07/33/01) following a commissioned call for this research.
- Program (grant no. 07/33/01) following a commissioned call for this research.
Barry Wright and Lucy Tindall

Computerised cognitive behaviour therapy for depression in adolescents: Study protocol for a feasibility randomised controlled trial


Introduction: The 1 year prevalence of depression in adolescents is about 2%. Treatment with antidepressant medication is not recommended for initial treatment in young people due to concerns over high side effects, poor efficacy and addictive potential. Evidence suggests that cognitive behaviour therapy (CBT) is an effective treatment for depression and is currently one of the main treatment options recommended in adolescents. Given the affinity young people have with information technology they may be treated effectively, more widely and earlier in their illness evolution using computer administered CBT (CBGT). Currently little is known about the clinical and resource implications of implementing CBGT 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 CBGT 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, HRQoL) and resource use questionnaires to examine the feasibility of cost-effectiveness analysis. Questionnaires will be completed at baseline, 4 and 12-month follow-ups. Progress and risk will be monitored via the MFQ administered at each treatment session. The acceptability of a CBT programme to adolescents; and the willingness of clinicians to recruit participants and of participants to be randomised, recruitment rates, attrition rates and questionnaire completion rates will be collected for feasibility analysis. We will estimate 'numbers needed' to plan a fully powered RCT of clinical and cost-effectiveness. Ethics and dissemination: The current trial protocol received a favourable ethical opinion from Leeds (West) Research and Ethics Committee. (Reference: 10/H1307/137). Trial registration number: ISRCTN31219579.

Journal Article

Dec-14

Barry Wright, David Marshall, Lisa Hackney and Rebecca Hargate

Autism Spectrum Social Stories In Schools Trial (ASSIST): study protocol for a feasibility randomised controlled trial analysing clinical and cost-effectiveness of Social Stories in mainstream schools.

BMJ Open, 2014, vol./is. 4/7(e005952), 2044-6055 (2014)

INTRODUCTION: Current evidence suggests that Social Stories can be effective in tackling problem behaviours exhibited by children with autism spectrum disorder. Exploring the meaning of behaviour from a child's perspective allows stories to provide social information that is tailored to their needs. Case reports in children with autism have suggested that these stories can lead to a number of benefits including improvements in social interactions and choice making in educational settings. METHODS AND ANALYSIS: The feasibility of clinical and cost-effectiveness of a Social Stories toolkit will be assessed using a randomised control framework. Participants (n=50) will be randomised to either the Social Stories intervention or a comparator group where they will be read standard stories for an equivalent amount of time. Statistics will be calculated for recruitment rates, follow-up rates and attrition. Economic analysis will determine appropriate measures of generic health and resource use categories for cost-effectiveness analysis. Qualitative analysis will ascertain information on perceptions about the feasibility and acceptability of the intervention. ETHICS AND DISSEMINATION: National Health Service Ethics Approval (NHS; ref 11/YH/0340) for the trial protocol has been obtained along with NHS Research and Development permission from Leeds and York Partnership NHS Foundation Trust. All adverse events will be closely monitored, documented and reported to the study Data Monitoring Ethics Committee. (AT least one article in a peer reviewed journal will be published and research findings presented at relevant conference). Trial registration number: ISRCTN31219579.

Journal Article

Dec-14

Nick D Hart and Lorna Robbins

Imagine your bedroom is the entrance to the zoo: Creative relaxation- Exploring and evaluating the effectiveness of a British Journal of Learning Disabilities, March 2014, vol./is. 42/1(76- 84), 1354-4187;168;3156.

English

Over an 18 month period, a group of adult service users with mild to moderate learning disabilities referred to the Leeds and York Partnership NHS Foundation Trust, and who were identified as suffering from anxiety-related disorders, attended a 12-week course of relaxation therapy and the results recorded. To remain true to person-centred values, a creative approach was taken in delivery of the core relaxation techniques. Three core techniques were used: controlled breathing; guided imagery; and progressive muscle relaxation. These were creatively adapted to each individual. Results were collected using the Clinically Useful Anxiety Outcome Scale (CUXOS) measurement tool and pulse readings taken using a pulse oximeter. The results indicated an overall decrease in physical and psychological

Journal Article

Dec-14

Michael Dixon and Caroline Dada

Monitoring patients can be safely monitored within the clinical setting

Clinical Pharmacist, June 2014, vol./is. 6/5(131-132), 1758-9061 (01 Jun 2014)

Clinical

End available

Journal Article

Dec-14
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<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Journal</th>
<th>Year</th>
<th>Volume/Issue/URL</th>
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<tr>
<td>Christopher Todd</td>
<td>Borderline personality disorder: Management</td>
<td>Clinical Psychologist, September 2014, vol./is. 6/7/174-176, 1758-9061 (01 Sep 2014)</td>
<td>English</td>
<td>The pharmacological management of borderline personality disorder is controversial as the effectiveness of treatment is disputed. NICE recommends that drug treatment is not used specifically for borderline personality disorder, but it can be used as a short-term measure in times of crisis and to treat comorbid conditions. Patients with borderline personality disorder are at increased risk of self-harm, and drug treatment is not appropriate for patients at high risk of overdose. Dialectical behaviour therapy (DBT) is recommended by NICE for women with borderline personality disorder.</td>
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<tr>
<td>Graham Firth and Vishal Sharma</td>
<td>Clinical psychologists' views of intensive interaction as an intervention in learning disability services.</td>
<td>Clinical Psychology and Psychotherapy, September 2014, vol./is. 21/5403-10, 1063-3995,1099-0879 26/14 Sep-Oct</td>
<td>English</td>
<td>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 conceptualisation they had 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 conceptualisation they had of Intensive Interaction.</td>
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<tr>
<td>David Protheroe</td>
<td>Study design: Sacral nerve stimulation versus the FENIXTM magnetic anal sphincter for adult faecal incontinence: A randomised investigation (SaFaRI)</td>
<td>Colorectal Disease, July 2014, vol./is. 16/197, 1462-8910 (July 2014)</td>
<td>English</td>
<td>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 has failed. The FENIXTM magnetic anal sphincter (MAS) has recently been introduced into clinical practice. It consists of a flexible band of interlinked titanium beads with magnetic cores, placed around the anal canal to augment sphincter tone through passive bead attraction. Preliminary data suggests that the FENIXTM MAS is safe with promising, but limited, data on efficacy. Rigorous evaluation of this new technology is now required. Method: An 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 ACPGBandI 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 &gt;50% improvement in continence score. Secondary endpoints will include complications, quality of life and cost-effectiveness. Results: No results 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.</td>
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Last updated: February 2022 Next revised date: August 2022
Purpose
Emerald
Jamshid Nazari

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

Drugs and Alcohol Today, 01 October 2014, vol./is. 14/4(187-193), 17459265

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 nurse-led 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 König Elisabeth Herberg (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 of the service showed benefits with respect to satisfaction and skills of staff with regard to the management of psychiatrically ill patients. Conclusion: Nurse-based psychiatric CL-services in A&E departments of general hospitals, recently developed in English-speaking countries, can be established in German hospitals and can provide effective help for patients in A&E.

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

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), 0028-2804;1433-0407 (Sep 2014)

David Protheroe

Journal, Peer Reviewed Journal

David Protheroe


Purpose

Emerald

Duncan Raistrick and Gillian Tober

Dec-14

Factors analysis of treatment outcomes from a UK specialist addiction service: Relationship between the Leeds Dependence Questionnaire, Social Satisfaction Questionnaire and 10-item Clinical Outcomes in Routine Evaluation.

Drug and Alcohol Review, November 2014, vol./is. 33/6(643-650), 0959-5236;1465-3362 (Nov 2014)

Duncan Raistrick, Jan R Bohne, Rhiannon Gabe, Tim J Croudace, Gillian Tober and Duncan Raistrick.

Journal, Peer Reviewed Journal

Journal, Peer Reviewed Journal


Journal, Peer Reviewed Journal

Purpose

Emerald

Duncan Raistrick and Gillian Tober

Dec-14


Drug and Alcohol Review, November 2014, vol./is. 33/6(674-677), 0959-5236;1465-3362 (Nov 2014)

Duncan Raistrick, Bridgette M Bewick, Katrinia Rumball, Jacqueline Brittleis, Joseph R Shaw, Owen Johnson, Duncan Raistrick and Gillian Tober.

Journal, Peer Reviewed Journal

Journal, Peer Reviewed Journal


Purpose

Emerald

Duncan Raistrick and Gillian Tober

Dec-14

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

Drugs and Alcohol Today, 01 October 2014, vol./is. 14/4(187-193), 17459265

English

Introduction: 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 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 predetermined dialogue with strong theory-practice links. 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)

Duncan Raistrick and Gillian Tober

Journal, Peer Reviewed Journal

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Duncan Raistrick

Dec-14

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

Drugs and Alcohol Today, 01 October 2014, vol./is. 14/4(187-193), 17459265

English

Purpose

--Physical comorbidities of alcohol misuse are common and result in frequent attendance to hospitals with estimated £3.5bn annual cost to the NHS in England. The purpose of this paper is to evaluate the effect of the hospital in-reach team of the Leeds Addiction Unit (LAU) in reducing hospital service utilization in people with alcohol dependence.

Design/methodology/approach
--This is a retrospective cohort study, with a mirror-image design. The authors included all patients who had wholly alcohol attributable admission(s) to Leeds Teaching NHS Hospitals Trust (LTHT) during a four-month period between January and April 2013 and received treatment from LAU. The primary outcome measures were changes in A and E attendance (AandE) attendances, number of hospital admissions and days spent in hospital between the three months before and after the LAU intervention.

Duncan Raistrick

Journal Article

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Journal Article

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Body checking and

Bryony H

John F Morgan

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

Dec-14

Service user, family and friends’ views on the meaning of a ‘good outcome’ of treatment for an addiction problem.


Aims: The aim of this study was to investigate the views of service users (SUs), family and friends on what constitutes a good outcome for the treatment of substance misuse problems. Methods: Six focus groups were arranged to explore and identify important elements of good outcome. Transcripts of the focus groups were analysed using thematic analysis. The content of the main theme, good outcome, was cross checked with SUs and the four authors. The main theme was analysed further into sub-themes. Findings: Participants were 24 SUs and 12 family and friend members recruited from specialist drug and alcohol services. The participants represented a broad range of treatment journeys and experiences in a variety of treatment modalities. A total of 20 treatment 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)

Conor Davidson

Available from PubMed

Available from Wiley Online Library

Prevalence of Asperger syndrome among patients of an Early Intervention in Psychiatry team.

Early intervention in psychiatry, May 2014, vol./iss. 8(2, 138-46), 1751-7885, 1751-7893 (2014 May)

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 was a cross-sectional survey consisting of three phases: screening, case note review and diagnostic interviews. All patients on caseload (n=197) were screened using the Autism Spectrum Disorder in Adults Screening Questionnaire. The case notes of patients screened positive were then reviewed for information relevant to Asperger syndrome. Those suspected of having Asperger syndrome were invited for a diagnostic interview. RESULTS: Thirty patients were screened positive. Three of them already had a diagnosis of Asperger syndrome made by child and adolescent mental health services. After case note review, 13 patients were invited to interview. Four did not take part, so nine were interviewed. At interview, four were diagnosed with Asperger syndrome. In total, seven patients had Asperger syndrome. Thus, the prevalence rate in this population is at least 3.6%. CONCLUSIONS: The results suggest that the prevalence of Asperger syndrome in first-episode psychosis is considerably higher than that in the general population. Clinicians working in early intervention teams need to be alert to the possibility of Asperger Syndrome when assessing patients. Copyright 2014 Wiley Publishing Asia Pty Ltd.

December 14

John F Morgan

Bryony H Bamford, Chris Attoe, Victoria Mountford, John F Morgan and Richard Sly

Dec-14

Body checking and avoidance in low weight and weight restored individuals with anorexia nervosa and non-clinical females.

Eating Behaviors, January 2014, vol./iss. 15(1, 5-8), 1471-0153 (Jan 2014)

Body dissatisfaction (BD) is central to the development, maintenance and relapse of anorexia nervosa (AN). BD has shown significantly more avoidance behaviours and less body image anxiety than those with anorexia at higher weights. However, little is known about the impact of weight and disordered eating on these aspects. 56 below DSM-IV weight criteria for AN (BMIs 17.5 kg/m2) individuals currently receiving treatment for an eating disorder, and 66 non-eating disordered females completed the Body Image Avoidance Questionnaire and the Body Image Anxiety Questionnaire. As expected, females diagnosed with AN showed significantly more harmful and affective body dissatisfaction than the control group. Patients at lower weights showed significantly more avoidance behaviours and less body image anxiety than those with anorexia at higher weights. No difference was seen in checking behaviours between these groups. Weight based differences in avoidance behaviours continued to exist even when the effects of anxiety were controlled for. Affective and behavioural aspects of BD should be considered in clinical practice at all stages of treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

December 14

John F Morgan

Richard Sly, John F Morgan, Victoria Mountford, Francesca Saver, Charlotte Evans and Hubert John Lacy.

Dec-14

Rules of engagement: Qualitative experiences of therapeutic alliance when receiving in-patient treatment for anorexia nervosa.

Eating Disorders: The Journal of Treatment and Prevention, May 2014, vol./iss. 22(3, 233-243), 1064-0266, 1532-530X (May 2014)

Body dissatisfaction (BD) is central to the development, maintenance and relapse of anorexia nervosa (AN). BD has shown significantly more avoidance behaviours and less body image anxiety than those with anorexia at higher weights. However, little is known about the impact of weight and disordered eating on these aspects. 56 below DSM-IV weight criteria for AN (BMIs 17.5 kg/m2) individuals currently receiving treatment for an eating disorder, and 66 non-eating disordered females completed the Body Image Avoidance Questionnaire and the Body Image Anxiety Questionnaire. As expected, females diagnosed with AN showed significantly more harmful and affective body dissatisfaction than the control group. Patients at lower weights showed significantly more avoidance behaviours and less body image anxiety than those with anorexia at higher weights. No difference was seen in checking behaviours between these groups. Weight based differences in avoidance behaviours continued to exist even when the effects of anxiety were controlled for. Affective and behavioural aspects of BD should be considered in clinical practice at all stages of treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

December 14

John F Morgan


Dec-14

Ten session body image therapy: Efficacy of a manualised body image therapy.

European Eating Disorders Review, January 2014, vol./iss. 22(1, 66-71), 1072-4133, 1099-0968 (Jan 2014)

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

December 14

John F Morgan

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Aims: the aim of this study was to investigate the views of service users (SUs), family and friends on what constitutes a good outcome for the treatment of substance misuse problems. Methods: Six focus groups were arranged to explore and identify important elements of good outcome. Transcripts of the focus groups were analysed using thematic analysis. The content of the main theme, good outcome, was cross checked with SUs and the four authors. The main theme was analysed further into sub-themes. Findings: Participants were 24 SUs and 12 family and friend members recruited from specialist drug and alcohol services. The participants represented a broad range of treatment journeys and experiences in a variety of treatment modalities. A total of 20 treatment 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)
Vanessa Huke, Saeideh Saedi and John F Morgan

Dec-14

The clinical implications of high levels of autism spectrum disorder features in anorexia nervosa: A pilot study


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

Journal Article

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

Dec-14

Use of the distress thermometer to evaluate symptoms, outcome and satisfaction in a specialist psycho-oncology service.


Objective: The National Institute for Health and Care Excellence recommends the use of structured tools to improve holistic care for patients with cancer. The Distress Thermometer and Problem Checklist (DT) is commonly used for screening in physical health settings. However, it has not been integrated into the clinical pathway within specialist psycho-oncology services. We used the DT to examine the broad clinical effectiveness of psycho-oncology intervention and to ascertain factors from the DT linked to an improved outcome. We also evaluated patients’ satisfaction with their care. METHOD: We asked 111 adult outpatients referred to York Psycho-Oncology Service to complete the DT at their first appointment. Individuals offered a period of psycho-oncology care re-rated their emotional distress, problems and service satisfaction on the DT at discharge. RESULTS: Median distress scores decreased significantly (from 6 to 4, Wilcoxon’s z=-4.93, P<.001) indicating a large clinical effect size (Cohen’s d=1.22). Frequency of emotional problems (anxiety, depression and anger) fell significantly by 15-24% despite no significant change in patients’ physical health or practical problems. Number of emotional problems was the best predictor of distress at discharge (beta=0.468, P<.002). Satisfaction was high and correlated with lower distress scores (r=-0.42, P=.005) and fewer emotional problems (r=-0.31, P=.04) at discharge but not with number of appointments attended. Qualitative thematic analysis showed patients particularly value supportive listening and advice on coping strategies from professionals independent of their physical care. CONCLUSION: The DT is an acceptable and useful tool for enhancing the delivery of structured psycho-oncology care. It may also provide evidence to support the effectiveness of specialist psycho-oncology interventions. Copyright 2014 Elsevier Inc. All rights reserved.

Journal Article

John F Morgan

Dec-14

Confirmatory Factor Analysis of Two Eating Disorder Questionnaires for Carers.


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 (EDSIG) and Accommodation and Enabling Scale for Eating Disorders (AESED) are self-report scales to assess elements of caring 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 AESED 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.

Journal Article
Background: The link between club drug use and high-risk sexual behaviour/STIs in MSM is well documented. The Rationale, aims and objectives: To find consensus, or lack thereof, on the impact of reducing alcohol consumption on rates of drug use were compared with age, sex, sexual behaviour and STI rates. Results: An internal analysis of this ongoing study includes 514 respondents. Mean age was 28y: 51% respondents were male; 21% MSM. 5% respondents were HIV+. 4% reported injecting drug use - 79% of which was steroid use. 41% homosexuals reported anal sex (AI). 5% respondents had paid for sex. There was high club drug (cocaine, methedrone, ecstasy, GBL, ketamine) use by all; 41% had ever used a club drug, but of these only 28% had used in the past month. There was no difference in drug use by age (<25 v >25 years), and sexuality except for GBL where use was significantly higher in MSM (OR 2.79; p = 0.04) and bisexuals (OR 4.12; p = 0.03) compared to heterosexuals. Heterosexuals reporting club drug use were more likely to have AQ (OR 3.02; p = 0.001). 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 homosexuals (67%, 81%, 77%) than MSM (33%, 14%, 15% respectively). The rate of STIs was higher in club drug users compared to MSM (OR 28.8; p = 0.01), OR 1.5; p = 0.03) and heterosexuals (OR 2.79; p = 0.04). There was no evidence to link these differences. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Objective: 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 the same period. At discharge, participants were categorized into completers (n = 36) or 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 = .002) 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. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Objective: To evaluate whether guided self-help for bulimia nervosa is a promising first-line treatment for bulimia nervosa, with further improvements when considering the impact of reducing alcohol consumption. Conclusions: The highest impact of treatment for alcohol and drug use. Rates of drug use were compared with age, sex, sexual behaviour and STI rates. Results: An internal analysis of this ongoing study includes 514 respondents. Mean age was 28y: 51% respondents were male; 21% MSM. 5% respondents were HIV+. 4% reported injecting drug use - 79% of which was steroid use. 41% homosexuals reported anal sex (AI). 5% respondents had paid for sex. There was high club drug (cocaine, methedrone, ecstasy, GBL, ketamine) use by all; 41% had ever used a club drug, but of these only 28% had used in the past month. There was no difference in drug use by age (<25 v >25 years), and sexuality except for GBL where use was significantly higher in MSM (OR 2.79; p = 0.04) and bisexuals (OR 4.12; p = 0.03) compared to heterosexuals. Heterosexuals reporting club drug use were more likely to have AQ (OR 3.02; p = 0.001). 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 homosexuals (67%, 81%, 77%) than MSM (33%, 14%, 15% respectively). The rate of STIs was higher in club drug users compared to MSM (OR 28.8; p = 0.01), OR 1.5; p = 0.03) and heterosexuals (OR 2.79; p = 0.04). There was no evidence to link these differences. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Methods: Ninety participants with anorexia completed questionnaires at admission and four weeks into hospitalized treatment. Weight data was collected over the same period. At discharge, participants were categorized into completers (n = 36) or 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 = .002) 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. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
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<tr>
<td>Attitudes of healthcare professionals in a general hospital to patients with substance misuse disorders</td>
<td>Jose L Ivorra, Available from National</td>
<td>Dec-14</td>
<td>Journal of Substance Use, February 2014, vol.is. 201/56-60, 1465-1469</td>
<td>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 (AAPPQ). 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.</td>
<td>Available from Taylor and Francis Online, <a href="http://www.tandfonline.com">www.tandfonline.com</a></td>
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<td>The impact of case formulation focused consultation on criminal justice staff and their attitudes to work with personality disorder.</td>
<td>Jo Ramsden, Mark Lowton and Emma Joyes.</td>
<td>Dec-14</td>
<td>Mental Health Review Journal, 2014, vol.is. 192/234-130, 1361-1362</td>
<td>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. Originality/value - The study indicates that the structured format used by the PDS is of value and may be applied to the support offered to Probation Trusts across Yorkshire/Humber as they implement the community specification of the national Personality Disorder Offender Pathway. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</td>
<td>Journal of Peer Reviewed Journal, <a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a></td>
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<td>Weighted blankets and sleep in autistic children - A randomized controlled trial.</td>
<td>Barry Wright, Dido Green, Barry Wright, Carla Rush, Masako Sparrowhawk, Karen Pratt, Victoria Allgar, Naomi Hooke, Danielle Moore, ZoeSawalha and Steven Wright.</td>
<td>Dec-14</td>
<td>Pediatrics, August 2014, vol.is. 134/2(289-306), 4005-1098-4275</td>
<td>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</td>
<td>Journal Article, EMBASE, Available from American Academy of Pediatrics news, and journals, <a href="http://psycINFO.appublications.org">psycINFO appublications.or g</a></td>
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<td>Identification of a susceptibility locus in a consanguineous family with multiple schizophrenia-aﬀected members.</td>
<td>Tariq Mahmood, Jose L Horra, Mani Ali, Clare Logan, Tariq Mahmood, Shabana Khan, Mastari G Cardno, Colin Johnson, Chris F Inglehearn and Steven Clapcote.</td>
<td>Dec-14</td>
<td>Schizophrenia Research, April 2014, vol.is. 153(2325-326), 0920-9946</td>
<td>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.</td>
<td>Journal Article, MEDLINE, 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>Systematic computerised cardiovascualr health screening for people with severe mental illness.</td>
<td>V Yomans, R Dals and K Beedle.</td>
<td>Dec-14</td>
<td>The Psychiatric, Bulletin, December 2014, vol.is. 38/6(269-4), 2053-4686/2053-4686</td>
<td>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.</td>
<td>Journal Article, MEDLINE, 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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Aims and method: To investigate the use of additional conditions attached to community treatment orders (CTOs) and whether they influence the process of recall to hospital. We conducted a retrospective descriptive survey of the records and associated paperwork of all the CTOs started in the trust in the year from January 2010. Each CTO was followed up for 12 months. Results: A total of 65 CTOs were included in the study; 25 patients were recalled during the study and all but one of these had their CTO revoked and remained in hospital. Each patient whose CTO was revoked had experienced a relapse in their condition. Many patients had not complied with CTO conditions prior to relapsing and could potentially have been recalled earlier. Clinical implications: Our findings suggest that the breaching of additional CTO conditions does not tend to result in a patient's recall to hospital. This has implications regarding how the workings of CTOs are explained to patients and regarding the utility of additional conditions more generally.
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<th>Name</th>
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<td>Michelle Collinson, Paul Blinkon, Kayleigh Burton, Liz Graham, Simon Hatcher, Allan House, Katie Martin, Louise Pembroke, David Protheroe, Sandy Tubeuf and Amanda Farrin</td>
<td>MIDSHIPS: Multicentre intervention designed for self-harm using interpersonal problem-solving: Protocol for a randomised controlled feasibility study</td>
<td>Dec-14</td>
<td>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 clinical outcomes.</td>
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<td>Vanessa Huke, Jeremy Turk, Saeideh Saedidi, Andrew Kent and John F Morgan</td>
<td>The Clinical Implications of High Levels of Autism Spectrum Disorder Features in Anorexia Nervosa: A Pilot Study</td>
<td>Dec-13</td>
<td>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.</td>
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<td>Hannah Jones, Clive Adams, Andrew Clifton, Patrick Callaghan, Peter Liddle, Heather Buchanan and Vishal Aggarwal</td>
<td>A pragmatic cluster randomised controlled trial of an oral health intervention for people with serious mental illness (three shores early intervention dental trial)</td>
<td>Dec-13</td>
<td>People with mental illness have poor oral health compared to those without due to medication side effects, issues with self-care, barriers to treatment and poor recognition of dental problems. Guidelines recommend giving oral health advice and monitoring oral health for people with mental illness, but this is not reflected in current practice and Cochrane reviews found no existing randomised trials of these interventions. The aim is to investigate whether a dental checklist, preceded by dental awareness training for Care Co-ordinators in Early Intervention in Psychosis (EIP) teams, affects oral health and behaviour of people with serious mental illness. The intervention (dental checklist) was adapted from guidelines with clinicians and service users. The checklist comprises questions regarding current oral health state and practice, and general mental state. EIP teams were randomly allocated to either the intervention or to continue with standard care for 12 months. Both arms of the trial were balanced for team size and location. Intervention team Care Co-ordinators received 30 minutes of dental awareness training before initial use of the checklist with their service users. Twelve months later the checklist is repeated. Control group Care Co-ordinators continue to deliver standard care for 12 months before receiving dental awareness training and using the checklist with service users. This collaborative study design is unique. The simple intervention and method shows how a bottom-up design may work. These trials are potentially powerful and can produce interventions that, if effective, could be widely implemented with little time and cost implications.</td>
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Pat Bracken

Comments on an article by Udi E. Ghitza et al. (see record 2012-35058-002). Ghitza et al. set out to generate debate on Psychiatry beyond the Service user

Mahbub Khan

Available from BJPsych

Purpose: Psychological therapies are increasingly being made available to adults with intellectual disabilities. However, not discounting the importance of the brain sciences and psychopharmacology, we argue that psychiatry needs to move beyond the dominance of the current, technological paradigm. This would be more in keeping with the evidence about how positive outcomes are achieved and could also serve to foster more meaningful collaboration with the growing service-user movement. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

David Yeomans

Duncan Raistrick

Advances

Available from Wiley online library

Dec-13

Too many rating scales: Not enough validation.

Duncan Raistrick

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 73.4 percent and 15.2 percent of people respectively. People referred for their first episode of treatment was calculated.

Mahbub Khan

Nigel Beal

Dec-13

Service user satisfaction with individual psychotherapy for people with intellectual disabilities.


English

Purpose

Psychological therapies are increasingly being made available to adults with intellectual disabilities. However, little is known about service user satisfaction with this type of intervention. The aim was to ascertain quantitative and qualitative data on user satisfaction with the psychological therapy they had received. Design/methodology/approach: In total, 20 recipients of psychological therapy completed the Satisfaction with Therapy and Therapist Scale-Revised (STTS-R; Oei and Shuttleworth, 1999) and the Experience of Service Questionnaire (Commission for Health Improvement, 2002). The scales were adapted for language and administered in an assisted completion format by an independent researcher after a course of psychological therapy had been completed. Descriptive statistics were used to analyse the quantitative data and thematic analysis was used to analyse the qualitative data. Findings: Generally, recipients were highly satisfied with their therapist and the therapy they received. Originality/value: The results confirm previous findings from two small-scale qualitative studies. Service user satisfaction is a key quality outcome measure and can be collated in routine practice for people with intellectual disabilities. The collation of qualitative responses in addition to quantitative measures is important to enable the expression of dissatisfaction and greater detail in order to inform service improvement. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)
Eating disorders encompass physical, psychological and social pathologies that increase health risk. Anorexia nervosa has the highest mortality of any psychiatric disorder, but patients are not always managed by specialist eating disorders services and the duty of care sometimes falls to the general psychiatrist. This article is an aide-memoire for assessing and managing physical risk in patients with anorexia nervosa.

Eating disorders cause significant psychiatric morbidity and the adverse physical consequences of dieting, weight loss and purging sometimes prove fatal. Mortality rates in patients with eating disorders are high (Arcelus 2011), with anorexia nervosa having a higher standardised mortality ratio (5.86) than that of schizophrenia, bipolar affective disorder and unipolar depression. That study also found that 1 in 5 deaths in anorexia nervosa were the result of suicide. Although many patients with anorexia nervosa are treated exclusively by a specialist eating disorders team, not all patients can be managed by these services. Indeed, in a disorder that can persist for decades, some of the longer-term outcomes are 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. Preclinical data shows that co-administration of corticosteroids leads to a reduction in the ability of selective serotonin reuptake inhibitors to increase forebrain 5-hydroxytryptamine, while co-administration of antiglucocorticoids has the opposite effect. A Cochrane review suggests that antiglucocorticoid augmentation of antidepressants may be effective in treating TRD and includes a pilot study of the cortisone synthesis inhibitor, metyrapone. The Antiglucocorticoid augmentation of anti-Depressants in Depression (The ADD Study) is a multicentre randomised placebo controlled trial of metyrapone augmentation of serotonergic antidepressants in a large population of patients with TRD in the UK National Health Service. Methods/design: Patients with moderate to severe treatment refractory Major Depression aged 18 to 65 will be randomised to metyrapone 500 mg twice daily or placebo for three weeks, in addition to on-going conventional serotonergic antidepressants. The primary outcome will be improvement in Montgomery-Asberg Depression Rating Scale score five weeks after randomisation (i.e. two weeks after trial medication discontinuation). Secondary outcomes will include the degree of persistence of treatment effect for up to 6 months, improvements in quality of life and also safety and tolerability of metyrapone. The ADD Study will also include a range of sub-studies investigating the potential mechanism of action of metyrapone. Discussion: Strengths of the ADD study include broad inclusion criteria meaning that the sample will be representative of patients with TRD treated within the UK National Health Service, longer follow up, which to our knowledge is longer than any previous study of antiglucocorticoid treatments in depression, and the range of mechanistic investigations being carried out. The data set acquired will be a rich resource for a range of research questions relating to both refractory depression and the use of antiglucocorticoid treatments.
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<tr>
<th>Author</th>
<th>Title</th>
<th>Journal, Peer Reviewed</th>
<th>English</th>
<th>Date</th>
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<td>John F Morgan</td>
<td>Does the emphasis on risk in psychiatry serve the interests of patients or the public?</td>
<td>BMJ, 2013, vol./is. 346/[i902], 0959-535X:1756-1833 (2013)</td>
<td>Yes</td>
<td>Dec-13</td>
<td>10.1136/bmj.f857</td>
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<td>Conor Davidson</td>
<td>Too many psychiatric beds have been lost.</td>
<td>BMJ, 2013, vol./is. 347/[f5596], 0959-535X:1756-1833 (2013)</td>
<td>Yes</td>
<td>Dec-13</td>
<td>10.1136/bmj.f5596</td>
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**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.
Aims: To provide a general hospital training programme that enhances the likelihood of identifying and approaching eating disorders. Implementing training programmes and making information readily available could contribute to addressing these issues.

Purpose – 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 arise in co-producing an aftercare programme which is largely service user led and adds to the local recovery capital. The benefits of co-producing aftercare outweigh the difficulties and the programme can be set up within existing resources. Given the study’s focus on the process of setting up and maintaining an aftercare programme, no attempt was made to evaluate the improvement in outcomes or cost-effectiveness. Originality/value – Many peer-mentor-led aftercare programmes have been set up and this paper describes stakeholders’ thoughts about the challenges and benefits of co-producing an aftercare programme.

Objectives: This study aims to investigate treatment drop-out, and the associated roles of motivation, alliance, and patient-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 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 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 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 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 problems upon which interventions and referrals to specialist addiction in-reach nurses would impact.

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

European Eating Disorders Review. September 2013, vol./is. 21/5(345-351), 1072 4133;1099-0968 (Sep 2013)

Objective: Empirical research addressing cognitive processing deficits in eating disorders has noted an overlap with 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)

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.

HeLEN Crosby and Gillian Tober

Assessing the clinical effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care


Background: There is clear evidence of the detrimental impact of hazardous alcohol consumption on the physical and mental health of the population. Estimates suggest that hazardous alcohol consumption annually accounts for 150,000 hospital admissions and between 15,000 and 22,000 deaths in the UK. In the older population, hazardous alcohol consumption is associated with a wide range of physical, psychological and social problems. There is evidence of an association between increased alcohol consumption and increased risk of coronary heart disease, hypertension and haemorrhagic and ischaemic stroke, increased rates of alcohol-related liver disease and increased risk of a range of cancers. Alcohol is identified as one of the three main risk factors for falls. Excessive alcohol consumption in older age can also contribute to the onset of dementia and other age-related cognitive deficits and is implicated in one-third of all suicides in the older population. Objective: To compare the clinical effectiveness and cost-effectiveness of a stepped care intervention against a minimal intervention in the treatment of older hazardous alcohol users in primary care. Design: A multicentre, pragmatic, two-armed randomised controlled trial with an economic evaluation. Setting: General practices in primary care in England and Scotland between April 2008 and October 2010. Participants: Adults aged > 55 years scoring > 8 on the Alcohol Use Disorders Identification Test (10-item) (AUDIT) were eligible. In total, 529 patients were randomised in the study. Interventions: The minimal intervention group received a 5-minute brief advice intervention with the practice or research nurse involving feedback of the screening results and discussion regarding the health consequences of continued hazardous alcohol consumption. Those in the stepped care arm initially received a 20-minute session of behavioural change counselling, with referral to step 2 (motivational enhancement therapy) and step 3 (local specialist alcohol services) if indicated. Sessions were recorded and rated to ensure treatment fidelity. Main outcome measures: The primary outcome was average drinks per day (ADD) derived from extended AUDIT. Consumption (3-item) (AUDIT-C) at 12 months. Secondary outcomes were AUDIT-C score at 6 and 12 months; alcohol-related problems assessed using the Drinking Problems Index (DPI) at 6 and 12 months; health-related quality of life assessed using the Short Form Questionnaire-12 items (SF-12) at 6 and 12 months; ADD at 6 months; quality-adjusted life-years (QALYs) (for cost utility analysis derived from European Quality of Life-5 Dimensions); and health and social care resource use associated with the two groups. Results: Both groups reduced alcohol consumption between baseline and 12 months. The difference between groups in log-transformed ADD at 12 months was very small, at 0.025 drinks per day (95% confidence interval (CI)-0.060 to 0.119), and not statistically significant. At month 6 the stepped care group had a 0.025 reduction in drinks per day (0.000 to 0.050), and an estimated incremental cost per QALY gained of £675 per QALY gained.
| Last updated: February 2022 Next revised date: August 2022 |

|**John F Morgan**|**Elizabeth Edginton**|**Dec-13**|**Empirical examination of the interpersonal maintenance model of anorexia nervosa.**|**International Journal of Eating Disorders, December 2013, vol./is. 46/8(867-874), 0276-3478:1098-108X (Dec 2013)**|**English**|**Objective:** A cognitive interpersonal maintenance model of anorexia nervosa (AN) was first proposed in 2006 and updated in 2013 (Schmidt and Midgley, 2012) to focus on the interpersonal component of this model in people with AN requiring intensive hospital treatment (inpatient/daypatient). Method: On admission to hospital, patients are assessed for eating disorder not otherwise specified (ED-NOS; n = 172; P) and their primary carers (n = 152; C). Completed questionnaires on eating symptoms (P), depression and anxiety (P, C), accommodation and enabling (C), and psychological control (C). Structural equation modeling was used to examine relationships between these components. Results: Carers’ expressed emotion and level of psychological control were significantly related to carers’ distress, which in turn, was related to patients’ distress. This pathway is significantly predicted eating symptoms in patients. Discussion: The cognitive interpersonal maintenance model of eating disorders (EDs) was confirmed in part and suggests that interventions targeting interpersonal maintaining factors such as carer distress might impact on patient outcomes. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract) |

|**John F Morgan**|**Simone Raenker, Rebecca Hibbs, Elizabeth Goddard, Ulrike Naumann, Jane Aron, Agnes Aylon, Nicky Boughton, Sarah Bamford, Nicky Boughton, Elizabeth Edginton, Samantha Ayton, Nicky Boughton, Agnes Naumann, Jon Raenker, Ulrike Raenker, Laura Schmidt, Agnes Naumann, Jon Raenker, Ulrike Raenker, Laura Schmidt, Agnes Naumann, Jon Raenker, Ulrike Raenker, Laura Schmidt.**|**Dec-13**|**Caregiving and coping in carers of people with anorexia nervosa admitted for intensive hospital care.**|**International Journal of Eating Disorders, May 2013, vol./is. 46(4):346-354, 0276-3478:1098-108X (May 2013)**|**English**|**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 = 29) from a consecutive series of patients (n = 178) 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 somewhat more social 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 partners who are more isolated than parents. The data also suggest that time spent with caregiving may be of particular value for partners who are more isolated than parents. The data also suggest that time spent with caregiving might impact on patient outcomes. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract) |

|**Elizabeth Edginton**|**Graham Paley**|**Dec-13**|**Between the woods and the frozen lake: a child psychotherapist’s experiences of developing a grant application for an English**|**Journal of Child Psychotherapy, Volume 39, Issue 3, DOI:10.1080/0070748X.2013.846572**|**English**|**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, Charlotte Poyser and Nicola Guthrie**|**Graham Paley, Amy Danes, Keely Edwards, Catherine Reid, Miriam Pearson.**|**Dec-13**|**Training care staff in intensive interactions.**|**Learning Disability Practice, 01 April 2013, vol./is. 16(10-19), 14658712**|**English**|**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**|**Graham Paley, Amy Danes, Keely Edwards, Catherine Reid, Miriam Pearson.**|**Dec-13**|**Organising an inpatient psychotherapy group.**|**Mental Health Practice, 01 May 2013, vol./is. 16(7/10-15), 14658720**|**English**|**Psychotherapy groups can be highly effective on acute inpatient wards to benefit clients and contribute to staff development. A communication group has been running for three and a half years in Leeds and is now part of the weekly routine on the ward. Full support of the ward team and management, and protected time have ensured success and reduced workload pressures.** |

<p>|<strong>Saeideh Saeddie and John F Morgan</strong>|<strong>Saeideh Saeddie, G Field sender and John F Morgan.</strong>|<strong>Dec-13</strong>|<strong>Managing eating disorders in the community.</strong>|<strong>Nursing Times, August 2013, vol./is. 109(33-34):12-14, 0954-1776 (21 Aug 2013)</strong>|<strong>English</strong>|<strong>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.</strong> |</p>
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<th>Name</th>
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<tr>
<td>Victoria Betton and Victoria Tomlinson</td>
<td>Benefits of social media for nurses and service users.</td>
<td>Nursing Times</td>
<td>Taylor and CINAHL</td>
<td>190</td>
</tr>
<tr>
<td>Saeideh Saeidi, Mark Johnson and Pinki Sahota</td>
<td>The management of obesity in primary care: a pilot study.</td>
<td>Practice Nursing, Peer Reviewed</td>
<td>ResearchGate</td>
<td>190</td>
</tr>
<tr>
<td>Barry Wright, Ben Alderson-Day, Gareth Prendergast, Juliette Kennedy, Sophie Bennett, Mary Docherty, Claire Whitton, Laura Manes, Andre Gouws, Heather Tomlinson and Gary Green</td>
<td>Neural correlation of successful cognitive behaviour therapy for spider phobia: A magnetoencephalography study.</td>
<td>Psychiatry Research: Neuroimaging, Peer Reviewed</td>
<td>Science Direct</td>
<td>190</td>
</tr>
<tr>
<td>James Johnston and Graham Paley</td>
<td>Mirror mirror on the ward: Who is the unluckiest of them all? Reflections on reflective practice groups in acute psychiatric settings.</td>
<td>Psychoanalytic Psychotherapy, Peer Reviewed</td>
<td>PsycINFO</td>
<td>190</td>
</tr>
<tr>
<td>Sandip Deshpandem, Sandra Coburn and Peter Trigwell</td>
<td>The Leeds Psychosocial Medicine Service: Evaluation of an NHS service for sexual dysfunction.</td>
<td>Sexual and Relationship Therapy, Peer Reviewed</td>
<td>PsycINFO</td>
<td>190</td>
</tr>
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Saeideh Saeidi
Obesity is recognized as a global public health issue, with prevalence in the UK increasing sharply during the 1990s and early 2000s. The National Institute for Health and Care Excellence (2006) recommends that 'managers and health professionals in all primary care settings should ensure that preventing and managing obesity is a priority, at both strategic and delivery levels'. The aim of this study was to develop and evaluate a facilitated self-help weight-management intervention for obese adults attending general practice.

Barry Wright
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.

James Johnston and Graham Paley
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 interface between clinicians and management. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Sandip Deshpandem
Sexual problems are common and patients seek treatment from various clinicians. Specialist psychosocial 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 Psychosocial Medicine Service. Of patients referred, 65% were males and the majority of patients were in the age range of 18-40 years. Of referrals, 70% were from primary care physicians, with complaints of a broad range of sexual problems. Around half of the referred patients failed to attend either their first or subsequent appointments. A third of the total referrals completed all planned sessions of their treatment. Of these, 70% showed major improvement and only a small proportion (6.5%) either showed no change or worsening of their problems. Our data suggests that brief therapy lasting four to eight sessions is beneficial in most patients. This evaluation is timely as there are financial constraints on the NHS currently and with improved service delivery models, which aim to minimise patient non-attendance, brief interventions can be effective. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Last updated: February 2022 Next revised date: August 2022
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<tr>
<td>Hilary Lewis</td>
<td>Available from Cambridge Core</td>
<td>Dec-13</td>
<td>An exploratory study of primary-care therapists' perceived competence in providing cognitive behavioural therapy to people with medically unexplained symptoms.</td>
<td>Journal, Peer Reviewed or PsycINFO Available from Cambridge Core</td>
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<td>Kate Webb, Hubert John Lacey and John F Morgan</td>
<td>Available from BioMed Central</td>
<td>Dec-12</td>
<td>Male eating disorders. A collaborative approach to eating disorders.</td>
<td>Journal, Peer Reviewed or PsycINFO Available from</td>
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<tr>
<td>John F Morgan</td>
<td>Available from Palgrave Macmillan</td>
<td>Dec-12</td>
<td>Physical consequences of Eating Disorders.</td>
<td>Journal, Peer Reviewed or PsycINFO Available from Palgrave Macmillan</td>
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<td>John F Morgan</td>
<td>Available from EMBASE</td>
<td>Dec-12</td>
<td>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 sector and produce substantial individual health and social benefits. Alcohol misuse is associated with other lifestyle problems, which are amenable to intervention. It has been suggested that the development of a healthy or balanced lifestyle is potentially beneficial for reducing or abstaining from alcohol use, and relapse prevention. The aim of the study is to test whether or not the offer of a choice of health-related lifestyle interventions is more acceptable, and therefore able to engage more problem drinkers in treatment, than an alcohol-focused intervention. This is a pragmatic, randomized, controlled, open pilot study in a UK general hospital setting with concurrent economic evaluation and a qualitative component. Potential participants are those admitted to hospital with a diagnosis likely to be responsive to addiction interventions who score equal to or more than 16 on the Alcohol Use Disorders Identification Test (AUDIT). The main purpose of this pilot study is to evaluate the acceptability of two sorts of interventions: healthy living related versus alcohol focused to the participants and to assess their potential impact on different health outcomes.</td>
<td>Journal Article or EMBASE Available from Biomed Central</td>
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Alastair G Cardno, A twin study of autism in deaf children. It is reported that autism is more common in deaf children. It is also now well established that theory of mind delays are associated with autistic spectrum disorders. In a twin study of 224 probandwise twin pairs (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 associated with relatively high risk of a psychotic syndrome occurring in their co-twins. The classification of broad schizophrenic and manic syndromes without separate schizoaffective syndromes showed improved inter-rater reliability, but high genetic and environmental correlations between the two broad syndromes. The results are consistent with regarding schizoaffective-mania as due to co-occurring elevated liability to schizophrenia, mania, and depression; and schizoaffective-depression as due to co-occurring elevated liability to schizophrenia and depression, but with less elevation of liability to mania. If in due course schizoaffective syndromes show satisfactory inter-rater reliability and some specific etiological factors they could alternatively be regarded as partly independent disorders.

Mahesh Jayaram, Jasvinder Singh, Kamalpreet Kour, and Mahesh Jayaram. Acetylcholinesterase inhibitors for schizophrenia. Cochrane Database of Systematic Reviews, 1, Art. No.: CD007967, DOI:10.1002/14651858.CD007967.pub2. 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 placebo or active treatments.

John F Morgan. Weight and Eating-Related Issues in Liaison Psychiatry. GUTHRIE, E. et al. (eds.) Seminars in Liaison Psychiatry, Royal College of Psychiatrists, 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 associated with relatively high risk of a psychotic syndrome occurring in their co-twins. The classification of broad schizophrenic and manic syndromes without separate schizoaffective syndromes showed improved inter-rater reliability, but high genetic and environmental correlations between the two broad syndromes. The results are consistent with regarding schizoaffective-mania as due to co-occurring elevated liability to schizophrenia, mania, and depression; and schizoaffective-depression as due to co-occurring elevated liability to schizophrenia and depression, but with less elevation of liability to mania. If in due course schizoaffective syndromes show satisfactory inter-rater reliability and some specific etiological factors they could alternatively be regarded as partly independent disorders.

Barry Wright. Research Priorities in Deaf Child Mental Health. International Journal on Mental Health and Deafness, 2(1), 1-3. Deafness is a low incidence condition in children in many countries, but its implications for linguistic, cognitive and socio-emotional development are far reaching. In affluent countries such as the UK, approximately 1 child in every 1000 is born with a permanent degree of deafness, rising to 2 per 1000 by 9-16 years of age. However, up to a quarter of the world’s population have hearing loss, with deafness being much more common in low income countries. In at least a third of cases this is associated with many additional neurological, physical and mental health problems.

Barry Wright and P Oakes. Does socio-emotional developmental delay masquerade as autism in some deaf children? International Journal on Mental Health and Deafness, 1(1), 45-51. It is reported that autism is more common in deaf children. It is also now well established that theory of mind delays are common in deaf children particularly where there is linguistic and communicative poverty in infancy. This paper discusses the literature in these areas and proposes that socio-emotional developmental delay is distinct from autism in deaf children with different presentation, aetiology and prognosis. Careful assessment and follow-up are essential to distinguish between autism and socio-emotional developmental delay in deaf children, and to lead to appropriate differential interventions.
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<th>Author(s)</th>
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<tr>
<td>Barry Wright</td>
<td>BAP updated guidelines: evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity with psychiatric disorders primarily focus on their pharmacological management. They are based explicitly on the available evidence and presented as recommendations to aid clinical decision making for practitioners alongside a detailed review of the evidence. A consensus meeting, involving experts in the treatment of these disorders, reviewed key areas and considered the strength of the evidence and clinical implications. The guidelines were drawn up after feedback from participants. The guidelines primarily cover the pharmacological management of withdrawal, short- and long-term substitution, maintenance of abstinence and prevention of complications, where appropriate, for substance abuse or harmful use or addiction as well management in pregnancy, comorbidity with psychiatric disorders and in younger and older people.</td>
<td>Journal of Psychopharmacology, 26, 7: 899-952</td>
<td>English</td>
<td>Dec-12</td>
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<td>Barry Wright, Ben Alderson-Day, Gareth Prendergast, Sophie Bennett, Jo Jordan, Clare Whitton, Andre Gouws, Nick Jones, Ram Attur, Heather Tomlinson and Gary Green.</td>
<td>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 (&gt;=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 are 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)</td>
<td>Journal of Psychopharmacology, 26, 7: 899-952</td>
<td>English</td>
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<td>Mahesh Jayaram and Ranganath D Ratneshalli and Clive E Adams</td>
<td>Where Does MEDLINE Seminars in Liaison Psychiatry provide an up-to-date review of this important psychiatric specialty. Packed with practical Effective engagement Sexual Dysfunction. A series of editorials in this Journal have argued that psychiatry is in the midst of a crisis. The various solutions Psychiatry beyond the Advent of “atypical” antipsychotics has spawned new trials in the recent years and the number of such trial reports has been increasing exponentially. As clinicians we have been led to believe that “atypicals” are better than “typicals” despite the odd dissenting voice in academic and clinical circles. This has been largely ignored until the publication of two landmark, independent, pragmatic trials, Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) and Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia Study (CULASS), which proved that thoughtfully chosen “typical” antipsychotics were as good as the newer “atypicals.” We pooled “leaving the study early” data from Cochrane Reviews that existed before CATIE and CULASS and added data from CATIE and CULASS to the pool for a “before and after” comparison. Addition of CATIE and CULASS data only led to narrowing of the already existing confidence intervals, merely increasing precision, and decreasing the risk of Type II error. Perhaps surprisingly, CATIE and</td>
<td>Dec-12</td>
<td>BJPsych</td>
<td>This article reviews research on the effects of intensive interaction (II) on the conduct, health and wellbeing of people with learning disabilities who exhibit severe challenging behaviour, and on the wellbeing of their carers. The authors conclude that II can benefit clients, carers and staff, but that research is required to encourage developments in policy and practice, and that additional staff training is needed to ensure II techniques succeed.</td>
<td>Peer review</td>
<td>RCNi</td>
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<td>Peter Trigwell</td>
<td>Sexual Dysfunction.</td>
<td>Dec-12</td>
<td>Journal Article</td>
<td>Seminars in Liaison Psychiatry provide an up-to-date review of this important psychiatric specialty. Packed with practical Effective engagement Sexual Dysfunction. A series of editorials in this Journal have argued that psychiatry is in the midst of a crisis. The various solutions Psychiatry beyond the Advent of “atypical” antipsychotics has spawned new trials in the recent years and the number of such trial reports has been increasing exponentially. As clinicians we have been led to believe that “atypicals” are better than “typicals” despite the odd dissenting voice in academic and clinical circles. This has been largely ignored until the publication of two landmark, independent, pragmatic trials, Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) and Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia Study (CULASS), which proved that thoughtfully chosen “typical” antipsychotics were as good as the newer “atypicals.” We pooled “leaving the study early” data from Cochrane Reviews that existed before CATIE and CULASS and added data from CATIE and CULASS to the pool for a “before and after” comparison. Addition of CATIE and CULASS data only led to narrowing of the already existing confidence intervals, merely increasing precision, and decreasing the risk of Type II error. Perhaps surprisingly, CATIE and</td>
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<td>David Yeomans</td>
<td>Psychiatry beyond the current paradigm.</td>
<td>Dec-12</td>
<td>Peer review</td>
<td>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'. Although not discounting the importance of the brain sciences and psychopharmacology, we argue that psychiatry needs to move beyond the dominance of the current, technological paradigm. This would be more in keeping with the evidence about how positive outcomes are achieved and could also serve to foster more meaningful collaboration with the growing service user movement. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)</td>
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<td>Vishal Sharma and Graham Firth</td>
<td>Effective engagement through intensive interaction.</td>
<td>Nov-12</td>
<td>Journal Article</td>
<td>Learning Disability Practice, 01 November 2012, Volume 15, Number 9</td>
<td>This article reviews research on the effects of intensive interaction (II) on the conduct, health and wellbeing of people with learning disabilities who exhibit severe challenging behaviour, and on the wellbeing of their carers. The authors conclude that II can benefit clients, carers and staff, but that research is required to encourage developments in policy and practice, and that additional staff training is needed to ensure II techniques succeed.</td>
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<tr>
<td>Stephen Wright</td>
<td>A national deaf child and adolescent mental health service (CAMHS) was launched in England in October 2009. This new service was commissioned by the National Commissioning Group and 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 child 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.</td>
<td>Oct-12</td>
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<td>Susan Michie, Craig Whittington, Zainab Hamsudi, Feri Zarnani, Gillian Tober and Stephen West</td>
<td>Identification of behaviour change techniques to reduce excessive alcohol consumption.</td>
<td>Aug-12</td>
<td></td>
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<td>Addiction, August 2012, vol./is. 107/8 (1431-1440), 0965-2140/1360-0443</td>
<td>English</td>
<td>Available from PsycINFO (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)</td>
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<td>Rebecca West</td>
<td>A team approach to promoting recovery in assertive outreach.</td>
<td>Jun-12</td>
<td></td>
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<td>Mental Health Practice, 01 June 2012, vol./is. 15/9(20-24), 14658720</td>
<td>English</td>
<td>Available from PsycINFO (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)</td>
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<td>Barry Wright</td>
<td>Pervasive refusal syndrome.</td>
<td>Apr-12</td>
<td></td>
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<td>Clinical Child Psychology and Psychiatry, April 2012, vol./is. 17/2 (221-228), 1359-1045/1461-7021 (Apr 2012)</td>
<td>English</td>
<td>Available from PsycINFO (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)</td>
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<td>Vikram Luthra, Duncan Raistrick and Rashmi Yadav</td>
<td>Audit of alcohol detoxification at Leeds Addiction Unit.</td>
<td>Drugs and Alcohol Today, vol./is. 12/1 (45-50), 17459265</td>
<td>Apr-12</td>
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<td>Barry Wright</td>
<td>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 re-audit. Improved follow-up protocol, regular advice and monitoring led to these improvements. Conclusion – The key messages are that the standard was improved and that audit can, through monitoring, improve people's treatment.</td>
<td>Journal Article <a href="www.emeraldinsight.com">CINAHL</a></td>
<td>May-12</td>
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<td>David Yeomans</td>
<td>Background: Urinary mercury concentrations are used in research exploring mercury exposure. Some theorists have proposed that autism is caused by mercury toxicity. We set out to test whether mercury concentrations in the urine of children with autism were significantly increased or decreased compared to controls or siblings. Methods: Blinded cohort analyses were carried out on the urine of 56 children with autism spectrum disorders (ASD) compared to their siblings (n = 42) and a control sample of children without ASD in mainstream (n = 121) and special schools (n = 34). Results: There were no statistically significant differences in creatinine levels, in uncorrected urinary mercury levels or in levels of mercury corrected for creatinine, whether or not the analysis is controlled for age, gender and amalgam fillings. Conclusions: This study lends no support for the hypothesis of differences in urinary mercury excretion in children with autism compared to other groups. Some of the results, however, do suggest further research in the area may be warranted to replicate this in a larger group and with clear measurement of potential confounding factors.</td>
<td>Journal, Peer Reviewed/ Journal, (PsychINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</td>
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<td>Paul Blendiron</td>
<td>The emperor’s NICE new clothes</td>
<td>BMJ: British Medical Journal (Overseas and Retired Doctors Edition), 14 January 2012, vol./is. 344/7839(27-27), 09598146</td>
<td>Jan-12</td>
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<td>Paul Blendiron</td>
<td>Comments on an article by Macnald and 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 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 change profoundly if the purpose is to derive personal satisfaction from individual performance rather than to allocate pots of money to trusts or individuals based on published audit standards.</td>
<td>Journal, Peer Reviewed/ Journal, EMBASE (journal, abstract)</td>
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<td>Barry Wright</td>
<td>New clothes</td>
<td>Payment by results [2]</td>
<td>Feb-12</td>
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<td>Paul Blendiron</td>
<td>The emperor’s NICE new clothes</td>
<td>BMJ: British Medical Journal (Overseas and Retired Doctors Edition), 14 January 2012, vol./is. 344/7839(27-27), 09598146</td>
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<td>David Yeomans</td>
<td>Background: Urinary mercury concentrations are used in research exploring mercury exposure. Some theorists have proposed that autism is caused by mercury toxicity. We set out to test whether mercury concentrations in the urine of children with autism were significantly increased or decreased compared to controls or siblings. Methods: Blinded cohort analyses were carried out on the urine of 56 children with autism spectrum disorders (ASD) compared to their siblings (n = 42) and a control sample of children without ASD in mainstream (n = 121) and special schools (n = 34). Results: There were no statistically significant differences in creatinine levels, in uncorrected urinary mercury levels or in levels of mercury corrected for creatinine, whether or not the analysis is controlled for age, gender and amalgam fillings. Conclusions: This study lends no support for the hypothesis of differences in urinary mercury excretion in children with autism compared to other groups. Some of the results, however, do suggest further research in the area may be warranted to replicate this in a larger group and with clear measurement of potential confounding factors.</td>
<td>Journal, Peer Reviewed/ Journal, (PsychINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</td>
<td>Apr-12</td>
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<td>Paul Blendiron</td>
<td>The emperor’s NICE new clothes</td>
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<td>Paul Blendiron</td>
<td>Comments on an article by Macnald and 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 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 change profoundly if the purpose is to derive personal satisfaction from individual performance rather than to allocate pots of money to trusts or individuals based on published audit standards.</td>
<td>Journal, Peer Reviewed/ Journal, EMBASE (journal, abstract)</td>
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<td>William Rhys Jones and John F Morgan</td>
<td>Jan-12</td>
<td>Eating disorders: Clinical features and the role of the general psychiatrist</td>
<td>Advances in Psychiatric Treatment, January 2012, vol./is. 18(134-43), 1355-1472:1481 (January 2012)</td>
<td>EMBASE Available from BJPsych Advances (apt.rcpsych.org)</td>
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<td>Jenny Lang and Jenny Lang</td>
<td>Dec-11</td>
<td>Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: A systematic review</td>
<td>Addictive Behaviors, 36, 1111-1119</td>
<td>Journal Article Available from Science Direct (<a href="http://www.sciencedirect.com">www.sciencedirect.com</a>)</td>
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<td>Last updated: February 2022 Next revised date: August 2022</td>
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<td>Marian Lindsay Hamshere, Peter Allan Holmans, Geraldine McCarthy, Lisa Jones, Kieran C Murphy, Robert D Sanders, Marion Y Gray, Stanley Zammit, Nigel Godfrey, Bonnie McCarthy, Lisa Geraldine, Alan Holmans, Peter Hamshere, and Alastair Cardno</td>
<td>Factor analysis of psychotic symptoms frequently results in positive, negative, and disorganized dimensions, but heritability 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 effects. We estimated heritability for psychotic symptom dimensions, taking account of these issues. Two-hundred and twenty-four probandwise twin pairs (106 monogygotic, 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 heritability and environmental components of variance in liability were made with structural equation modeling using a causal-contingent common pathway model adapted for ascertainment from a clinical register. Significant heritability was found for DSM-III-R psychotic disorder (h2 = 90%, 95%CI 68–94%) 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 heritability for the disorganized symptom dimension, and suggests that genetic loci influencing disorganization in individuals with psychoses are in some cases different from loci that influence risk of psychotic disorders themselves.</td>
<td>Dec-11</td>
<td>Available from Cardiff University Online Research (orca.cf.ac.uk).</td>
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<td>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).</td>
<td>Barry Wright and Gillian Tober, Duncan Raistrick, Gary Stegg, Gillian Tober and the United Kingdom</td>
<td>10.1007/s10807-011-0545-1</td>
<td>Journal of Substance Abuse Treatment, Prevention, and Policy</td>
<td>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 differences were found between groups in session attendance. Conclusions: The results suggest that the MET approach is more effective for increasing treatment attendance than SBNT.</td>
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<td>Telling stories and hearing voices: narrative work with voice hearers in acute care.</td>
<td>C Place, R Foxcroft and J Shaw.</td>
<td>10.1230/jpsychiatric-nursing.2011.11.3</td>
<td>Journal of Psychiatric and Mental Health Nursing</td>
<td>Mental health nurses do not always feel at ease talking in detail with voice hearers about their experiences. Using the approach of Romme and Escher, a project was developed to support staff on an acute inpatient ward to explore voice hearing with patients. Romme and Escher suggest that a person's own understanding of their voices and their meaning is the key to recovery. Working together, the nurse helps voice hearers construct a narrative that tells the story of their voices. Examples from the narratives show how they can help increase understanding of a person's voices, and how the mental health nurse in acute care can realistically offer therapeutic interventions that may help a person towards recovery.</td>
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<td>Discrepancy between inner and overt speech: Implications for post-stroke aphasia and normal speech: Implications for post-stroke aphasia and normal speech.</td>
<td>Sophie Bennett, Sharon Gieva, Sophie Bennett, Elizabeth A Warburton and Karalyn Patterson</td>
<td>10.1057/japa.2011.114</td>
<td>Aphasiology</td>
<td>Background: Patients with aphasia often complain that there is a poor correlation between the words they think (inner speech) and the words they say (overt speech). Aims: This study tried to characterise the relation between inner speech and overt speech in post-stroke aphasia. Methods and Procedures: We tested language abilities, speech apraxia, and performance on inner speech tasks, including homophone and rhyme judgements, of 27 patients with chronic post-stroke aphasia. Outcomes and Results: The patients with aphasia were distributed across the entire spectrum of language abilities, speech apraxia, and performance on inner and overt speech. Conclusions: There was a significant correlation between the words patients thought and the words they said. However, the magnitude of the correlation varied greatly across patients. This discrepancy may be due to differences in the nature of the patients' inner speech, the way the patients expressed their inner speech, or the way the patients produced their overt speech.</td>
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<td>Protecting children and supporting parents</td>
<td>Donna Kemp</td>
<td>10.10007/jpsychiatric-nursing.2010.11.3</td>
<td>Journal of Psychiatric and Mental Health Nursing</td>
<td>There has been progress in legislation and practice guidance, but high-profile cases such as Baby Peter continue to highlight the need for collaborative multisagency working; for better communication and information sharing; and for proactive, preventative strategies to support families. The indirect impacts of mental health problems on the family need to be considered, such as financial problems, poor housing and social exclusion.</td>
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<td>Melatonin versus placebo in children with autism spectrum conditions and severe sleep problems not</td>
<td>Barry Wright, David Sims, Sobhan Smart, Wyned Alwazer, Ben Alderson-Day</td>
<td>10.10007/jpsychiatric-nursing.2010.11.3</td>
<td>Journal of Autism and Developmental Disorders</td>
<td>Twenty-two children with autism spectrum disorders who had not responded to supported behavior management strategies for severe dysomnias entered a double blind, randomized, controlled crossover trial involving 3 months of placebo versus 3 months of melatonin to a maximum dose of 10 mg. 17 children completed the study. There were no significant differences between sleep variables at baseline. Melatonin significantly improved sleep latency (by an average of 47 min) and total sleep (by an average of 52 min) compared to placebo, but not number of night wakings.</td>
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<td>Lee Marklew</td>
<td>The prevalence and importance of unrecognised bipolar disorder among patients prescribed antidepressant</td>
<td>Clinical Child Psychology and Psychiatry, January 2011, vol./is. 16/1(5-20), 1359-1045/1461-7021</td>
<td>English</td>
<td>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 78 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 behaviours, with a trend towards reductions in anxiety as 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 improved parenting practices.</td>
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<td>Brian Wright</td>
<td>Review of Eating disorders: A guide to medical care and complications (2nd edn)</td>
<td>European Eating Disorders Review, January 2011, vol./is. 19/1(85-96), 1072-4133/1099-0968</td>
<td>English</td>
<td>Reviews the book, Eating disorders: A guide to medical care and complications (2nd edn) by P. S. Mehler and A. E. Andersen (see record 2010-06082-000). 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 medical 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)</td>
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<td>Tom Hughes, Federica Martin-Francis and Alice Lucker</td>
<td>The prevalence and importance of unrecognized bipolar disorder among patients prescribed antidepressant</td>
<td>National Institute for Health Research MHRN Scientific Meeting</td>
<td>English</td>
<td>Background: Depression is a common problem presenting in primary care. Research from the USA suggests that 21-26% 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?</td>
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<td>Charlotte Heaps, Emily Bowen E, Cooper N</td>
<td>A review of the clinical and legal issues surrounding refusal of treatment following overdose.</td>
<td>Acute Medicine, 2010, vol./is. 9(2-66-9), 1747-4884/1747-4892</td>
<td>English</td>
<td>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 management. We then review the relevant legislation, including the Mental Capacity Act (2005), the Mental Health Act (1983) and legal issues surrounding the treatment of young people. We discuss how this legislation may be applied in practice and then conclude with the outcome of the case, sources of further information and some key learning points.</td>
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<td>Delivering a support group for siblings of children with learning disabilities.</td>
<td>Marcella Sykes</td>
<td>Dec-10</td>
<td>Book</td>
<td>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 16-26 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%) or virtually all (95%) of the teams in the 20 centres agreed with the various key requirements stipulated in the relevant NICE guidance and NSF standards. However, many centres lacked key resources to ensure delivery.</td>
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<td>Treatment as usual: Responding to drug misuse: Research and policy priorities in health and social care,</td>
<td>Duncan Rastrick and Gillian Tobar</td>
<td>Dec-10</td>
<td>Book</td>
<td>This chapter focuses on best practices or models of drug misuse treatments. The authors state that unsurprisingly, these opinions differ widely and range from “war on drugs” rhetoric to outlandish claims for the success of specific interventions. The authors ask what might be the implications of this wide range of views for attempts to reach a consensus on best practice or even standard practice? To explore this question, the authors studied a range of drug misuse treatments offered in seven very different treatment agencies across the north of England as described in the chapter but first give some background on how policy has moved the authors towards thinking in terms of this chapter.</td>
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<td>Obesity surgery: Must be considered</td>
<td>William Rhys</td>
<td>Oct-10</td>
<td>Book</td>
<td>In their excellent article, Henshaw and Protti (2010) briefly mention the impact that a low body weight can have on menstrual functioning. However, we feel that further discussion is needed regarding the complex relationship between eating disorders and reproductive functioning. Indeed, eating disorders are common and characteristically affect young women at what would otherwise be the peak of reproductive functioning. In anorexia nervosa, poor nutrition leads to a widespread endocrine disorder involving the hypothalamic–pituitary–gonadal axis, resulting in amenorrhoea in women and forming part of the operational diagnostic criteria.</td>
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<td>The home based model of family intervention in early psychosis</td>
<td>Anjula Gupta</td>
<td>Aug-10</td>
<td>Book</td>
<td>The home based model of family intervention in early psychosis was based on the Association for Family Therapy and Systemic Practice's context, August 2010, Issue 110, pages 39-43.</td>
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**LyFT list of published studies**

*Last updated: February 2022 Next revised date: August 2022*
Gillian Tober

Aug-10


English

Comments on an article by Katie Witkiewitz et al. (see record 2010-14442-016). Witkiewitz et al. confirm three things that clinicians know: motivation matters, matching treatment styles to motivational state matters and dependence complicates things. The experienced clinician recognizes that people who are at different points in reaching a decision to change need different interventions; that discussion of behavior change interventions with people who have not made a decision to change is likely to elicit resistance, and resistance to change is likely to result in treatment non-adherence. However, in their justification for analyzing Project MATCH data differently, Witkiewitz et al. suggest three other possible reasons for the initial, counter-intuitive findings. The advantage of their approach is to demonstrate that in fact the data were there, they simply needed a different method of analysis. The advantage of their approach is to demonstrate that in fact the data were there, they simply needed a different method of analysis. The initial method of analysis might have lacked sufficient power to detect differences because of the chosen method of measuring motivation and the exclusion of people with medium levels of motivation. Experienced clinicians, having breathed a sigh of relief at the findings of Witkiewitz, are given ammunition to address the hard task of implementation of these empirically validated therapies and the respective matching criteria. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

William Rhys Jones and John F Morgan

Jun-10


English

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 is associated with homosexuality, while 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 assuming that appearance is the cause of the eating disorder. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Barry Wright

May-10


English

Objective: This article describes the three-stage development of the SCOFF, a screening tool for eating disorders. Method: Study 1 details questionnaire development and testing on cases and controls. Study 2 examines reliability of verbal versus written administration in a student population. Study 3 validates the test as a screening tool in primary care. Results: The SCOFF demonstrates good validity compared with DSM-IV diagnosis on clinical interview. In the primary care setting it had a sensitivity of 84.6% and a specificity of 89.6%, detecting all true cases of anorexia nervosa and bulimia nervosa and seven of nine cases of EDNOS. Reliability between verbal and written versions of the SCOFF was high, with a kappa statistic of 0.82. Discussion: The SCOFF, which has been adapted for use in diverse languages, provides highly effective as a screening instrument and has been widely adopted to raise the index of suspicion of an eating disorder in primary care. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

David Yoemans

Mar-10

Resolution and remission in schizophrenia: Getting well and staying well Advances in Psychiatric Treatment, March 2010, vol.is. 162(86-95), 1355-5146 (Mar 2010)

English

Remission is a new research outcome indicating long-term wellness. Remission not only sets a standard for minimal severity of symptoms and signs (resolution); it also sets a standard for how long symptoms and signs need to remain at this minimal level (6 months). Individuals who achieve remission from schizophrenia have better subjective well-being and better functional outcomes 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.
A multi-agency approach to arrest referral is described. While such schemes are now widely accepted within a range of professionals, they still lack 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 the chronic medical condition, 2009 Radcliffe Publishing.

Anorexia nervosa has the highest standardised mortality rate of any psychiatric disorder and all eating disorders cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management. The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their assessment and management.

The better outcome of these findings for service delivery are best 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)
Gillian Tober
Alex Copello, Jim Orford, Ray Hodgson and Gillian Tober
Dec-09
English
From the cover: Serves as a manual for clinicians working with people with alcohol problems. The manual is based on previous research in addiction treatment, including family and social network interventions, as well the authors’ own work developing and evaluating Social Behaviour and Network Therapy (SBNT) for example in the United Kingdom Alcohol Treatment Trial (UKATT). Containing a range of topics, 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 underlying 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) 2012 APA, all rights reserved)
Book Author
PsychoINFO
Book available for purchase.

John F Morgan
John F Morgan and Jon Arcelus
Nov-09
English
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. Methods: Qualitative study using a sample of male university students, applying audiotaped and transcripts 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 (internal 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. Nonethless 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, Peer Reviewed Journal
PsychoINFO
Available from Wiley Online Library (onlinelibrary.wiley.com)

Wright, Barry
R A Smith, H Farnworth, Barry Wright and Victoria Algar.
Jul-09
English
There is considerable controversy as to whether there is an association between bowel disorders and autism. Using a bowel symptom questionnaire we compared 51 children with autism spectrum disorder with control groups of 35 children from special school and 112 from mainstream school. There was a significant difference in the reporting of certain bowel symptoms (constipation, diarrhoea, flatulence) and food faddiness between the autism group and the mainstream school control group. There was no significant difference between the autism group and children in the special schools except for faddiness, which is an autism specific symptom and not a bowel symptom. This study confirms previously reported findings of an increase in bowel symptoms in children with autism. It would appear, however, that this is not specifically associated with autism as bowel symptoms were reported in similar frequency to a comparison group of children with other developmental and neurological disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
Journal, Peer Reviewed Journal
PsychoINFO
Available from University of York (https://pure.york.ac.uk)

John F Morgan
Samantha Scholz and John F Morgan.
Jun-09
Obesity and psychiatry. Psychiatry, June 2009, vol./is. 8/6(196-202), 1476-1793 (June 2009)
English
Food is a naturally occurring, nurturing and comforting substance that is also essential to survival. Over-consumption of food without compensatory increased activity in developed countries has led to epidemic proportions of obesity, with enormous healthcare implications. Often seen as resulting from emotional disturbance, obesity also carries huge stigma for sufferers, who are often disabled by the physical and psychiatric consequences of their condition. People who seek help for their obesity have high levels of depression, anxiety, binge eating disorder, and personality disorder. The neurological and psychological aspects of appetite and obesity are currently being explored in the fields of behavioural neuroscience and neuroimaging in an effort to understand the underpinnings of normal and abnormal eating behaviour. Traditional weight loss programmes, including psychologically based treatments for obesity, have proven disappointing in the long-term management of obesity, especially in the morbidly obese. Surgery for obesity has been recognised as the only treatment to bring about sustained weight loss, whilst also significantly reducing physical and psychiatric comorbidity, and is recommended by National Institute for Health and Clinical Excellence guidelines in these patients. The alarming finding that suicide rates in post-operative patients is high raises questions as to how obese people cope with the absence of the emotionally regulating effect that food has in their lives. 2009 Elsevier Ltd. All rights reserved.
Journal: Review
EMBASE
Available from Elsevier Direct (www.sciencedirect.com)

Peter Trigwell
Timothy Nicholson, John Paul Taylor, C Godden, Peter Trigwel and Khalida Ismail
Apr-09
English
Aims To assess the availability and types of psychological services for people with diabetes in the UK, compliance with national guidelines and skills of the diabetes team in, and attitudes towards, psychological aspects of diabetes management. Methods Postal questionnaires to team leads (doctor and nurse) of all UK diabetes centres (n = 464) followed by semi-structured telephone interviews of expert providers of psychological services identified by team leads. Results Two hundred and sixty-seven centres (58%) returned postal questionnaires; 66 (25%) identified a named expert provider of psychological services, of whom 53 (80%) were interviewed by telephone. Less than one-third (n = 84) of responding centres had access to specialist psychological services and availability varied across the four UK nations (P = 0.08). Over two-thirds (n = 182) of centres had not implemented the majority of national guidelines and only 2.6% met national guidelines and skills of the diabetes team in, and attitudes towards, psychological aspects of diabetes management. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Journal Article
EMBASE
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Barry Wright
Barry Wright, J Adridge, K Wurr, T Sloper, H Tomlinson and M Miller.
Apr-09
English
Decision making about interventions for children and young people with life-limiting illnesses is fraught with difficulties but faced regularly by staff in children's hospices and paediatric wards. The perspectives of the child, various family members and professionals may all be different. The process of discussion and negotiation and the mechanism by which a decision is arrived at is complex. Various laws have recently changed in the UK that have an impact on this process. This article discusses several clinical scenarios to better understand these decisions and the effects of changes in the law. It also discusses how multidisciplinary teams in children's hospices (and other supportive clinical
Journal Article
MEDLINE
Available from University of York (https://pure.york.ac.uk)
Ashish Rana and PsycINFO
Cerebral palsy and Available from BJPsych
Available from ResearchGate
Available from Diabetes UK
Dec-08 Duncan Raistrick.
Diabetes is a lifelong condition that now affects more than two million people in the UK, a number which
Diabetes and liaison
There are very few diabetes centres in the UK with a psychiatrist as part of the team (Dalvi et al, 2008). Our service in
Management of
Kate Webb, John F Morgan
Shakeeb A
Michael Smith's article on 'public psychiatry' states that few people save psychiatrists care about psychiatry (Smith,
BACKGROUND: This case report shows that Munchausen's syndrome can present as rectal foreign body insertion. This would result in
Spaces
John F Morgan and Hubert John Lacey
Khan, Christine A
Khan, Peter J
Srinivas Chintapatla.
PRESENTATION: A 30 year old, unmarried Caucasian male presented with a history of having been sexually assaulted
Peter Trigwell
Peter Trigwell, John-Paul Taylor, Khalida Ismail, Tim Nicholson, Mustansir AliBhai, Charlotte Gooden, Pauline Proud and Bridget Turner. Munchausen's syndrome has traditionally been considered by the medical community to be a psychosomatic illness. It is, however, a difficult diagnosis to make because it is an example of so-called 'factitious' illness. Errors in diagnosis can result in inadequate treatment or inappropriate referral for psychiatric care. This case report describes a 30 year old man who presented to his general practitioner with symptoms of abdominal pain and diarrhoea. Despite ongoing medical investigation and care, the patient continued to present to treating doctors with a range of symptoms, including spontaneous urination, weight loss and shortness of breath. On transfer to the hospital, the patient was found to have no evidence of physical illness and was discharged. A psychiatric assessment was made and a diagnosis of Munchausen's syndrome was considered. The patient was later transferred to mental health facilities, where he received appropriate care. This case report highlights the challenges of diagnosing and managing Munchausen's syndrome, and the importance of interdisciplinary collaboration in the provision of effective care.
We compared young people with high-functioning autism spectrum disorders (ASDs) with age, sex and IQ matched controls on emotion recognition of faces and pictorial context. Each participant completed two tests of emotion recognition. The first used Ekman series faces. The second used facial expressions in visual context. A control task involved identifying occupations from context. The ability to recognize emotions in faces (with or without context) and the ability to identify occupations from context was positively correlated with both increasing age and IQ score. Neither a diagnosis of ASD nor a measure of severity (Autism Quotient score) affected these abilities, except that the participants with ASD 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 presents difficulties for the unwary 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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 history 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 fact and science fiction of male eating disorders--exploring biological, psychological, and social aspects of these disorders. Part IV provides a practical, seven-stage approach to treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Comorbidity is defined as the coexistence of two or more psychiatric or psychological conditions; for the purpose of the section, one of these conditions will be substance misuse or substance dependence. It is usual to take ICD-10 or the American Diagnostic and Statistical Manual, now in version DSM-IV-R,100 as the descriptive classification of these conditions. Practitioners are usually concerned with current comorbidity, from the point of view of understanding etiology and deciding upon rational treatment approaches it may be more useful to think in the longer term ...

We compared young people with high-functioning autism spectrum disorders (ASDs) with age, sex and IQ matched controls on emotion recognition of faces and pictorial context. Each participant completed two tests of emotion recognition. The first used Ekman series faces. The second used facial expressions in visual context. A control task involved identifying occupations from context. The ability to recognize emotions in faces (with or without context) and the ability to identify occupations from context was positively correlated with both increasing age and IQ score. Neither a diagnosis of ASD nor a measure of severity (Autism Quotient score) affected these abilities, except that the participants with ASD 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 presents difficulties for the unwary 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
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Prolactin variations during screening for hyperprolactinaemia in patients taking antipsychotic medication

Purpose of the study: There is a diurnal pattern too. External stress and physiological conditions also affect circulating prolactin. Dopamine blockade by antipsychotics stimulates prolactin release and this has been linked to sexual dysfunction, osteoporosis, hip fracture and breast cancer. This study assessed the variation in prolactin levels in a clinical sample of patients taking antipsychotics. Methods: 13 people with clinically diagnosed schizophrenia or severe affective disorders (bipolar affective disorder, depression with psychotic symptoms) were treated with risperidone antipsychotic mono-therapy (sometimes in combination with other types of medication including antidepressants and mood stabilisers). This occurred as part of a programme of physical health assessment in which patients had routine screening for prolactin over a period of up to 2 years. There was no other reason for testing, such as pre-existing pituitary disease, or symptoms of hyperprolactinaemia. Blood was taken between 9am and 5pm without regard to medication dosing. Results: There were 6 males and 7 females. All took risperidone and attended a community mental health clinic. Three took Risperdal Consta long acting injection. Oral doses ranged from 1-6 mg daily. Consta injection doses ranged from 25-50 mg fortnightly (see table 1). 7 patients had normal prolactin tests (local prolactin upper limit of normal concentrations were 550mIU/l for males and 600mIU/l for females on a Siemens Advia Centaur with inter-assay coefficient of variation of 5% at mean prolactin concentration of 510mIU/L). 6 patients had hyperprolactinaemia. 2/3 patients on Risperdal Consta had hyperprolactinaemia. All patients with hyperprolactinaemia and more than one prolactin result showed variability of hyperprolactinaemia with at least one normal prolactin result. [Psychosurgery, This article briefly describes the pathways and the research evidence currently available. Approximately 1 in 10,000 children are born blind and 1 in 10,000 are born deaf. The main cause of developmental delay in these children is usually to do with co-morbidities such as other neurological problems or syndromes. The second mechanism relates to different experiences 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.]
The prevalence of eating disorders in women with facial hirsutism: An epidemiological cohort study.

Objective: The prevalence of DSM IV-defined eating disorders is evaluated in a population of women with facial hirsutism. Method: The Structured Clinical Interview (SCID) for the Diagnostic and Statistical Manual for Mental Disorders, fourth edition (DSM-IV) and the Eating Disorder Examination (EDE) were administered to 80 hirsute women presenting routinely to an endocrine outpatient clinic. Objective: phenotypic severity of hyperandrogenic symptoms, gender role, self-esteem, and social adjustment were quantified using validated measures and weight, height, and fertility were assessed during interview. Results: The prevalence of eating disorders was 36.3% (22.5% EDNOS, 12.6% Bulimia Nervosa, 1.3% Anorexia Nervosa). Depression, anxiety, low self-esteem, and poor social adjustment were more common in participants suffering from an eating disorder, and co-morbidity of PCOS was universal in eating disordered cases. Conclusion: Our study demonstrates that hirsute women are at high risk of developing an eating disorder. Factors associated with eating disorders are examined and explanatory hypotheses are suggested for the possible underlying mechanisms in these women. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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In bipolar disorder the discontinuation of lithium prophylaxis is associated with early episode precipitation. Is this 'rebound' phenomenon peculiar to lithium? A naturalistic retrospective study.

Objective and Methods: The comparative validity of the Eating Disorder Examination Questionnaire (EDE-Q) (22 items) and the 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 = 0.73, PPV = 0.35). Validity coefficients 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)

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Binge eating: ADHD, borderline personality disorder, and obesity

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 = 0.73, PPV = 0.35). Validity coefficients for both measures varied as a function of participants' age and body weight, although these effects were more pronounced for the SCOFF. Conclusions: Both measures performed well in terms of their ability to detect cases and to exclude non-cases of the more commonly occurring eating disorders in a primary care setting. The EDE-Q performed somewhat better than the SCOFF and was more robust to effects on validity of age and weight. These findings need to be weighed against the advantage of the SCOFF in terms of its brevity. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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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

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Last updated: February 2022 Next revised date: August 2022
Graham Firth

Hyperprolactinaemia may be associated with hidden longer-term consequences, such as osteoporosis, bone fractures, and other metabolic and cardiovascular risks. Patients receiving antipsychotics may have higher prolactin levels, which can lead to hyperprolactinaemia. This condition is more prevalent in females and is associated with all antipsychotics except clozapine. The highest prevalence rates were found in amisulpride (89%), risperidone (55%), and clozapine (17%).

Intensive Interaction is an empirically researched approach to developing fundamental communication and sociability for people with severe and profound learning disabilities and/or autism. 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

A group of international experts in psychiatry, medicine, toxicology and pharmacy assembled to undertake a critical examination of the currently available clinical guidance on hyperprolactinaemia. This paper summarises the group’s collective views and provides a summary of the recommendations agreed by the consensus group as useful in the recognition, clinical assessment, investigation and management of elevated plasma prolactin levels in patients being treated for severe mental illness. It also deals with the special problems of particular populations, giving advice about laboratory parameters currently measured for some antipsychotics and should be advised of the potential longer-term consequences of hidden hyperprolactinaemia.

Pala J Valapalli, Sangeetha Sankaranarayanan and Tarig Mahmood

Polydipsia in psychiatric patients.

Barry Wright

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 and Diseth, 2000; Tonge and Einfield, 2000; Emerson, 2003; Whitaker and Read 2006; Department for Education and Skills and 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)...

Tariq Mahmood

The MacArthur Classification of Violence Risk (OCVRI) is more valid for general psychiatry. The guidance contained in this article is not intended to replace national guidelines.

Barry Wright

Services for children with learning disabilities.

The highest prevalence rates were found in amisulpride (89%), risperidone (55%), and clozapine (17%).

Chris Bu uphe, David Yeomans, Tamsin Floyd and Shubulade M Smith

Categorical prevalence and severity of hyperprolactinaemia in two UK cohorts of patients with severe mental illness during treatment with antipsychotics.
A survey of substance use by health care professionals and their attitudes to substance misuse patients (NHS Staff Survey).

Objective and design: To survey NHS staff in one NHS Region to determine (i) the extent of substance use and related problems, (ii) therapeutic attitudes towards people with substance misuse problems. A single phase cross-sectional survey of health care professionals across six health authorities in the Yorkshire and Humberside region of England. 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 score 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 need 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)

UK Alcohol Treatment Trial: Client-treatment matching effects

Aim: To test a priori hypotheses concerning client-treatment matching in the treatment of alcohol problems and to evaluate the more general hypothesis that client-treatment matching adds to the overall effectiveness of treatment. Design: Pragmatic, multi-centre, randomized controlled trial (the UK Alcohol Treatment Trial: UKATT) with open follow-up at 3 months after entry and blind follow-up at 12 months. Setting: Five treatment centres, comprising seven treatment sites, including National Health Service (NHS), social services and joint NHS/non-statutory facilities. Treatments: Motivational enhancement therapy and social behaviour and network therapy. Measurements: Matching hypotheses were tested by examining interactions between client attributes and treatment types at both 3 and 12 months follow-up using the outcome variables of percentage days abstinent, drinks per drinking day and scores on the Alcohol Problems Questionnaire and Leeds Dependence Questionnaire. Findings: None of five matching hypotheses was confirmed at either follow-up point on any outcome variable. Conclusion: The findings strongly support the conclusion reached in Project MATCH in the United States that client treatment matching, at least of the kind examined, is unlikely to result in substantial improvements to the effectiveness of treatment for alcohol problems. Possible reasons for this failure to support the general matching hypothesis are discussed, as are the implications of UKATT findings for the provision of alcohol treatments. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

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

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 and 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 age group and school grades. The SCOFF best cutoff point was 2 (sensitivity = 70.08%; 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

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

Background: Intensive Interaction is an approach to developing the pre-verbal communication and sociality 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 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 method.

There is a logic as to why this might be the case, however, there needs to be a need 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)
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 who have concerns regarding their physical health, which 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.

Purpose: The degree to which depression interacts with the cognitive deficits of epilepsy to alter cognitive skill and performance in pregnant women who are enrolled in alcohol treatment programmes when compared to other psychosocial interventions, placebo, non-intervention, pharmacological treatment and pharmacological treatment in association with psychological treatment on improving birth and neonatal outcomes as well as maternal and neonatal alcohol-abstinence and on treatment retention and alcohol reduction.

This is the protocol for a review and there is no abstract. The objectives are as follows.

This review will examine all randomised controlled trials which determine the effectiveness of psychosocial interventions in pregnant women who are enrolled in alcohol treatment programmes when compared to other psychosocial interventions, placebo, non-intervention, pharmacological treatment and pharmacological treatment in association with psychosocial treatment on improving birth and neonatal outcomes as well as maternal and neonatal alcohol-abstinence and on treatment retention and alcohol reduction.

(TL authors) patients are known to possess cognitive dysfunction. Thus, TLE patients who are depressed may suffer a double burden of cognitive deficits. Methods: We examined whether depressed patients show increased cognitive deficits relative to nondepressed TLE patients (n = 59). We then sought to determine if this effect varied for left versus right TLE patients utilizing preoperative depression and neuropsychological data. To accurately study the lateralization of any observed effects, we selected only patients with definitive evidence of unilateral pathology.

This chapter is divided into six sections, mainly intended to provide an overview for the nonspecialist. The first section explains the psychology of addiction, as opposed to the neurochemistry of addiction discussed in Chapter 6. Overviews are provided of substitute prescribing, an increasingly accepted practice. Considerable discussion is devoted to the identification and management of withdrawal syndromes, whether sedative or stimulant. The final section briefly discusses toxicological testing, primarily for the purpose of assessing compliance. (PsycINFO Database Record (c) 2012 APA, all rights reserved)
This chapter is concerned with understanding possible limitations to motivational therapies and proposes a protocol for integrating motivational dialogue into routine treatment in the UK. Motivational interviewing has been practised in the UK primary care setting over many years; a comprehensive literature review has been conducted to evaluate the efficacy of this approach. The chapter follows from Chapter 12, and the reader will benefit from reading Chapter 12 before tackling this one.

Motivational interviewers have been using motivational interviewing in primary care for many years. A recent study (Butler et al. 1999; Colby et al. 1998) has described it as ‘small but significant’ and ‘encouraging’ (Dunn et al. 2001). In this chapter we document a single session, part of a three-session structured Motivational Enhancement Therapy (MET) delivered by a primary care doctor to a patient for smoking cessation. This session follows the protocol for MET as delivered in the UK Alcohol Treatment Trial (Butler et al. 2001). In this chapter we document a single session, part of a three-session structured Motivational Enhancement Therapy (MET) delivered by a primary care doctor to a patient for smoking cessation. This session follows the protocol for MET as delivered in the UK Alcohol Treatment Trial (Butler et al. 2001).

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


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.

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.


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-six outpatients with SMI >2 years were enrolled. The completion rate at 2 years was 80%. Significant improvements were observed in levels of physical activity (p < 0.0001), smoking (p < 0.05) 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)


Background: NICE guidelines state that patients with psychological contra-indications should not be considered for bariatric surgery, including Laparoscopic Adjustable Gastric Banding (LAGB) surgery as treatment of morbid obesity, although no consistent correlation between psychiatric illness and long-term outcome in LAGB has been established. This is to our knowledge the first study to evaluate long-term outcomes in LAGB for a full range of DSM-IV defined psychiatric and eating disorders, and forms part of a research portfolio developed by the authors aiming at defining psychological predictors of bariatric surgery in the short-, medium- and long-term.(sup1,2,<sup>2</sup>,sup>1,2</sup>,sup>1,2</sup>) Methods: Case notes of 37 subjects operated on between April 1997 and June 2000, who had undergone structured clinical interview during pre-surgical assessment to yield diagnoses of mental and eating disorders according to DSM-IV criteria were analyzed according to a set of operationally defined criteria. Statistical analysis was carried out to compare those with a poor...


Available from ResearchGate (www.researchgate.net)
Validation of the Social Satisfaction Questionnaire for outcome evaluation in substance use disorders.

Psychiatric Bulletin, September 2007, vol./is. 31/9 (333-336), 0955-6036; 1472-1473 (Sep 2007).

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 tested and found to have good psychometric properties in terms of test-retest reliability, internal consistency, distribution of responses and construct 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)

David Yeomans

Take your partners please. Invited commentary on: Partnership working.


English

Partnership working with the voluntary sector is developing across mental health services. Such partnerships have the support of the Royal College of Psychiatrists and the Department of Health. Setting up a partnership requires enthusiastic psychiatrists who are willing to work in new ways. They 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 more than other adult psychiatry services, but partnerships could be established in any specialty. Psychiatrists should make sure that appropriate evaluation is built into any new partnership.

Tom Isherwood

Getting into trouble: A qualitative analysis of the onset of offending in the accounts of men with learning disabilities.

Journal of Forensic Psychiatry and Psychology, June 2007, vol./is. 18/2 (211-234), 1478-9949; 1478-9957 (June 2007).

English

Quantitative and epidemiological studies have identified common factors in the histories of people who offend. People with learning disabilities are over-represented among certain groups of offenders. However, there is an absence of literature that examines this phenomenon from the perspective of the individual by exploring the experience and understanding in their own narrative. This study provides an account of the lived experiences of men with learning disabilities who have offended, seeking to examine the ways in which these men made sense of their own behaviour and history. Six participants were interviewed using a semi-structured schedule. All participants were men with learning disabilities who were detained in conditions of medium or low security. The research was conducted using interpretative phenomenological analysis (IPA). Three superordinate themes emerged: social factors, protection, and inherent factors. Participants accounted for their experience and understanding in terms of both internal states and external contexts, and the analysis reflected this. It is essential that the development of offenders is understood through both non-technical and technical means. This excellent book gives the reader an authoritative update on current psychological thinking in the Addictions. The central theme is that the dominant views of addictive behaviour, of which social learning theory is a prime example, fail to take account of automatic cognitions and, therefore, fail to account adequately for relapse situations. The essential proposition running throughout the book is that 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) 2014 APA, all rights reserved) (journal abstract)

Duncan Rastick

Review of Cognition + addiction.


English

Reviews the book: Cognition + addiction by Marcus Munafo and Ian P. Albery (2006). This excellent book gives the reader an authoritative update on current psychological thinking in the Addictions. The central theme is that the dominant views of addictive behaviour, of which social learning theory is a prime example, fail to take account of automatic cognitions and, therefore, fail to account adequately for relapse situations. The essential proposition running throughout the book is that 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) 2014 APA, all rights reserved) (journal abstract)

Barry Wright

Data processing in metabolic fingerprinting by CE-UV: Application to urine samples from autistic children.

Electrophoresis, March 2007, vol./is. 28/6 (950-964), 0173-0101; 1522-2683 (March 2007).

English

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

John F Morgan


International Journal of Eating Disorders, January 2007, vol./is. 40/1/2 (1-12), 0272-3478; 1098-108X (Jan 2007).

English

Objective: Historical and contemporary research has posited spiritual dimensions of eating disorders. 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: locus of control, sacrifice, self-image, salvation, maturation. Appropriate control held moral connotations. Negative self-image was common, based more on sin than body-image. Medical treatment could be seen as salvation, with religious conversion manifesting a quest for healing, but treatment failure threatened faith. Beliefs matured during treatment, with prayer, providing a healing relationship. Conclusion: Religious beliefs 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)
Many patients with epilepsy complain of decreased energy and somnolence. There is increased awareness that comorbidity, especially depression, plays an important role in determining the quality of life for patients with epilepsy.

Treatment can reduce the harm caused by drug misuse to individuals’ well-being, to public health and to community safety. The Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment.

The overall purpose of the NTA is to:
- Double the number of people in effective, well-managed treatment between 1998 and 2008
- Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.

In addition to its remit on drug treatment, the NTA is also commissioned to undertake specific work on alcohol treatment, including the development of Models of Care for Alcohol Misusers (DH, 2006) and commissioning the Review of the Effectiveness of Treatment for Alcohol Problems (NTA, 2006).

Many patients with epilepsy complain of decreased energy and somnolence. There is increased awareness that comorbidity, especially depression, plays an important role in determining the quality of life for patients with epilepsy.

We set out to determine how subjective somnolence is affected by depression, age, hours of sleep, sleep apnea, seizure frequency, and numbers of antiepileptic drugs and central nervous system drugs. A questionnaire and chart review were used to investigate patients in a tertiary referral center. We found that subjective somnolence was prominently and that it relates mainly to depression, less to obstructive sleep apnea, and not to the other variables.

Further investigation is needed into the relationship between depression and subjective somnolence in patients with epilepsy. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)
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<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Year</th>
<th>Journal</th>
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<tr>
<td>Joyce E Reed and Peter Trigwell</td>
<td>A qualitative analysis of the 'management of schizophrenia' within a medium-secure service for men with learning disabilities.</td>
<td>May-06</td>
<td>British Journal of Psychiatry and Mental Health Nursing</td>
<td>[PsycINFO Database Record (c) 2014 APA, all rights reserved (journal abstract)]</td>
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<tr>
<td>John F Morgan, Hubert John Lacey and Elaine Chung</td>
<td>Risk of Postnatal Depression, Miscarriage, and Preterm Birth in Bulimia Nervosa: Retrospective Controlled Study.</td>
<td>May-06</td>
<td>Psychometric Medicine, May 2006, vol./iss. 683(467-469), 0033-3174:1534-7796 (May-Jun 2006)</td>
<td>[PsycINFO Database Record (c) 2014 APA, all rights reserved (journal abstract)]</td>
</tr>
<tr>
<td>Tom Isherwood, Mick Burns and Giles Rigby</td>
<td>A qualitative analysis of the 'management of schizophrenia' within a medium-secure service for men with learning disabilities.</td>
<td>Apr-06</td>
<td>Journal of Psychiatric and Mental Health Nursing</td>
<td>[PsycINFO Database Record (c) 2014 APA, all rights reserved (journal abstract)]</td>
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<tr>
<td>Bernadette Ashby, Barry Wright and Jo Jordan</td>
<td>Chronic Fatigue Syndrome: An Evaluation of a Community Based Management Programme for Adolescents and their Families.</td>
<td>Feb-06</td>
<td>Child and Adolescent Mental Health, February 2006, vol./iss. 11(11-13), 357X:1475-3588 (Feb 2006)</td>
<td>[PsycINFO Database Record (c) 2014 APA, all rights reserved (journal abstract)]</td>
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<td>Duncan Raistrick, David West, Owyn Finnigan, Gill Thistedhwaite, Roger Brearley and Jo Banbery</td>
<td>A comparison of buprenorphine and lofexidine for community opiate detoxification: Results from a randomized controlled trial.</td>
<td>Dec-05</td>
<td>Addiction, December 2005, vol./iss. 100/12(1860-1867), 0965-2140/1360-0443 (Dec 2005)</td>
<td>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, 35.7% 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.</td>
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<tr>
<td>John Holmes and Jo Banbery</td>
<td>Old age medical patients screening positive for depression</td>
<td>Dec-05</td>
<td>Irish Journal of Psychological Medicine, December 2005, vol./iss. 22/4(124-127), 0790-9667(9667) (December 2005)</td>
<td>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 who were admitted to hospital during an allocated period were recruited for 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 three months later and the GDS was 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 = 2.238 p &lt; 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.</td>
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<td>Kim Wolff, Annabel Boys, Amr Rastami-Hodjegan, Alastair W M Hay and Duncan Raistrick</td>
<td>Changes to methadone clearance during pregnancy</td>
<td>Nov-05</td>
<td>European Journal of Clinical Pharmacology, November 2005, vol./iss. 61/10(763-768), 0031-6970 (November 2005)</td>
<td>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 during pregnancy showed that a non-parametric test of independence was not significant. Conclusion: Methadone concentrations reduced as the pregnancies progressed from 0.12 mg/L (first trimester) to 0.07 mg/L (third trimester). In our study the weight-adjusted clearance rates gradually increased from a mean of 0.17 to 0.21 L/hr/kg during pregnancy.</td>
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<tr>
<td>Kris Alden, John Holmes and Carol Martin</td>
<td>Provision of care for older people with co-morbid mental illness in general hospitals: General nurses' perceptions of their training needs.</td>
<td>Nov-05</td>
<td>International Journal of Geriatric Psychiatry, November 2005, vol./iss. 20/11(1081-1083), 0885-6230/1099-1166 (Nov 2005)</td>
<td>Objective: 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)</td>
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Leslie Citrome and Available from PubMed

There is a mismatch in the United Kingdom between the available evidence and the evidence selected to inform policy.

A feasibility study

The United Kingdom:

Tom Hughes David Owens, Christopher Wood, Darren C. Greenwood, Tom Hughes And Michael Dennis

Nov-05

Mortality and suicide after non-fatal self-poisoning: 16-year outcome study.


English

Background: Suicide reduction is government strategy in many countries. We need to quantify the connection between non-fatal self-poisoning and eventual suicide. Aims: To determine mortality after an episode of self-poisoning and to identify predictors of death by any cause or by suicide. Method: A retrospective single-group cohort study was undertaken with 976 consecutive patients attending a large accident and emergency unit in 1985-1986 after non-fatal self-poisoning. Information about deaths was determined from the Office for National Statistics. Results: Of the original patients, 94% were traced 16 years later; 17% had died. 3.5% by probable suicide. Subsequent suicide was related to numerous factors evident at the time of the episode of self-poisoning but, when examined for their independent effects, only the severity of the self-poisoning episode and relevant previous history seemed important. Conclusions: Patients attending a general hospital after self-poisoning all require good basic assessment and care responsive to their needs. Attempts to reduce the huge excess of suicide subsequent to self-harm are not likely to achieve much if they are based on the identification of subgroups through ‘risk assessment’.

Gillian Tober, Christine Godfrey, Steve Parrott, Alex Copello, Amanda J Farrin, Ray Hodgson, Robert Kenyon, V Morton, Jim Orford, Ian Russell and Gary Slow On behalf of

Oct-05

Setting standards for training and competence: The UK alcohol treatment trial.


English

Aims: To examine factors that influence the recruitment and training of therapists and their achievement of competence to practise two psychological therapies for alcohol dependence, and the resources required to deliver this. Methods: The protocol for the UK Alcohol Treatment Trial required trial therapists to be competent in one of the two trial treatments: Social Behaviour and Network Therapy (SENT) or Motivational Enhancement Therapy (MET). Therapists were randomised to practice 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

Duncan Raistrick Duncan Raistrick

Sep-05

The United Kingdom: Alcohol today.

Addiction, September 2005, vol./iss. 100(9):1212-1214, 0965-2140,1360-0443 (Sep 2005)

English

There is a mismatch in the United Kingdom between the available evidence and the evidence selected to inform policy. The health-care agenda has been largely replaced by a public order agenda as has happened for illicit drugs. The current preoccupation with binge drinking and its companion responsible drinking release the government and the

Barry Wright Barry Wright, Bernadette Ashby, David Beverley, Elizabeth Calvert Jo Jordan, Jeremy Miles, Ian Russell and Chris Williams.

Apr-05

A feasibility study comparing two treatment approaches for chronic fatigue syndrome in adolescents.

Archives of Disease in Childhood, April 2005, vol./iss. 90(4):269-72, 0003-4686,1468-2044 (2005 Apr)

English

Chronic fatigue syndrome (CFS) involves severe disabling fatigue that affects physical and mental functioning. Reported prevalence varies between 0.05% and 2% depending on definitions and methodologies. There are significant short and long term effects on young people and their families, including long 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.
Barry Wright, Andrea Marek Brodzowski, Helen Calvert, Ellen Aarnaworth, David M Goodall, Ian Holbrook, Gregg Irime, Jo Jordan, Anne Kelly, Jeremy

To test whether the presence of indolyl-3-acryloylglycine (IAG) is associated with autism, we analyzed urine from children in York, UK with autism spectrum disorders (ASDs), diagnosed using ICD-10 research diagnostic criteria. Parents were invited to participate. Sixty-six children on the autism spectrum (mean age 8.0m, SD 3±6m; 79% male) agreed to participate, as did 155 children without ASDs (mean age 10y, SD 3±2y; 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 urine of autistic 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.

Tariq Mahmood, Hob Wailer, Tania Mahmood, Robert Gardi, Sally Delvis, Nigel Humphrys and Debbie Smith

Feb-05

Student mental health: How can psychiatrists better support the work of university medical centres and university counselling services?


Student psychiatric morbidity is rising. Whilst the influence of university counselling services is widely reported, NHS involvement by psychiatrists and general practitioners is not so well described. Counselling and mental health services and providers for students at the University of Leeds were approached for numerical data and a university Group on Student Mental Health discussed the findings. The Student Counselling Centre, the University Medical Practice and a dedicated student psychiatric clinic have all seen a rise in referral rates. The University Medical Practice has also seen a rise in the prescribing of psychotropic medication. Collaborative links at the University of Leeds are explored and options for the future discussed. These include self-help over the Internet, a research project to assess student mental health needs and the provision of a dedicated NHS psychiatric team for the university.

John F Morgan, Hubert John Lacey, Helen C Murphy and Gerard Conway

Feb-05

Long term psychological outcome for women with congenital adrenal hyperplasia: Cross sectional survey


Management of conditions associated with intersex, such as congenital adrenal hyperplasia, is controversial. A recent editorial in the BMJ called for long term studies of outcome. Females (genotype XX) with congenital adrenal hyperplasia are born with ambiguous genitalia, have feminising gonadotrophin 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.

John F Morgan

Feb-05

Compliance with surgical after-care following bariatric surgery: Poor compared to obesity: A cross sectional survey

Obesity Surgery, February 2005, vol./iss. 15/2(261-265), 0960-8923 (February 2005).

Background: Non-compliant patients fail to match their behavior to the clinical prescription. Laparoscopic adjustable gastric banding requires strict compliance with surgical and dietary advice. Failure to attend follow-up appointments and the persistent consumption of calorie-dense liquid foods are associated with poor weight loss and postoperative complications. Predictors of ‘poor compliers’ would enhance candidate selection and enable specific interventions to be targeted. Methods: 9 poor compliers were identified and compared with 9 fully compliant controls. Case-notes were analysed retrospectively. Results: Cases were found to graze on foods and eat more in response to negative affects. They were reluctant to undergo psychiatric assessment, viewed the band as responsible for weight loss, and aroused caution in the psychiatric evaluator. Poor compliance was not associated with binge eating, purging, impulsivity or psychiatric illness. Conclusions: Unrealistic expectations and anxiety are known to predict non-adherence. Constant negative affects may be self-modulated by grazing. The results are explored in the context of Self-Efficacy Theory, a socio-cognitive account of illness behavior. FD-Communications Inc.

Louise Bergin, Louise Bergin and S Walsh.

Jan-05

The role of hope in psychotherapy with older adults.


The positive impact of psychotherapy upon the mental health problems of older people is increasingly accepted. However little attention has been paid to the role of hope in working therapeutically with older adults. Three relevant bodies of literature, namely adult psychotherapy, hope in older adulthood, and coping with chronic and terminal illness, provide a starting point for examining the therapeutic uses of hope. However, it is argued that these literatures cannot provide a sufficiently comprehensive conceptualisation of hope in psychotherapy with elders. Firstly, it is considered that hope in therapy is directly affected by key experiences of ageing, namely: facing physical and/or cognitive deterioration and facing death. Also, these three bodies of literature have tended to dichotomise hope as either beneficial and adaptive or dysfunctional and maladaptive. A developmental perspective is used to question this dichotomy and a clinical framework is provided which examines the role and utility of hope in older adult psychotherapy from a more integrated socio-cognitive account of illness behavior. FD-Communications Inc.

Tariq Mahmood and Trevor Silverstone

Jan-05

Neuroendocrine challenge with a 5-HT1D receptor agonist differentiates between two subtypes of bipolar disorder according to polarity of onset.


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...
Objective: To compare the mortality rate in Parkinson's disease (PD) with a control group without PD, and to assess the psychological variables are important predictors of mortality in PD. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

We fully agree with Kisley et al (2004) that the patients receiving compulsory community treatment are often relatively ready to change. By so doing it highlights the need for more research in this area.

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 of 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) 2014 APA, all rights reserved)

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 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

The coming of age of Available from Wiley Online Library

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<td>John F Morgan, Norman Poole,</td>
<td>Pouch dilatation following laparoscopic adjustable gastric banding:</td>
<td>Obesity Surgery,</td>
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<td></td>
<td>Link: <a href="http://www.sciencedirect.com">www.sciencedirect.com</a></td>
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<td>Louise Bidlake, Alberic Flenness, Sara McCluskey, S Nussey, Gal Bano and John F Morgan</td>
<td>Psychobehavioral factors (can psychiatrists predict pouch dilatation?)</td>
<td>Obesity Surgery,</td>
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<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, 1 January 2004, Pages 65-67</td>
<td>Dec-04</td>
<td>Book entry</td>
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**Abstract**

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 preoperative BMI.

Conclusions: Psychological factors may be better predictors of pouch dilatation than biomedical variables. Disordered eating and reduced sexual functioning are linked with pouch dilatation. A further study should investigate the role of these factors in pouch dilatation in a larger cohort.
Paul Blenkiron
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 EMBASE 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 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: Canadian biological mechanisms involving the serotonin-melatonin axis, cortisol secretion and sleep.

David Protheroe
Use of section 5(2) of the Mental Health Act on a medical admissions unit [8]
Journal of the Royal Society of Medicine, September 2003, vol./is. 96(947), 0141-0768 (September 2003) 
A survey by Jackson and Warner pointed to large deficiencies in doctors' knowledge about consent. Ignorance of the law on capacity to consent to medical treatment could result in inappropriate use of the Mental Health Act (1983). We have audited the use of the Mental Health Act on a medical admissions unit. The unit admits patients with a wide range of acute medical conditions including patients requiring medical management of drug overdose or alcohol withdrawal. It treats more patients with delirium and acute psychiatric problems than most other medical wards ...

Peter Trigwell
Addressing the psychological aspects of diabetes - Core service or optional extra?
Practical Diabetes International, June 2003, vol./is. 20/5(163), 1357-8170 (June 2003) 
This issue of Practical Diabetes International sees the publication of a summary of the proceedings of the 2002 joint Diabetes UK/Royal College of Psychiatrists meeting, held in Bournemouth last November. The meeting took its theme from the Standards set out in the National Service Framework for Diabetes, which were published in late 2001. Rather than being yet another 'NSF meeting', the conference aimed specifically to address the psychosocial issues of those standards, which have to be implemented over the next 10 years. The meeting broke new ground by including a live 'focus group' of people with diabetes and poster presentations by people delivering psychologically orientated services ...

John P Morgan
A simple 5 item questionnaire accurately detects eating disorders in women in primary care
Evidence-Based Medicine, May 2003, vol./is. 8/3(90), 1356-5524 (May/June 2003) 
Design: Blinded comparison of the SCOFF questionnaire and a clinical diagnostic interview based on DSM-IV criteria. Setting:2 general practices in southwest London, UK. Patients:341 sequential women (18-50 y) attending the primary care clinics. Description of test and diagnostic standard: Women were verbally asked the 5 SCOFF questions*: Do you ever make yourself sick because you feel uncomfortably full? Do you worry you have lost control over how much you eat? Have you recently lost more than one stone (approximately 6 kg) in a 3-month period? Do you believe yourself to be fat when others say you are too thin? Would you say that food dominates your life? Each positive response (yes) is given 1 point. The questionnaire took about 2 minutes to complete. The diagnostic standard was a clinical diagnostic interview of 10–15 minutes based on DSM-IV criteria. Main outcome measures: Sensitivity, specificity, and likelihood ratios. Main results: 3.8% of women had an eating disorder (1 woman had anorexia nervosa, 3 had bulimia nervosa, and 9 had an eating disorder not otherwise specified). Based on a receiver operating characteristic curve, the cut point for a positive eating disorder was set at >2 positive responses out of 5. The sensitivity, specificity, and likelihood ratios for the SCOFF questionnaire were 97%, 99%, and 16.7:1 respectively. Conclusion: The SCOFF questionnaire is a valid and reliable screen for eating disorders in women in primary care ...

Gillian Tobler
Methadone Matters: Evolving Community Methadone Treatment of Opiate Addiction
Design: The book has been written by co-authors for the purpose of sharing their experiences of providing methadone treatment in the contemporary era. It includes case studies and practical advice on how to set up and run a methadone service, as well as discussing the social, legal, and ethical issues associated with methadone treatment. The book is written in an accessible manner, making it suitable for both professionals involved in methadone treatment and for those interested in the field of addiction treatment. Methadone is a potent and highly addictive substance, and the book provides a detailed overview of the pharmacology and clinical use of methadone, as well as its potential for misuse and abuse. The book is a valuable resource for those involved in the provision of methadone treatment and for those interested in understanding the complexities of addiction and recovery.

Book available for purchase.

Last updated: February 2022 Next revised date: August 2022
An association between bipolar disorder and migraine has been lately recognized and an abnormality of central serotonergic function is suggested as the underlying neurophysiological disturbance. To examine the role of serotonin in bipolar disorder and migraine, we used the neuroendocrine challenge paradigm, and we chose sumatriptan, a 5-HT1D receptor agonist, as the pharmacological probe. We studied nine bipolar patients with migraine, nine bipolar patients without it, seven migraine patients, and nine matched normal controls. A post-hoc analysis showed subsensitivity of serotonergic function, reflected in a blunted growth hormone response to sumatriptan challenge in bipolar patients who also suffered from migraine. 2002 Lippincott Williams and Wilkins.
The SCOFF questionnaire is a brief and memorable tool designed to detect eating disorders and aid treatment. The present study assessed the SCOFF questionnaire in primary care. 341 sequential women attenders (aged 18-50 yrs) at 2 general practices in southwest London participated. The SCOFF questionnaire detected all cases of anorexia and bulimia nervosa. Results show that it is an efficient screening tool for eating disorders. Two missed cases of eating disorders not otherwise specified reflect the reality of clinical situations, in which denial or non-disclosure by patients may occur. One of the patients in whom the diagnosis was missed later disclosed disordered eating behavior. It is noted that it may be more difficult and perhaps less pertinent to detect patients who do not meet full criteria for anorexia nervosa or bulimia nervosa. It is further noted that the positive predictive value of the questionnaire is low because of the low prevalence of eating disorders in this sample, which was consistent with the Western population as a whole.

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 perspective of patients, and the chance to develop communication skills. The higher trainee author perceived that the training allowed greater understanding of the practical problems faced by staff and patients and increased awareness of the need for compromise and flexibility in management strategies, though the experience gained was restricted to patients within the general hospital setting. The trainer author perceived that both levels of training improved understanding of the complexities presented by psychiatric illnesses in general hospital settings, and development of skills necessary to address this complexity.

Hiroko Akagi and T Manoj Kumar
Jun-02
Lessen 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 antiemetic drugs but may also be caused by other widely prescribed drugs such as antidepressants. It is a difficult condition to detect reliably and may present unexpectedly in a variety of clinical settings. The patient's behaviour may be disturbed, treatment may be refused, or the patient may be suicidal and be mistaken for a psychiatric problem. We report three cases seen in the psycho-oncology service which improved when the offending drug was discontinued ...

John F Morgan
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./iss. 5/3(75-75), 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 authors and pharmaceutical companies. Study selection, 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 bulimia nervosa. Results show that it is an efficient screening tool for eating disorders. Two missed cases of eating disorders not otherwise specified reflect the reality of clinical situations, in which denial or non-disclosure by patients may occur. One of the patients in whom the diagnosis was missed later disclosed disordered eating behavior. It is noted that it may be more difficult and perhaps less pertinent to detect patients who do not meet full criteria for anorexia nervosa or bulimia nervosa. It is further noted that the positive predictive value of the questionnaire is low because of the low prevalence of eating disorders in this sample, which was consistent with the Western population as a whole.

The SCOFF questionnaire detected all cases of anorexia and bulimia nervosa. Results show that it is an efficient screening tool for eating disorders. Two missed cases of eating disorders not otherwise specified reflect the reality of clinical situations, in which denial or non-disclosure by patients may occur. One of the patients in whom the diagnosis was missed later disclosed disordered eating behavior. It is noted that it may be more difficult and perhaps less pertinent to detect patients who do not meet full criteria for anorexia nervosa or bulimia nervosa. It is further noted that the positive predictive value of the questionnaire is low because of the low prevalence of eating disorders in this sample, which was consistent with the Western population as a whole. (PsycINFO Database Record (c) 2014 APA, all rights reserved)
Gillian Tober, Alex Copello, Jim Orford, Ray Hodgson, Gillian Tober and Clive Barrett.

May-02

Social behaviour and network therapy: Basic principles and early experiences.

Addictive Behaviors, May 2002, vol./is. 27(3)(345-366), 0306-4603 (May-Jun 2002) English

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

Journal Article

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

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

Mar-02

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

Autism: The International Journal of Research and Practice, 01 March 2002, vol./is. 6(171-91), 13623613 English

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)

Journal Article


Saiedeh Saedi, Sue Clegg, Jon Tan and Saiedeh Saedi.

Feb-02

Reflecting or Acting? Reflective Practice and Continuing Professional Development in Higher Education.

Reflective Practice, February 2002, vol./is. 3/1(131-146), 1462-3943;1470-1103 (Feb 2002) English

Reflective practice is becoming the favoured paradigm for continuing professional development in higher education. However, some authors have suggested that we have an insufficiently rigorous understanding of the process and too few descriptions of what actually occurs. Moreover, some commentators have identified a 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 help the process of reflective practice to be more active.

Journal Article


Barry Wright, Lesley Hewson and Barry Wright.

Jan-02

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


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)

Journal Article


Gillian Tober, Alex Copello, Christine Godfrey, Nick Heather, Jim Orford, Ian Russell, Gillian Tober, Gary Stegg, T Alwyn, C Kerr, Gill.

Dec-01

United Kingdom Alcohol Treatment Trial (UKATT): Hypotheses, design and methods.

Alcohol and Alcoholism, 2001, vol./is. 36/11-21, 0735-0414 (2001) English

The United Kingdom Alcohol Treatment Trial (UKATT) is intended to be the largest trial of treatment for alcohol problems ever conducted in the UK. UKATT is a multicentre, randomized, controlled trial with blind assessment, representing a collaboration between psychiatry, clinical psychology, biostatistics, and health economics. This article sets out, in advance of data analysis, the theoretical background of the trial and its hypotheses, design, and methods. A projected total of 720 clients attending specialist services for treatment of alcohol problems will be randomized to 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--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)
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<tr>
<td>Duncan Raistrick</td>
<td>Dec-01</td>
<td>Alcohol withdrawal and detoxification</td>
<td>International Handbook of Alcohol Dependence and Problems, 2001(523-539)</td>
<td>PsycINFO</td>
<td>February 2022</td>
<td>August 2022</td>
</tr>
<tr>
<td>Robert Kenyon, Duncan Raistrick, D West and P Hatton</td>
<td>Dec-01</td>
<td>General practitioner satisfaction with shared care working</td>
<td>Journal of Substance Use</td>
<td>EMBASE</td>
<td>Available from Taylor and Francis Online</td>
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<tr>
<td>Peter Trigwell, David Cavan, Jackie Fosbury and P Hatton</td>
<td>Dec-01</td>
<td>Psychology in diabetes - Why bother?</td>
<td>Practical Diabetes International</td>
<td>EMBASE</td>
<td>Available from ResearchGate</td>
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<td>Tanq Mahmood and Trevor Silverstone</td>
<td>Sep-01</td>
<td>Serotonin and bipolar disorder</td>
<td>Journal of Affective Disorders</td>
<td>EMBASE</td>
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<td>Cristin Bella Romain Hooper and Dr Tom Hughes</td>
<td>Examined the psychometric properties of the Leeds Dependence Questionnaire (LDQ) in a different and larger sample</td>
<td>Journal of Psychiatry, Volume 6, Issue 5, P379-390, May 01, 2001</td>
<td>English</td>
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**Psychometric properties**

- The SCIMITAR+ trial was designed to test a bespoke smoking cessation intervention for patients with SMI compared to standard NHS care. SCIMITAR+ is the largest trial of its kind ever undertaken. Participants were heavy smokers that said they would like to cut down or quit smoking. Those allocated to the bespoke smoking cessation intervention received support to help them quit from a mental health professional who had undergone brief but rigorous training. This support was based on National Centre for Smoking Cessation and Training level 2 training with enhanced levels of contact and support. People in usual care were signposted to local smoking services. People were followed up six and 12 months later where they completed questionnaires that asked about their smoking status as well as giving a carbon monoxide breath measure to verify this.

**Addiction Research**

- Examined the psychometric properties of the Leeds Dependence Questionnaire (LDQ) in a different and larger sample from that on which the instrument was developed. Data were taken from routine intake assessments of 1,681 referrals to 2 UK addiction treatment services during an 18 mo period. Principal components analyses for the total sample and for 3 substance category subsamples (alcohol, opioids, "other drugs") each yielded a single, major component on which all LDQ items loaded highly and positively. The LDQ had high internal consistency in the total sample and in the substance category subsamples. In a multiple regression analysis in the total sample, age (younger), gender (male), higher score on the General Health Questionnaire and substance category (opioid or other drugs vs alcohol) were independent predictors of higher LDQ scores. The LDQ was shown to give a robust and psychometrically sound measurement of a general factor of dependence across a range of psychoactive substances among attenders at addiction treatment services. Norms are presented to enable clinicians to compare levels of alcohol or opioid dependence shown by individual clients presenting for treatment with those obtained from a large sample of clients.

**Outcome Studies**

- Identified a method for the routine monitoring of outcomes in a busy city center health service addiction clinic. The setting for the study was a health service addiction clinic serving a population of 750,000 people. Study Ss were 230 consecutive attenders (aged 15-80 yrs) for treatment of alcohol and heroin dependence and misuse. A brief interview to obtain demographic and use data and a short battery of self-completed questionnaires measuring dependence, psychological health and social satisfaction were administered at 3 data collection points. Different methods of follow-up were explored. The instruments used were capable of measuring change in levels of consumption, degrees of dependence, psychological health and social satisfaction over a 3 mo period in over 65% of the original sample while over 80% of the original sample were accounted for. It is concluded that routine monitoring of outcomes of a busy NHS addiction service can provide meaningful clinical data for an acceptable sample of patients within a realistic time frame.
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Gordon, Duncan Raistrick and Joanna Banbery.

Dec-00

Detoxification from heroin with buprenorphine


English

Sir: There are a number of options available for detoxification from heroin, including methadone tapering, dihydromorphone reduction, lofexidine, and ultra-rapid naltrexone assisted detoxification under general anaesthetic (Silverwight, 2000). Buprenorphine has recently been licensed in the UK for the treatment of opiate dependence and offers an alternative method of withdrawal from heroin; it has proven efficacy for out-patient detoxification (O'Connor et al, 1997) but has been little used in the UK. Here we present the results of a pilot study of 30 consecutive out-patient detoxifications with patients who were using low-dose heroin (≤20 approximately 0.2 g daily) using buprenorphine with a standard treatment protocol lasting 7 days …

Mahmood, Tariq 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 migraines who were successfully treated with carbamazepine. The response of both conditions to carbamazepine treatment supports a possible common pathogenesis for the illnesses. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Wright, Barry, Ian Partridge 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 of management. Five attributional scenarios are examined that could influence the development trajectory of the child and discuss them in the context of the research literature. Alternative attributions are suggested. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Raistrick, Joanna Banbery, Kim Wolf and Duncan Raistrick.

Oct-00

Dihydromorphone: A useful tool in the management of methadone-maintained patients.

Journal of Substance Abuse Treatment, December 2000, vol./is. 19/3(301-305), 0740-5472

English

Investigated the merits of dihydromorphone titration 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 5 relapsed back to heroin use but remained in contact with the addiction unit. The remaining 6 Ss dropped out of the detoxification program between Days 3 and 11 of the dihydromorphone cross-over period.

Morgan, John F Morgan.

Oct-00

From charles atlas to Adonis 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 some popular dolls have been criticised by commentators as being poor role models for children.1 But the makers of some popular dolls have been criticised by commentators as being poor role models for children.1 But the makers of Barbie responded responsibly in 1998 by giving her less make-up and changing her body shape, with a smaller bust and mouth, thicker waist, and more proportionate hips. Meanwhile studies of toy shows 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 …

Wright, Barry, Christine Williams, Partridge, Ian.

Jun-00

Re: Chronic fatigue syndrome.

Irish Journal of Psychological Medicine, June 2000, vol./is. 17/2(77), 0790-9667 (Jun 2000)

English

Replies to comments by B. 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) 2012 APA, all rights reserved)

Morgan, John F Morgan.

May-00

Season of birth and bulimia nervosa


English

Objective: Previous studies suggest season of birth variation in eating disorders akin to those of psychoses. We studied season of birth variation in bulimia nervosa. Method: Season of birth variation in 935 patients was examined after adjustment for population trends. Variation was also examined for subgroups by age and previous anorexia nervosa. Results: Season of birth did not differ significantly from population norms among those with bulimia (p > .30), contrasting with studies of other eating disorders. With a history of anorexia nervosa (n = 227), peak season of birth was in March (p < .05). This is consistent with previous studies and also with seasonal birth variation for psychoses. Discussion: Overall, we find no evidence of season of birth variation in bulimia nervosa, and suggest any positive findings be treated with caution. We discuss a number of confounding influences and argue that one explanation remains shared trait.
Deliberate blood-letting has been characterized as an alternative to purging behavior in bulimia. The authors describe a 26-year-old female healthcare worker with an 8-yr history of restrictive anorexia nervosa, who initially presented with anemia, using blood-letting, cold baths, and starvation to control her mental state. In contrast with the previous cases of bulimia, the aim of blood-letting in this case of anorexia nervosa was to achieve anemia. The S compared the psychic correlates of anemia to emaciation, rather than to deliberate self-harm or purging. The authors note that mainstream 19th century psychiatry prescribed "baths, blood-letting and diet" as a treatment of "madness." (PsycINFO Database Record (c) 2012 APA, all rights reserved)
Barry Wright

Management advice for children with chronic fatigue syndrome: A systematic study of information from the internet


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, of which two suggest large amounts of rest, two suggest 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.
Sexual dysfunction in men with diabetes is well recognized and has been widely studied. In contrast, there is a striking lack of 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 paper reviews the literature to date and the current state of knowledge with regard to sexual dysfunction in women with diabetes, with particular emphasis on impaired sexual arousal. The prevalence of such problems remains unclear. The results of several studies are contradictory, and the methodology employed has often been inadequate to produce a firm answer to the questions being asked. There is a 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. (PsycINFO Database Record © 2014 APA, all rights reserved)

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. RESULTS: 332 (83%) women participated. Women diagnosed with breast cancer were no more likely to have experienced one or more severe life events (adjusted odds ratio 0.91, 95% confidence interval 0.47 to 1.81; P=0.79); one or more severe difficulties (0.86, 0.41 to 1.81; P=0.68); a 2 year non-personal health difficulty (2.53, 0.12 to 2.31; P=0.64); or a 2 year severe personal health difficulty (2.73, 0.68 to 10.93; P=0.16) than women (c) 2012 APA, all rights reserved)

The topic of attention deficit hyperactivity disorder (ADHD) is fascinating and controversial. A variety of stances have been taken by different clinicians, support groups, and the media. A nature/nurture argument has developed that may have a tendency to polarize views. This review aims to present research findings that inform the debate. It deals with symptomatology, aetiology, and prevalence, with assessment for diagnosis, management, and outcome. The importance of comprehensive management taking into consideration not just attention abilities but a range of other factors that have an impact upon them is stressed. Management should be pragmatic, multifaceted, and based around the establishment of good working relationships with family and school.

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<tr>
<td>Christine Franey and Gillian Toker</td>
<td>Jul-99</td>
<td>Drug and alcohol education from a distance: A good reason for collaboration.</td>
<td>Drugs: Education, Prevention and Policy, July 1999, vol./is. 6(2):265-273, 0968-7637/1465-3370 (Jul 1999)</td>
<td>English</td>
<td>Examined the challenges faced by institutions offering distance-based courses. Specifically, the authors share their separate experiences of producing distance learning programmes for drug and alcohol workers. There are special complexities inherent in the design, delivery and operation of distance courses by distance learning and these are examined. Parochial perspectives on drug issues assume less relevance as the target group for distance learning courses widens notably to include learners in other geographical areas and in other countries. The authors begin to explore the case for seeking national, and even international, consensus on what drug and alcohol education programmes should comprise. Collaboration between the educational institutions could be an effective way of identifying quality standards in drug education in general and could assist course organizers in avoiding unnecessary replication of effort. Further flexibility for students could also be introduced in the form of a national credit accumulation and transfer scheme. Faced with an even greater choice of educational products, learners should benefit too from collaboration and the assurance that the courses they purchase have been designed and tested to meet their educational needs. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</td>
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<tr>
<td>John F Morgan, Hubert John Lacey and Fiona Reid</td>
<td>Jul-99</td>
<td>Anorexia nervosa: Changes in sexuality during weight restoration.</td>
<td>Psychosomatic Medicine, July 1999, vol./is. 61(4):541-545, 0033-3174/1534-7796 (Jul Aug 1999)</td>
<td>English</td>
<td>Examined changes in sexual drive during weight restoration in patients with anorexia nervosa. 11 women (aged 21-31 yrs) with anorexia nervosa prospectively completed the Sexual Daydreaming Questionnaire (SDQ) and the Hospital Anxiety and Depression Scale (HADS) at 5 time points during inpatient treatment involving weight restoration. SDQ and HADS scores were recorded every 4 wks until 8 wks after Ss had reached the mean matched population weight (MMPW), which was monitored against body mass index (BMI). Histories were taken for purging, self-cutting, childhood sexual abuse, and number of sexual partners. Repeated measures analysis of variance, regression analyses, and t-tests were performed. BMI and sexual daydreaming were closely associated. BMI and depression also achieved a statistically significant association, with caseness for anxiety disorder throughout. Higher levels of sexual drive at MMPW seemed to be associated with purging, self-cutting, and childhood sexual abuse but not at low weight. Levels of sexual drive did not reflect previous sexual behavior. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</td>
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<tr>
<td>Barry Wright, Christine Williams and Ian Partridge</td>
<td>Jun-99</td>
<td>Management advice for children with chronic fatigue syndrome: A systematic study of information from the internet.</td>
<td>Irish Journal of Psychological Medicine, June 1999, vol./is. 16(2):67-71, 0790-9667 (Jun 1999)</td>
<td>English</td>
<td>Studied the information on the internet on chronic fatigue syndrome in children and explored the diversity of advice in relation to current research knowledge. Information about levels of rest, exercise, medication, psychological interventions and suggestions about return to school was critically compared with current research evidence. 13 websites were accessed. All had some treatment advice. Six offered conflicting advice about levels of rest, with 2 suggesting large amounts of rest, 2 suggesting some rest and 2 suggesting graded exercise. Nine suggested medications (with a wide variety of pharmacological activities) despite the lack of research evidence showing a significant contribution from medication. Four suggested psychological treatments but some advised that it is unnecessary despite the established evidence in chronic fatigue (and other chronic illnesses) that appropriate psychological treatments are helpful. Many differing diets were recommended. Few websites provided useful management advice. Advice offered was often in conflict. Some of the advice was 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. The authors recommend using the internet as a resource for information and more research into the usefulness and accuracy of websites. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</td>
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<td>John F Morgan, Jim Bolton, Philip M Sedgwick, Sanjeev Patel and Hubert John Lacey</td>
<td>Jun-99</td>
<td>Changes in plasma concentrations of leptin and body fat composition during weight restoration in anorexia nervosa</td>
<td>Journal of Clinical Endocrinology and Metabolism, June 1999, vol./is. 84(6):2257, 0021-972X/0021-972X (1999 Jun)</td>
<td>English</td>
<td>Recently, Eckert et al. presented longitudinal data confirming previous cross-sectional reports that leptin concentrations in female anorectics were significantly lower than normal weight controls, increased significantly on refeeding, and correlated linearly with body mass index. They also suggested an uncoupling of leptin and adiposity at lowest body weights. However, they acknowledged that “a major limitation of this study is the lack of data on percent body fat,” as body mass index does not necessarily correlate with percent body fat. Similarly the cross-sectional reports estimated percent body fat using bioimpedance. The latter assumes uniform hydration, which may not be true in refeeding anorectics. To our knowledge, no previous study has longitudinally correlated leptin against total body fat during weight restoration in anorexia nervosa, except by such crude means of body fat estimation ...</td>
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<tr>
<td>John F Morgan</td>
<td>May-99</td>
<td>Eating disorders and reproduction.</td>
<td>Australian and New Zealand Journal of Obstetrics and Gynaecology, May 1999, vol./is. 39(2):167-73, 0004-8666/0004-8666 (1999 May)</td>
<td>English</td>
<td>Eating disorders are common and characteristically affect young women at what would otherwise be their peak of reproductive functioning. Anorexia nervosa and bulimia nervosa impinge on reproduction both behaviourally and physiologically, with effects on menstruation, androgen function, fertility, sexuality and pregnancy. This review presents a summary of current knowledge and makes suggestions for future research, along with some clinical recommendations for the management of eating disorders in pregnancy.</td>
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John F Morgan

Mar-99

Eating disorders and gynecology: knowledge and attitudes among clinicians.


English

BACKGROUND: Eating disorders are common, responsive to treatment and affect women at a peak age of reproductive function, often presenting via gynecological and obstetric sequelae. The author wished to examine gynecologists' knowledge and attitudes towards them.METHOD: Following a pilot study, a questionnaire concerning eating disorders was designed covering aspects of diagnosis, characteristic gynecological manifestations, treatment, and attitudes. All gynecologists and obstetricians with more than 1 year of experience from four teaching hospitals in Australia and the United Kingdom were sent the anonymous, confidential postal questionnaire. One hundred and fifteen doctors replied, with a response rate of 86%.RESULTS: Only 20% of respondents were confident of diagnosing eating disorders. Various diagnostic misconceptions were revealed; for example, 42% overestimated weight loss in anorexia nervosa by 20% or more, and 28% wrongly believed that a sense of strict dietary control was a feature of bulimia nervosa. Clinicians had least knowledge of bulimia nervosa, underestimating its treatment response. Surprisingly, the greatest deficits in knowledge were of endocrinological and gynecological sequelae. For example, 79% underestimated amenorrhea in anorexia nervosa by 25%, and 85% wrongly believed that regular menses was characteristic of bulimia nervosa at normal weight. Consultants demonstrated significantly more knowledge than junior grades. Thirty-two per cent of respondents overestimated weight loss in anorexia nervosa, by 20% or more, 15% believing it to be more than 30%, 28% wrongly believed that a sense of strict dietary control was a feature of bulimia nervosa. Ammonia in anorexia nervosa was underestimated by 25% of clinicians. For example, 79% underestimated amenorrhea in anorexia nervosa by 25%, and 85% wrongly believed that regular menses was characteristic of bulimia nervosa at normal weight. Consultants demonstrated significantly more knowledge than junior grades. Thirty-two per cent of respondents overestimated weight loss in anorexia nervosa, by 20% or more, 15% believing it to be more than 30%, 28% wrongly believed that a sense of strict dietary control was a feature of bulimia nervosa. Ammonia in anorexia nervosa was underestimated by 25% of clinicians.

John F Morgan

Mar-99

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


English

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

Barry Wright

Mar-99

Impact of pregnancy on bulimia nervosa.


English

EXAMINED THE IMPACT OF PREGNANCY ON SYMPTOMS OF BULIMIA NERVOSA AND ASSOCIATED PSYCHOPATHOLOGY IN 94 WOMEN (AGED 17-38 YRS) ACTIVELY SUFFERING FROM BULIMIA NERVOSE DURING PREGNANCY. ALL WOMEN WERE INTERVIEWED USING THE EATING DISORDER EXAMINATION AND STRUCUTRED CLINICAL INTERVIEW FOR DIAGNOSTIC AND STATISTICAL Manual of Mental Disorders III Revised (DSM III-R), WITH ADDITIONAL STRUCTURED QUESTIONS. BEHAVIORS WERE RECORDED AT CONCEPTION, EACH TRIMESTER AND POSTPARTUM. RELATIVE RISKS WERE CALCULATED FOR PROGNOSTIC FACTORS. BULIMIC SYMPTOMS IMPROVED THROUGHOUT PREGNANCY. AFTER DELIVERY, 57% HAD WORSE SYMPTOMS THAN PRE-PREGNANCY, BUT 34% WERE NO LONGER BULIMIC. RELAPSE WAS PREVENTED BY BEHAVIOURAL SEVENTY AND PERSISTENCE, PREVIOUS ANOREXIA NERVOSE (TYPE II BULIMIA), GESTATIONAL DIABETES AND UNPLANNED PREGNANCY.

John F Morgan

Feb-99

Smoking, eating disorders, and weight control.


English

We wished to review the recent literature on the association between smoking and the incidence of eating disorders. We were interested in assessing the impact of smoking on the development of eating disorders, and on the response to treatment. We reviewed the literature on the association between smoking and eating disorders, and on the impact of smoking on treatment response. The results of our review suggest that smoking is associated with an increased risk of developing eating disorders, and that smoking may also affect the response to treatment. However, the evidence is not strong, and further research is needed to confirm these findings. We discuss the potential mechanisms by which smoking may affect the development of eating disorders, and suggest possible avenues for future research. We conclude that smoking is a risk factor for the development of eating disorders, and should be considered in the management of these disorders.
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<tr>
<td>John F Morgan</td>
<td>Jan-99</td>
<td>Glutamatergic eating patterns should be stabilised in polycystic</td>
<td>BMJ (Clinical research ed.), 1999, vol./is.</td>
<td>318/7175/328,</td>
<td>English</td>
<td>Available from BMJ journals</td>
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<td>ovarian syndrome</td>
<td>0959-8138 (30 Jan 1999)</td>
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<td>Barry Wright</td>
<td>Dec-98</td>
<td>Chronic fatigue syndrome</td>
<td>Archives of Disease in Childhood, 1998, vol./is.</td>
<td>794/369-374,</td>
<td>English</td>
<td>Available from EMBASE</td>
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<td>Kenneth C Kutner, Howard M Busch, Tanja Mahmood, Stanley P Racis and Phoebe R Krey</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 tactual performance test than controls. A greater incidence of NP dysfunction was found in SLE Ss with a history of central nervous system (CNS) disease than in Ss with no such history. Comparisons of RA Ss and controls indicated impairment among RA Ss in several NP variables. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</td>
<td>Journal, Peer Reviewed</td>
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<td>Sir, Sulivan et al (1998)</td>
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<td>Applied bivariate twin modelling to 1897 female twins born between 1934 and 1971, and appears 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). (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
<td>Letter, MEDLINE</td>
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<td>John F Morgan, Adrienne Key and Hubert John Lacey</td>
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<td>Described the management of multi-impressive bulimia nervosa (MIBN) in a 27-year-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. The inclusion 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 contradicted. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
<td>Journal, Peer Reviewed</td>
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<td>Peter Trigwell, Helen Ford, Peter Trigwell and Michael Johnson</td>
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<td>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 Ss (85%) scored above the recommended cut-off for fatigue on the FRS scale. Both the mental fatigue score and the total fatigue score were positively correlated with the depression and anxiety scores on the HAD scale. There was no significant correlation between the physical fatigue score and either of the HAD subscale scores. There was no significant association between duration of disease or disease course and the total scores or subscale scores of the FRS and HAD. This is the first reported study to differentiate between mental and physical fatigue in MS and to demonstrate a significant correlation between fatigue and mood level. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</td>
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| 1998 | John F Morgan | The Royal College of Psychiatrists | Journals | National guidelines for services for those who carry out deliberate self-harm.
| 1998 | Tom Hughes, Susan Hampshaw, Edward Renvoize and David Storer. | Journal of Medical Education | General hospital services for those who carry out deliberate self-harm.

**Allan House**

**Navneet Kapur and Allan House.**

**Working patterns and the quality of training of medical house officers: evaluating the effect of the 'new deal'**

In this study, 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 rotas and on-call rotas 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 rotas (mean hours: partial shift 65.0; full shift 59.8; on-call 72.7), but the effect of 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.

**David Yeomans**

**Paul Hanwood and David Yeomans.**

**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.

**Tom Hughes**

**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 per cent 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 varying 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.

**John F Morgan**

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

Presents a case of bulimia nervosa in a 21-year-old HIV-positive woman whose seropositivity provoked sustained motivation for recovery from her eating disorder. The literature is reviewed in which the negative impact of seropositivity has been emphasized, and the interaction between eating disorders and HIV-1 infection is explored, considering both nutritional and psychological factors.
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<th>Author(s)</th>
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<tr>
<td>Geoffrey Hardman and Duncan Raistrick.</td>
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<td>Aims. To develop a methodology for obtaining the detailed costs of</td>
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<td>different substance misuse services and illustrate some of the</td>
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<td>specific problems by means of a case study. Design. Data on the</td>
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<td>resources required, clinical activity, and patient characteristics</td>
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<td>for one year were combined to provide detailed costs for different</td>
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<td>types of clinical events and patients. Setting. The clinical services</td>
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<td>of a publicly funded addiction unit in a large industrial city in</td>
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<td>the UK. The unit provides for alcohol and other drug misusers mainly</td>
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<td>on an outpatient basis but with inpatient care. Participants Over</td>
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<td>1500 patients were included in the analysis with 75 per cent being</td>
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<td>male, and 80 per cent aged between 20 and 49. Nearly half of the</td>
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<td>clients had alcohol as their main drug of misuse with opiate users</td>
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<td>being the next largest group. Measurement. Detailed costing by event</td>
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<td>and patient was possible as the staff type and time taken for each</td>
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<td>event were routinely recorded. A cost for each individual event was</td>
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<td>estimated and summed for each individual patient to give a cost</td>
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<td>estimate by patient for the financial year 1992/3. Findings. Core</td>
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<td>treatment outpatient events had an average cost of 48, with new</td>
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<td>assessments costing 87 but these averages hid high variations. The</td>
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<td>average cost per year for those receiving only outpatient care was</td>
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<td>358; it was 1857 for those receiving both outpatient and inpatient</td>
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<td>care. Opiate misusers were on average more costly than alcohol</td>
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<td>misusers. The costs were skewed with 10 per cent of patients</td>
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<td>accounting for 56 per cent of the total annual costs. Conclusions.</td>
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<td>Dealing with costs of non attendance, including all resource use,</td>
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<td>and coping with large individual variations in costs across</td>
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<td>individuals and intervention types are the main problems in devising</td>
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<td>cost figures. Cost data are useful but need to be combined with</td>
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<td>outcome data if they are to be used to improve patient services.</td>
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<td>Hodjegan, S Shires, Alastair W M Hay,</td>
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<td>users.</td>
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<td>Morgan Feely, Robert</td>
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<td>Aims - There is some evidence that monitoring methadone plasma</td>
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<td>concentration may be of benefit in dosage adjustment during</td>
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<td>methadone maintenance therapy for heroin (opiate) dependence.</td>
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<td>However, the kinetics of oral methadone are incompletely</td>
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<td>characterized. We attempted to describe the latter using a</td>
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<td>population approach combining intensive 57 h sampling data from</td>
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<td>healthy subjects with less intensive sparse 24 h data from opiate</td>
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<td>users. Methods - Single oral doses of rac-methadone were given to</td>
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<td>13 drug-naive healthy subjects (7 men and 6 women) and 17 opiate</td>
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<td>users beginning methadone maintenance therapy (13 men and 4</td>
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<td>women). Plasma methadone concentrations were</td>
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<td>Timothy J A Key and Paul N Appleby.</td>
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<td>people (multiple letters) [9]</td>
<td>English</td>
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<td>Editor-We believe that some of the issues raised in Timothy J A Key</td>
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<td>and colleagues’ study of dietary habits and mortality in 11 000</td>
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<td>vegetarians and health conscious people [1] and in the</td>
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<td>accompanying commentary by Matthew W Gillman[2] deserve more</td>
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<td>attention ...</td>
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<th>Author(s)</th>
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<tr>
<td>John Strang, Williams B Cle and Duncan Raistrick</td>
<td>Why Britain's drug czar mustn't wage war on drugs. Aim for pragmatism, not dogma</td>
<td>British Medical Journal, 1997, vol.1/2/25-26, 0959-8146 (1997)</td>
<td>Dec-97</td>
<td>The British government has advertised the first ever post of drug supremo, or 'drug czar' to borrow the term used in the United States. It is good news that the new Labour government is evidently serious about the growing national and international drug problem and intends to strengthen further the pan-departmental approach taken by the central drugs co-ordinating unit and its strategic document for England, Tackling Drugs Together.1 But there is a grave danger that the increased political attention could backfire, producing a more politicised approach to the problem and causing the new czar's dominant orientation to be one of control. Crime 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. Prisons 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.</td>
<td>Available from the BMJ (bmj.com)</td>
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<td>Chris Williams, John Milton, Paul Strickland, Nick Ardagh-Walter, John Knapp, Simon Wilson, Peter Trigwell, E Feldman E and A C P Sims.</td>
<td>Impact of medical school teaching on preregistration house officers' confidence in assessing and managing common psychological morbidity: Three centre study</td>
<td>British Medical Journal, 1997, vol.1/2/25-26, 0959-8146 (1997)</td>
<td>Dec-97</td>
<td>Introduction The psychiatric problems of inpatients in hospital are associated with distress and increased complexity of care. 1 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). Conclusion The results suggest that psychiatry teaching offers important opportunities for early intervention.</td>
<td>Available from the BMJ (bmj.com)</td>
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<tr>
<td>Kim Wolff, Alastair Vail, Kevin Harrison and Duncan Raistrick</td>
<td>Non-prescribed drug use during methadone treatment by clinic- and community-based patients</td>
<td>Addiction, November 1996, vol.1/2/25-26, 0959-8146 (1997)</td>
<td>Nov-97</td>
<td>Investigated the efficacy of methadone maintenance treatment in 10 clinic-based patients (aged 23-34 yrs) and 13 community-based patients (aged 26-60 yrs) by studying the relationships between dose, plasma concentrations of methadone, and non-prescribed drug-use using logistic regression. Clinic-based Ss had significantly reduced odds of having a urine sample test positive for illicit drugs when compared to community-based Ss. There was no relationship between either methadone dose or plasma methadone concentration and testing positive for non-prescribed drugs (including cocaine, cannabis, amphetamine, ecstasy, benzodiazepines). When looking specifically at the misuse of opiate drugs, location was again important, and clinic-based Ss had significantly reduced odds of having a urine sample test positive for opiate drugs. Opiate drug use was also significantly related to plasma methadone concentration, increasing noticeably when the drug concentration was greater than 0.48 nmol/L. There was no relationship between methadone dose or plasma methadone concentration and testing positive for non-prescribed drugs. 1 The results suggest that feedback of HbA1C level may partly determine indicating that this concept is applicable in the study of diabetes. The author addresses the task force's involvement with such issues as the categorization of methadone programs and the role of the general psychiatrist. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</td>
<td>Available from the Wiley Online Library (onlineibrary.wiley.com)</td>
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<tr>
<td>Peter Trigwell, Peter J Grant and Allan House.</td>
<td>Motivation and glycaemic control in diabetes mellitus</td>
<td>Journal of Psychosomatic Research, September 1997, vol.43/3/307-315, 0022-3999 (Sep 1997)</td>
<td>Sep-97</td>
<td>As a precursor to evaluating the place of a brief intervention (motivational interviewing) in the treatment of diabetes, this study investigated the relationship between motivation and glycaemic control in 361 diabetic out-patients (aged 17-85 yrs). Outcome measures were the Stages of Change Readiness and Treatment Eagerness Scale and HbA1C level, a measure of glycaemic control. The majority of patients (86.7%) could be allocated to a single motivational stage, indicating that this concept is applicable in the study of diabetes. There were significant associations between HbA1C level and motivational stage, but not in the direction predicted. That is, patients at an earlier motivational stage had lower HbA1C levels than those at later stages. The results suggest that feedback of HbA1C level may partly determine the patient's motivation to control their diabetes, although the effect is quite weak.</td>
<td>Available from the ResearchGate (<a href="http://www.researchgate.net">www.researchgate.net</a>)</td>
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Tariq Mahmood, Mike Devlin and Trevor Silverstone.  
Jun-97  
Cocaine in the management of bipolar and schizoaffective manic episodes resistant to standard treatment.  
Australian and New Zealand Journal of Psychiatry, June 1997, vol./is. 31/(3)/424-426, 0004-8674/1440-1614 (Jun 1997)  
English  
Tried the efficacy of clozapine in treatment-resistant manic episodes. SS were 3 adults, aged 28-51 yrs, 2 with bipolar disorder (manic) and 1 with schizoaffective disorder (manic), who were treated with clozapine after the failure of standard antipsychotics. All 3 cases were successfully treated, demonstrating the potential value of controlled trials of clozapine in cases of bipolar and schizoaffective disorder refractory to standard treatment such as lithium, anticonvulsants, and antipsychotics. (PsycINFO Database Record (c) 2012 APA, all rights reserved)  
Journal, Peer Reviewed  
PsycINFO  
Available from Sage Journals (journals.sagepub.com)  

Peter Trigwell  
Mar-97  
The use of CS spray in the mentally ill.  
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  
EMBASE  
Available from Elsevier Direct (www.sciencedirect.com)  

Allan House  
Navneet Kapur and Allan House.  
Mar-97  
Job satisfaction and psychological morbidity in medical house officers.  
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 rota. 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 the study.  
Journal Article  
MEDLINE  

Peter Trigwell  
Feb-97  
CS gas has been used as chemical restraint in mentally ill person.  
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  
MEDLINE  
Available from BMJ (bmj.com)  

Peter Trigwell  
Feb-97  
Psychosurgery: Description and outcome study of a regional service.  
Psychiatric Bulletin, February 1997, vol./is. 31/2/1505/109, 0956-6036/1472-1473 (Feb 1997)  
English  
Presents the audit of a consecutive series of patients who underwent psychsurgery 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, psychsurgery. Pre-surgical assessments included the Global Assessment of Function, the Comprehensive Psychiatric Rating Scale, and the Hospital Anxiety and Depression Scale. The results indicate that a satisfactory psychosurgical service may be organized on a regional basis and that there are advantages of this. They also indicate that psychsurgery retains a role in the management of some severe obsessional 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, Peer Reviewed  
PsycINFO  
Available from B.Psych (bcp.psych.org)  

Duncan Raistrick  
Jan-97  
Benzodiazepine misuse by drug addicts.  
Annals of Clinical Biochemistry, January 1997, vol./is. 34/(1)/68-73, 0004-6632 (January 1997)  
English  
Using a high-performance liquid chromatography method, we measured seven commonly prescribed benzodiazepines (chloridiazepoxide, nitrazepam, nordiazepam, oxazepam, lorazepam, temazepam and diazepam) in 100 urine samples obtained from patients attending the Leeds Addiction Unit. All of the urine selected for investigation were positive for benzodiazepines using an EMIT (Enzyme Immunoassay) screen. Forty-four of the urine contained a range of benzodiazepines, none of which had been prescribed. Nitrazepam was detected most frequently (21 urine samples), but had not been prescribed to any of the patients in this study. Chloridiazepoxide 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  
EMBASE  
Available from Sage Journals (journals.sagepub.com)  

Duncan Raistrick  
Dec-96  
Methadone maintenance and tuberculosis treatment.  
British Medical Journal, 1996, vol./is. 313/7082/925-926, 0959-8146  
English  
Methadone is a potent inducer of hepatic microsomal enzymes. It increases drug clearance and reduces the half life of a wide range of drugs, including barbiturates, oral contraceptives, propranolol, sulphonylureas, and methadone.1 Without a concomitant increase in methadone dose, patients also taking rifampicin are likely to experience opiate withdrawal symptoms and may stop their antituberculosis drugs or supplement their methadone prescription with illicitly obtained opiates. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary tuberculosis treatment.  
Correspondence  
EMBASE  
Available from BMJ (bmj.com)
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<td>Piter Trigwell and David Yeomans</td>
<td>Craig Williams, Peter Trigwell and David Yeomans.</td>
<td>Apr-96</td>
<td>Pass the Royal College examinations: MCO technique</td>
<td>British Journal of Hospital Medicine, April 1996, vol./is. 55(8)(479-481), 0007-1064 (1996 Apr 17-30)</td>
<td>English</td>
<td>Trainee doctors can fail Royal College exams as a result of poor multiple choice question technique. On a negatively marked exam it is possible for candidate to know a subject well, answer 72% of the questions correctly, and yet still only obtain a mark of 44%. As a result, even some very good clinicians fail these exams.</td>
<td>Journal Article</td>
<td>EMBASE Available from PubMed (<a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a>)</td>
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<td>Barry Wright</td>
<td>Barry Wright, David West, Anne Worrall and Gillian Tagg.</td>
<td>Apr-96</td>
<td>Prevalence of confirmed child abuse and the use of resources in child psychiatric out-patients.</td>
<td>Psychiatric Bulletin, April 1996, vol./is. 20(4)(207-209), 0955-6036/1472-1473 (Apr 1996)</td>
<td>English</td>
<td>Examines the extent of known child sexual and physical abuse in child psychiatric out-patient services in Leeds, England. The authors surveyed a 1 mo period, looking at all outpatient contacts, and found that at least 17.9% of patients had been physically or sexually abused and these patients took up 25.8% of outpatient time. When 70 of the abused children (median age 11 yrs) were compared to a group matched for age, clinical team, and diagnosis, it was found that abused children were more likely to be followed-up for longer and received more therapeutic time over a given period than non-abused children. The implications for resources are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</td>
<td>Journal, Peer Reviewed</td>
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<tr>
<td>Peter Trigwell and David Yeomans</td>
<td>Peter Trigwell, David Yeomans and Craig Williams.</td>
<td>Mar-96</td>
<td>The Royal College examinations: preparation and practice</td>
<td>British Journal of Hospital Medicine, March 1996, vol./is. 55(6)(332-334), 0007-1064 (1996 Mar 20-Apr 2)</td>
<td>English</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>Journal Article</td>
<td>EMBASE Not available</td>
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<td>John F Morgan</td>
<td>John F Morgan and Hubert John Lacey.</td>
<td>Mar-96</td>
<td>Anorexia nervosa and steroid withdrawal.</td>
<td>International Journal of Eating Disorders, March 1996, vol./is. 19(2)(213-215), 0276-3478/1099-108X (Mar 1996)</td>
<td>English</td>
<td>Reports the case of anorexia nervosa in a 14-yr-old girl following withdrawal of oral prednisolone used in the treatment of bronchial asthma. The S exhibited depressed affect and disturbance of body image prior to onset of anorexia. The S appears to have suffered from weight gain and disturbance of affect as a direct result of exposure to steroids at a stage of burgeoning sexual and social development. Both the physiological and psychological impact of steroid withdrawal are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</td>
<td>Journal, Peer Reviewed</td>
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<td>Peter Trigwell and David Yeomans</td>
<td>Peter Trigwell, Craig Williams and David Yeomans.</td>
<td>Feb-96</td>
<td>MRCPsych examination technique: the short answer question paper.</td>
<td>British Journal of Hospital Medicine, February 1996, vol./is. 55(3)(135- 8), 0007- 1064/0007-1064 (1996 Feb 7-20)</td>
<td>English</td>
<td>Many candidates expect to pass the short answer question paper of the MRCPsych Part II examination using a straightforward regurgitation of facts. They are surprised by the need for good technique in order to do well in this paper.</td>
<td>Journal Article</td>
<td>MEDLINE Not available</td>
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<td>David Protheroe</td>
<td>David Protheroe and Gerard Roney.</td>
<td>Feb-96</td>
<td>Assessing detainees' fitness to be interviewed; implications for senior registrars' training.</td>
<td>Psychiatric Bulletin, February 1996, vol./is. 20(2)(104-105), 0955-6036/1472-1473 (Feb 1996)</td>
<td>English</td>
<td>The police are increasingly requesting assessments of detainees' fitness to be interviewed. Senior registrars in psychiatry are often asked to perform this task. G. Gudjonsson (see record 1997-02932-011) has derived a set of guidelines from a judge's ruling following a court case. The present survey of 22 senior registrars in psychiatry identified that the current practice falls short of these guidelines. Reasons for this and implications for training are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</td>
<td>Journal, Peer Reviewed</td>
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<td>Author(s)</td>
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<td>Duncan Rastick</td>
<td>Methadone maintenance treatment should be tailored for each patient</td>
<td>Dec-95</td>
<td>British Medical Journal</td>
<td>England</td>
<td>EMBASE</td>
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<td>Peter Trigwell</td>
<td>Illness behaviour in the chronic fatigue syndrome and multiple sclerosis</td>
<td>Dec-95</td>
<td>Current Opinion in Psychiatry</td>
<td>England</td>
<td>Available from JSTOR</td>
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<td>Tom Hughes and David Owens</td>
<td>Can attempted suicide (deliberate self-harm) be anticipated or</td>
<td>Dec-95</td>
<td>Current Opinion in Psychiatry</td>
<td>England</td>
<td>EMBASE</td>
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<td>Alcoholism and drug addiction</td>
<td>Dec-95</td>
<td>Addictiction</td>
<td>England</td>
<td>Available from Wiley Online Library</td>
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<td>Duncan Rastick</td>
<td>The value of independence</td>
<td>Nov-95</td>
<td>Addiction</td>
<td>England</td>
<td>Available from Medline</td>
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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 a request to list six situations which afforded pleasure. The most frequent items were reviewed 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 a score range that would distinguish a "normal" from an "abnormal" response. Validity and reliability were found to be satisfactory. Conclusions. The new scale, the Snaith-Hamilton Pleasure Scale (SHAPS), is an instrument which may be recommended for psychopathological research.


Discusses the 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 began the course with negative ideas about PDP and found that his feelings had intensified early in the course. The 3rd trainee, an agnostic, was mainly struck by the apparent similarity between PDP and religion and found some of the 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 the therapeutic armamentarium." A comment from one of the organizers in the course which the trainees attended is included. (Psychoinfo Database Record (c) 2013 APA, all rights reserved)


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


The article reports a survey and a subsequent prospective intervention study. The survey was conducted in two psychogeriatric day hospitals to establish the extent of day-by-day non-attendance. In 1991, 23% of allocated places were not taken up and 39% of patients did not attend for 98% of these episodes were 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.


The Advisory Council and the Misuse of Drugs (ACMD) has a remit to advise government on drug misuse policy in the UK. In a series of reports going back to the early 1980s the ACMD has been the major influence on the pattern of drug misuse services. AIDS and Drug Misuse Update (1993) is the 1st report devoted to HIV and drug misuse. By pulling together current issues on preventing the spread of HIV among drug users, but stopping short of giving all the answers, AIDS and Drug Misuse Update is certain to elicit more varied reactions than previous guidance. Of course, there are no simple answers; rather, the report is part of the wider debate about responses to illicit drug use which is gone on in western democracies.


From the chapter: both substance misuse and violence are behaviours that attract negative responses: professionals and patients alike distance themselves from any stigma by making sense of the behaviours / the relationship between substance-misuse and violence, is . . . complex: the more illicit and more deviant addictive behaviours are associated with more violence, but each potentiates the other / the appropriate management of aggression depends upon an accurate assessment of its meaning / [suggests that] health-care workers need to be clear about which situations demand a response from the police and which demand medical interventions / health-care workers need to adapt.


Not available.
Available from Wiley Online Library
Available from King's College
Canine Capgras.
Incorporation of very low doses of phenobarbital into a methadone linctus has enabled us to monitor the compliance of patients on reducing dose of methadone (detoxification) for treatment for opioid addiction. By measuring both estimates of the variance of methadone clearance and apparent volume of distribution, and indicate that methadone is rapidly absorbed (mean Kt,a, 1.7 h-sup–1) with a detectable increase in the plasma drug concentration 15 to 30 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.

Available from Sage Journals
Barry Wright,
Kim Wolff, Alastair Gordon, and Wendy Burn.
Use of 'very low-dose phenobarbital' to investigate compliance in patients on reducing doses of methadone (detoxification).
Journal of Substance Abuse Treatment. 1993, vol./is. 10(5)/453-458, 0740-5472 (1993)
English
Incorporation of very low doses of phenobarbital into a methadone linctus has enabled us to monitor the compliance of 7 patients receiving a reducing dose of methadone (detoxification) for treatment for opioid addiction. By measuring both plasma phenobarbital and methadone we detected 4 patients who consumed extra illicitly obtained methadone during the detoxification regime. 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.

Available from Cambridge Core
Gilian Tabor.
A Strategy for Social Work Training
Harrison, L, (Ed) Substance Misuse: Designing Social Work Training
Not available
English
A questionnaire to measure alcohol and opiate dependence in the context of a detoxification program. 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 Kt,a, 1.7 h-sup–1) with a detectable increase in the plasma drug concentration 15 to 30 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.

Available from Cambridge Core
Gillian Tabor.
Dec-93
An association between functional psychosis and urinary incontinence.
Irish Journal of Psychological Medicine, June 1993, vol./is. 10/3(96-92), 0790-9667 (Jun
English
Describes the association between degree of incontinence and severity of mental illness in case reports of 3 patients (aged 23, 54, and 55 yrs) with functional psychosis of depression, mania, or schizophrenia. Organic predisposing factors for the development of urinary incontinence are noted. In all 3 cases urinary incontinence improved, seemingly due to successful treatment of the underlying psychosis. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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Available from Cambridge Core
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./is. 10/3(96-92), 0790-9667 (Jun
English
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A questionnaire to measure alcohol and opiate dependence in the context of a detoxification program. 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 Kt,a, 1.7 h-sup–1) with a detectable increase in the plasma drug concentration 15 to 30 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.
Peter Trigwell.  Mar-93  Intravenous needle phobia  British dental journal, March 1993, vol.143(158), 0007- 0610 (6 Mar 1993)  English  A key in the BDJ’s current program of renovations was the readership survey, carried out last autumn. Broadly, the survey aimed to find out how dentist rated the style BDJ against the other general interest UK Journals, and they viewed its content and design.

Barry Wright.  Dec-92  Exacerbation of akinesic seizures by atropine eye drops  British Journal of Ophthalmology, 1992, vol. 76(3)(179-180), 0007-1161 (1992)  English  A case is reported where atropine sulphate eye drops increased the frequency of fits in a child suffering regular akinesic seizures. This increase was marked and observed during two separate courses of eye drops. This is discussed with reference to previous reports of central nervous toxicity after the use of topical atropine sulphate.

Kim Wolff, Alastair W M Hay and Duncan Rastrick.  Dec-92  Plasma methadone measurements and their role in methadone detoxification  Clinical Chemistry, 1992, vol. 38(3)(420- 425), 0009-9147  English  We monitored eight patients who were receiving a decreasing dose of methadone for treatment for opioid addiction (detoxification). Patients with plasma concentrations of methadone <0.05 mg/L experienced withdrawal symptoms, relapse, and re-abused illicit drugs. Four patients took extra methadone (illicitly obtained) during detoxification. None of the eight patients in our study were successfully weaned of methadone: all left the methadone detoxification program.


Barry Wright.  Dec-92  Chronic fatigue syndrome and heterogeneity [10]  Journal of the Royal Society of Medicine, 1992, vol. 85(9)(588), 0141-0768 (1992)  English  One thing which hampers medical research is a frustrating tendency for researchers to conclude that heterogeneous groups are homogeneous. Several examples can be cited including research into sudden infant death syndrome. In his editorial on chronic fatigue syndrome (CFS) Wessely (April 1992 JRSM, p 189) asserts that previous views suggesting CFS to be simply a form of somatised depression are no longer tenable because of one published and one unpublished study showing biological differences from major depression . . .


Duncan Rastrick  Dec-91  Methadone concentrations in plasma and their relationships to drug dosage  Clinical Chemistry, 1991, vol. 37(2)(205- 209), 0009-9147 (1991)  English  We have developed a sensitive HPLC method for measuring methadone in plasma and have used it to establish that there is a linear relationship between plasma concentration and methadone dose over the range of 3-100 mg of methadone per day in a group of 31 addicts. We found a good correlation between dose and plasma concentration (r = 0.89), with the plasma methadone concentration increasing by 0.263 mg/L for every milligram of methadone consumed per kilogram of body weight. Five patients had unexpected high or low concentrations; this finding is discussed.

Duncan Rastrick  Dec-91  High-dose methadone and the need for drug measurements in plasma  Clinical Chemistry, 1991, vol. 37(9)(1651- 1664), 0009-9147 (1991)  English  We report a case of high-dose methadone prescribed to a heroin addict for pain control. The patient was prescribed methadone during convalescence from surgery and subsequently for maintenance treatment. Dosing was started at 360 mg of methadone per day and reduced over 12 days to an 80 mg/day maintenance dose. Although the patient was drowsy on the initial dose, his recovery was uneventful. However, there were complaints of pain and withdrawal discomfort when the plasma concentration decreased to <1 mg/L. Measurements of methadone in plasma were helpful for monitoring the recovery of this patient after surgery and are likely to prove useful in similar cases.

Duncan Rastrick  Dec-91  Measuring compliance in methadone maintenance patients: Use of a pharmacologic indicator to ‘estimate’  Clinical Pharmacology and Therapeutics, 1991, vol. 50(2)(199-207), 0009-9236  English  A quantitative indicator of compliance is not available for methadone - the drug of choice for the treatment of opioid addiction. We successfully used low-dose phenobarbital (a valid pharmacologic indicator) to measure compliance by incorporating the drug into the methadone medication of patients attending an addiction unit. Plasma phenobarbital and methadone concentrations were measured in 20 (11 clinic-based and 9 community-based) patients receiving long-term treatment with the phenobarbital level-to-dose ratio, together with interviews, to validate methadone measurements and to monitor compliance. Patients attending the unit on a daily basis and who consumed their medication in the clinic were substantially more compliant than community-based patients. Laboratory measurements of phenobarbital and methadone were used.
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<td>Gillian Tober and Duncan Raistrick</td>
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<td>Dec-90</td>
<td>Development of a district training strategy</td>
<td>British Journal of Addiction, December 1990, vol./is. 85(12)(1563-1570), 0952-0481 (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 © 2012 APA, all rights reserved)</td>
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<td>Dec-90</td>
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<td>British Journal of Addiction, August 1989, vol./is. 83(8)(667-669), 0952-0481 (Aug 1989)</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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<td>Dealing with Alcohol at Work</td>
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<td>Duncan Raistrick</td>
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<td>The homogeneity of the alcohol dependence syndrome: A factorial analysis of the SADD questionnaire</td>
<td>British Journal of Addiction, August 1989, vol./is. 83(8)(667-669), 0952-0481 (Aug 1989)</td>
<td>The Severity of Alcohol Dependence Data (SADD) questionnaire (W. S. Kastl et al; see record 1983-2367:001) was administered under different conditions to 3 groups of patients referred for addiction treatment. Group 1 (mean age 40.1 yrs) included 56 females and 107 males; Group 2 (mean age 40.5 yrs) included 12 females and 83 males; Group 3 (mean age 36.6 yrs) included 19 females and 90 males. Factor-analyzed results showed a consistent and strong 1st factor, which suggests that with some small modifications the SADD is a unidimensional scale. Results provide further evidence for the homogeneity of the alcohol dependence syndrome. The 15-item SADD questionnaire is appended.</td>
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<td>Duncan Raistrick</td>
<td>Robin Davidson, Brendan Bunting and Duncan Raistrick,</td>
<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), 0952-0481 (Apr 1988)</td>
<td>Substance problems: The future of specialist services. (PsycINFO Database Record © 2012 APA, all rights reserved)</td>
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| Duncan Raistrick           | Duncan Raistrick           | Aug-89| The Combined approach: Still an important debate                   | British Journal of Addiction, August 1989, vol./is. 83(8)(667-669), 0952-0481 (Aug 1989) | 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.
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<td>Abstinence is best but Resumed Normal Drinking Does Occur</td>
<td>Duncan Raistrick</td>
<td>Mar-87</td>
<td>British Journal of Addiction, Volume 82, Issue 3 March 1987 Pages 243-245</td>
<td>Available from Wiley Online Library (<a href="http://www.wileyonlinelibrary.com">www.wileyonlinelibrary.com</a>)</td>
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Dunca, R. (1983). The validity 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)


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<td>Dec-81</td>
<td>Duncan Raistrick, Ian Davies</td>
<td>Dealing with Drink</td>
<td>Crown Publications: 1981-10-01</td>
<td>Although alcoholism has been considered to be a primary disease, there is evidence to indicate that the associated 'illnesses' are secondary to an Alcohol Dependence Syndrome. The author considers this evidence, and describes an operant conditioning paradigm for alcoholism, and its implications for controlled drinking goals in some patients.</td>
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<td>Dec-79</td>
<td>Duncan Raistrick</td>
<td>Alcoholism - a behavioural approach</td>
<td>Trends in Neurosciences, 1979, vol./is. 2/1(25-26), 0166-2236 (1979)</td>
<td>Although alcoholism has been considered to be a primary disease, there is evidence to indicate that the associated 'illnesses' are secondary to an Alcohol Dependence Syndrome. The author considers this evidence, and describes an operant conditioning paradigm for alcoholism, and its implications for controlled drinking goals in some patients.</td>
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