

Trust Author	Author(s)	Year of Publication	Title	Citation	Language	Abstract	Publication Type	Source	Full Text
Clare Fenton	Clare Fenton	Jan-23	Scoping review: Alternatives to self-harm recommended on mental health self-help websites	International Journal of Mental Health Nursing; Volume32; Issue1; Pages 76-94	English	Less than half of all young people with mental health difficulties will seek professional treatment. Due to the private nature of self-harm it is estimated that only 1:28 young males and 1:18 young females who self-harm ever present to hospital. Self-help supports improved coping strategies and life changes without reliance on a clinical intervention which could be used to reduce self-harming behaviours. The study objective is to review self-help alternatives to self-harm on mental health websites that can be accessed by young people. Google, Bing, and Yahoo search engines were used to search for appropriate websites. Eighty-two unique websites on mental health were identified, of which 55 met the inclusion criteria. A total of 1177 self-help suggestions were found for those struggling with self-harm urges. The average number of suggestions per site was 42 (Range 3–252). The main techniques suggested were: seeking social contact/help, physical activity, displacement/mimicking techniques, relaxing/comforting techniques, sensory techniques, fun/diverting techniques, aggressive techniques, creative/reflective techniques. This review found not all strategies were suitable for young people and that the large number of possible strategies could be challenging for a young person to navigate. However, mental health self-help websites were generally of high quality and gave a range of potentially helpful strategies. The categories created from this review could be used as a guide to consider with the young person when making an individualized self-help plan to manage self-harm urges. Further research is required to assess if and how these techniques could be used individually or in combination to reduce self-harm.	Journal Article		<a href="#">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Rachel Hodgkinson, Helen Phillips, Catarina Teige and Barry Wright	Rachel Hodgkinson, Helen Phillips, Victoria Allgar, Alys Young, Ann Le Couteur, Andrew Holwell, Catarina Teige and Barry Wright	Jan-23	Comparison of Diagnostic Profiles of Deaf and Hearing Children with a Diagnosis of Autism	International Journal of Environmental Research and Public Health; Volume 20; Issue 3	English	Abstract: There is limited research comparing the presentation of autism in deaf and hearing children and young people. These comparisons are important to facilitate accurate diagnosis, as rates of misdiagnosis and delay in diagnosis amongst deaf children and young people are high. The aim of this study was to compare diagnostic assessment profiles of a UK cohort of autistic deaf and hearing children and young people. The Autism Diagnostic Interview—Revised—Deaf adaptation was completed with the parents of 106 children and young people (deaf children = 65; hearing children = 41). The majority of items explored showed no significant differences between deaf and hearing children and young people. Differences were found in peer relationships, where autistic deaf participants were less likely to respond to the approaches of other children or play imaginatively with peers. These findings need to be taken into consideration by clinicians in the assessment process.	Journal Article		<a href="#">Available from MDPI (www.mdpi.com)</a>
George Crowther	George Crowther, Mani S Krishnan, Jonathan Richardson, Robert Bowes, Andrew Fitzpatrick and Muzahir H Tayebjee	Jan-23	What training should psychiatrists have to interpret six- and 12-lead electrocardiograms?	BJPsych Bulletin: Early View	English	To monitor for drug-related cardiac arrhythmias, psychiatrists regularly perform and interpret 12-lead (12L) and, increasingly often, six-lead (6L) electrocardiograms (ECGs). It is not known how training on this complex skill is updated or how well psychiatrists can interpret relevant arrhythmias on either device. We conducted an online survey and ECG interpretation test of cardiac rhythms relevant to psychiatrists.  A total of 183 prescribers took part; 75% did not regularly update their ECG interpretation skills, and only 22% felt confident in interpreting ECGs. Most participants were able to recognise normal ECGs. For both 6L and 12L ECGs, the majority of participants were able to recognise abnormal ECGs, but fewer than 50% were able to correctly identify relevant arrhythmias (complete heart block and long QTc). A small number prescribed in the presence of potentially fatal arrhythmias. These findings suggest a need for mandatory ECG interpretation training to improve safe prescribing practice.	Journal Article		<a href="#">Available from Cambridge Core (www.cambridge.org/core)</a>

Anjula Gupta	Lucy Carter, Tom Isherwood and Anjula Gupta	Jan-23	The experience of community mental health teams by people with long-term experience of psychosis	Psychosis Psychological, Social and Integrative Approaches: Early view	English	<p>BACKGROUND: The recovery movement has facilitated a move from a palliative approach to care, to one that emphasises the possibility and likelihood of recovery. This study aimed to explore people's experience of community mental health services, and to explore any changes that have occurred over-time.</p> <p>METHOD: A qualitative study was conducted using Interpretative Phenomenological Analysis. Seven individuals who have experience of psychosis and who have been involved with services for 5 years or more, were recruited from community mental health teams in the UK. Interviews were conducted via the telephone using a semi-structured approach.</p> <p>RESULTS: Individuals reported a mixed experience of services. Four super-ordinate themes were identified; 1) Grateful for connection; 2) Hesitant about being dissatisfied; 3) The unequal distribution of power; and 4) An enduring vulnerability</p>	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
	Zoe Darwin, Sarah L Blower, Chandani Nekitsing, Sarah Masefield, Rifat	Dec-22	Addressing inequalities in the identification and management of perinatal mental	Frontiers in Global Womens Health; Sec. Women's Mental Health: Volume	English	<p>Background: Perinatal mental health (PMH) difficulties affect approximately one in five birthing women. If not identified and managed appropriately, these PMH difficulties can carry impacts across generations, affecting mental health and relationship outcomes. There are known inequalities in identification and management across the healthcare pathway. Whilst barriers and facilitators have been identified there is a lack of clarity about how these relate to the avoidable and unfair inequalities experienced by various groups of women. Further research is required to understand how to address</p>	Journal Article	<a href="https://www.frontiersin.org">Available from Frontiers in Global Women's Health (https://www.frontiersin.org)</a>
Jo Ramsden	Jo Ramsden and Kerry Beckley	Dec-22	The Power Threat Meaning Framework - Implications for the Criminal Justice System	Challenging Bias in Forensic Psychological Assessment and Testing: Theoretical and Practical Approaches to Working with Diverse Populations	English	None available	Book Chapter	<a href="#">Book available for purchase.</a>
Kerry Hinsby	Judith Johnson, Lucy Pinton, Chris Keyworth, Nigel Wainwright, Lucie Moores, Jenny Bates, Kerry Hinsby	Dec-22	Evaluation of a training programme for critical incident debrief facilitators	Occupational Medicine, 2022; kqac125	English	<p>Background: Critical incident debriefs are a commonly used occupational health tool for supporting staff after traumatic work incidents. However, there is a dearth of literature evaluating training programmes for debrief facilitators.</p> <p>Aims: To evaluate a 5-day training programme to equip healthcare, social care and voluntary, community and social enterprise sector staff to act as post-incident peer supporters and debrief facilitators.</p> <p>Methods: A mixed-methods, single-arm, before-and-after study. Data were collected at baseline and post-training. The quantitative outcome measure was 'Confidence'; the sum of two items measuring confidence in (i) supporting peers after critical incidents and (ii) facilitating post-incident structured team discussions. At post-training, quantitative and qualitative feedback regarding experiences and perceptions of the training was also gathered.</p> <p>Results: We recruited 45 participants between October 2021 and January 2022. Confidence in supporting peers following incidents and facilitating post-incident structured team discussions increased significantly following the</p>	Journal Article	<a href="http://academic.oup.com">Available from Oxford Academia (academic.oup.com)</a>

Wendy Burn	Miriam Boland, Agnes Higgins, Claire Beecher, Pat Bracken, Wendy Burn, Anne Cody, Adele Framer, Toto Anne Gronlund, Mark Horowitz, Christy Huff, Sandra Jayacodi, Dolores Keating, David Kessler, Asa Konradsson Geuken, Nicole Lamberson, Luke Montagu, Brian Osborne, Ruth Smith and Cathal Cadogan	Nov-22	Priorities for future research on reducing and stopping psychiatric medicines using a James Lind Alliance priority setting partnership: The PROTECT study protocol [version 1; peer review: awaiting peer review]	HRB Open Res 2022, Volume 5; Issue 72	English	Background: There is a growing number of service users looking to discontinue use of psychiatric medicines. Tapering is the recommended approach for reducing and/or discontinuing the use of psychiatric medicines. This involves gradually reducing the dose over time to minimise the potential for withdrawal symptoms. However, many uncertainties exist regarding the process of reducing and stopping psychiatric medicines. This study will use a James Lind Alliance Priority Setting Partnership to determine the Top 10 unanswered questions and uncertainties about reducing and stopping psychiatric medicines. Methods: The Priority Setting Partnership will be conducted using the James Lind Alliance methodology. It will involve seven stages: (i) creating an international Steering Group of representatives from key stakeholder groups that will include people with lived experience of taking and/or stopping psychiatric medicines, family members, carers/supporters and healthcare professionals, and identifying potential partners to support key activities (e.g. dissemination); (ii) gathering uncertainties about reducing and stopping psychiatric medicines from key stakeholders using an online survey; (iii) data processing and summarising the survey responses; (iv) checking the summary questions against existing evidence and verifying uncertainties; (v) shortlisting the questions using a second online survey; (vi) determining the Top 10 research questions through an online prioritisation workshop; (vii) disseminating results. Conclusions: This study will use a Priority Setting Partnership to generate a Top 10 list of research questions and uncertainties about reducing and stopping psychiatric medicines. This list will help to guide future research and deliver responsive and strategic allocation of research resources, with a view to ultimately improving the future health and well-being of individuals who are taking psychiatric medicines.	Journal Article	<a href="https://hrbopenresearch.org">Available from HRB Open Research (https://hrbopenresearch.org)</a>
Kerry Hinsby	Chris Keyworth, Adnan Alzahrani, Lucy Pointon, Kerry Hinsby, Nigel Wainwright, Lucie Moores, Jenny Bates and Judith Johnson	Nov-22	Barriers and enablers to accessing support services offered by staff wellbeing hubs: A qualitative study	Frontiers in Psychology - Psychology for Clinical Settings; Volume 13; 2022	English	Background: International efforts have been made to develop appropriate interventions to support the mental health needs of healthcare professionals in response to COVID-19. However, fewer staff have accessed these than expected, despite experiencing elevated levels of mental distress since the onset of the pandemic. Consequently, we aimed to examine the barriers and enablers for healthcare professionals in accessing interventions offered by a Staff Mental Health and Wellbeing Hub.  Methods: Twenty-five semi-structured interviews were conducted with healthcare, social care and voluntary, community and social enterprise (VCSE) sector staff. Data were analysed using thematic analysis.  Results: Four key themes were identified: (1) Environment and Atmosphere in the Workplace; (2) The Impacts of	Journal Article	<a href="https://www.frontiersin.org">Available from Frontiers in Psychology (https://www.frontiersin.org)</a>
Hilary Lewis	Hilary Lewis, Allan House, Elspeth Guthrie	Nov-22	Multidisciplinary rehabilitation of patients with persistent physical symptoms	International Journal of Therapy and Rehabilitation; Volume 29; Issue 11	English	None available	Journal Article	<a href="http://www.magonlinelibrary.com">Available from MagOnline (www.magonlinelibrary.com)</a>
Barry Wright, Lucy Tindall, Emily Hayward, Hannah Edwards, Catarina Teige, Rebecca Hargate and Sarah Parkinson	Barry Wright, Lucy Tindall, Alexander J Scott, Ellen Lee, Katie Biggs, Cindy Cooper, Penny Bee, Han-I Wang, Lina Gega, Emily Hayward, Kiera Solaiman, M Dawn Teare, Thompson Davis, Karina Lovell, Jon Wilson, Dean McMillan, Amy Bar, Hannah Edwards, Jennifer Lomas, Chris Turtle, Steve Parrott, Catarina Teige, Tim Chater, Rebecca Hargate, Shazed Ali, Sarah	Nov-22	One-session treatment compared with multisession CBT in children aged 7-16 years with specific phobias: the ASPECT non-inferiority RCT	Health Technology Assessment Volume: 26, Issue: 42, Published in November 2022	English	Background: Up to 10% of children and young people have a specific phobia that can significantly affect their mental health, development and daily functioning. Cognitive-behavioural therapy-based interventions remain the dominant treatment, but limitations to their provision warrant investigation into low-intensity alternatives. One-session treatment is one such alternative that shares cognitive-behavioural therapy principles but has a shorter treatment period.  Objective: This research investigated the non-inferiority of one-session treatment to cognitive-behavioural therapy for treating specific phobias in children and young people. The acceptability and cost-effectiveness of one-session treatment were examined.  Design: A pragmatic, multicentre, non-inferiority randomised controlled trial, with embedded economic and qualitative evaluations.  Settings: There were 26 sites, including 12 NHS trusts.  Participants: Participants were aged 7-16 years and had a specific phobia defined in accordance with established international clinical criteria.  Interventions: Participants were randomised 1 : 1 to receive one-session treatment or usual-care cognitive-behavioural therapy, and were stratified according to age and phobia severity. Outcome assessors remained blind to treatment allocation.  Main outcome measure: The primary outcome measure was the Behavioural Avoidance Task at 6 months' follow-up	Journal Article	<a href="http://europepmc.org">Available from Europe PMC (europepmc.org)</a>

Amy M Russell	Amy M Russell	Nov-22	Breaking the cycle of inequalities for people with a learning disability	British Journal of General Practice 2022; Volume 72; Issue: 724; Pages 510-511	English	<p>A woman with a learning disability is likely to die from similar causes to the general population, but on average 20 years earlier than a woman without a learning disability; a man with a learning disability is likely to die on average 13 years earlier.1 A learning disability is not a life-limiting illness and yet it continues to be associated with significant health inequalities.</p> <p>During the pandemic, adults aged 18–34 years with a learning disability were 30 times more likely to die of COVID-19 than young adults in the general population.2 Initial National Institute for Health and Care Excellence guidance (NG159) categorised many people with a learning disability into frailty categories, lowering their prioritisation for emergency triage, a situation exacerbated by the use of ‘do not resuscitate’ notices, sometimes without consultation.3 It wasn’t until February 2021 that people with a mild or moderate learning disability were placed in the vaccination priority groups: until then, carers of people with a learning disability were being invited for vaccine before those that they cared for ...</p>	Journal Article	<a href="https://bjgp.org">Available from British Journal of General Practice (https://bjgp.org)</a>
Lauren A Bradley, Louise Combes, Alex Perry, and Remennie Brooks	Lauren A Bradley, Louise Combes, Alex Perry, and Remennie Brooks	Nov-22	‘Client’s perspectives and the efficacy of Dramatherapy for Early Psychosis’	Psychosis Psychological, Social and Integrative Approaches. Early view Nov	English	<p>Background: Dramatherapy is not a standard treatment pathway within Early Intervention in Psychosis (EIP), but it appears evident that it has a place in locations where treatment options are insufficient for some within this population.</p> <p>Aims: To review service evaluation data following an 8-year period of Dramatherapy in EIP. We wanted to understand how Dramatherapy was relevant to recovery from the client’s perspective and evaluate the specific change ingredient present in Dramatherapy interventions.</p>	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
N Cook	Sarah Marth, N Cook, Paul Bain and Jutta Lindert	Oct-22	Family factors contribute to mental health conditions – a systematic review	European Journal of Public Health; Volume 32; Issue Supplement 3; October 2022	English	<p>Background: Family functioning can have positive and negative mental health consequences. Positive relationships can boost mental health, the opposite is true for negative relationships. 1 in 4 individuals are affected by at least one mental health condition in their life. Family-based interventions can help prevent the onset of mental health conditions and mitigate its consequences.</p> <p>Methods: Following databases were systematically searched: Medline; PsychInfo, Web of Sciences and Cochrane, resulting in 3719 hits. After removing 12 duplicates, 3707 studies were screened. After exclusion of irrelevant studies, 362 studies were assessed for eligibility and 40 studies were included. Inclusion criteria were original studies with ≥100 participants, ≥18 years, general population, and family members. Exposure had to be family social cohesion or conflict, or social capital. The outcome had to be a mental health condition.</p> <p>Results: Most studies (n = 37) used a cross-sectional design. 37 studies included a measure of family functioning and 3 studies used one of family structure. Most used was the Family Adaptability and Cohesion Evaluation Scale (n = 17), followed by the Family Functioning Scale (n = 5). Family relationship quality was related to depression, anxiety, and substance use. All aspects family cohesion were related to mental health outcomes. Family conflicts are associated with an increase in mental health conditions.</p> <p>Conclusions: Family cohesion shows an association with positive mental health while conflict is associated with negative mental health. This is an indication, that interventions at the family level are useful to help prevent/mitigate mental health conditions over the life course. Main message: As mental health conditions are a big public health issue affecting at least 1 in 4 individuals, family-based interventions for mental health condition prevention could not only help individuals but the whole family to strengthen and maintain positive mental health.</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
Daniel Romeu	Ferozkhan Jadhakhan, Daniel Romeu, Oana Lindner, Amy Blakemore and Elspeth Guthrie	Oct-22	Prevalence of medically unexplained symptoms in adults who are high users of healthcare services and magnitude of associated costs: a systematic review	BMJ Open; Volume 1; Issue 10	English	<p>Introduction Medically unexplained symptoms (MUS) is a common clinical syndrome in primary and secondary healthcare service. Outcomes for patients with persistent MUS include increased disability, poorer quality of life and higher healthcare costs. The aim of this systematic review was to determine the prevalence of MUS in patients who are high users of healthcare or high-cost patients in comparison with routine users and the magnitude of associated costs.</p> <p>Design A systematic review of the available literature.</p> <p>Data sources and eligibility criteria The following electronic databases were systematically searched without language restriction from inception to June 2018 and updated on 22 October 2021: MEDLINE, PsycINFO, EMBASE, CINAHL and PROSPERO. Inclusion criteria included studies investigating adults aged ≥18 years, who were high healthcare users or accrued high healthcare costs, in which the prevalence and/or associated costs of MUS was quantified. Two reviewers independently extracted information on study characteristics, exposure and outcomes.</p> <p>Results From 5622 identified publications, 25 studies from 9 countries involving 31 650 patients were selected for inclusion. Due to high risk of bias in many studies and heterogeneity between studies, results are described narratively. There were wide variations in prevalence estimates for MUS in high users of healthcare (2.9%–76%), but MUS was more prevalent in high use groups compared with low use groups in all but one of the 12 studies that included a</p>	Journal Article	<a href="https://bmjopen.bmj.com">Available from BMJ Open (https://bmjopen.bmj.com)</a>

Claire Paul	Emily Shoesmith, Lisa Huddleston, Jodi Pervin, Lion Shahab, Peter Coventry, Tim Coleman, Fabiana Lorencatto, Simon Gilbody, Moira Leahy, Michelle Horspool, Claire Paul, Lesley Colley, Simon Hough, Phil Hough and Elena Ratschen,	Oct-22	Promoting and Maintaining Changes in Smoking Behavior for Patients Following Discharge from a Smoke-free Mental Health Inpatient Stay: Development of a Complex Intervention Using the Behavior Change Wheel	Nicotine & Tobacco Research: Early view	English	<p>Introduction: Evidence suggests that smokers can successfully quit, remain abstinent or reduce smoking during a smoke-free mental health inpatient stay, provided behavioral/pharmacological support are offered. However, few evidence-based strategies to prevent the return to prehospital smoking behaviors post-discharge exist.</p> <p>Aims and Methods: We report the development of an intervention designed to support smoking-related behavior change following discharge from a smoke-free mental health stay. We followed the Behavior Change Wheel (BCW) intervention development process. The target behavior was supporting patients to change their smoking behaviors following discharge from a smoke-free mental health stay. Using systematic reviews, we identified the barriers and enablers, classified according to the Theoretical Domains Framework (TDF). Potential intervention functions to address key influences were identified by consulting the BCW and Behavior Change Technique (BCT) taxonomy. Another systematic review identified effectiveness of BCTs in this context. Stakeholder consultations were conducted to prioritize and refine intervention content.</p> <p>Results: Barriers and enablers to supporting smoking cessation were identified within the domains of environmental context and resources (lack of staff time); knowledge (ill-informed interactions about smoking); social influences, and intentions (lack of intention to deliver support). Potential strategies to address these influences included goal setting, problem-solving, feedback, social support, and information on health consequences. A strategy for operationalizing these techniques into intervention components was agreed upon: Pre-discharge evaluation sessions, a personalized</p>	Journal Article	<a href="https://academic.oup.com">Available from Oxford Academia (academic.oup.com)</a>
	Elizabeth Newbronner, Lauren Walker, Ruth Wadman, Suzanne Crosland, Gordon Johnston, Paul Heron, Panagiotis Spanakis, Simon Gilbody and Emily Peckham	Sep-22	Influences on the physical and mental health of people with serious mental ill-health during the COVID-19 pandemic: a qualitative interview study	International Journal of Qualitative Studies on Health and Well-being; Volume 17; Issue 1. September 2022	English	<p>Purpose: People with severe mental ill-health (SMI) experience profound health inequalities. The Optimizing Wellbeing in Self-isolation study (OWLS) explored the effects of the COVID-19 pandemic restrictions on people with SMI, including how and why their physical and mental health may have changed during the pandemic.</p> <p>Methods: The OLWS study comprised two surveys and two nested qualitative studies. Of 367 people recruited to the study, 235 expressed interest in taking part in a qualitative interview. In the first qualitative study eighteen interviews were conducted with a purposive sample of participants.</p> <p>Results: We identified six factors which influenced peoples' health, positively and negatively: Staying Physically Active; Maintaining a Balanced and Healthy Diet; Work or Not Working; Daily Routine and Good Sleep; Staying Connected to Family, Friends and the Local Community; and Habits, Addictions and Coping with Anxiety Created by the Pandemic.</p> <p>Conclusions: Different aspects of lifestyle are highly interconnected. For people with SMI, loss of routine and good sleep, poor diet and lack of exercise can compound each other, leading to a decline in physical and mental health. If people are supported to understand what helps them stay well, they can establish their own frameworks to draw on during difficult times</p>	Journal Article	<a href="https://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
	Rachel Perkins and Julie Repper	Sep-22	The Value and Use of Personal Experience in Mental Health Practice	None	English	<p>The advent of Peer Support Workers who explicitly draw on and share their personal experience of mental health challenges in their work has highlighted two key issues.</p>	Journal Article	<a href="https://imroc.org">Available from ImROC (https://imroc.org)</a>

Ellen N Kingsley, Leah Attwell and Megan Garside	Hannah A Armit, Ellen N Kingsley, Leah Attwell, Piran C L White, Kat Woolley, Megan Garside, Natasha Green, Michael Hussey and Peter A Coventry	Sep-22	Co-production of a nature-based intervention for children with ADHD study (CONIFAS): Protocol for co-production phases	PLOS ONE; volume 17; issue 9	English	Children with Attention Deficit Hyperactivity Disorder can face difficulties with inattention, hyperactivity, and impulsivity, which can impact many areas of their lives, including their educational attainment and social and emotional wellbeing. Involvement in nature-based activities can reduce these difficulties and improve wellbeing, but there are limited resources for supporting children with this diagnosis to access these approaches and no nature-based interventions designed with and for this group. This protocol describes a co-production study in which children diagnosed with Attention Deficit Hyperactivity Disorder aged 5–11 years old, their parents/guardians, and professionals will attend a series of workshops to share their knowledge to co-produce a new nature-based intervention for this population of children. We aim to understand how the children's' experiences of Attention Deficit Hyperactivity Disorder may affect their interactions with nature, identify how activity in and with nature may help with symptom reduction and general wellbeing, and co-produce an intervention for families which applies our learning. The result of this study will be the designed intervention and insights into how children and young people with Attention Deficit Hyperactivity Disorder interact with nature. The prototype intervention will then undergo feasibility testing in a future study.	Journal Article	<a href="https://journals.plos.org">Available from PLOS ONE (https://journals.plos.org)</a>
Emily Hayward, Hannah Edwards, Lucy Tindall and Barry Wright	Emily Hayward, Kiera Solaiman, Penny Bee, Amy Barr, Hannah Edwards, Jennifer Lomas, Lucy Tindall, Alexander J Scott, Katie Biggs and Barry Wright	Sep-22	One-session treatment for specific phobias: Barriers, facilitators and acceptability as perceived by children & young people, parents, and clinicians	PLOS ONE; Volume 17; issue 9.	English	Between 2015 and 2020 the Alleviating Specific Phobias Experienced by Children Trial (ASPECT) was conducted in the UK to examine the non-inferiority of One-Session Treatment in comparison to Cognitive Behavioural Therapy based interventions for children and young people with specific phobias. A nested qualitative evaluation was conducted as part of this trial to examine the acceptability of One-Session Treatment. Qualitative interviews were conducted with children and young people taking part in the trial, their parents/guardians, and clinicians delivering the intervention, about their experiences and the acceptability of One Session Treatment. Interviews were digitally recorded and transcribed verbatim. Analysis followed a qualitative framework approach, a widely used method of analysing primary qualitative data pertaining to healthcare practices with policy relevance. Stakeholder groups found One Session Treatment to be an acceptable intervention and barriers and facilitators for its implementation into services were also identified. Potential barriers included challenges to patient flow and treatment scepticism, whilst facilitators included adopting a child-centred approach, child readiness and suitability, opportunity for increased momentum, parental support and involvement, and proximal and distal gains. For One Session Treatment's successful implementation into services, consideration of these barriers is needed and suitability guidance for its use in this population should be developed. Further research exploring children and young people's experiences of receiving Cognitive Behavioural Therapy and its acceptability in comparison to One Session Treatment would be welcomed.	Journal Article	<a href="https://journals.plos.org">Available from PLOS ONE (https://journals.plos.org)</a>
Barry Wright and Victoria Ackroyd	Abigail Gee, Barry Wright, Jemina Napier, Victoria Ackroyd, Helen Phillips and Rachael Hayes	Aug-22	Language brokering between deaf signing parents and healthcare professionals: The experience of young hearing people in the UK	Communication and Medicine. Volume 18; Issue 2.	English	Language brokering refers to the informal interpreting performed by children and young people, typically in migrant families. Hearing heritage signers are typically individuals who grow up using a sign language at home with deaf parents. As most of them are hearing, they often broker between their signing deaf parent(s) and hearing non-signers. Brokering has been found to occur in varied contexts, including healthcare settings. Using semi-structured interviews, this study aimed specifically to explore the experiences of hearing heritage signers brokering between their parents and healthcare professionals using British Sign Language.  Hearing heritage signers' experiences of brokering in healthcare settings were found to be varied, as were their attitudes, feelings and views towards brokering. Key themes were identified: pride and pressure; insider and outsider status; conflicting roles; autonomy, dependence and independence; choice and expectation; and perceptions of high- or low-stakes brokering. Based on these findings, recommendations for healthcare providers include increasing awareness of deaf people's rights and access, recognition of children's developmental needs in these contexts and the ability to signpost hearing heritage signers to appropriate support networks.	Journal Article	<a href="https://journal.equinoxpub.com">Available from Equinox (https://journal.equinoxpub.com)</a>

	Heather Taylor, Kate Cavanagh, Andy P Field and Clara Strauss	Aug-22	Health Care Workers' Need for Headspace: Findings From a Multisite Definitive Randomized Controlled Trial of an Unguided Digital Mindfulness-Based Self-help App to Reduce Healthcare Worker Stress	Journal of Medical Internet Research; Volume 10; Issue 8. August 2022	English	<p>Background: Health care workers experience high stress. Accessible, affordable, and effective approaches to reducing stress are lacking. In-person mindfulness-based interventions can reduce health care worker stress but are not widely available or accessible to busy health care workers. Unguided, digital, mindfulness-based self-help (MBSH) interventions show promise and can be flexibly engaged with. However, their effectiveness in reducing health care worker stress has not yet been explored in a definitive trial.</p> <p>Objective: This study aimed to investigate the effectiveness of an unguided digital MBSH app (Headspace) in reducing health care worker stress.</p> <p>Methods: This was a definitive superiority randomized controlled trial with 2182 National Health Service staff in England recruited on the web and allocated in a 1:1 ratio to fully automated Headspace (n=1095, 50.18%) or active control (Moodzone; n=1087, 49.82%) for 4.5 months. Outcomes were subscales of the Depression, Anxiety, and Stress (primary outcome) Scale short form; Short Warwick Edinburgh Mental Well-being Scale; Maslach Burnout Inventory; 15-item Five-Facet Mindfulness Questionnaire minus Observe items; Self-Compassion Scale-Short Form; Compassionate Love Scale; Penn State Worry Questionnaire; Brooding subscale of the Ruminative Response Scale; and sickness absence.</p> <p>Results: Intention-to-treat analyses found that Headspace led to greater reductions in stress over time than Moodzone (b=-0.31, 95% CI -0.47 to -0.14; P&lt;.001), with small effects. Small effects of Headspace versus Moodzone were found for depression (b=-0.24, 95% CI -0.40 to -0.08; P=.003), anxiety (b=-0.19, 95% CI -0.32 to -0.06; P=.004), well-being (b=0.14, 95% CI 0.05-0.23; P=.002), mindfulness (b=0.22, 95% CI 0.09-0.34; P=.001), self-compassion (b=0.48, 95% CI 0.33-0.64; P&lt;.001), compassion for others (b=0.02, 95% CI 0.00-0.04; P=.04), and worry (b=-0.30, 95% CI -0.51 to -0.09; P=.005) but not for burnout (b=-0.19, -0.04, and 0.13, all 95% CIs &gt;0; P=.65, .67, and .35), ruminative brooding (b=-0.06, 95% CI -0.12 to 0.00; P=.06), or sickness absence (γ=0.09, 95% CI -0.18 to 0.34). Per-protocol effects of Headspace (454/1095, 41.46%) versus Moodzone (283/1087, 26.03%) over time were found for stress, self-compassion, and compassion for others but not for the other outcomes. Engagement (practice days per week) and improvements in self-compassion during the initial 1.5-month intervention period mediated pre- to postintervention</p>	Journal Article	<a href="https://www.jmir.org">Available from JMIR Publications (https://www.jmir.org)</a>
Helen Turner	Rebecca Haythorne, Daniel Marinho, Cezar da Cruz and Helen Turner	Aug-22	Occupational therapy interventions for adults with learning disabilities: evaluating referrals received pre and during the height of the COVID-19 pandemic	Cadernos Brasileiros de Terapia Ocupacional; Volume 30	English	<p>Introduction: The COVID-19 pandemic has significantly impacted on service provision for adults who have a learning disability, resulting in reduced occupational activities, routine, and social contact.</p> <p>Objective: To analyse referrals received for Occupational Therapy intervention for adults who have a learning disability pre-COVID-19 (2019) and during COVID-19 (2020).</p> <p>Method: This is a descriptive study conducted as a service evaluation with an NHS Trust Clinical Effectiveness Team in a city in the North of England. The data source was obtained from referral documentation. Quantitative and qualitative data were extracted from a data Performa and analysed using descriptive statistics (mean, median, mode, and standard deviation) performed by the Software Microsoft Excel.</p> <p>Results: The total number of cases used in this evaluation was 274. There was an increase in referrals during the</p>	Journal Article	<a href="https://www.scielo.br">Available from the Scientific Electronic Library Online (https://www.scielo.br)</a>
	Cara Sass, Kate Farley, Cathy Brennan	Aug-22	"They have more than enough to do than patch up people like me." Experiences of seeking support for self-harm in lockdown during the COVID-19 pandemic	Journal of Psychiatric and Mental Health Nursing; Volume 29; Issue4; Pages 544-554; August 2022	English	<p>4.1 Introduction: National lockdown caused disruption to health services and third-sector organizations offering support to people who self-harm. Early reports suggested self-harm-related hospital attendances declined. Lack of knowledge related to the availability and accessibility of support provisions for people who self-harm warrants exploration into how they experienced help-seeking during lockdown.</p> <p>4.2 Aims: This study aimed to explore the experiences of people who self-harm and perspectives on help-seeking.</p> <p>4.3 Method: We conducted a qualitative study based on telephone and email interviews with 14 people who self-harm in England.</p> <p>4.4 Results: Participants identified challenges to coping with life in lockdown, emphasizing the role of self-harm. Help-seeking was impeded by feeling like a burden and potential for spreading the virus. People who self-harm exercised self-</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

<p>Lucy Tindall, Emily Hayward, Hannah Edwards, Catarina Teige, Rebecca Hargate and Sarah Parkinson</p>	<p>Barry Wright, Lucy Tindall, Alexander J Scott, Ellen Lee, Cindy Cooper, Katie Biggs, Penny Bee, Han-I Wang, Lina Gega, Emily Hayward, Kiera Solaiman, M Dawn Teare, Thompson Davis, Jon Wilson, Karina Lovell, Dean McMillan, Amy Barr, Hannah Edwards, Jennifer Lomas, Chris Turtle, Steve Parrott, Catarina Teige, Tim Chater</p>	<p>Aug-22</p>	<p>One session treatment (OST) is equivalent to multi-session cognitive behavioral therapy (CBT) in children with specific phobias (ASPECT): results from a national non-inferiority randomized controlled trial</p>	<p>The Journal of Child Psychology and Psychiatry. Early View</p>	<p>English</p>	<p><b>Background</b> 5%–10% children and young people (CYP) experience specific phobias that impact daily functioning. Cognitive Behaviour Therapy (CBT) is recommended but has limitations. One Session Treatment (OST), a briefer alternative incorporating CBT principles, has demonstrated efficacy. The Alleviating Specific Phobias Experienced by Children Trial (ASPECT) investigated the non-inferiority of OST compared to multi-session CBT for treating specific phobias in CYP.</p> <p><b>Methods</b> ASPECT was a pragmatic, multi-center, non-inferiority randomized controlled trial in 26 CAMHS sites, three voluntary agency services, and one university-based CYP well-being service. CYP aged 7–16 years with specific phobia were randomized to receive OST or CBT. Clinical non-inferiority and a nested cost-effectiveness evaluation was assessed 6-months post-randomization using the Behavioural Avoidance Task (BAT). Secondary outcome measures included the Anxiety Disorder Interview Schedule, Child Anxiety Impact Scale, Revised Children's Anxiety Depression Scale, goal-based outcome measure, and EQ-5DY and CHU-9D, collected blind at baseline and six-months.</p> <p><b>Results</b> 268 CYPs were randomized to OST (n = 134) or CBT (n = 134). Mean BAT scores at 6 months were similar across groups in both intention-to-treat (ITT) and per-protocol (PP) populations (CBT: 7.1 (ITT, n = 76), 7.4 (PP, n = 57), OST: 7.4 (ITT, n = 73), 7.6 (PP, n = 56), on the standardized scale-adjusted mean difference for CBT compared to OST - 0.123, 95% CI -0.449 to 0.202 (ITT), mean difference -0.204, 95% CI -0.579 to 0.171 (PP)). These findings were wholly below the standardized non-inferiority limit of 0.4, suggesting that OST is non-inferior to CBT. No between-group</p>	<p>Journal Article</p>	<p><a href="https://acamh.onlinelibrary.wiley.com">Available from ACAMH (https://acamh.onlinelibrary.wiley.com)</a></p>
<p>George Crowther</p>	<p>Emma Wolverson, Rebecca Dunning, George Crowther, Gregor Russell and Benjamin R Underwood</p>	<p>Jul-22</p>	<p>The Characteristics and Outcomes of People with Dementia in Inpatient Mental Health Care: A Review.</p>	<p>Clinical gerontologist: Perspectives on Diversity, Behavioral Health, and Aging. Early View online. July 2022</p>	<p>English</p>	<p><b>Objectives:</b> Inpatient mental health beds for people with dementia are a limited resource. Practitioners need an understanding of this population to provide high-quality care and design services. This review examines the characteristics, care, and outcomes of people with dementia admitted to inpatient mental health services.</p> <p><b>Methods:</b> Systematic searches of key databases were undertaken up to November 2021. Findings were grouped into categories and then synthesized into a narrative review.</p> <p><b>Results:</b> The review identified 36 international papers, the majority of which were retrospective audits. The literature describes significant psychiatric and medical comorbidity and significant risk of change in residence and death associated with admission.</p> <p><b>Conclusions:</b> We found a limited literature describing the characteristics, care, and outcomes of people with dementia in inpatient mental health services. The lack of research is striking given the complexity and vulnerability of this client group. More research is needed to describe the needs of this group, current and best practice to optimize care.</p> <p><b>Clinical implications:</b> Professionals working in inpatient mental health services need to be aware of the evidence base available, consider how they evaluate patient outcomes, review their staffing and skills mix, and seek the views of patients and relatives in improving services.</p>	<p>Journal Article</p>	<p><a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a></p>
<p>Panagiotis Spanakis, Emily Peckham, Ben Young, Paul Heron, Della Bailey and Simon Gilbody</p>	<p></p>	<p>Jun-22</p>	<p>A systematic review of behavioural smoking cessation interventions for people with severe mental ill health-what works?</p>	<p>Addiction. Volume 117, Issue 6, June 2022. Pages 1526-1542.</p>	<p>English</p>	<p><b>Background and aims:</b> People with severe mental ill health smoke more and suffer greater smoking-related morbidity and mortality. Little is known about the effectiveness of behavioural interventions for smoking cessation in this group. This review evaluated randomized controlled trial evidence to measure the effectiveness of behavioural smoking cessation interventions (both digital and non-digital) in people with severe mental ill health.</p> <p><b>Design:</b> Systematic review and random-effects meta-analysis. We searched between inception and January 2020 in Medline, EMBASE, PsycINFO, CINAHL, Health Management Information Consortium and CENTRAL databases.</p> <p><b>Setting and participants:</b> Randomized controlled trials (RCTs) assessing the effects of behavioural smoking cessation and reduction interventions in adults with severe mental ill health, conducted in any country, in either in-patient or community settings and published in English.</p> <p><b>Measurements:</b> The primary outcome was biochemically verified smoking cessation. Smoking reduction and changes in mental health symptoms and body mass index (BMI) were included as secondary outcomes. Narrative data synthesis and meta-analysis were conducted and the quality of included studies was appraised using the risk of bias 2 (RoB2) tool.</p> <p><b>Findings:</b> We included 12 individual studies (16 articles) involving 1861 participants. The first meta-analysis (three studies, 921 participants) demonstrated effectiveness of bespoke face-to-face interventions compared with usual care.</p>	<p>Journal Article</p>	<p><a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a></p>

Dr Nazish Hashmi, Dr Lauren Unsworth and Balvinder Dosanjh	Dr Nazish Hashmi, Dr Lauren Unsworth and Balvinder Dosanjh	Jun-22	Diverse Motherhood	Royal College of Psychiatrist International Congress 2022. 20-23 June 2022.	English	Background: Black, Asian and Minority Ethnicity (BAME/Diverse) women are less likely to be aware of mental health services available to them. Less likely to access services due to negative past experiences or assumptions that care would not be sensitive to their needs [1], Cultural beliefs impact on symptom interpretation, making it difficult for women to know when to seek help [1]. Diverse women accessing services feel their religion and culture not understood + language barriers [2]. Diverse women have heightened risks from COVID-19 [3]. NICE guidelines: services should provide culturally relevant information on mental health problems in pregnancy and the postnatal period [4]	Poster		<a href="http://www.postersessiononline.eu">Available from Poster Sessions Online (www.postersessiononline.eu)</a>
Ellen Kingsley	Barry Wright, Ellen Kingsley, Cindy Cooper, Katie Biggs, Matthew Bursnall, Han-I-Wang, Tim Chater, Elizabeth	Jun-22	Results from the I-SOCIALISE Study: a cluster randomised controlled trial investigating the social competence and isolation of	Neurodevelopmental Disorders Annual Seminar 2022. Oral session 2 - Session 2b: Interventions and	English	Background: Autistic children and young people (CYP) often approach social interactions differently to neurotypical children. LEGO® based therapy (Play Brick Therapy) is a child-led group social skills programme which provides social opportunities for autistic CYP.  Aims: Primary objective: to evaluate the clinical effectiveness of LEGO® based therapy on the socio-emotional skills of autistic CYP in mainstream school settings compared with usual support.	Presentation		<a href="http://www.neurodevelopmentaldisorders-seminarseries.co.uk">Available from Neurodevelopment Disorders Seminar (www.neurodevelopmentaldisorders-seminarseries.co.uk)</a>
Nick Brindle	Tony Zigmond and Nick Brindle	Jun-22	A Clinician's Brief Guide to the Mental Health Act	Book	English	N/A	Book		<a href="#">Book available for purchase.</a>
Ogba Onwuchekwa, Conor Davidson	Ogba Onwuchekwa, Conor Davidson	Jun-22	Attitudes and Experience of Autism and Learning	BJPsych Open, Volume 8 Supplement S1.	English	Aims: To establish a baseline of staff experience and confidence in autism/LD. To inform how we deliver training going forward. To collect good practice examples of reasonable adjustments. To ascertain knowledge about the appropriate recording for information related to Autism/LD	Journal Article		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

Vikram Luthra	Oliver Turner, Gwenllian Collin and Vikram Luthra	Jun-22	Evaluation of Junior Doctors' Experience of Psychodynamic Psychotherapy Training in LYPFT During the COVID-19 Pandemic	BJPsych Open, Volume 8 Supplement S1. June 2022 Royal College of Psychiatrist International Congress 2022. 20-23 June 2022.	English	<p>Aims: Developing psychotherapeutic competencies is an essential part of psychiatric training. All core trainees in LYPFT until 2021 saw a patient for Psychodynamic Psychotherapy. The pandemic led to unprecedented changes to clinical practice and medical education. In LYPFT all face-to-face appointments in the Medical Psychotherapy Service were paused in March 2020. Patients were offered the choice to continue therapy remotely or postpone therapy. Supervision was also moved to a remote format. Face-to-face psychotherapy sessions resumed from August 2020, with new departmental procedures around infection control and the use of PPE. This project aimed to establish the junior doctors' experience of delivering psychodynamic psychotherapy in LYPFT during the COVID-19 pandemic.</p> <p>Methods: The project was carried out via a two-step methodology: Firstly with an online survey which included a quantitative analysis of the impact of the pandemic; and secondly via semi-structured interviews with a resultant thematic analysis.</p> <p>Results: 22 junior doctors who were invited to participate, 15 completing the survey (68%). Four patients had deferred therapy; the mean length of deferral was 2 months. Ten respondents had sessions cancelled due to infection or self-isolation. Face-to-face delivery was experienced by 13 respondents, 5 respondents had delivered therapy via phone and 6 had delivered therapy with PPE. Thirteen were concerned about attaining their psychotherapy competencies. Seven preferred face-to-face supervision, and 4 preferred remote working. Thematic Analysis of the semi-structured interviews identified three themes regarding the impact of the COVID-19 pandemic on Junior Doctors experience of Psychodynamic Psychotherapy, with sub-themes detailed below. Throughout the themes, the challenges and difficulties with delivering therapy in the COVID-19 pandemic, as well as areas of good practice and opportunities were identified. The Work of Therapy (Remote Therapy, PPE and Therapy, COVID-19-related)</p> <ol style="list-style-type: none"> <li>1. The Structure of Therapy (COVID-19 Guidance, Setting/Frame of Therapy, Boundaries of Therapy)</li> <li>2. The Therapist's Training (Supervision, Attaining Competencies, Loss of Training Experience)</li> </ol> <p>Conclusion: Recommendations:</p> <ol style="list-style-type: none"> <li>1. To create a short guide for junior doctors delivering Psychodynamic Psychotherapy during a pandemic.</li> <li>2. To consider the types of supervision delivery within the Medical Psychotherapy Service</li> </ol>	Journal Article Poster Presentation	<a href="https://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Kathryn Flew, Christiana Elisha-Aboh and Shaharyar Alikhan	Kathryn Flew, Christiana Elisha-Aboh and Shaharyar Alikhan	Jun-22	An Evaluation of the Referral Process From General Practice (GP) to the North-West Community Mental Health Team (NW CMHT)	BJPsych Open, Volume 8 Supplement S1. June 2022	English	<p>Aims: As more emphasis is placed on a move from the traditional hospital-based practice to care in the community, CMHTs are becoming the main channel for delivering specialist care in England. Access to most CMHTs occurs via written referrals, which vary significantly in content and quality. Such variability and inconsistency with the information provided can impact on the triage process and delay access to treatment for patients, making the process unnecessarily protracted and time consuming. One key factor that would drive the success and survival of CMHTs is how they gate-keep their service. This starts by adopting formal strategies when vetting and screening referrals. The aims were to determine if NW CMHT is responding to referrals appropriately, to consider if service users received good quality correspondence about referral decisions and if the outcomes of such meetings were properly documented.</p> <p>Methods: The NW CMHT consists of 4 pods (A to D) and the audit included all GP referrals assessed by pod B over a month. A sample size of 28 referrals was included in the audit and the referrals were from 16 different GP practices. Data were obtained from patient electronic records and entered onto a SmartSurvey form for ease of collection prior to results being analysed.</p> <p>Results: 32% of referrals came from two GP surgeries. Areas of good practice included all referrals being discussed within 4 days of receipt, and 50% reviewed by the next day. For referrals identified as needing further information and discussion, this was also done quickly between 2-5 days of receiving the referral. Also 68% of service users (SU) had a letter sent out to them within 2-5 days. It was unclear in 75% of referrals whether the SU was aware of the referral to NW CMHT and the reasons for the referral were only 'fully' documented in 57%.</p> <p>Conclusion :The vast majority of GP referrals were treated in a timely manner, even if additional data gathering was needed and multiple referral discussions had. Recommendations included addressing the lack of consistency in documentation of referral discussions, developing effective ways to cut back on clinical time lost gathering what should be standard information, and education of GP practices around making good quality referrals. It was felt that a review of the referral forms would be beneficial, however a barrier to this change was that this is a trust wide form and there would need to be consensus across all CMHT localities.</p>	Journal Article	<a href="https://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

James O'Neill	James O'Neill	Jun-22	Rapid Tranquillisation Use in Working-Age Adult Inpatients	BJPsych Open, Volume 8 Supplement S1. June 2022	English	<p><b>Aims:</b> This study aimed to review if clinicians varied significantly in choosing rapid tranquillisation agents when using consistent clinical guidelines, analysing the rationale behind decision-making. It also aimed to assess confidence across varying grades and clinical experience, and to evaluate efficacy of current trust guidelines. We hypothesized that less experienced clinicians would be less willing to prescribe antipsychotics for rapid tranquillisation, and that current guidelines did not allow for consistent and uniform prescribing.</p> <p><b>Methods:</b> A qualitative survey was distributed to 165 clinicians within one mental health trust, including core psychiatry trainees, trust-grade doctors, higher trainees, staff-grade doctors &amp; working-age adult consultants. This survey included a fictional but commonly occurring scenario which clinicians responded to with the aid of current trust guidance. Respondents were then asked to justify their choice and to rank their confidence in prescribing rapid tranquillisation, along with rating how useful the guideline was in aiding their decision. Thirty-six participants responded to this survey, with a response rate of around 22%. There was even representation across clinical grades.</p> <p><b>Results:</b> Clinicians of all grades were equally willing to prescribe antipsychotic agents for rapid tranquillisation. Higher psychiatric trainees reported greatest self-confidence when prescribing tranquillisation, with consultants surprisingly lower in confidence. Intramuscular olanzapine was most favourable, but significant variability was observed in suggested management between clinicians. Main themes for suggested amendments to the guideline included clarity, when to use the various options, further specification on dosage ranges and options for specific instances, such as if a patient is antipsychotic naïve or there is minimal physical health information. There was marked variability in choice of agent. The majority of clinicians felt that early commencement of antipsychotic was beneficial in acutely unwell patients, although the merits of initially assessing medication-free were also raised. Key themes for tranquillisation choice included a need for a prior electrocardiogram to prescribe intramuscular haloperidol, the potential lack of efficacy with aripiprazole, the risk of respiratory depression with concurrent olanzapine and lorazepam, and a surprisingly high proportion of respondents opting for combined use of haloperidol plus a further sedative.</p> <p><b>Conclusion:</b> Less experienced clinicians were not found to lack confidence to prescribe antipsychotics for rapid tranquillisation. However, clinicians responding to the same clinical scenario using the same guideline resulted in</p>	Journal Article		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Rebecca Lees and John Alderson	Rebecca Lees and John Alderson	Jun-22	Assessing the Anticholinergic Burden in the West Memory Assessment Service (MAS)	BJPsych Open, Volume 8 Supplement S1. June 2022	English	<p><b>Aim:</b> Evaluate the recording of the Anti-Cholinergic Burden (ACB) score for patients referred to the West Leeds Memory Assessment Service (MAS). <b>Objectives:</b> 1) Calculate the Anti cholinergic Burden score of all patients referred to the West MAS in June 2021 where this has not already been done. 2) Determine if there is a need to review the process for assessing this component of the cognitive assessment in MAS.</p> <p><b>Methods:</b> All patients who were referred to the West MAS in June 2021 were included in this project. Data were collected from GP referral letters, the referral meeting documentation and patients' GP prescriptions. These records were checked for a documented ACB score. If ACB scores were not found, they were calculated based on a patient's GP prescription. Several ACB calculators were used to do this, as NICE does not recommend a specific scoring system.</p> <p><b>Results:</b> There were 60 referrals in June 2021. Within this data set, there were no documented ACB scores found at the point of referral. The different scoring systems used led to considerably different ACB scores, with the lowest figure suggesting 20.4% of patients had a raised ACB score (n = 10). In all three scoring systems used, the medication most frequently leading to a larger anticholinergic burden is Amitriptyline.</p> <p><b>Conclusion:</b> Within the service, during the referral process we are not routinely documenting anticholinergic burden. We are in the process of agreeing a standardised ACB tool to review all new referrals to the service and determine how we can communicate these findings with referrers. We are looking to improve local awareness of ACB scoring across the memory pathway and will undertake a re-audit of practice in 3 months to establish if the proposed changes improve our results</p>	Journal Article		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

Laura Shaw	Laura Shaw and Sara Davies	Jun-22	Yorkshire and Humber Less Than Full Time Trainees: What Do They Need?	BJPsych Open, Volume 8 Supplement S1. June 2022	English	<p>Aims: Due to the demand for increased flexibility of working there is an ever-increasing number of trainees working Less Than Full Time (LTFT). The Royal College of Psychiatrists supports LTFT training and careers within the specialty. However, applying for and working LTFT can be a challenging and at times overwhelming process to navigate. This project's aims are to improve written information provided to trainees when commencing LTFT training. To assess interest for a LTFT training educational event and to plan this event based on trainees preferences for content and timing.</p> <p>Methods: Questionnaires via SurveyMonkey were sent to higher trainees in all regions of the Yorkshire and Humber Deanery in October 2021 by the Medical Education Departments. A covering email invited those working or interested in LTFT to complete the questionnaire.</p> <p>Questions assessed the need for further written information on LTFT training in the region and interest in an educational event. Trainees already working LTFT were asked what they valued most out of support already in place.</p> <p>Results: Of 40 trainees who responded, 100% stated when commencing LTFT training they would wish to receive more information. Respondents were asked which areas they would like included: practicalities (100% of respondents), LTFT mentor (85%), peer support (83%), weblinks to information (70%), recommended reading (53%). Those already working LTFT were asked what they had found helpful, the most common themes were mentoring, peer and supervisor support.</p> <p>85% of trainees surveyed confirmed they would be interested in attending a LTFT focused educational event. Based on trainee preferences the areas to be included were job planning (78%), choosing a job (81%), clinical lead views (78%)</p>	Journal Article		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Dr Ting Miller	Dr Ting Miller, Dr Joshua Thomas and Dr Anitha Mukundan	Jun-22	The Effects of Remote Consultation (RC) on Outpatient Clinic Attendance Rates in City Community Mental Health Team (CMHT) and Patient Feedback on RC	BJPsych Open, Volume 8 Supplement S1. June 2022	English	<p>Aims. The outbreak of COVID-19 in 2020 forced a sudden change in service delivery in CMHT. Remote consultations (RC) via telephone or video were introduced to facilitate safe contact between staff and patients. Traditional face to face (F2F) appointments have high rates of non-attendance (DNA). This project aimed to examine whether the DNA rate for CMHT appointments has been affected by the introduction of RC. In addition to this, patients were asked to give feedback about how they felt about the use of RC.</p> <p>Methods. We retrospectively studied the outcome of outpatient medical appointments within City CMHT over two periods, namely pre COVID-19 which was between April to June 2019 and during COVID-19 which corresponded to the same period in 2020. A list of patients over these two periods were extracted from trust electrical medical record: System One (S1). Further review patients' notes on S1 was conducted to identify DNA group, among which detailed information including gender, age groups, types of outpatient clinics (urgent or routine, first review or follow-up review), types of consultations (remote or F2F). In addition, an anonymous patient feedback form on RC was given out to 30 patients attending F2F appointments at the clinic between May and August 2021.</p> <p>Results. 94% appointments were conducted remotely in 2020 while 100% were F2F in 2019 during the periods studied. 2020 saw a 16% increase in attendance rate and a nearly half reduction in cancelled appointments from 30% to 16%. There was a slight drop in DNA rate by 2%. 19 patient feedbacks indicated at least one RC experience. Among them, 47% rated it as very good and 58% felt RC offered the same level of care and treatment as F2F. On the other hand, 74% would like to be seen F2F for future appointments when given a choice. Free comments about RC were captured including 'Not everything gets covered', 'it makes me anxious to talk to a medical team over the phone' and 'things like bruises could be missed in a RC'. However, one patient said they found RC is less stressful.</p> <p>Conclusion. A massive shift from F2F to RC was seen due to COVID-19 restriction. Attendance rate was improved with RC, however, it was mainly achieved by a significant reduction in cancelled appointments. Its impact on overall DNA rate appeared minuscule. Despite nearly half of the patients indicated RC is as good as F2F. Most patients prefer f2f for future consultation.</p>	Journal Article		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

Zoe Goff, Hannah Weston and Laura Mansbridge	Zoe Goff, Allan House, Else Guthrie, Hannah Weston and Laura Mansbridge	May-22	Diabetes care in the acute psychiatric inpatient setting: A logic model for service delivery	General Hospital Psychiatry, Volume 78, In progress September-October 2022	English	None available	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Susan Guthrie	Susan Guthrie	May-22	New frontiers: establishing new roles and recognition in mental health settings #SLTsinMH	11th ELSA Congress of Speech and Language therapy, 26-28th May 2022	English	The SLT role in supporting working age adults with Mental Health (MH) is important given that diagnosis, intervention, and wider recovery depend on communication skills. Risks associated with dysphagia and choking remain under-reported. However, our SLT role is often not recognised by other clinicians or indeed our own profession. SLTs have a key role in enabling patients to understand and express their choices and concerns across inpatient and community settings. As a relatively new specialism, SLTs are often working in multidisciplinary MH teams but isolated from their own profession. Few studies exist describing SLT assessment and intervention in this patient group.	Presentation (Online)	<a href="http://eslacongress.eu">Abstract available here: eslacongress.eu</a>
Anjula Gupta	Hannah Greenwood, Anjula Gupta and Chris Sanderson	Apr-22	Distressing unusual experiences and beliefs in the lives of previously homeless individuals: a narrative analysis of the stories of white British men	Psychosis Psychological, Social and Integrative Approaches. Latest articles [early view]	English	<p>Background: Research suggests a correlation between homelessness and the prevalence of distressing unusual experiences and beliefs. This study aimed to explore how previously homeless individuals make sense of distressing unusual experiences and beliefs, by hearing their stories.</p> <p>Method: Narrative analysis was used to understand the stories of six previously homeless White British males who reported distressing unusual experiences and beliefs.</p> <p>Results: Participants' stories involved a holistic and whole-life approach when making sense of distressing unusual beliefs and experiences. Plots included interpersonal experiences (trauma and abuse; loss; judgemental attitudes; fitting in and relational coping), and their intrapersonal consequences (physical wellbeing; substance use; spiritual, religious, and paranormal experiences; and safety, security, and stability).</p> <p>Discussion: A holistic, psychosocial, and whole-life approach may be helpful to support homeless individuals to make sense of distressing unusual experiences and beliefs and their coping responses. It may also be helpful to consider the changing sense of power, agency and autonomy when hearing their stories.</p>	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

Dr Kerry Hinsby, Nigel Wainright, Lucie Moores and Jenny Bates	Dr Kerry Hinsby, Nigel Wainright, Lucie Moores, Jenny Bates, Dr Judith Johnson, Chris Keyworth, Lucy Pointon and Adnan Alzahrani	Apr-22	Evaluation of the West Yorkshire Staff Mental Health and Wellbeing Hub	White Rose Research Online URL for this paper: <a href="https://eprints.whiterose.ac.uk/186166/">https://eprints.whiterose.ac.uk/186166/</a>	English	The West Yorkshire (WY) Staff Wellbeing Hub aims to support NHS, Social Care and Voluntary Sector staff. This evaluation has been conducted as a partnership between the WY Hub and the University of Leeds. It presents data reflecting user uptake and experiences	Journal Article	<a href="https://eprints.whiterose.ac.uk/">Available from White Rose Research Online (eprints.whiterose.ac.uk)</a>
	Gary Lamph, Alison Elliott, Kathryn Jane Gardner, Karen Margaret Wright, Emma Jones, Michael Haslam, Nicola Graham-	Mar-22	An Evaluation of a Pilot Multi-Professional Offender Personality Disorder (OPD) Higher Education Programme	The Journal of Forensic Practice Research: Early view	English	Purpose: Workforce development is crucial to the offender personality disorder (OPD) service to provide contemporary, evidenced care and treatment. This study aims to provide an overview and the research evaluation results of a regional higher education programme delivered to a range of criminal justice workers used on the OPD pathway.  Design/methodology/approach: Three modules were developed and delivered; these are (1) enhancing understanding (20 students), (2) formulation and therapeutic intervention (20 students) and (3) relationships, teams and environments (17 students). A mixed-methods study evaluated participant confidence and compassion. Pre, post and six-month follow-up questionnaires were completed. Additionally, a series of focus groups were conducted to gain in-depth qualitative	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Emily Sanger	Paul A Tiffin, Emily Sanger, Daniel T Smith, Adam Troughton, Lewis W Paton	Mar-22	Situational judgement test performance and subsequent misconduct in medical students	Association for the study of Medical Education: Early view	English	Introduction: Situational judgement tests (SJTs) have been widely adopted, internationally, into medical selection. It was hoped that such assessments could identify candidates likely to exhibit future professional behaviours. Understanding how performance on such tests may predict the risk of disciplinary action during medical school would provide evidence for the validity of such SJTs within student selection. It would also inform the implementation of such tests within student recruitment.  Methods: This cohort study used data for 6910 medical students from 36 UK medical schools who sat the University Clinical Aptitude Test (UCAT) SJT in 2013. The relationship between SJT scores at application and the risk of subsequent disciplinary action during their studies was modelled. The incremental ability of the SJT scores to predict the risk of disciplinary action, above that already provided by UCAT cognitive test scores and secondary (high) school achievement, was also evaluated in 5535 of the students with information available on this latter metric.  Results: Two hundred and ten (3.05%) of the students in the cohort experienced disciplinary action. The risk of disciplinary action reduced with increasing performance on the admissions SJT (odds ratio (OR) 0.80, 95% confidence interval (CI) 0.69 to 0.92, p = 0.002). This effect remained similar after adjusting for cognitive performance and prior academic attainment (OR 0.77, 95% CI 0.65 to 0.92, p = 0.004). The overall estimated effect-size was small (Cohen's d = 0.08) and no evidence of 'threshold' effects were observed for the SJT scores and risk of disciplinary action.	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Daniel Romeu	Cathy A Brennan, Helen Crosby, Cara Sass, Kate L Farley, Louise D Bryant, Rocio Rodriguez-Lopez, Daniel Romeu, Elizabeth Mitchell, Allan O House, Else Guthrie	Feb-22	What helps people to reduce or stop self-harm? A systematic review and meta-synthesis of first-hand accounts	Journal of Public Health, Published online	English	Background: Self-harm is an important public health problem but therapeutic interventions, particularly for people who have a history of multiple repetition, are not always taken up or effective when they are. The aim of this review is to explore first-hand accounts of what helps outside therapy and identify actions and processes, which can support the reduction or cessation of self-harm.  Methods: A systematic review and thematic meta-synthesis of the first-person accounts of what has helped to reduce or stop self-harm reported in primary studies.  Results: The meta-synthesis combined 546 participant excerpts from 56 studies. Two over-arching themes were identified: (i) breaking the chain incorporated actions taken to break the link between a person's current psychological or social state and the act of self-harm and (ii) building a new foundation for change captured actions over the longer-term, focusing on practical changes in relationships and in a person's way of life, such as work or living arrangements.  Conclusions: The results emphasize the importance of interpersonal change in reducing or stopping self-harm. While interpersonal factors are acknowledged as important reasons behind self-harm, they are often under-represented in self-management advice and therapeutic interventions that focus on individual psychopathology.	Journal Article	<a href="https://academic.oup.com">Available from Oxford Academic (academic.oup.com)</a>

Ogba Onwuchekwa	Dr Sumeet Gupta, Dr Udayan Khastgir, Dr Ogba Onwuchekwa and Dr Ioana Varvari	Feb-22	Monitoring the adverse effects of psychotropic drugs – need for an evidence-based approach	GLOBAL PSYCHIATRY ARCHIVES, Volume 5, Issue 1. Pages 51-63	English	Psychotropic drugs (those that affect a person's mental state) are frequently associated with adverse effects. For many physical adverse effects, it is necessary to do baseline blood tests to avoid giving medication to patients who are at a high risk of particular adverse effects and to monitor blood tests to either avoid or manage specific adverse effects. Most treatment guidelines recommend blood tests to monitor the adverse effects of psychotropic drugs. However, most of the recommendations from commonly used practice guidelines are based on expert opinions and low levels of scientific evidence leading to wide variations in recommendations. This area is a clinically significant area which has not received due attentions from clinicians and researchers alike... In this review, we have compared blood test monitoring recommendations, by various national and international treatment guidelines, of commonly used psychotropic drugs such as antipsychotic drugs, and mood stabilising drugs. This is a narrative review, in which we have critically appraised the recommendations and highlighted the need for evidence-based monitoring of adverse effects of psychotropic drugs. Finally, we have made suggestions to make the monitoring recommendations more scientifically valid and meaningful.	Journal Article	<a href="http://globalpsychiatry.co.uk">Available from Global Psychiatry Archives (globalpsychiatry.co.uk)</a>
Rachid Istambouli	Aline El Zakhem, Rachid Istambouli, Jean-Francois Jabbour, Joya-Rita Hindy, Amal Gharamti and Souha S Kanj	Feb-22	Diagnosis and Management of Invasive Candida Infections in Critically Ill Patients	Seminars in Respiratory and Critical Care Medicine: Volume 43, Issue 1, pages 46-59	English	Invasive candidiasis (IC) has become a serious problem in the intensive care unit patients with an attributable mortality rate that can reach up to 51%. Multiple global surveillance studies have shown an increasing incidence of candidemia. Despite their limited sensitivity (21–71%), cultures remain the gold standard for the diagnosis of IC associated with candidemia. Many adjunct laboratory tests exist to support or rule out the diagnosis, each with its indications and limitations, including procalcitonin, 1,3-β-D-glucan, mannan and anti-mannan antibodies, and Candida albicans germ tube antibody. In addition, polymerase chain reaction-based methods could expedite species identification in positive blood cultures, helping in guiding early empirical antifungal therapy. The management of IC in critically ill patients can be classified into prophylactic, preemptive, empiric, and directed/targeted therapy of a documented infection. There is no consensus concerning the benefit of prophylactic therapy in critically ill patients. While early initiation of appropriate therapy in confirmed IC is an important determinant of survival, the selection of candidates and drug of choice for empirical systemic antifungal therapy is more controversial. The choice of antifungal agents is determined by many factors, including the host, the site of infection, the species of the isolated Candida, and its susceptibility profile. Echinocandins are considered initial first-line therapy agents. Due to the conflicting results of the various studies on the benefit of preemptive therapy for critically ill patients and the lack of robust evidence, the Infectious Diseases Society of America (IDSA) omitted this category from its updated guidelines and the European Society of Intensive Care Medicine (ESICM) and the Critically Ill Patients Study Group of the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) do not recommend it.	Journal Article	<a href="https://www.thieme-connect.com">Available from Thieme (https://www.thieme-connect.com)</a>
James Richard O'Neill and Clare Stephenson	James Richard O'Neill and Clare Stephenson	Feb-22	Antipsychotic-Induced Laryngeal Dystonia	Psychopharmacology Bulletin 2022 Feb: Volume 52, Issue 1, pages 61-67	English	We present the case of a young gentleman with diagnoses of bipolar affective disorder, high body mass index, and obstructive sleep apnoea. He was commenced on zuclopenthixol due to an inadequate response to quetiapine, but this swiftly led to marked physical health deterioration including shortness of breath, back pain, tachycardia, tachypnoea, and hypoxia. He was urgently transferred to hospital where he required intubation and intensive care admission. AFTER excluding other causes, it was felt that commencing zuclopenthixol had induced laryngo-pharyngeal dystonia leading to upper airway compromise and severely impaired respiratory function. He progressively recovered after zuclopenthixol was stopped, and he was transferred back to the psychiatric hospital after eight days. THIS case highlights the potential challenges in diagnosing this rare but potentially fatal reaction to antipsychotics. We review the available literature on other cases including a potential interaction between typical antipsychotics and serotonin-specific reuptake inhibitors. Psychiatrists and emergency physicians should be aware of this condition and be alert in considering the administration of anticholinergics, which could be a simple yet life-saving intervention.	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Tariq Mahmood, Soumaya Nasser el din and Chhaya Pandit	Iain D Wilkinson, Tariq Mahmood, Sophia Faye Yasmin, Anneka Tomlinson, Jamshid Nazari, Hamid Alhaj, Soumaya Nasser el din, Joanna Neill, Chhaya Pandit, Shahzad Ashraf, Alastair G Cardno, Steven J Clapcote, Chris F Inglehearn and Peter W Woodruff.	Feb-22	In memory of Professor Iain Wilkinson: cognitive and neuroimaging endophenotypes in a consanguineous schizophrenia multiplex family	Psychological Medicine: First view	English	Background: Schizophrenia endophenotypes may help elucidate functional effects of genetic risk variants in multiply affected consanguineous families that segregate recessive risk alleles of large effect size. We studied the association between a schizophrenia risk locus involving a 6.1Mb homozygous region on chromosome 13q22–31 in a consanguineous multiplex family and cognitive functioning, haemodynamic response and white matter integrity using neuroimaging.  Methods: We performed CANTAB neuropsychological testing on four affected family members (all homozygous for the risk locus), ten unaffected family members (seven homozygous and three heterozygous) and ten healthy volunteers, and tested neuronal responses on fMRI during an n-back working memory task, and white matter integrity on diffusion tensor imaging (DTI) on four affected and six unaffected family members (four homozygous and two heterozygous) and three healthy volunteers. For cognitive comparisons we used a linear mixed model (Kruskal–Wallis) test, followed by posthoc Dunn's pairwise tests with a Bonferroni adjustment. For fMRI analysis, we counted voxels exceeding the p < 0.05 corrected threshold. DTI analysis was observational.  Results: Family members with schizophrenia and unaffected family members homozygous for the risk haplotype showed attention (p < 0.01) and working memory deficits (p < 0.01) compared with healthy controls; a neural activation laterality bias towards the right prefrontal cortex (voxels reaching p < 0.05, corrected) and observed lower fractional anisotropy in the anterior cingulate cortex and left dorsolateral prefrontal cortex.  Conclusions: In this family, homozygosity at the 13q risk locus was associated with impaired cognition, white matter integrity, and altered laterality of neural activation.	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Matthew Gaskell	James Banks	Feb-22	Open letter to Ministers re Gambling Act Review	None	English	None available	Open letter	<a href="http://shura.shu.ac.uk">Available from Sheffield Hallam University Archive (http://shura.shu.ac.uk)</a>

	Paul Heron, Panagiotis Spanakis, Suzanne Crosland, Gordon Johnston, Elizabeth Newbronner, Ruth Wadman, Lauren Walker, Simon Gilbody and Emily Peckham	Jan-22	Loneliness among people with severe mental illness during the COVID-19 pandemic: Results from a linked UK population cohort study	PLOS ONE, 17(1), e0262363 - January 2022	English	<p>AIM/GOAL/PURPOSE: Population surveys underrepresent people with severe mental ill health. This paper aims to use multiple regression analyses to explore perceived social support, loneliness and factor associations from self-report survey data collected during the Covid-19 pandemic in a sample of individuals with severe mental ill health.</p> <p>DESIGN/METHODOLOGY/APPROACH: We sampled an already existing cohort of people with severe mental ill health. Researchers contacted participants by phone or by post to invite them to take part in a survey about how the pandemic restrictions had impacted health, Covid-19 experiences, perceived social support, employment and loneliness.</p> <p>Loneliness was measured by the three item UCLA loneliness scale. FINDINGS: In the pandemic sub-cohort, 367 adults with a severe mental ill health diagnosis completed a remote survey. 29-34% of participants reported being lonely. Loneliness was associated with being younger in age (adjusted OR = -.98, p = .02), living alone (adjusted OR = 2.04, p = .01), high levels of social and economic deprivation (adjusted OR = 2.49, p = .04), and lower perceived social support (B = -5.86, p &lt; .001). Living alone was associated with lower perceived social support. Being lonely was associated with a self-reported deterioration in mental health during the pandemic (adjusted OR = 3.46, 95%CI 2.03-5.91). PRACTICAL IMPLICATIONS: Intervention strategies to tackle loneliness in the severe mental ill health population are needed. Further research is needed to follow-up the severe mental ill health population after pandemic restrictions are lifted to understand perceived social support and loneliness trends. ORIGINALITY: Loneliness was a substantial problem for the severe mental ill health population before the Covid-19 pandemic but there is limited evidence to understand perceived social support and loneliness trends during the pandemic.</p>	Journal Article	<a href="https://journals.plos.org">Available from PLOS ONE (https://journals.plos.org)</a>
Rachid Istambouli	Aline El Zakhem, Rozana El Eid, Rachid Istambouli, Hani Tamim and Souha S Kanj	Jan-22	The Utility of EQUAL Candida Score in Predicting Mortality in Patients with Candidemia	Journal of Fungi, Volume 8, Issue 3 (This article belongs to the Special Issue 10th Trends in Medical Mycology)	English	<p>In an effort to standardize practice, the European Confederation of Medical Mycology (ECMM) developed the European Confederation of Medical Mycology Quality of Clinical Candidaemia Management (EQUAL) Candida score. This study investigated the utility of the EQUAL Candida score in predicting mortality in patients with candidemia admitted between January 2004 and July 2019. A total of 142 cases were included in the study, and 43.6% died within 30 days of candidemia diagnosis. There were no significant differences between survivors and non-survivors in terms of comorbidities predisposing to candidemia, except for malignancy (p = 0.021). The overall mean EQUAL score was 11.5 in the total population and 11.8 ± 3.82 and 11.03 ± 4.59 in survivors and non-survivors, respectively. When patients with a central venous catheter (CVC) were considered alone, survivors were found to have significantly higher scores than non-survivors (13.1 ± 3.19 vs. 11.3 ± 4.77, p = 0.025). When assessing components of the EQUAL Score separately, only candida speciation (p = 0.013), susceptibility testing (p = 0.012) and echocardiography results (p = 0.012) were significantly associated with a lower case-fatality rate. A higher EQUAL Candida score was able to predict a lower case-fatality rate in patients with a CVC.</p>	Journal Article	<a href="http://www.mdpi.com">Available from MDPI (www.mdpi.com)</a>
Anjula Gupta	Emily Thornhill, Chris Sanderson and Anjula Gupta	Jan-22	A grounded theory analysis of care-coordinators' perceptions of family growth associated with an experience of first episode psychosis	Psychosis Psychological, Social and Integrative Approaches (online)	English	<p>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.</p> <p>Methods: Eleven care-coordinators described their perceptions of growth within families with FEP through semi-structured interviews. Transcripts were analysed using social constructivist grounded theory.</p> <p>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 a 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.</p> <p>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.</p>	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
	Caroline Norrie, Stephanie Bramley, Valerie Lipman and Jill Manthorpe	Jan-22	Transferable Learning about PPIE in Gambling Support Services from Health and Social Care: Findings from a Narrative Review and Workshop with PWLE	Journal of Integrated Care	English	<p>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).</p> <p>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.</p> <p>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.</p> <p>Originality: The involvement of people with lived experience of gambling harms in gambling support services is under-explored, with little published evidence of what constitutes good practice amongst self-organising groups/networks/grassroots organisations or rightsbased/empowerment-based approaches.</p> <p>Implications for practice: Examination of the literature about involvement and engagement of patients, service users and the public in public health, health and social care, and addiction services provides potentially useful examples of good practice which may be adopted by gambling services.</p>	Journal Article	<a href="http://kclpure.kcl.ac.uk/portal/en/publications/search.html">Available from King's College London Research Outputs (kclpure.kcl.ac.uk/portal/en/publications/search.html)</a>

Clare Fenton	Melissa Brettell, Clare Fenton and Ethan Foster	Jan-22	Linking Leeds: A Social Prescribing Service for Children and Young People	International Journal of Environmental Research and Public Health 2022, Volume 19, issue 3, page 1426	English	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 nonclinical 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. Two main mechanisms were identified which underpin social prescribing in young people: social connectedness and behavioural activation	Journal Article	<a href="http://www.mdpi.com">Available from MDPI (www.mdpi.com)</a>
Susan Guthrie	Susan Guthrie, John Baker, Jane Cahill and Bronwyn Hemsley	Jan-22	Mealtime difficulties in adults with mental health conditions: an integrative review	Journal of Mental Health, pp.1-13	English	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.	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Eleni Tsappis	Barry Wright, Helen Phillips, Vicci Ackroyd, Rebecca Joy, Eleni Tsappis 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.	Journal Article	<a href="http://www.mdpi.com">Available from MDPI (www.mdpi.com)</a>
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 (COVID19) 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	Journal Article	<a href="http://www.ijmhd.org">Available from International Journal on Mental Health and Deafness (www.ijmhd.org)</a>

Ellen Kingsley	Han-I Wang, Barry Wright, Matthew Bursnall, Cindy Cooper, Ellen Kingsley, Ann Le Couteur, Dawn Teare, Katie Biggs, Kirsty McKendrick, Gina Gomez de la Cuesta, Tim Chater, Amy Barr, Kiera Solaiman, Anna Packham, David Marshall, Danielle Varley, Roshanak Nekooi, Simon Gilbody and Steve Parrott	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	<p>Objectives: To assess the cost-effectiveness of LEGO-based therapy compared with usual support.</p> <p>Design: Cost-utility analysis alongside randomised control trial.</p> <p>Setting: Mainstream primary and secondary schools in the UK.</p> <p>Participants: 248 children and young people (CYP) with autism spectrum disorder (ASD) aged 7–15 years.</p> <p>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 randomised to the intervention arm received 12 weekly sessions of LEGO-based therapy and usual support, while CYP allocated to control arm received usual support only.</p> <p>Main outcome measures: Average costs based on National Health Service (NHS) and personal social services perspective and quality-adjusted life years (QALYs) measured by EQ-5D-Y over time horizon of 1 year were collected during the trial. Incremental cost-effectiveness ratio (ICER) was calculated, and non-parametric bootstrapping was conducted. The uncertainty around the ICER estimates was presented using cost-effectiveness acceptability curve (CEAC). A set of sensitivity analyses were conducted to assess the robustness of the primary findings.</p> <p>Results: After adjustment and bootstrapping, on average, CYP in LEGO-based therapy group incurred less costs (incremental cost was –£251 (95% CI –£752 to £268)) and gained marginal improvement in QALYs (QALYs gained 0.009 (95% CI –0.008 to 0.028)). The CEAC shows that the probability of LEGO-based therapy being cost-effective was 94% at the willingness-to-pay threshold of £20 000 per QALY gained. Results of sensitivity analyses were consistent with the primary outcomes.</p> <p>Conclusion: Compared with usual support, LEGO-based therapy produced marginal reduction in costs and improvement in QALYs. Results from both primary and sensitivity analyses suggested that LEGO-based therapy was</p>	Journal Article	<a href="https://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>
Jo Ramsden	Jackie Craissati, 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	<p>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.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
George Crowther, David Hall and Reece Yates	Ben G Edmans, Emma Wolverson, Rebecca Dunning, Matthew Slann, Gregor Russell, George Crowther, David Hall, Reece Yates, Michael Albert and Benjamin R Underwood	Dec-21	Inpatient psychiatric care for patients with dementia at four sites in the United Kingdom	International Journal of Geriatr Psychiatry. Dec 2021. (Online)	English	No abstract available	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Madeleine Vernon-Smith	Nicola Walker, Madeleine Vernon-Smith and Michael Townend	Nov-21	A feasibility study of a novel work-focused relational group CBT treatment programme for moderate to severe recurrent depression	Mental Health Review Journal, Volume 26, Issue 4	English	<p>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.</p> <p>Design/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.</p> <p>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.</p>	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
	Emily Shoesmith, Lisa Huddlestone, Fabiana Lorencatto, Lion Shahab, Simon Gilbody and Elena Ratschen	Nov-21	Supporting smoking cessation and preventing relapse following a stay in a smoke-free setting: a meta-analysis and investigation of effective behaviour change techniques	Addiction, Volume 116, Issue 11, Pages 2978-2994. November 2021	English	<p>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 probable effectiveness of behaviour change techniques (BCTs) used in these interventions.</p> <p>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 long-term effective interventions) and feasibility (if BCT was also delivered in ≥ 25% of all interventions).</p> <p>Results: Thirty-seven studies (intervention n = 9041, control n = 6195) were included: 23 RCTs (intervention n = 6593, control n = 5801); three non-randomized trials (intervention n = 845, control n = 394) and 11 cohort studies (n = 1603). Meta-analysis of biochemically verified abstinence at longest follow-up (4 weeks–18 months) found an overall effect in favour of intervention [risk ratio (RR) = 1.27, 95% confidence interval (CI) = 1.08–1.49, I<sup>2</sup> = 42%]. Nine BCTs (including ‘pharmacological support’, ‘goal-setting (behaviour)’ and ‘social support’) were characterized as ‘promising’ in terms of probable effectiveness and feasibility.</p> <p>Conclusions: A systematic review and meta-analyses indicate that behavioural and pharmacological support is effective in maintaining smoking abstinence following a stay in a smoke-free institution. Several behaviour change techniques may help to maintain smoking abstinence up to 18 months post-discharge.</p>	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
George Crowther, Noura Ahmed, Deepa Kasa and Zoe Goff	George Crowther, Noura Ahmed, Deepa Kasa, Zoe Goff and Muzahir H Tayebjee	Nov-21	Cardiac monitoring in memory clinics: national survey of UK practice	BJPsych Bulletin, First View, pp. 1 - 6	English	<p>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.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

Megan Garside	Barry Wright, Rebecca Hargate, Megan Garside, Georgina Carr, Tina Wakefield, Ruth Swanwick, Ian Noon and Paul Simpson	Oct-21	A systematic scoping review of early interventions for parents of deaf infants	BMC Pediatrics volume 21, Article number: 467 (2021)	English	<p>Background: Over 90% of the 50,000 deaf children in the UK have hearing parents, many of whom were not expecting a deaf child and may require specialist support. Deaf children can experience poorer long-term outcomes than hearing children across a range of domains. After early detection by the Universal Newborn Hearing Screening Programme, parents in the UK receive support from Qualified Teachers of the Deaf and audiologists but resources are tight and intervention support can vary by locality. There are challenges faced due to a lack of clarity around what specific parenting support interventions are most helpful.</p> <p>Methods: The aim of this research was to complete a systematic scoping review of the evidence to identify early support interventions for parents of deaf infants. From 5577 identified records, 54 met inclusion criteria. Two reviewers screened papers through three rounds before completing data extraction and quality assessment.</p> <p>Results: Identified parent support interventions included both group and individual sessions in various settings (including online). They were led by a range of professionals and targeted various outcomes. Internationally there were only five randomised controlled trials. Other designs included non-randomised comparison groups, pre / post and other designs e.g. longitudinal, qualitative and case studies. Quality assessment showed few high quality studies with most having some concerns over risk of bias.</p> <p>Conclusion: Interventions commonly focused on infant language and communication followed by parental knowledge and skills; parent wellbeing and empowerment; and parent/child relationship. There were no interventions that focused specifically on parent support to understand or nurture child socio-emotional development despite this being a well-established area of poor outcome for deaf children. There were few UK studies and research generally was not of high quality. Many studies were not recent and so not in the context of recent healthcare advances. Further research in this area is urgently needed to help develop evidence based early interventions.</p>	Journal Article	<a href="https://bmcpediatr.biomedcentral.com">Available from BMC Pediatrics (https://bmcpediatr.biomedcentral.com)</a>
	Patrick Gavin Kehoe, Nicholas Turner, Beth Howden, Lina Jarutyte, Shona Louise Clegg, Ian Brian Malone, Josephine Barnes, Casper Nielsen, Carole H�el�ene Sudre, Aileen Wilson, Ngoc Jade Thai, Peter Sinclair Blair, Elizabeth Coulthard, Janet Athene Lane, Peter Passmore, Jodi Taylor, Henk-Jan Mutsaerts, David Lee Thomas, Nick Charles Fox, Ian Wilkinson, Yoav Ben-Shlomo and RADAR investigators	Oct-21	Safety and efficacy of losartan for the reduction of brain atrophy in clinically diagnosed Alzheimer's disease (the RADAR trial): a double-blind, randomised, placebo-controlled, phase 2 trial	The Lancet Neurology, Volume 20, Issue 11, November 2021, Pages 895-906	English	<p>Background: Drugs modifying angiotensin II signalling could reduce Alzheimer's disease pathology, thus decreasing the rate of disease progression. We investigated whether the angiotensin II receptor antagonist losartan, compared with placebo, could reduce brain volume loss, as a measure of disease progression, in clinically diagnosed mild-to-moderate Alzheimer's disease.</p> <p>Methods: In this double-blind, multicentre, randomised controlled trial, eligible patients aged 55 years or older, previously untreated with angiotensin II drugs and diagnosed (National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer's Disease and Related Disorders Association criteria) with mild-to-moderate Alzheimer's disease, and who had capacity to consent, were recruited from 23 UK National Health Service hospital trusts. After undergoing a 4-week, open-label phase of active treatment then washout, participants were randomly assigned (1:1) oral over-encapsulated preparations of either 100 mg losartan (after an initial two-dose titration stage) or matched placebo daily for 12 months. Randomisation, minimised by age and baseline medial temporal lobe atrophy score, was undertaken online or via pin-access service by telephone. Participants, their study companions, and study personnel were masked to group assignment. The primary outcome, analysed by the intention-to-treat principle (ie, participants analysed in the group to which they were randomised, without imputation for missing data), was change in whole brain volume between baseline and 12 months, measured using volumetric MRI and determined by boundary shift interval (BSI) analysis. The trial is registered with the International Standard Randomised Controlled Trial Register (ISRCTN93682878) and the European Union Drug Regulating Authorities Clinical Trials Database (EudraCT 2012-003641-15), and is completed.</p> <p>Findings: Between July 22, 2014, and May 17, 2018, 261 participants entered the open-label phase. 211 were randomly assigned losartan (n=105) or placebo (n=106). Of 197 (93%) participants who completed the study, 171 (81%) had complete primary outcome data. The mean brain volume (BSI) reduction was 19.1 mL (SD 10.3) in the losartan group and 20.0 mL (10.8) in the placebo group. The difference in total volume reduction between groups was -2.29 mL (95% CI -6.46 to 0.89; p=0.14). The number of adverse events was low (22 in the losartan group and 20 in the placebo group) with no differences between treatment groups. There was one treatment-related death per treatment group.</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>

George Crowther	Mohammad Azram, Noura Ahmed, Lucy Leese, Matthew Brigham, Robert Bowes, Stephen B Wheatcroft, Marcus Ngantcha, Berthold Stegemann, George Crowther and Muzahir H Tayebjee	Sep-21	Clinical validation and evaluation of a novel six-lead handheld electrocardiogram recorder compared to the 12-lead electrocardiogram in unselected cardiology patients (EVALECG Cardio)	European Heart Journal - Digital Health, Volume 2, Issue 4, December 2021, Pages 643–648	English	<p>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 Kardia 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.</p> <p>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 by 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 kappa analysis. There were 1015 patients recruited. The mean differences between recorders were small for PR, QRS, cardiac axis, with receiver operator analysis area under the curve (AUC) of &gt;80%. Mean differences for QT and QTc (between recorders) were also small, with AUCs for QT leads of &gt;75% and AUCs for QTc leads of &gt;60%. Key findings from Bland–Altman analysis demonstrate overall an acceptable agreement with few outliers instances (&lt;6%, Bland–Altman analysis).</p> <p>Conclusion: Several parameters recorded by the Kardia 6L (QT interval in all six leads, rhythm detection, PR interval, QRS duration, and cardiac axis) perform closely to the gold standard 12-lead ECG. However, that consistency weakens for left ventricular hypertrophy, QRS amplitudes (Lead I and AVL), and ischaemic changes.</p>	Journal Article	<a href="https://academic.oup.com/academic.oup.com">Available from Oxford Academic (academic.oup.com)</a>
Mary Franklin-Smith, Monique Schelhase and William Rhys Jones	Amelia Austin, Michaela Flynn, Katie Richards, Helen Sharpe, Karina Allen, Victoria Mountford, Danielle Glennon, Nina Grant, Amy Brown, Kate Mahoney, Lucy Serpell, Gabrielle Brady, Nicole Nunes, Frances Connan, Mary Franklin-Smith, Monique Schelhase, William Rhys Jones, Gerome Breen and Ulrike Schmidt	Sep-21	Early weight gain trajectories in first episode anorexia: predictors of outcome for emerging adults in outpatient treatment	Journal of Eating Disorders volume 9, Article number: 112 (2021)	English	<p>A key feature of anorexia nervosa (AN) is an unhealthy low body weight. Previous studies show that more weight gained early in inpatient treatment leads to better outcomes. This study tried to see if this was also true for outpatients receiving treatment for the first time. All participants were emerging adults between the ages of 16 and 25 who had been ill for less than 3 years. Weight was recorded across the first 12 weekly treatment sessions. Statistics showed that the patients fit roughly into four different groups in early treatment, each with different starting weights and rates of weight gain in the first 12 treatment sessions. The group a patient belonged to could sometimes be predicted by vomiting behaviours, level of depression, and patients' perception of parental tolerance and expectations at the start of treatment. Out of the four groups, three did relatively well 1 year later, but one small group of patients did not. This small group had a higher starting weight than many of the other groups but did not gain any weight across the first 12 sessions. These patients could benefit from a change or increase in the amount or intensity of treatment after the first 12 treatment sessions</p>	Journal Article	<a href="https://www.biomedcentral.com">Available from BioMed Central (www.biomedcentral.com)</a>
Kerry Hinsby	Emily Young	Aug-21	Helping to embed a trauma-informed clinical model in a forensic mental health service using the seven-eyed model of supervision	Clinical Psychology Forum No 344 August 2021 pages 59-64	English	<p>THE LEEDS and York Partnership Foundation Trust (LYPFT) forensic service offers low-secure inpatient and outpatient provision for adults who present with mental health problems and a potential risk to others. It can accommodate 48 male and 23 female inpatients across both sites in York and Leeds and the community teams currently hold a combined caseload of 130 service users. Over the last few years the service has developed and started to embed a trauma-informed clinical model. This was part of a wider commitment to organisational change, and a means of trying to improve the service for staff and service users, the latter of whom tend to have experienced high rates of trauma across their lifespan (e.g. Bohle &amp; de Vogel, 2017; McKenna et al., 2019). It was also in the context of a general shift in UK healthcare and other services towards becoming more trauma-informed (Sweeny et al., 2016). To support this initiative, the service has been adapting areas of practice to incorporate trauma-informed care (TIC) principles and ways of working, with supervision being one of them.</p>	Journal Article	<a href="https://shop.bps.org.uk">Available for purchase at the British Psychological Society (https://shop.bps.org.uk)</a>
Helen Phillips, Jennifer Sweetman, Rachel Hodgkinson, Emily Hayward, Amelia Ralph-Lewis and Catarina Teige	Barry Wright, Helen Phillips, Victoria Allgar, Jennifer Sweetman, Rachel Hodgkinson, Emily Hayward, Amelia Ralph-Lewis, Catarina Teige, Martin Bland and Ann Le Couteur	Jul-21	Adapting and validating the Autism Diagnostic Interview - Revised for use with deaf children and young people	Autism. Online first. July 2021	English	<p>A Delphi consensus methodology was used to adapt the Autism Diagnostic Interview–Revised for the assessment of deaf children with suspected autism spectrum disorder. Each Autism Diagnostic Interview–Revised item was considered by a panel of nine international experts in terms of relevance and acceptability. Modifications were proposed and agreed by the expert panel for 45% of items. The pre-specified criterion for agreement between experts was set at 80% for each item. A first validation of the revised version, adapted for deaf children (Autism Diagnostic Interview–Revised Deaf Adaptation), was undertaken with a UK sample of 78 parents/carers of deaf children with autism spectrum disorder and 126 parents/carers with deaf children without autism spectrum disorder. When compared to National Institute for Health and Care Excellence guideline standard clinical assessments, the Autism Diagnostic Interview–Revised Deaf Adaptation diagnostic algorithm cut-off/threshold scores achieved a sensitivity of 89% (79%–96%) and specificity of 81% (70%–89%) for autism spectrum disorder. The alpha coefficients for each algorithm symptom domain ranged from 0.80 to 0.91, suggesting that the items had high internal consistency. Our findings indicate that the Autism Diagnostic Interview–Revised Deaf Adaptation is likely to be a useful measure for the assessment of deaf children with suspected autism spectrum disorder, although further research is needed.</p>	Journal Article	<a href="https://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>

	<p>Lu Han, Tim Doran, Richard Ian Gregory Holt, Catherine Hewitt, Rowena Jacobs, Stephanie Louise Prady, Sarah Louise Alderson, David Shiers, Han-I Wang, Sue Bellass, Simon Gilbody, Charlotte Emma Wray Kitchen, Jennie Lister, Johanna Taylor, and Najma Siddiqi</p>	<p>Jul-21</p>	<p>Impact of severe mental illness on healthcare use and health outcomes for people with type 2 diabetes: a longitudinal observational study in England</p>	<p>British Journal of General Practice, Volume 71, Issue 709. July 2021</p>	<p>English</p>	<p>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.</p> <p>Aim: To determine the impact of SMI on healthcare processes and outcomes for people with type 2 diabetes (T2DM).</p> <p>Design 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.</p> <p>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.</p> <p>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 0.682, 95% CI = 0.508 to 0.915).</p> <p>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.</p>	<p>Journal Article</p>	<p><a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a></p>
<p>Rachel Dobbing</p>	<p>Nicola Walker and Rachel Dobbing</p>	<p>Jul-21</p>	<p>A redesigned training and staff support programme to enhance job retention in employees with moderate-severe depression</p>	<p>Mental Health and Social Inclusion, Volume 25 Issue 3, pages 279-295</p>	<p>English</p>	<p>Purpose: Closing the treatment gap in depression is vital to prevent people from losing their jobs. Delivering group-based interventions at work could reach more employees than delivering 1:1 interventions in a clinical setting. This study aims to redesign a Treatment Programme to make it more acceptable and accessible for employees with depression.</p> <p>Design/methodology/approach: A mixed-methods exploratory sequential design with a high level of stakeholder consultation was used to redesign an interdisciplinary Work-focussed Relational Group CBT Treatment Programme for moderate-severe depression. Qualitative data from focus groups and quantitative data from a small feasibility study were integrated to develop the new Training (and Staff Support) Programme (TSSP), which was fully specified and manualised in line with the Template for Intervention Description and Replication (TIDieR) for future delivery.</p> <p>Findings: Focus groups identified a need for improved acceptability and accessibility of the tertiary preventative Work-focussed Relational Group CBT Treatment Programme. This programme was, therefore, simplified for delivery by peer facilitators at the worksite as an intervention for all employees rather than an indicated/targeted intervention for only those with symptoms/risk of depression. The TSSP comprised a compulsory trauma-informed educational/experiential workshop over four days plus optional open-ended, peer-led base groups set up and run by volunteer peer facilitators.</p> <p>Research limitations/implications: The focus groups comprised a convenience sample who knew the researchers as a colleague or therapist, so there is a risk of selection or relationship bias. They were not involved in the data analysis which undermines the element of co-production and increases the risk of analytic or confirmation bias.</p> <p>Practical implications: Delivering the new intervention in a group format will require peer facilitators to acquire skills in co-facilitation using a structured-directive leadership style and an awareness of the potential side effects of group-based interventions.</p> <p>Social implications: The worksite TSSP provides a democratic learning space and empowers employees to stay at work by self-managing their symptoms and by challenging the interpersonal dynamics and organisational structures that</p>	<p>Journal Article</p>	<p><a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a></p>

	Laura H Goldstein, Emily J Robinson, Izabela Pilecka, Iain Perdue, Iris Mosweu, Julie Read, Harriet Jordan, Matthew Wilkinson, Gregg Rawlings, Sarah J Feehan, Hannah Callaghan, Elana Day, James Purnell, Maria Baldellou Lopez, Alice Brockington, Christine Burness, Norman A Poole, Carole Eastwood, Michele Moore, John Dc Mellers, Jon Stone, Alan Carson, Nick Medford, Markus Reuber, Paul McCrone4, Joanna Murray, Mark P	Jun-21	Cognitive behavioural therapy compared with standardised medical care for adults with dissociative non-epileptic seizures: the CODES RCT	Health Technology Assessment, Volume 25, Issue 43	English	<p>Background: Dissociative (non-epileptic) seizures are potentially treatable by psychotherapeutic interventions; however, the evidence for this is limited.</p> <p>Objectives: To evaluate the clinical effectiveness and cost-effectiveness of dissociative seizure-specific cognitive-behavioural therapy for adults with dissociative seizures.</p> <p>Design: This was a pragmatic, multicentre, parallel-arm, mixed-methods randomised controlled trial.</p> <p>Setting: This took place in 27 UK-based neurology/epilepsy services, 17 liaison psychiatry/neuropsychiatry services and 18 cognitive-behavioural therapy services.</p> <p>Participants: Adults with dissociative seizures in the previous 8 weeks and no epileptic seizures in the previous year and meeting other eligibility criteria were recruited to a screening phase from neurology/epilepsy services between October 2014 and February 2017. After psychiatric assessment around 3 months later, eligible and interested participants were randomised between January 2015 and May 2017.</p> <p>Interventions: Standardised medical care consisted of input from neurologists and psychiatrists who were given guidance regarding diagnosis delivery and management; they provided patients with information booklets. The intervention consisted of 12 dissociative seizure-specific cognitive-behavioural therapy 1-hour sessions (plus one booster session) that were delivered by trained therapists, in addition to standardised medical care.</p> <p>Main outcome measures: The primary outcome was monthly seizure frequency at 12 months post randomisation. The secondary outcomes were aspects of seizure occurrence, quality of life, mood, anxiety, distress, symptoms, psychosocial functioning, clinical global change, satisfaction with treatment, quality-adjusted life-years, costs and cost-effectiveness.</p> <p>Results: In total, 698 patients were screened and 368 were randomised (standardised medical care alone, n = 182; and cognitive-behavioural therapy plus standardised medical care, n = 186). Primary outcome data were obtained for 85% of participants. An intention-to-treat analysis with multivariate imputation by chained equations revealed no significant between-group difference in dissociative seizure frequency at 12 months [standardised medical care: median of seven dissociative seizures (interquartile range 1-35 dissociative seizures); cognitive-behavioural therapy and standardised medical care: median of four dissociative seizures (interquartile range 0-20 dissociative seizures); incidence rate ratio 0.78, 95% confidence interval 0.56 to 1.09; p = 0.144]. Of the 16 secondary outcomes analysed, nine were significantly better in the arm receiving cognitive-behavioural therapy at a p-value &lt; 0.05 including the following at a p-value &lt;</p>	Journal Article	<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals library (www.journalslibrary.nihr.ac.uk)</a>
Max Henderson	Max Henderson and Simon M Everett	Jun-21	Foreign body ingestion: understanding the implications	Frontline Gastroenterology Published Online First: 23 June 2021	English	<p>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.<sup>1</sup> 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.</p> <p>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.<sup>2</sup> The reasons behind this remain unclear.</p> <p>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</p>	Commentary	<a href="http://bmjopen.bmj.com">Available from BMJ Journals Open (bmjopen.bmj.com)</a>
Nazish Hashmi	Nazish Hashmi and Sunitha Muniyappl	Jun-21	Resilience-culture of support	BJPsych Open	English	<p>Aims. Better-informed trainees will have increased confidence and improved resilience which will have a positive impact on the workforce. To promote and celebrate diversity in psychiatric workforce it is imperative to acknowledge the above and provide adequate support to IMGs across UK.</p> <p>Background. Nearly two fifth of licensed doctors in NHS are from black and ethnic minorities. Studies have shown that International Medical Graduates (IMGs) are particularly prone to certain difficulties compared to UK graduates. IMGs are more likely to be subject to investigations by General Medical Council for concerns over clinical skills and knowledge, communication skills, lack of awareness of the laws and code of practice. This has been highlighted by GMC as well as Royal College of Psychiatrists. To promote and celebrate diversity in psychiatric workforce it is imperative to acknowledge this and provide adequate support to IMGs across UK.</p> <p>Method. An additional rotation wide induction programme was started for IMGs in August 2018 in West Yorkshire. This has continued on a 6 monthly basis for all new starters and last one was held on 21st of August 2019. Teaching included information about Good Medical Practice, confidentiality issues, principles of consent, information about living skills and practical teaching on phlebotomy and requesting investigations.</p> <p>Result. The doctors who attended these sessions found it to be very helpful and some suggested it to be a full day programme. According to the feedback collected there was a definite improvement in understanding noted by IMGs in most areas covered. This induction was also acknowledged in the School of Psychiatry conference in October 2019.</p> <p>Conclusion. Considering the increasing numbers of International medical graduates it will be beneficial to arrange similar events at local level for easier accessibility. In line with RCPsych and GMC guidelines all trusts should be encouraged to offer IMG induction sessions locally.</p>	ePoster presentation	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

Edward Knights, Monique Schelhase, Rhys Jones and Lou Burk	Edward Knights, Monique Schelhase, Rhys Jones and Lou Burk	Jun-21	Improving physical health care for inpatients with eating disorders	BJPsych Open	English	<p>Aims. Primary aim – To improve how physical health issues are addressed for inpatients with eating disorders Secondary aim – To improve efficiency within the MDT</p> <p>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 patients could self-refer to.</p> <p>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.</p> <p>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 accessing at least once. 70% (n = 7) stated their physical health concerns had been better addressed since the clinic had been started. 90% (n = 9) of inpatients and 90% (n = 9) of staff responded that the physical health clinic should remain permanent. 90% (n = 9) of staff stated they had more time for their other duties since the introduction of the clinic. Prior to the clinic 63% (n = 5) of staff responded that in a typical day they were approached between 2-5 times for physical health requests with the other 37% (n = 3) being approached once. Following the clinic 80% (n = 8) of staff responded that they were approached once in a typical working day.</p> <p>Conclusion. The qualitative data from the questionnaires indicated success in both improving patient care and reducing nursing workload. The physical health clinic has been made a permanent feature on the ward and has been continued by the incoming foundation doctor and ward ANP</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Nyakomi Adwok and Sharon Nightingale	Nyakomi Adwok and Sharon Nightingale	Jun-21	The person behind the label: co-production as a tool in teaching about borderline personality disorder	BJPsych Open, Volume 7, Issue S1, pages	English	<p>Aims: The overarching aim of the session was to address and reduce stigma around Borderline Personality Disorder among doctors. The three main objectives were: To increase empathy and understanding around Borderline Personality Disorder by exposing junior doctors to service user perspectives outside a clinical setting; To address knowledge gaps identified by junior doctors in a self-reported questionnaire disseminated prior to the teaching session; To offer junior doctors a basic psychological framework to base their assessment and formulation of service users with personality disorders.</p> <p>Background: 'Borderline Personality Disorder: The Person Behind the Label' was the title of the first co-produced teaching session in the Leeds and York Partnership Foundation Trust (LYPFT). Prior to the teaching session, an online questionnaire was sent out to trainees. The results highlighted three key issues: Negative attitudes towards service users with personality disorders; Poor subjective knowledge of the psychological models of personality disorders; Perception among trainees that they do not receive adequate training to deal with the challenges service users with personality disorders present.</p> <p>Method: A teaching session was co-produced by a team of two service users, a principal clinical psychologist within the Leeds Personality Disorder Network (PDN) and a core Psychiatry trainee. It was delivered in a 75 minute session to 40 attendees consisting of both trainee doctors and consultants.</p> <p>Result: Feedback was collected immediately after the session through the use of anonymous feedback forms. The response to the training was overwhelmingly positive with all 28 respondents rating the session as 4/5 or 5/5 on a satisfaction scale ranging from 1 (poor) to excellent (5). Key themes from the feedback included appreciation for the service user perspective and teaching on psychological theory. The fourth question in the questionnaire: "How will this teaching impact your work?" produced the highest number of responses (25/28) and provided evidence that the above listed objectives of the session were met.</p> <p>Conclusion: Co-produced teaching has great potential to address negative attitudes around highly stigmatised conditions by bridging the gap that often exists between service users and mental health professionals.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

Oliver Turner and David Leung	Oliver Turner and David Leung	Jun-21	On-call medical seclusion reviews: are we meeting MHA code of practice (COP) requirements?	BJPsych Open	English	<p>Aims. Are Junior Trainee, Medical Seclusion Reviews complaint with MHA COP Criteria? 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</p> <p>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, trainees 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</p> <p>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.</p> <p>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 compliance with the MHA COP. Junior doctor inductions now include a presentation regarding Seclusion, the reviews and documentation. We will re-audit in 12 months</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Daniel Romeu, Christiana Elisha-Aboh, Hamza Abid, Tariq Mahmood and Fiona Lacey	Daniel Romeu, Christiana Elisha-Aboh, Hamza Abid, Lauren Merry, Tariq Mahmood and Fiona Lacey	Jun-21	Clinical audit investigating the recognition of tardive dyskinesia in an acute inpatient setting	BJPsych Open	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>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, suggesting an element of medical paternalism. This study provides opportunity to improve practice by educating the medical workforce and raising awareness of TD symptoms amongst the wider team.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

Daniel Romeu and Tariq Mahmood	Daniel Romeu, Rhiya Sood, Richard Hughes, Tariq Mahmood and Alastair Cardno	Jun-21	Investigation and management of vitamin D insufficiency and deficiency in acute adult psychiatric admissions: a clinical audit	BJPsych Open	English	<p>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.</p> <p>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 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 30nmol/l.</p> <p>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%; <math>\chi^2 = 4.59</math>, <math>p = 0.032</math>). 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%; <math>\chi^2 = 0.091</math>, <math>p = 0.76</math>). Mean vitamin D levels did not significantly differ (<math>p = 0.77</math>) between Caucasians (38.3nmol/l) and non-Caucasians (36.2nmol/l).</p> <p>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 guidance. Ethnicity influenced rates of vitamin D analysis but not replacement or mean serum levels. We aim to present our findings to the Trust's medical workforce to raise awareness of the relevant guidance. Given the paucity of psychiatric inpatients with normal vitamin D levels, further research into the role of vitamin D in psychopathology is warranted.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Oliver Turner and David Leung	Oliver Turner and David Leung	Jun-21	On-call medical seclusion reviews: are we meeting MHA code of practice (COP) requirements?	BJPsych Open	English	<p>Aims. Are Junior Trainee, Medical Seclusion Reviews compliant with MHA COP Criteria?</p> <p>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?</p> <p>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, trainees 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</p> <p>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.</p> <p>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.</p> <p>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 compliance with the MHA COP. Junior doctor inductions now include a presentation regarding Seclusion, the reviews and documentation. We will re-audit in 12 months.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

David Hall, Thomas Lane and Alexander Harbinson	David Hall, Thomas Lane and Alexander Harbinson	Jun-21	Creating a virtual, clinical scenario based teaching programme for foundation doctors in Leeds	BJPsych Open	English	<p>Aims. 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 curriculum, as well as their confidence and skill set in dealing with common mental health presentations. Our supplementary aims were to promote psychiatry as a career and to provide supervised teaching opportunities to core trainees.</p> <p>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.</p> <p>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.</p> <p>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 opportunity that this provided.</p>	ePoster presentation		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Samuel Mammolotti Parkinson, Ismail Laher and Shola Johnson	Samuel Mammolotti Parkinson, Ismail Laher and Shola Johnson	Jun-21	Innovating in CMHT's: mental health wellbeing group visits	BJPsych Open	English	<p>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.</p> <p>Method. A four session course was developed focussing 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.</p> <p>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.</p> <p>Conclusion. The project aim was met and we believe this intervention can be successfully incorporated into the identified service provision gap within the CMH T model. There is potential to build on and embed this innovation with roll-out to a wide range of service users in different settings. In line with existing literature from GP settings, the consensus was that the amalgamated group visits/consultations model could be successfully modified to meet the needs of patients in the Mental Health arena who have a range of physical health and lifestyle concerns. We planned to obtain more information about improvement in patient self-management but this was affected by the pandemic. However, we believe it is a cost effective and helpful innovation which warrants further promotion and evaluation.</p>	ePoster presentation		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

Heena Mistry	Heena Mistry	Jun-21	The monitoring and use of Pro re nata (PRN) psychotropic medication for people with learning disabilities on an inpatient ward	BJPsych Open, Volume 7, Issue S1, pages S92-S93.	English	<p>Aims. This project was designed to evaluate the use of PRN medication and PRN monitoring charts on an adult learning disability ward. These charts had been designed by the trust to provide us with a way of monitoring the use of psychotropic PRN medication to ensure monitoring of treatment response, physical health and side effects.</p> <p>Method. The data were collected from PRN monitoring charts, electronic case notes and electronic prescribing chart records for all patients on an adult learning disability inpatient unit. The sample consisted of 7 patients who had been prescribed and/or received PRN psychotropic medication over a five week period. Quantitative data were derived by simple calculation for the total amount of PRN medication used and number of PRN monitoring charts completed. Qualitative data were collected of prescription charts and PRN protocols which is supposed to guide treatment.</p> <p>Result. Out of all the incidences where PRN medication was administered, only 64% of monitoring charts were completed. Out of the 7 patients on the ward, 6 had PRN protocol charts and for only 5 patients these were followed.</p> <p>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 disability by improving the use of the PRN charts. 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.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Guy Brookes	Daniel Whitney and Guy Brookes	Jun-21	Evaluation of a novel consultant psychiatric clinic in general practices and its effects on secondary mental health contact and the general practitioners' perspectives	BJPsych Open, Volume 7, Issue S1, June 2021	English	<p>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.</p> <p>Background. A Consultant Psychiatrist in Leeds offered bespoke 45 minute screening appointment clinics in three sister GP practices, accepting direct referrals from GPs without requiring referrals to the local Community Mental Health Team (CMHT). This model was created to reduce the number of patients moving repeatedly between GP and secondary mental health services as this was leading to patient dissatisfaction and increased GP and CMHT workloads.</p> <p>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.</p> <p>Result. The mean number of contacts with secondary services before being seen in clinic was 3.30 per month compared to 0.44 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.</p> <p>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.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

<p>Christiana Elisha-Aboh, Amy Seukeran, Phuong Pham, Mohammad Musabbir and Helen Turner</p>	<p>Christiana Elisha-Aboh, Amy Seukeran, Phuong Pham, Mohammad Musabbir and Helen Turner</p>	<p>Jun-21</p>	<p>A physicians' compliance in identifying patients' as drivers and providing advice on the Driver and Vehicle Licencing Agency (DVLA) guidelines</p>	<p>BJPsych Open, Volume 7, Issue S1, June 2021</p>	<p>English</p>	<p>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 (6%) 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 educating the medical workforce and raising awareness within the wider team. There also needs to be greater involvement and communication with GPs when completing discharge summaries.</p>	<p>Journal Article</p>	<p><a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a></p>
<p>Syed Nabeel Javaid</p>	<p>Syed Nabeel Javaid</p>	<p>Jun-21</p>	<p>The role of animal-assisted therapy in the management of people with dementia: a systematic literature review</p>	<p>BJPsych Open, Volume 7, Issue S1, June 2021</p>	<p>English</p>	<p>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.</p>	<p>Journal Article</p>	<p><a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a></p>

Katie Blissard-Barnes and Richard Westmoreland	Katie Blissard-Barnes and Richard Westmoreland	Jun-21	Assessing the delivery of smoking cessation interventions in adult inpatients	BJPsych Open, Volume 7, Issue S1, June 2021	English	<p>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.</p> <p>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.</p> <p>Method: All service users on each of the 4 adult inpatient wards at the Becklin 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.</p> <p>Result: The audit found that approximately half of all service users in our audit smoked cigarettes and that the vast majority of these 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.</p> <p>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.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Daniel Romeu and Peter Trigwell	Daniel Romeu, Carolyn Czoski-Murray, Samuel Relton, Andrew Walker, Peter Trigwell, Jenny Hewison, Robert West, Mike Crawford, Matt Fossey, Claire Hulme and Allan House	Jun-21	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	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>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 prioritised to enhance their inherent therapeutic value and improve engagement with treatment and future psychiatric care.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Wendy Neil	Adam Hurlow, Jonathan Hurlow, Wendy Neil, Alice Pullinger	Jun-21	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	English	<p>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.</p>	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Andreea Steiu, Emma Diggins and Nagulan Thevarajan	Andreea Steiu, Emma Diggins and Nagulan Thevarajan	Jun-21	Audit of physical health monitoring on admission to Mill Lodge (CAMHS Inpatient Unit, York)	BJPsych Open, Volume 7, Issue S1, June 2021	English	<p>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.</p> <p>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.</p> <p>Method. Electronic records were reviewed for all patients admitted within a 6 months period, between 1st August 2018 and 1st February 2019. Data were collected in March 2019 and entered directly into an excel spreadsheet designed for data collection. A total of 23 patients were identified for inclusion in this audit. Simple statistical analysis was carried out using excel.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Elisabeth Bond, Stephanie Vel En Tial and Clare Stephenson	Elisabeth Bond, Stephanie Vel En Tial and Clare Stephenson	Jun-21	An audit on consent to treatment within forensic inpatient units at the Newsam Centre	BJPsych Open, Volume 7, Issue S1, June 2021	English	<p>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.</p> <p>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 Section 62. Of the qualifying T3 forms, four patients had this reviewed every two years whilst there was one patient who had not.</p> <p>Conclusion. We found that the adherence to Mental Health Act Code of Practice was overall positive with the majority of service users being reviewed appropriately and documented as per guidance. However, areas identified for improvement included the recording of CTT on online drug charts as well as reviewing T3 every two years. This audit highlights the need for easy access to guidance, appropriate documentation as well as frequent checking of adherence. A leaflet has been created outlining the guidelines and will be distributed to all staff working within the forensic settings and placed in easily accessible locations. As further recommendations from this audit we advise all wards to plan weekly checks during team meetings to ensure information is up to date and that all staff are aware of any discrepancies. A re-audit is planned in the coming months to re-assess adherence after implementation of the interventions.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Louise Combes and Lauren A Bradley	Louise Combes and Lauren A Bradley	May-21	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	Dramatherapy. Volume 41, Issue 1, pages 37-49.	English	<p>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.</p> <p>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.</p>	Journal Article	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>

Zoe Goff, Hannah Weston and Laura Mansbridge	Zoe Goff, Allan House, Elspeth Guthrie, Hannah Weston and Laura Mansbridge	May-21	Diabetes Care in an Acute Psychiatric Inpatient Setting – A Logic Model For Service Delivery	Faculty of Liaison Psychiatry Annual Conference 2021-Poster Viewing Area - Poster 18	English	<p>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.</p> <p>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.</p> <p>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</p>	Poster presentation	<a href="http://www.rcpsych.ac.uk">Available from Royal College of Psychiatrist (www.rcpsych.ac.uk)</a>
	Jennie Lister, Lu Han, Sue Bellass, Jo Taylor, Sarah L Alderson, Tim Doran, Simon Gilbody, Catherine Hewitt, Richard IG Holt, Rowena Jacobs, Charlotte EW Kitchen, Stephanie L Prady, John Radford, Jemimah R Ride, David Shiers, Han-I Wang and Najma Siddiqi	May-21	Identifying determinants of diabetes risk and outcomes for people with severe mental illness: a mixed-methods study	Health Services and Delivery Research, Volume 9, Issue 10	English	<p>Background: People with severe mental illness experience poorer health outcomes than the general population. Diabetes contributes significantly to this health gap.</p> <p>Objectives: The objectives were to identify the determinants of diabetes and to explore variation in diabetes outcomes for people with severe mental illness.</p> <p>Design: Under a social inequalities framework, a concurrent mixed-methods design combined analysis of linked primary care records with qualitative interviews.</p> <p>Setting: The quantitative study was carried out in general practices in England (2000–16). The qualitative study was a community study (undertaken in the North West and in Yorkshire and the Humber).</p> <p>Participants: The quantitative study used the longitudinal health records of 32,781 people with severe mental illness (a subset of 3448 people had diabetes) and 9551 'controls' (with diabetes but no severe mental illness), matched on age, sex and practice, from the Clinical Practice Research Datalink (GOLD version). The qualitative study participants comprised 39 adults with diabetes and severe mental illness, nine family members and 30 health-care staff.</p> <p>Data sources: The Clinical Practice Research Datalink (GOLD) individual patient data were linked to Hospital Episode Statistics, Office for National Statistics mortality data and the Index of Multiple Deprivation.</p> <p>Results: People with severe mental illness were more likely to have diabetes if they were taking atypical antipsychotics, were living in areas of social deprivation, or were of Asian or black ethnicity. A substantial minority developed diabetes prior to severe mental illness. Compared with people with diabetes alone, people with both severe mental illness and diabetes received more frequent physical checks, maintained tighter glycaemic and blood pressure control, and had fewer recorded physical comorbidities and elective admissions, on average. However, they had more emergency admissions (incidence rate ratio 1.14, 95% confidence interval 0.96 to 1.36) and a significantly higher risk of all-cause mortality than people with diabetes but no severe mental illness (hazard ratio 1.89, 95% confidence interval 1.59 to 2.26). These paradoxical results may be explained by other findings. For example, people with severe mental illness and diabetes were more likely to live in socially deprived areas, which is associated with reduced frequency of health checks, poorer health outcomes and higher mortality risk. In interviews, participants frequently described prioritising their mental illness over their diabetes (e.g. tolerating antipsychotic side effects, despite awareness of harmful impacts on diabetes control) and feeling overwhelmed by competing treatment demands from multiple morbidities. Both service users and practitioners acknowledged misattributing physical symptoms to poor mental health ('diagnostic</p>	Journal Article	<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals library (www.journalslibrary.nihr.ac.uk)</a>
Bethany Woods, Alison O'Connell, Sally Rawcliffe-Foo and Kerry Hinsby	Brendan J Dunlop, Bethany Woods, Jonny Lovell, Alison O'Connell, Sally Rawcliffe-Foo and Kerry Hinsby	May-21	Sharing Lived Experiences Framework (SLEF): a framework for mental health practitioners when making disclosure decisions	Journal of Social Work Practice	English	<p>Self-disclosure for mental health practitioners can have benefits for the therapeutic relationship. Most practitioners, however, are wary of doing so, or do not know how to navigate this. This paper aims to present a comprehensive framework to assist mental health practitioners when choosing to self-disclose lived experiences. This framework was created by a working group of academics, clinicians, service users and recovery workers, based on an international project investigating self-disclosure among professionals. Results from this project informed the content of this framework, considering theoretical models of supervision to guide development. The Sharing Lived Experiences Framework (SLEF) details six areas for practitioners to consider: Preparedness, Confidence, Competence, Relevance, Comfort and Supervision. The connection between preparedness and supervision is emphasised. Preliminary data on the SLEF indicates that staff felt more able to navigate disclosure after training on this framework. To the authors' knowledge, this is the first comprehensive framework to guide practitioners through the disclosure process; from planning, to in-the-moment considerations, to post-disclosure reflection. Although limited available data exist on clinical utility, the SLEF crucially provides a framework for supervision discussions and guided self-reflection for a full range of practitioners on a range of lived experiences.</p>	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

<p>Mary Franklin-Smith, William Rhys Jones and Monique Schelhase.</p>	<p>Katie Richards, Michaela Flynn, Amelia Austin, Katie Lang, Karina Allen, Ranjeet Bassi, Gabrielle Brady, Amy Brown, Frances Connan, Mary Franklin-Smith, Danielle Glennon, Nina Grant, William Rhys Jones, Kuda Kali, Antonia Koskina, Kate Mahony, Victoria Mountford, Nicole Nunes, Monique Schelhase, Lucy Serpell and Ulrike Schmidt</p>	<p>May-21</p>	<p>Assessing implementation fidelity in the First Episode Rapid Early Intervention for Eating Disorders service model</p>	<p>BJPsych Open. Volume 7 Issue 3.</p>	<p>English</p>	<p>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 &lt;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 adherence rates can tentatively be considered as clinically meaningful thresholds. Results highlight aspects of the model and its implementation that warrant future examination</p>	<p>Journal Article</p>	<p><a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a></p>
<p>Tariq Mahmood, Aneka Tomlinson and Jamshid Nazari</p>	<p>Tariq Mahmood, Mohammed E El-Asrag, James A Poulter, Alastair G Cardno, Aneka Tomlinson, Sophia Ahmed, Ahmed Al-Amri, Jamshid Nazari, Joanna Neill, Rifka S Chamali, Nancy Kiwan, Suhaila Ghuloum, Hamid A Alhaj, Juliette Randerson Moor, Shabana Khan, Hassen Al-Amin, Colin A Johnson, Peter Woodruff, Iain D Wilkinson, Manir Ali, Steven J Clapcote and Chris F Inglehearn.</p>	<p>May-21</p>	<p>A Recessively Inherited Risk Locus on Chromosome 13q22-31 Conferring Susceptibility to Schizophrenia.</p>	<p>Schizophrenia Bulletin, Volume 47, Issue 3, May 2021, Pages 796–802,</p>	<p>English</p>	<p>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 homozygous region on chromosome 13q22.2-31.1 shared by all affected individuals, containing 13 protein-coding genes. Microsatellite analysis confirmed homozygosity for the affected haplotype in 12 further apparently unaffected members of the family. Psychiatric reports suggested an endophenotype of milder psychiatric 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 &lt;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 homozygote showed 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.</p>	<p>Journal Article</p>	<p><a href="http://academic.oup.com">Available from Oxford Academia (academic.oup.com)</a></p>

Lucy Tindall and Barry Wright	Lucy Tindall, Paul Toner, Antonina Mikocka-Walus and Barry Wright	Apr-21	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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="https://www.jmir.org">Available from JMIR Publications (https://www.jmir.org)</a>
George Crowther	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 Overshott, Kehinde Junaid, Aparna Mordekar, Jenny Humphries, Karen James, Shweta Mittal	Apr-21	Trends in referrals to liaison psychiatry teams from UK emergency departments for patients over 65	International Journal of Geriatric Psychiatry: Early view	English	<p>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.</p> <p>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.</p> <p>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 waits over 11 h.</p> <p>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.</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Daniel Romeu	Daniel Romeu	Apr-21	Is climate change a mental health crisis?	BJPsych Bulletin (2021) Page 1.	English	<p>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.</p>	Praxis	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Stephanie Vel En Tial	Stephanie Vel En Tial, Adebayo Ikuyajesin and Stephen Curran.	Mar-21	An Audit on the monitoring of Metabolic Side-effects of Antipsychotics in Acute Inpatient Psychiatric Units at Fieldhead Hospital	Faculty of Old Age Psychiatry Conference 2021 - Poster Viewing Area - Poster 88	English	<p>The use of antipsychotics have been found to be associated with metabolic side effects including hypertension, weight gain, insulin resistance, glucose intolerance and dyslipidaemia. 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 for metabolic syndrome as well as treatment of cardio-metabolic risk factors. However in clinical practice, these standards are not always met in accordance with best practice recommendations.</p>	Poster abstract	<a href="http://www.rcpsych.ac.uk">Available from Royal College of Psychiatrist (www.rcpsych.ac.uk)</a>

	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	English	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	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Sue Ranger	Rebecca Hunter, Sue Ranger and Lorraine Ingram.	Mar-21	Development and use of the Early Attachment Observation tool for infant mental health	Journal of Health Visiting. Volume 9, Issue 3.	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; What 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.	Journal Article	<a href="http://www.magonline.com">Available from MagOnline (www.magonline.com)</a>
Mary Franklin-Smith, Monique Schelhase and William Rhys Jones.	Amelia Austin, Michaela Flynn, James Shearer, Mike Long, Karina Allen, Victoria Mountford, Danielle Glennon, Nina Grant, Amy Brown, Mary Franklin-Smith, Monique Schelhase, William Rhys Jones, Gabrielle Brady, Nicole Nunes, Frances Connan, Kate Mahony, Lucy Serpell and Ulrike Schmidt	Mar-21	The First Episode Rapid Early Intervention for Eating Disorders - Upscaled study: Clinical outcomes.	Early Intervention in Psychiatry, 29 Mar 2021,	English	Background: 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 consecutive, prospectively ascertained referrals to four specialist ED services in England, assessed at four time points over 12 months on ED symptoms, mood, service utilization 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 (X <sup>2</sup> [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 (X <sup>2</sup> [1, N = 40] = 4.36, p = .037). This contributed to a trend in cost savings in FREED compared to TAU (-£4472, p = .06, CI -£9168, £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	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
	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.	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

	<p>Christopher J Black, Yan Yiannakou, , Robert West, Lesley A Houghton and Alexander C Ford</p>	<p>Feb-21</p>	<p>A Novel Method to Classify and Subgroup Patients With IBS Based on Gastrointestinal Symptoms and Psychological Profiles</p>	<p>American Journal of Gastroenterology . Feb 2021, Volume 116, Issue 2, pages 372-381</p>	<p>English</p>	<p>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.</p> <p>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.</p> <p>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. Four clusters were defined by the pattern of gastrointestinal symptoms (loose stools and urgency or hard stools and bloating), further differentiated by the presence of abdominal pain not relieved by defecation, and by the extent of psychological comorbidity. Two clusters had below-average gastrointestinal symptoms, differentiated by the extent of psychological comorbidity. The final cluster had well-above-average gastrointestinal symptoms and high levels of psychological comorbidity. The proportion of subjects with severe IBS symptom scores, high levels of perceived stress, and high levels of gastrointestinal symptom-specific anxiety was significantly higher in clusters with high psychological comorbidity (P &lt; 0.001).</p> <p>Discussion: Latent class analysis identified 7 distinct IBS subgroups characterized by varying degrees of gastrointestinal symptoms, extraintestinal symptoms, and psychological comorbidity. Further research is needed to assess whether they might be used to direct treatment.</p>	<p>Journal Article</p>	<p><a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a></p>
<p>Conor James Davidson, Keri Lodge and Alwyn Kam.</p>	<p>Conor James Davidson, Keri Lodge and Alwyn Kam.</p>	<p>Feb-21</p>	<p>The impact of the COVID-19 pandemic on autistic adults – a survey</p>	<p>Advances in Autism: Early view</p>	<p>English</p>	<p>Purpose: To date there has been limited research on the impact of the COVID-19 pandemic on autistic people. This study aims to present the results of a survey of autistic people (n = 51) conducted by a UK specialist autism team.</p> <p>Design/methodology/approach: A cross-sectional online survey.</p> <p>Findings: A total of 72% respondents reported either some or significant deterioration in mental health during the pandemic. The issues that caused most negative impact were uncertainty over what will happen next and disruption of normal routine. Respondents reported a variety of coping strategies to help them through the pandemic.</p> <p>Originality/value: To date there has been little research looking specifically at the impact of the COVID-19 pandemic on autistic people. This paper adds weight to the evidence that the pandemic has had a particularly severe impact on autistic adults and includes useful information on potential coping strategies for this population.</p>	<p>Journal Article</p>	<p><a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a></p>
<p>Max Henderson</p>	<p>Vaughan Parsons, Dorota Juszczak, 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.</p>	<p>Feb-21</p>	<p>A case management occupational health model to facilitate earlier return to work of NHS staff with common mental health disorders: a feasibility study</p>	<p>Health Technology Assessment Volume 25, Issue 12</p>	<p>English</p>	<p>Background: The NHS is the biggest employer in the UK. Depression and anxiety are common reasons for sickness absence among staff. Evidence suggests that an intervention based on a case management model using a biopsychosocial approach could be cost-effective and lead to earlier return to work for staff with common mental health disorders.</p> <p>Objective: The objective was to assess the feasibility and acceptability of conducting a trial of the clinical effectiveness and cost-effectiveness of an early occupational health referral and case management intervention to facilitate the return to work of NHS staff on sick leave with any common mental health disorder (e.g. depression or anxiety).</p> <p>Design: A multicentre mixed-methods feasibility study with embedded process evaluation and economic analyses. The study comprised an updated systematic review, survey of care as usual, and development of an intervention in consultation with key stakeholders. Although this was not a randomised controlled trial, the study design comprised two arms where participants received either the intervention or care as usual.</p> <p>Participants: Participants were NHS staff on sick leave for 7 or more consecutive days but less than 90 consecutive days, with a common mental health disorder.</p> <p>Intervention: The intervention involved early referral to occupational health combined with standardised work-focused case management.</p> <p>Control/comparator: Participants in the control arm received care as usual.</p> <p>Primary outcome: The primary outcome was the feasibility and acceptability of the intervention, study processes (including methods of recruiting participants) and data collection tools to measure return to work, episodes of sickness absence, workability (a worker's functional ability to perform their job), occupational functioning, symptomatology and cost-effectiveness proposed for use in a main trial.</p> <p>Results: Forty articles and two guidelines were included in an updated systematic review. A total of 49 of the 126 (39%) occupational health providers who were approached participated in a national survey of care as usual. Selected multidisciplinary stakeholders contributed to the development of the work-focused case management intervention (including a training workshop). Six NHS trusts (occupational health departments) agreed to take part in the study, although one trust withdrew prior to participant recruitment, citing staff shortages. At mixed intervention sites, participants were sequentially allocated to each arm, where possible. Approximately 1938 (3.9%) NHS staff from the participating sites were on sick leave with a common mental health disorder during the study period. Forty-two sick-</p>	<p>Journal Article</p>	<p><a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a></p>

	Louise D Bryant, Roseanne O'Shea, Kate Farley, Cathy Brennan, Helen F Crosby, and Allan House	Jan-21	Understanding the functions of repeated self-harm: A Q methodology approach	Social Science and Medicine Volume 268, January 2021	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
	Jacqueline Sin, Jack Elkes, Rachel Batchelor, Claire Henderson, Steve Gillard, Luke A Woodham, Tao Chen, Arli Aden and Victoria Cornelius	Jan-21	Mental health and caregiving experiences of family carers supporting people with psychosis	Epidemiology and Psychiatric Sciences. Volume 30.	English	<p>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.</p> <p>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 Caregiving Inventory. We tested associations between carers' demographic and caregiving characteristics for each outcome in turn and meta-analysed carers' WEMWBS and EQ-5D-5L with Health Survey England (HSE) general population data from 2016 and 2017, respectively.</p> <p>Results: The 407 carers of people with psychosis had a mean WEMWBS score of 42.2 (s.d. 9.21) and their overall weighted pooled WEMWBS score was 7.3 (95% confidence interval (CI) -8.6 to -6.0, <math>p &lt; 0.01</math>) lower than the HSE general population sample, indicating carers have poorer mental wellbeing by more than double the minimum clinically important difference of 3 points on WEMWBS. Among all caring relationships, partners had poorer wellbeing compared to parents with lower WEMWBS score (-6.8, -16.9 to 3.3, <math>p = 0.03</math>). Single carers had significantly poorer wellbeing (-3.6, -5.6 to -1.5, <math>p &lt; 0.01</math>) and a more negative caregiving experience than those who were cohabiting. Spending more than 35 h per week caregiving increased carers' negative experience significantly (<math>p = 0.01</math>).</p> <p>Conclusion: Carers of people with psychosis have poorer mental health than non-carers. Partners, lone carers and those spending more than 35 h per week on caring were found to be most at risk of poor mental health. Based on the results, we advocate that the details of carers for individuals with psychosis should be added to the existing carers or severe mental illness registers at all general practitioner surgeries and for their wellbeing screened routinely. Future large-scale prospective studies are needed to develop a predictive model to determine risk factors, hence to aid early identification of carers' support needs. Such understandings are also useful to inform tailored intervention development.</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Nicole King	Nicole King and Bryony Crisp	Jan-21	Conceptualising 'success' among Imprisonment for Public Protection (IPP) sentenced offenders with personality-related difficulties	Probation Journal. January 2021.	English	<p>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.</p>	Journal Article	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>

Mary Franklin-Smith, Monique Schelhase and William R Jones	Amelia Austin, Rachel Potterton, Michaela Flynn, Katie Richards, Karina Allen, Nina Grant, Danielle Glennon, Victoria Mountford, Mary Franklin-Smith, Monique Schelhase, William R Jones, Lucy Serpell, Kate Mahoney, Gaby Brady, Nicole Nunes, Kuda Kali, Frances Connan and Ulrike Schmidt	Jan-21	Exploring the use of individualised patient-reported outcome measures in eating disorders: Validation of the Psychological Outcome Profiles	European Eating Disorders Review (Early view)	English	<p>Rationale: Psychotherapies for eating disorders (EDs) are routinely assessed using standardised patient-reported outcome measures (PROMs). PROMs have been criticised for their lack of patient centeredness and clinical utility. The Psychological Outcome Profiles (PSYCHLOPS) is an individualised PROM that allows patients to specify their own outcomes.</p> <p>Aims: (1) To validate the use of the PSYCHLOPS in ED treatment, and (2) to identify patient concerns beyond those measured by common ED PROMs.</p> <p>Methods: Two hundred and seventy-eight emerging adult patients, presenting with a first-episode ED (aged 16–25, illness duration &lt;3 years) completed the PSYCHLOPS and two standardised ED PROMs (the Eating Disorder Examination Questionnaire [EDE-Q] and the Clinical Impairment Assessment Questionnaire [CIA]) at four time points across 12 months. Psychometrics of the PSYCHLOPS were assessed quantitatively against the EDE-Q and CIA. Content analysis assessed unique patient concerns identified by PSYCHLOPS.</p> <p>Results: The PSYCHLOPS had adequate to good psychometric properties. A total of 53.3% of participants reported a concern not addressed by the EDE-Q or the CIA, the most common being depression/anxiety, academic problems, treatment concerns and disturbed sleep.</p> <p>Discussion: PROMs can be complemented by the PSYCHLOPS to identify problems specific to an individual's context. As ED patients are typically ambivalent about change, understanding their concerns is vital in building motivation for change.</p> <p>Highlights: (1)The psychometric properties of the Psychological Outcome Profiles (PSYCHLOPS) are acceptable and broadly comparable to the Eating Disorder Examination Questionnaire and Clinical Impairment Assessment Questionnaire. (2)The PSYCHLOPS may effectively complement traditional patient reported outcome measures to allow for the identification of problems specific to an individual's context. (3) Clinical applications include collaborative treatment planning, uncovering sources of/obstacles to patient treatment motivation and facilitation of a precision</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Mary Franklin-Smith, Monique Schelhase and William Rhys Jones	Rachel Potterton, Amelia Austin, Michaela Flynn, Karina Allen, Vanessa Lawrence, Victoria Mountford, Danielle Glennon, Nina Grant, Amy Brown, Mary Franklin-Smith, Monique Schelhase, William Rhys Jones, Gabrielle Brady, Nicole Nunes, Frances Connan, Kate Mahony, Lucy Serpell and Ulrike Schmidt	Jan-21	"I'm truly free from my eating disorder": Emerging adults' experiences of FREED, an early intervention service model and care pathway for eating disorders	Journal of Eating Disorders volume 9, Article number: 3 (2021)	English	<p>Background: Eating disorders (EDs) typically start during adolescence or emerging adulthood, periods of intense biopsychosocial development. FREED (First Episode Rapid Early Intervention for EDs) is a service model and care pathway providing rapid access to developmentally-informed care for emerging adults with EDs. FREED is associated with reduced duration of untreated eating disorder and improved clinical outcomes, but patients' experiences of treatment have yet to be assessed.</p> <p>Objective: This study aimed to assess emerging adults' experiences of receiving treatment through FREED.</p> <p>Method: This study triangulated qualitative data on participants' experiences of FREED treatment from questionnaires and semi-structured interviews. Participants were 106 emerging adults (aged 16–25; illness duration &lt; 3 yrs) (questionnaire only = 92; interview only = 6; both = 8). Data were analysed thematically.</p> <p>Results: Most participants reported psychological and behavioural changes over the course of treatment (e.g. reduction in symptoms; increased acceptance and understanding of difficulties). Participants identified five beneficial characteristics of FREED treatment: i) rapid access to treatment; ii) knowledgeable and concerned clinicians; iii) focusing on life beyond the eating disorder; iv) building a support network; v) becoming your own therapist.</p> <p>Conclusion: This study provides further supports for the implementation of early intervention and developmentally-informed care for EDs. Future service model development should include efforts to increase early help-seeking.</p>	Journal Article	<a href="https://www.biomedcentral.com">Available from BioMed Central (www.biomedcentral.com)</a>
Phil Arthington	Phil Arthington	Dec-20	Mighty oaks from little acorns grow: Why beginnings matter	Association for Family therapy and Systematic Practice, Context journal, Issue 172, pages 5-8. December 2020	English	None available	Journal Article	<a href="https://shop.bps.org.uk">Available from The British Psychological Society (https://shop.bps.org.uk)</a>
Abigail Kent	Abigail Kent	Dec-20	Family therapy in perinatal mental health: A practical approach to using systemic ideas within a developing perinatal mental health service.	Association for Family therapy and Systematic Practice, Context journal, Issue 172, pages 25-27. December 2020	English	None available	Journal Article	<a href="https://www.aft.org.uk">Available from Association for Family Therapy (www.aft.org.uk)</a>

<p>Anna Kathryn Taylor</p>	<p>Tom Kingstone, Anna K Taylor, Catherine A O'Donnell, Helen Atherton, David N Blane and Carolyn A Chew-Graham</p>	<p>Dec-20</p>	<p>Finding the 'right' GP: a qualitative study of the experiences of people with long-COVID</p>	<p>BJGP Open Vol. 4, Issue 5 December 2020</p>	<p>English</p>	<p>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'.</p> <p>Aim To explore experiences of people with persisting symptoms following COVID-19 infection, and their views on primary care support received.</p> <p>Design and setting Qualitative methodology, with semi-structured interviews to explore perspectives of people with persisting symptoms following suspected or confirmed COVID-19 infection. Participants were recruited via social media between July–August 2020.</p> <p>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.</p> <p>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?</p> <p>Conclusion This study will raise awareness among primary care professionals, and commissioners, of long-COVID and the range of symptoms people are experiencing. Patients require their GP to believe their symptoms and to demonstrate empathy and understanding. Ongoing support by primary care professionals during recovery and rehabilitation is essential.</p>	<p>Journal Article</p>	<p><a href="https://bjgpopen.org">Available from Royal College of General Practitioners (bjgpopen.org)</a></p>
<p>Anna Kathryn Taylor</p>	<p>Anna Kathryn Taylor, Sarah Steeg, Leah Quinlivan, David Gunnell, Keith Hawton and Nav Kapur</p>	<p>Dec-20</p>	<p>Accuracy of individual and combined risk-scale items in the prediction of repetition of self-harm: multicentre prospective cohort study</p>	<p>BJPsych Open, (Volume 7, issue 1)</p>	<p>English</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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 0.56. Some individual items outperformed the scale they originated from; no items were superior to clinician or patient risk estimations.</p> <p>Conclusions: No individual or combination of items outperformed patients' or clinicians' ratings. This suggests there are limitations to combining risk factors to predict risk of self-harm repetition. Risk scales should have little role in the management of people who have self-harmed.</p>	<p>Journal Article</p>	<p><a href="https://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a></p>
<p>Tariq Mahmood</p>	<p>Cara Beattie, Fraser Ritchie, Alastair Cardno and Tariq Mahmood</p>	<p>Dec-20</p>	<p>Migration and Psychosis: Evidence from South Asian Communities in Bradford</p>	<p>The Journal of Islamic International Medical College (JIIMC) (Volume 15, Issue 4, pages 226-230)</p>	<p>English</p>	<p>Objective: To study the risk of psychosis in south Asian communities in Bradford and investigate the role of cannabis as a contributory factor.</p> <p>Study Design: Naturalistic studies based on electronic summary records.</p> <p>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.</p> <p>Material and Method: A service evaluation and research project looking into the role of cannabis included 194 st th 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.</p> <p>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).</p> <p>Conclusion: We found increased risk of psychosis in Pakistani and Bangladeshi communities but not in Indian community.</p>	<p>Journal Article</p>	<p><a href="https://jiimc.riphah.edu.pk">Available from JIIMC (jiimc.riphah.edu.pk)</a></p>

<p>Claire Paul</p>	<p>Tom S Ainscough, Alex Mitchell, Catherine Hewitt, Michelle Horspool, Pete Stewart, Suzy Ker, Lesley Colley, Claire Paul, Phil Hough, Simon Hough, John Britton and Elena Ratschen</p>	<p>Dec-20</p>	<p>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</p>	<p>Nicotine and Tobacco Research, ntaa258</p>	<p>English</p>	<p>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.</p> <p>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 week 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.</p> <p>Results: Inpatient smoking prevalence was 51.9%, and a total of 152 of all 555 eligible smokers (27%) were recruited. Attrition 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 (<math>p &lt; 0.001</math>) and Heaviness of Smoking Index (<math>p &lt; 0.001</math>) modestly reduced. Frequency and strength of urges to smoke (<math>p = 0.011</math> and <math>0.012</math>, respectively) decreased modestly after discharge but were scored as high by 57% and 60% of participants during admission respectively. Just over half (56%) reported being offered smoking cessation support on admission.</p> <p>Conclusions: This study identified very modest changes in smoking-related outcomes during and after admission and indicates major challenges to smokefree policy implementation, including limited support for patients who smoke.</p>	<p>Journal Article</p>	<p><a href="https://academic.oup.com/">Available from Oxford Academia (academic.oup.com)</a></p>
<p>Barry Wright, Helen Phillips, Jennifer Sweetman, Rachel Hodkinson, Emily Hayward, Alice Brenan and Natalie Day</p>	<p>Barry Wright, Helen Phillips, Ann Le Couteur, Jennifer Sweetman, Rachel Hodkinson, Amelia Ralph-Lewis, Emily Hayward, Alice Brennan, Josie Mulloy, Natalie Day, Martin Bland and Victoria Allgar</p>	<p>Dec-20</p>	<p>Modifying and validating the social responsiveness scale edition 2 for use with deaf children and young people</p>	<p>PLoS ONE Volume 15 Issue 12</p>	<p>English</p>	<p>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-2 research 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.</p>	<p>Journal Article</p>	<p><a href="https://journals.plos.org/plosone/">Available from Plos One (journals.plos.org/plosone)</a></p>
<p>Keri-Michele Lodge</p>	<p>Keri-Michèle Lodge, Paul Matthew Lomax and Sheila Hollins</p>	<p>Dec-20</p>	<p>Authors reply</p>	<p>The British Journal of Psychiatry, December 2020, Volume 218</p>	<p>English</p>	<p>We welcome the responses to our editorial on removing intellectual disability and autism spectrum disorder (ASD) from the Mental Health Act (MHA)<sup>1</sup> and value the authors' contributions to this important debate. We address the key points raised.</p> <p>De Villiers<sup>2</sup> 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,<sup>3-5</sup> yet they are particularly vulnerable to their voices going unheard. De Villiers suggests our concern is 'stigma';<sup>2</sup> 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.</p> <p>We agree with Courtenay<sup>6</sup> that a person with intellectual disability and/or ASD should have the same opportunities as others to avail of care that may be delivered under the MHA. Indeed, under our proposed changes if a person with intellectual disability and/or ASD also had a mental disorder, they could be detained under the MHA like anyone else. We also agree with Courtenay that aetiological factors accounting for 'behavioural challenges' can include physical health and social factors,<sup>6</sup> 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.</p> <p>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.<sup>7</sup> It is based both on our opinion informed by our experience, and on evidence<sup>5</sup> including on the inappropriate prescription of psychotropic medication among people with intellectual disability and/or ASD without adequate clinical formulations.<sup>8</sup></p>	<p>Correspondence</p>	<p><a href="https://www.cambridge.org/core/">Available from Cambridge Core (www.cambridge.org/core)</a></p>

Clare Fenton and Jennifer McIntosh	Kristen Hindley, Clare Fenton and Jennifer McIntosh	Dec-20	When Food is Feared: A Systematic Review of Enteral Feeding by Nasogastric Tube in Young People with Eating Disorders	In Review: Journal of Eating Disorders (under revision)	English	<p>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.</p> <p>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.</p> <p>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 10.3% RCT; 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.</p> <p>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.</p>	Journal Article	<a href="http://www.researchsquare.com">Available from Research Square (www.researchsquare.com)</a>
	Elizabeth Hughes, Natasha Mitchell, Samantha Gascoyne, Thirimon Moe-Byrne, Amanda Edmondson, Elizabeth Coleman, Lottie Millett, Shehzad Ali, Francine Cournos, Ceri Dare, Catherine Hewitt, Sonia Johnson, Harminder Dosanjh Kaur, Karen McKinnon, Catherine Mercer, Fiona Nolan, Charlotte Walker, Milton Wainberg and Judith Watson	Nov-20	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 in the UK	BMC Public Health volume 20, Article number: 1736 (2020)	English	<p>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.</p> <p>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. A nested qualitative study obtained the views of participants regarding the acceptability of the study using individual telephone interviews conducted by lived experience researchers.</p> <p>Results: Of a target sample of 100, a total of 72 people were enrolled in the trial over 12 months. Recruitment in the initial months was low and so an extension was granted. However this extension meant that the later recruited participants would only be followed up to the 3 month point. There was good retention in the intervention and the study as a whole; 77.8% of those allocated to intervention (n = 28) received it. At three months, 81.9% (30 I; 29 TAU) and at 6 months, 76.3% (13 I and 16 TAU) completed the follow-up data collection. No adverse events were reported. There was good completeness of the data. The sexual health outcomes for the intervention group changed in favour of the intervention. Based on analysis of the qualitative interviews, the methods of recruitment, the quality of the participant information, the data collection, and the intervention were deemed to be acceptable to the participants (n = 22).</p> <p>Conclusions: The target of 100 participants was not achieved within the study's timescale. However, effective strategies were identified that improved recruitment in the final few months. Retention rates and completeness of data in both groups indicate that it is acceptable and feasible to undertake a study promoting sexual health for people with SMI. A fully powered RCT is required to establish effectiveness of the intervention in adoption of safer sex.</p>	Journal Article	<a href="http://bmcpublichealth.biomedcentral.com">Available from BMC Public Health (bmcpublichealth.biomedcentral.com)</a>
	Janssens A, Eke H, Price A, et al	Nov-20	The transition from children's services to adult services for young people with attention deficit hyperactivity disorder: the CATCh-uS mixed-methods study.	NIHR Journals Library; 2020 Nov. (Health Services and Delivery Research, No. 8.42.)	English	Chapter 5: Strand 3: the qualitative study 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.	Journal Article	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>

<p>Tariq Mahmood, Anneka Tomlinson and Jamshid Nazari</p>	<p>Tariq Mahmood, Mohammed El-Asrag, James Poulter, Alastair Cardno, Anneka Tomlinson, Sophia Ahmed, Ahmed Al-Amri, Jamshid Nazari, Joanna Neill9, Rifka Chamali, Nancy Kiwan, Suhaila Ghuloum, Hamid Alhaj, Juliette Randerson Moor, Shabana Khan, Hassen Al-Amin, Colin Johnson, Peter Woodruff, Iain Wilkinson, Manir Ali, Steven Clapcote and Chris Inglehearn</p>	<p>Nov-20</p>	<p>A Recessively Inherited Risk Locus on Chromosome 13q22-31 Conferring Susceptibility to Schizophrenia</p>	<p>Schizophrenia Bulletin, sbaa161</p>	<p>English</p>	<p>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 homozygous region on chromosome 13q22.2-31.1 shared by all affected individuals, containing 13 protein-coding genes. Microsatellite analysis confirmed homozygosity for the affected haplotype in 12 further apparently unaffected members of the family. Psychiatric reports suggested an endophenotype of milder psychiatric 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 &lt;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 homozygote showed 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.</p>	<p>Journal Article</p>	<p><a href="https://academic.oup.com">Available from Oxford Academic (academic.oup.com)</a></p>
	<p>Catherine E Arundel, Emily Peckham, Della Bailey, Suzanne Crosland, Paul Heron and Simon Gilbody</p>	<p>Oct-20</p>	<p>Challenges and solutions to nicotine replacement therapy access: observations from SCIMITAR</p>	<p>BJPsych Open (Volume 6, Issue 6)</p>	<p>English</p>	<p>Background: Given that smoking results in poor physical and mental health, reducing tobacco harm is of high importance. Recommendations published by the National Institute for Health and Care Excellence to reduce smoking harms included provision of support, use of nicotine containing products and commissioning of smoking cessation services.</p> <p>Aims: This report explores the difficulties in obtaining such support, as observed in a recently conducted randomised controlled trial in patients with severe mental ill health, and outlines suggestions to improve facilitation of provision.</p> <p>Method: Data collected during the Smoking Cessation Intervention for Severe Mental Ill Health Trial (SCIMITAR+) (trial Registration ISRCTN72955454), was reviewed to identify the difficulties experienced, across the trial, with regards to access and provision of nicotine replacements therapy (NRT). Actions taken to facilitate access and provision of NRT were collated to outline how provision could be better facilitated.</p> <p>Results: Access to NRT varied across study settings and in some instances proved impossible for patients to access. Difficulty in access was irrespective of a diagnosis of severe mental ill health. Where NRT was provided, this was not always provided in accordance with NICE guidelines.</p> <p>Conclusions: Availability of smoking cessation support, and NRT provision would benefit from being made clearer, simpler and more easily accessible so as to enhance smoking cessation rates.</p>	<p>Journal Article</p>	<p><a href="https://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a></p>
	<p>Fareha Begum, Stanley Mutsatsa, Noreen Gul, Ben Thomas and Chris Flood</p>	<p>Oct-20</p>	<p>Antipsychotic medication side effects knowledge amongst registered mental health nurses in England: A national survey</p>	<p>Journal of Psychiatric and Mental Health Nursing (Volume 27, Issue5) October 2020</p>	<p>English</p>	<p>What is known on the subject? Research findings indicate the percentage of knowledge-related errors in medicines management is high, accounting for approximately 75% of all errors, with insufficient knowledge levels one of the most significant contributors of medication errors. Patients should be able to trust nurses to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon. However, without knowledge of pharmacology, it is impossible for nurses to be able to provide adequate advice.</p> <p>What the paper adds to the existing knowledge? This study has examined an area that had not yet been systematically examined previously, which draws together previous research findings on mental health nurses' knowledge of adverse events, including side effects and medication errors, related to antipsychotic medication within NHS inpatient settings.</p> <p>What are the implications for practice? A recent study has found that almost three-quarters (73%) of patients taking antipsychotic medication reported side effects to some degree. This high number of people experiencing antipsychotic medication side effects is likely to compromise care, especially in situations where nurses have inadequate knowledge of side effects and are unable to provide effective advice to patients.</p> <p>The findings from this study allow the mental health nursing profession an opportunity to reflect on the best means to increase knowledge and increase patient safety awareness and benefits for mental health service users.</p>	<p>Journal Article</p>	<p><a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a></p>

Katie Glazebrook and Sue Ranger	Rebecca Hunter, Katie Glazebrook and Sue Ranger	Oct-20	The Leeds Infant Mental Health Service: early relationships matter Rebecca Hunter, Katie Glazebrook and Sue Ranger	Journal of Reproductive and Infant Psychology (Volume 39 Issue 1)	English	<p>Introduction: Infants' experience of the early caregiving environment is fundamental to the development of positive social and emotional functioning. The Leeds Infant Mental Health Service was established to provide early intervention to infants under two and their caregivers, where there are concerns about the attachment relationship. This paper describes preliminary data to evaluate its effectiveness.</p> <p>Method: Improved parent-infant relationships and parental well-being are achieved by a small multidisciplinary workforce through direct therapeutic work with infants and their caregivers and by up-skilling other professionals who are in contact with infants, through specialist training and consultation.</p> <p>Results: Launched in 2012, the service has trained over 2500 professionals. Over 500 reflective case discussions and 200 case consultations have been delivered to practitioners, many of whom work with vulnerable infants. A screening tool has been developed to enable health visitors to identify infants at risk of developing poor attachment relationships with their caregivers. Direct therapeutic work has been completed with over 531 families, the majority (71%) before the infant was 6 months old. Caregivers and professionals are positive about the service.</p> <p>Conclusion: The model represents a clinically and cost-effective way to deliver city-wide infant mental health provision. Future research is needed on effectiveness, particularly long-term outcomes.</p>	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
	Alistair Burns, Judith Harrison Catherine Symonds and Julie Morris	Oct-20	A novel hybrid scale for the assessment of cognitive and executive function: The Free-Cog	International Journal of Geriatric Psychology (Early view)	English	<p>Background: Scales measuring cognitive and executive functions are integral to the assessment and management of patients with suspected cognitive impairment. Some of the most commonly used cognitive tests are now subject to copyright restrictions. Furthermore, no existing scale assesses both executive and cognitive abilities.</p> <p>Aims: We aimed to develop and validate a novel hybrid scale for use in clinical practice which integrate measures of cognition and executive abilities ('Free-Cog').</p> <p>Methods: The instrument was devised through a national collaboration including health professionals, those with lived experience of dementia and researchers. Following ethics committee approval, the Free-Cog was assessed in 25 real-world clinical settings across England, Wales and Scotland. It was compared to three other cognitive tests routinely administered in clinical practice: the Mini-Mental State Examination (MMSE), the Montreal Cognitive Assessment (MOCA), and the Addenbrooke's Cognitive Examination (ACE).</p> <p>Results: The Free-Cog was tested in 960 patients with clinical diagnoses of dementia, Mild Cognitive Impairment (MCI), and normal controls. Similar to the MMSE, MOCA and ACE, it discriminated well between the three groups (<math>p &lt; 0.001</math>). It correlated well with the other instruments. Using a receiver operating characteristic curve analysis, Free-Cog achieved an Area Under Curve of 0.94 for dementia versus controls, 0.80 for MCI versus controls and 0.77 for dementia versus MCI. A version of the tool adapted for telephone consultation, the Tele Free-Cog, also discriminated well between patient groups.</p>	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Wendy Burn	Gareth Cuttle and Wendy Burn	Oct-20	Neuroscience: the way forward	BJ Psych Advances: An update on eating disorders Volume 26 Issue 6 pages 318-319	English	<p>Scientific understanding of the human brain is progressing at an unprecedented rate. New methods and multidisciplinary approaches are yielding extraordinary results. Meanwhile, the increased emphasis on 'translational' neuroscience is accelerating the transfer of knowledge from the research laboratory to the clinic, to the benefit of patients. Across the range of psychiatric disorders, a greater appreciation of the biological contribution to mental illness is becoming possible.</p> <p>In this context, it is imperative that the practising psychiatrist develops and retains a firm grasp of the scientific foundations that underpin their formulations. Those at the beginning of their careers in psychiatry will see immense change in how psychiatric disorders are managed over the course of their working lives. This makes the integration of modern neuroscience into psychiatric training of fundamental and urgent importance.</p>	Editorial	<a href="#">Book available for purchase.</a>

Mary Franklin-Smith, William Rhys and Monique Schelhase	Michaela Flynn, Amelia Austin, Katie Lang, Karina Allen, Ranjeet Bassi, Gabrielle Brady, Amy Brown, Frances Connan, Mary Franklin-Smith, Danielle Glennon, Nina Grant, William Rhys Jones, Kuda Kali, Antonia Koskina, Kate Mahony, Victoria Mountford, Nicole Nunes, Monique Schelhase, Lucy Serpell and Ulrike Schmidt	Oct-20	Assessing the impact of First Episode Rapid Early Intervention for Eating Disorders on duration of untreated eating disorder: A multi-centre quasi-experimental study	European Eating Disorders Review. Volume 29, Issue 3. Pages 458-471	English	<p>Background: Duration of untreated eating disorder (DUED), that is, the time between illness onset and start of first evidence-based treatment, is a key outcome for early intervention. Internationally, reported DUED ranges from 2.5 to 6 years for different eating disorders (EDs). To shorten DUED, we developed FREED (First Episode Rapid Early Intervention for EDs), a service model and care pathway for emerging adults with EDs. Here, we assess the impact of FREED on DUED in a multi-centre study using a quasi-experimental design.</p> <p>Methods: Two hundred and seventy-eight patients aged 16–25, with first episode illness of less than 3 years duration, were recruited from specialist ED services and offered treatment via FREED. These were compared to 224 patients, of similar age and illness duration, seen previously in participating services (treatment as usual [TAU]) on DUED, waiting times and treatment uptake.</p> <p>Results: FREED patients had significantly shorter DUED and waiting times than TAU patients. On average, DUED was reduced by ~4 months when systemic delays were minimal. Furthermore, 97.8% of FREED patients took up treatment, versus 75.4% of TAU.</p> <p>Discussion: Findings indicate that FREED significantly improves access to treatment for emerging adults with first episode ED. FREED may reduce distress, prevent deterioration and facilitate recovery.</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Sue Ranger	Rebecca Hunter and Sue Ranger	Sep-20	Hunter, R., & Ranger, S. (2020). 'Understanding your baby': a course for parents and carers. Clinical Psychology Forum, 333, 24-29.	Clinical Psychology Forum No 333 September 2020	English	None available	Journal - Practice section	<a href="https://shop.bps.org.uk">Available from The British Psychological Society (https://shop.bps.org.uk)</a>
Kay Radcliffe, Bethany Carrington and Max Ward	Kay Radcliffe, Bethany Carrington and Max Ward	Sep-20	Exploring offender manager's experiences of psychologically informed consultation on relationships with service users within the offender personality disorder pathway	Mental Health Review Journal Volume 25 Issue 4	English	<p>Purpose: The Yorkshire and Humber Personality Disorder Partnership (YHPDP) provides psychological consultation and formulation to offender managers (OMs) within the National Probation Service as part of the offender personality disorder (OPD) pathway. The pathway highlights the importance of formulation-led case management to develop pathways for offenders with personality difficulties at high risk of causing serious harm to others. This study aims to ask what is the experience of psychological consultation/formulation on the relationship between a sample of service users (SUs) and their OMs.</p> <p>Design/methodology/approach: Semi-structured interviews were undertaken with five OMs who had engaged in at least three consultations with YHPDP psychologists/psychotherapists within the OPD pathway. Qualitative methods were used to analyse the data, specifically interpretative phenomenological analysis, which is useful when dealing with complexity, process or novelty.</p> <p>Findings: OMs experienced the consultation/formulation process to be containing and reflective. They found complex, emotionally demanding clients who have offended and have personality disorder traits could be responded to differently as a result of this process. From an OM perspective, this improved the relationship between themselves and their SUs and supported risk management. These conclusions must be tentative, as they are drawn from a small-scale qualitative study, but provides the basis for further research.</p>	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Susan Guthrie	Susan Guthrie and Jois Stansfield	Sep-20	Dysphagia assessment and intervention: evaluating inclusive approaches using video	Advances in Mental Health and Intellectual Disabilities (Volume 16, Issue 6)	English	<p>Purpose: Dysphagia experienced by adults with mental health conditions and/or intellectual disabilities (IDs) has been well-reported. However, accessible and inclusive assessment measures to identify and monitor for deterioration in dysphagia are very limited. The purpose of this paper is to explore the use of video to enhance inclusion in dysphagia assessment and intervention for an inpatient setting.</p> <p>Design/methodology/approach: This service evaluation involved adults with IDs and mental illness living in in-patient accommodation and their multidisciplinary team. Participants were invited to film and then reflect on videos and their comments were transcribed for qualitative analysis.</p> <p>Findings: In total, 42 adults gave consent to film, review and discuss mealtime video-clips. Staff feedback was invited. Thematic analysis was conducted for service-user and staff comments. A global theme of "involvement" was identified from the data analysis, with sub-themes of "enhancing participation, insight and incentive". An additional global theme "clinical benefits" resulted from staff comments. This included sub-themes of breadth of assessment, shared working and outcome measures.</p>	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>

Jane Elizabeth Blackwell	Paul J Shanahan, Miriam Isaac and Jane Elizabeth Blackwell	Sep-20	Sleep disorders in attention-deficit hyperactivity disorder and autism spectrum disorder: a pragmatic approach to assessment and management	BJPsych Advances, 1-13 (First view)	English	Sleep is essential for survival and humans spend approximately one-third of their life asleep. Adequate sleep is needed to maintain both physical and psychological health. Routinely getting less than the recommended amount of sleep for your age can have profound negative effects on health, such as increasing the likelihood of psychiatric illness, diabetes, cardiovascular disease and stroke. In children and adults with neurodevelopmental disorders, the prevalence of sleep disorders is significantly higher than in the general population. Given the relationship between sleep and psychiatric disorders, it is essential that psychiatrists have knowledge of the principles of sleep medicine. In this article, we focus on the common sleep disorders found in those with attention-deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) and give an overview of screening, diagnosis and management.	Journal Article		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Naeema Majothi and Manoj Narayan	Naeema Majothi, Hean Yeung Lee, Manoj Narayan and Victoria Butterfield	Sep-20	Clozapine treatment in schizophrenia, intellectual difficulty and trisomy 5p	Progress in Neurology and Psychiatry (Volume 24 Issue 3 2020 pages 16-19)	English	There is a considerable paucity of empirical data on the use of clozapine in people with intellectual disability, and to the authors' knowledge these are the first published data on its use in a patient with trisomy 5p and with a diagnosis of schizophrenia. In this case we describe a patient with learning difficulties and a diagnosis of trisomy 5p and schizophrenia that has responded remarkably to clozapine treatment despite numerous additional clinical risk factors.	Journal Article		<a href="http://wchh.onlinelibrary.wiley.com">Available from Wiley Clinical Healthcare Hub (wchh.onlinelibrary.wiley.com)</a>
	Christopher J Black, Yan Yiannakou, Lesley A Houghton, Farag Shuweihdi, Robert West, and Alexander C Ford	Aug-20	Anxiety-related factors associated with symptom severity in irritable bowel syndrome	Neurogastroenterology and Motility, Volume 32, Issue 8 August 2020	English	<p>Background: Gastrointestinal symptom-specific anxiety and somatization have both been associated with higher symptom severity in patients with irritable bowel syndrome (IBS); however, this relationship has not been explored fully. Moreover, the performance of the visceral sensitivity index (VSI) for measuring gastrointestinal symptom-specific anxiety has not been examined in a UK population. We conducted a cross-sectional survey to examine these issues.</p> <p>Methods: Gastrointestinal symptom-specific anxiety was measured using the VSI, and somatization was measured via the patient health questionnaire-12 (PHQ-12) in adults from the UK community with Rome IV-defined IBS. Exploratory factor analysis was performed on the VSI, prior to subsequent analyses, to establish its factor structure. Multiple regression analysis was used to determine the relationship between demographic features, different factors of the VSI, somatization, and IBS symptom severity.</p> <p>Key Results: A total of 811 individuals with IBS provided complete data. Factor analysis of the VSI revealed a three-factor structure, accounting for 47% of the variance. The first of these VSI factors and the PHQ-12 were both strongly and independently associated with IBS symptom severity, for the group as a whole and for all four IBS subtypes. Most VSI items concerned with overt gastrointestinal symptom-specific anxiety loaded onto the other two VSI factors that were not associated with symptom severity.</p> <p>Conclusions and Inferences: The factor structure of the VSI requires further investigation. Our findings cast doubt on the central role of gastrointestinal symptom-specific anxiety as a driver for symptom severity in IBS. Awareness of both gastrointestinal and extra-intestinal symptoms, however, is strongly associated with symptom severity.</p>	Journal Article		<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Nick Brindle	Julian Hughes and Philippa Lilford	Aug-20	Clinical Topics in Old Age Psychiatry edited by Julian C. Hughes, Philippa Lilford	Book	English	N/A	Book contributor		Book available for purchase.
Jo Ramsden and Sharon Prince	Jo Ramsden, Sharon Prince and Julia Blazdell	Jul-20	Working effectively with personality disorder: Contemporary and critical approaches to organisational and clinical practice.	Pavilion.	English	<p>The history of personality disorder services is problematic to say the least. The very concept is under heavy fire, services are often expensive and ineffective, and many service users report feeling that they have been deceived, stigmatised or excluded. Yet while there are inevitably serious (and often destructive) relational challenges involved in the work, creative networks of learning do exist - professionals who are striving to provide progressive, compassionate services for and with this client group.</p> <p>Working Effectively with Personality Disorder shares this knowledge, articulating an alternative way of working that acknowledges the contemporary debate around diagnosis, reveals flawed assumptions underlying current approaches, and argues for services that work more positively, more holistically and with a wider and more socially focused agenda.</p>	Book		Book available for purchase.
Anuradha Menon	Anuradha Menon	Jul-20	Continuity of care: under attack	The British Journal of Psychiatry, Volume 217, Issue 1, July 2020, page 399	English	No abstract	Journal Article		<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>

	Myrte Embers, Jo Rowland, Magda Boo and Ian Cameron	Jul-20	Building momentum for local action on problem gambling in Leeds and Yorkshire	Public Health Volume 184, July 2020, Pages 67-70	English	<p>Problem gambling has not been a priority within either Leeds City Council or partnership plans. However, financial inclusion, licencing and public health teams have been able to develop a cross-Council approach to problem gambling. This has been aided by an upfront payment plus annual payments to the Council that have been part of the licencing agreement for a new casino. As a result, research has been commissioned on local prevalence. This showed a higher rate of problem gamblers (1.8%) than national estimates with a similar level to nationally of those 'at risk'. The research also showed that local services had difficulties identifying problem gamblers and signposting for support. This had led to a high profile communications campaign to coincide with 'Responsible Gambling Week' complemented by training for frontline workers. The interviews undertaken for the research, plus the findings themselves, have been a powerful help in securing interest and commitment beyond the Council and to the health and third sectors. The use of local stories has helped build momentum for partnership working. For example, focus groups to explore how gambling affected migrants and medical student interviews with university students. The article will describe how increasing understanding across partners has helped build confidence to provide cross city responses to national consultations and contribute to national publications and conferences. Of even greater significance, the local National Health Service has secured funding from GambleAware for a Northern Gambling Service to be based in Leeds with satellites in the North East and Greater Manchester. This will provide treatment for those with severe gambling addiction. Additional support will come from a significant increased provision of GamCare services working to identify, screen and support problem gamblers. The use of Council premises for both of these services is testament to joint working. Recognising that this is a new emerging agenda has led to the creation of a Yorkshire and Humber Problem Gambling Working Group, endorsed by the Association of Directors of Public Health. This has resulted in shared learning and determining a consistent approach to harm. Even during a short time, the degree of interest has risen substantially. A regional gambling harm reduction framework has been produced that sets out a menu of actions. This intends to help local areas determine their own priorities. There is increasing recognition that problem gambling is a public health issue. Leadership requires a systems led, and Health in All Policies, approach to ensure problem gambling is not seen as a narrow niche issue led by public health staff. There is a need to recognise that engagement takes time. However, this is a new and emerging issue. The solutions to problem gambling are not clear and this allows for more creative, pragmatic and coproduced approaches.</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Tariq Mahmood	Tariq Mahmood	Jul-20	Biomarkers in psychiatry: a clinician's viewpoint	British Medical Bulletin, 2020, pages 1-5	English	<p>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.</p> <p>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.</p> <p>Areas of agreement: Availability of clinically useful biomarkers will improve the prognosis and outcome of psychiatric patients by helping in early diagnosis and delivery of individualized treatment.</p> <p>Areas of controversy: The cross-sectional and longitudinal observation of psychopathology is the bedrock of current clinical practice. Are psychiatric biomarkers advanced enough to supplant it?</p> <p>Growing points: The need for biomarkers of psychiatric disorders has become more acute with the advent of new treatments which require precision and an individualized approach.</p> <p>Areas timely for developing research: Identification and deployment of intermediate phenotypes in classification, research and clinical practice of psychiatry.</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
Rebecca Haythorne	Rebecca Haythorne	Jun-20	Sensory stories as a meaningful occupation for people with profound intellectual and multiple disabilities	PMLD Link Journal, Summer 2020, Vol. 32 No. 2 Issue 96	English	<p>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.</p>	Journal Article	<a href="http://www.pmldlink.org.uk">Available from PMLD Link (www.pmldlink.org.uk)</a>
Clare Fenton	Clare Fenton	Jun-20	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	Clinical Child Psychology and Psychiatry, Volume 25, Issue 4, page 922-931	English	<p>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. This study provides further evidence to indicate that the current consent processes in CAMHS causes confusion for clinicians. There continues to be very few safeguards for children admitted under parental consent, with most trusts in England and Wales having no centralised knowledge of whether this is occurring and the numbers involved if it is.</p>	Journal Article	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>

Megan Garside and Rachel Hodkinson	Barry Wright, Megan Garside, Victoria Allgar, Rachel Hodkinson and Helen Thorpe	Jun-20	A large population-based study of the mental health and wellbeing of children and young people in the North of England	Clinical Child Psychology and Psychiatry (volume 25, issue 4) June 3 2020, pages 877–890	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="https://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
	Laura H Goldstein, Emily J Robinson, John D C Mellers, Jon Stone, Alan Carson, Markus Reuber, Nick Medford, Paul McCrone, Joanna Murray, Mark P Richardson, Izabela Pilecka, Carole Eastwood, Michele Moore, Iris Mosweu, Iain Perdue, Sabine Landau and Trudie Chalder on behalf of the CODES study group†	Jun-20	Cognitive behavioural therapy for adults with dissociative seizures (CODES): a pragmatic, multicentre, randomised controlled trial	The lancet, Volume 7, Issue 6, pages 491-505, 1 June 2020	English	<p>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.</p> <p>Methods:</p> <p>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 8 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 registry, ISRCTN05681227, and ClinicalTrials.gov, NCT02325544</p> <p>...</p>	Journal Article	<a href="http://www.thelancet.com/journals">Available from The Lancet Journals (www.thelancet.com/journals)</a>
Barry Wright, Catarina Teige, Rachel Hodkinson, Ellen Kingsley and Rebecca Hargate	Barry Wright, Catarina Teige, Jude Watson, Rachel Hodkinson, David Marshall, Danielle Varley, Victoria Allgar, Laura Mandefield, Steve Parrott, Ellen Kingsley, Rebecca Hargate, Natasha Mitchell, Shehzad Ali, Dean McMillan, Han I Wang and Catherine Hewitt	Jun-20	Autism Spectrum Social Stories In Schools Trial 2 (ASSIST2): study protocol for a randomised controlled trial analysing clinical and cost-effectiveness of Social Stories™ in primary schools	BMC Psychol. 2020; Volume 8 page 60.	English	<p>Background: Interventions designed to support children with a diagnosis of Autism Spectrum Conditions (ASC) can be time consuming, needing involvement of outside experts. Social Stories™ are a highly personalised intervention aiming to give children with ASC social information or describing an otherwise difficult situation or skill. This can be delivered daily by staff in education settings. Studies examining Social Story™ use have yielded mostly positive results but have largely been single case studies with a lack of randomised controlled trials (RCTs). Despite this numerous schools are utilising Social Stories™, and a fully powered RCT is timely.</p> <p>Methods: A multi-site pragmatic cluster RCT comparing care as usual with Social Stories™ and care as usual. This study will recruit 278 participants (aged 4–11) with a clinical diagnosis of ASC, currently attending primary school in the North of England. Approximately 278 school based staff will be recruited to provide school based information about participating children with approximately 140 recruited to deliver the intervention. The study will be cluster randomised by school. Potential participants will be screened for eligibility prior to giving informed consent. Follow up data will be collected at 6 weeks and 6 months post randomisation and will assess changes in participants’ social responsiveness, goal based outcomes, social and emotional health. The primary outcome measure is the Social Responsiveness Scale Second Edition (SRS-2) completed by school based staff at 6 months. Approvals have been obtained from the University of York’s Research Governance Committee, Research Ethics Committee and the Health Research Authority. Study results will be submitted for publication in peer-reviewed journals and disseminated to participating families, educational staff, local authority representatives, community groups and Patient and Participant Involvement representatives. Suggestions will be made to NICE about treatment evidence dependent on findings.</p> <p>Discussion: This study addresses a much used but currently under researched intervention and results will inform school based support for primary school children with a diagnosis of ASC.</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>

Barry Wright, Megan Garside, Victoria Allgar, Rachel Hodgkinson and Helen Thorpe	Barry Wright, Megan Garside, Victoria Allgar, Rachel Hodgkinson and Helen Thorpe	Jun-20	A large population-based study of the mental health and wellbeing of children and young people in the North of England	Clinical Child Psychology and Psychiatry pages 1–14	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="https://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
	Daniel Romeu, , Cathy Brennan, Kate Farley and Allan House	May-20	Online Resources for People Who Self-Harm and Those Involved in Their Informal and Formal Care: Observational Study with Content Analysis	International Journal of Environmental Research and Public Health 2020, Volume 17, Issue 10.	English	<p>Despite recent fears about online influences on self-harm, the internet has potential to be a useful resource, and people who self-harm commonly use it to seek advice and support. Our aim was to identify and describe UK-generated internet resources for people who self-harm, their friends or families, in an observational study of information available to people who search the internet for help and guidance. The different types of advice from different websites were grouped according to thematic analysis. We found a large amount of advice and guidance regarding the management of self-harm. The most detailed and practical advice, however, was limited to a small number of non-statutory sites. A lay person or health professional who searches the web may have to search through many different websites to find practical help. Our findings therefore provide a useful starting point for clinicians who wish to provide some guidance for their patients about internet use. Websites change over time and the internet is in constant flux, so the websites that we identified would need to be reviewed before making any recommendations to patients or their families or friends.</p>	Journal Article	<a href="https://www.mdpi.com">Available from MDPI (www.mdpi.com)</a>
Ruth Sutherland, Alice Holland and Sharon Prince	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	<p>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.</p>	Journal Article	<a href="https://www.ingentaconnect.com">Available from Ingenta Connect (www.ingentaconnect.com)</a>
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, Volume30, Issue2-3, June 2020, pages 95-104	English	<p>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.</p> <p>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.</p> <p>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 of interest, and logistic regression models to explore associations of variables with different types of pathway outcome.</p> <p>Results: A total of 82 men were identified, 34 of whom had ever been recorded as having been given a diagnosis of anti-social personality disorder (ASPD). Men experiencing relationship difficulties with professionals were significantly more likely to be denied release [Odds Ratio (OR) = 7.75, Confidence Interval (CI) 2.08–28.57], have a deferred parole (OR = 7.81, CI 1.59–38.46) or be awaiting parole (OR = 4.46, CI 1.09–18.18) compared with men released to the community or serving in an open prison. Completion of programmes was not associated with pathway outcome. A modest association between diagnosis of anti-social personality disorder and pathway outcome association was confounded by other variables.</p> <p>Conclusions and Implications for Practice: While programme completion did not have the expected association with</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

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 living with HIV	AIDS Care. Psychological and Socio-medical Aspects of AIDS/HIV  (Online) Journal homepage:	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 intentional/unintentional ART non-adherence in people with HIV. Adults with HIV prescribed ART were recruited online. Participants completed online questionnaires assessing self-reported PF, adherence and emotional and general functioning. Logistic regressions examined whether PF processes were associated with intentional/unintentional non-adherence. Fifty-eight percent of participants were classified as nonadherent according to the Medication Adherence Rating Scale, of which 41.0% reported intentional and 94.0% unintentional nonadherence. Correlations between PF and adherence were small. PF did not significantly explain intentional/unintentional non-adherence after controlling for demographic and disease factors. Further clarification of the utility of PF in understanding ART non-adherence is warranted using prospective or experimental designs in conjunction with more objective adherence measures.	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Naeema Majothi	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.	Journal Article	<a href="http://www.progressnp.com">Available from Progress in Neurology and Psychiatry (www.progressnp.com)</a>
Rebecca Haythorne	Rebecca Haythorne	May-20	Using assistive technology to encourage independence and well-being in people with complex physical impairments	Learning Disability Practice. Evidence and Practice	English	Environmental control systems (ECSs) are a form of assistive technology that can enable people with complex physical impairments to operate a range of appliances and devices by remote control, therefore enabling them to maintain a higher level of independence. The functional independence and improved communication abilities afforded by ECSs can, in turn, increase people's confidence, self-esteem and feelings of self-worth.	Journal Article	<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>
Saeideh Saeidi	Kay Hampshire, Stephanie Tierney, Filippo Varese, Gillian Haddock, Saeideh Saeidi and John Fox	May-20	The development and assessment of a scale to measure the experience of an anorexic voice in anorexia nervosa	Clinical Psychology and Psychotherapy, accepted articles online	English	The anorexic voice (AV) is defined as a critical internal dialogue which has been implicated in the development and maintenance of anorexia nervosa (AN). Systematic research to explore this further requires a valid and reliable measurement tool. This study aimed to develop and assess the validity of the Experience of an Anorexic Voice Questionnaire (EAVE-Q). EAVE-Q items were developed and checked for face and content validity through cognitive interviews with seven individuals diagnosed with AN. Participants with a diagnosis of AN (N = 148) completed the EAVE-Q, sociodemographic questions and measures of mood and quality of life to assess internal consistency and construct validity. Forty-nine participants completed the EAVE-Q twice more to assess test-retest reliability. The EAVE-Q had good face and content validity and good acceptability. Principal axis factoring resulted in an 18-item scale organised into five domains with high internal consistency ( $\alpha = .70$ to $\alpha = .85$ ). Domains correlated significantly with eating disorder symptoms, psychological distress and quality of life. The EAVE-Q did not discriminate between participants on the basis of body mass index. Test-retest reliability was moderate. Although the factor structure of the EAVE-Q requires replication in other AN samples, the EAVE-Q is the first measure of a critical internal dialogue in AN. It is hoped that it will aid future research to increase understanding of AN and the continued development of person-centred treatments.	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Barry Wright and Hannah Pearson	Barry Wright, Penny Spikins and Hannah Pearson	May-20	Should Autism Spectrum Conditions Be Characterised in a More Positive Way in Our Modern World?	Medicina 2020, Volume 56, Issue 5, page 233	English	In a special issue that focuses on complex presentations related to Autism, we ask the question in this editorial whether an Autism Spectrum Condition without complexity is a disorder, or whether it represents human diversity? Much research into Autism Spectrum Conditions (ASCs) over the years has focused on comparisons between neuro-typical people and people with Autism Spectrum Conditions. These comparisons have tended to draw attention to 'deficits' in cognitive abilities and descriptions of behaviours that are characterised as unwanted. Not surprisingly, this is reflected in the classification systems from the World Health Organisation and the American Psychiatric Association. Public opinion about ASC may be influenced by presentations in the media of those with ASC who also have intellectual disability. Given that diagnostic systems are intended to help us better understand conditions in order to seek improved outcomes, we propose a more constructive approach to descriptions that uses more positive language, and balances descriptions of deficits with research finding of strengths and differences. We propose that this will be more helpful to individuals on the Autism Spectrum, both in terms of individual self-view, but also in terms of how society views Autism Spectrum Conditions more positively. Commentary has also been made on guidance that has been adjusted for people with ASC in relation to the current COVID-19 pandemic.	Journal Article	<a href="http://www.mdpi.com">Available from MDPI (www.mdpi.com)</a>

Jonny Lovell and Alison O'Connell	Jonny Lovell, Alison O'Connell and Martin Webber	Apr-20	Sharing lived experience in mental health services	The Routledge Handbook of Social Work Practice Research (pages 368-381)	English	<p>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.</p> <p>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; Orliinsky 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</p> <p>next</p>	Book Chapter	<a href="#">Book available for purchase.</a>
	Jinshuo Li, Caroline Fairhurst, Emily Peckham, Della Bailey, Catherine Arundel, Catherine Hewitt, Paul Heron, Suzanne Crosland, Steve Parrott, Simon Gilbody and SCIMITAR+ collaborative	Apr-20	Cost-effectiveness of a specialist smoking cessation package compared with standard smoking cessation services for people with severe mental illness in England: a trial-based economic evaluation from the SCIMITAR+ study	Addiction. Early View	English	<p><b>Aims:</b> To evaluate the cost-effectiveness of a specialist smoking cessation package for people with severe mental illness</p> <p><b>Design:</b> Incremental cost-effectiveness analysis was undertaken from the UK National Health Service and Personal Social Services perspective over a 12-month time horizon. Total costs, including smoking cessation, health-care and social services costs and quality-adjusted life years (QALYs), derived from the five-level EuroQol 5-dimension (EQ-5D-5 L), collected from a randomized controlled trial, were used as outcome measures. The bootstrap technique was employed to assess the uncertainty.</p> <p><b>Setting:</b> Sixteen primary care and 21 secondary care mental health sites in England.</p> <p><b>Participants:</b> Adult smokers with bipolar affective disorder, schizoaffective disorder or schizophrenia and related illnesses (n = 526).</p> <p><b>Intervention and comparator:</b> 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.</p> <p><b>Measurements:</b> BSC intervention cost was estimated from the treatment log. Costs of UC, health-care and social services and EQ-5D-5 L were collected at baseline, 6- and 12-month follow-ups. Incremental costs and incremental QALYs were estimated using regression adjusting for respective baseline values and other baseline covariates.</p> <p><b>Findings:</b> 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-effective at £20 000/QALY).</p> <p><b>Conclusions:</b> A bespoke smoking cessation package for people with severe mental illness is likely to be cost-effective</p>	Journal Article	<a href="#">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
and Peter Trigwell	Sonia Saraiva, Andrew Walker, Peter Trigwell, Robert West, Farag Shuweidi, Mike Crawford, Matt Fossey, Jenny Hewison, Carolyn Czoski Murray, Claire Hulme and Allan House	Apr-20	The nature and activity of liaison mental services in acute hospital settings: a multi-site cross sectional study	BMC Health Services Research volume 20, Article number: 308 (2020)	English	<p><b>Background:</b> To describe the clinical activity patterns and nature of interventions of hospital-based liaison psychiatry services in England.</p> <p><b>Methods:</b> 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.</p> <p><b>Results:</b> A total of 1475 face to face contacts from 18 hospitals were included in the analysis, of which approximately half were follow-up reviews. There was considerable variation across sites, related to the volume of Emergency Department (ED) attendances, number of hospital admissions, and work hours of the team but not to the size of the hospital (number of beds). The most common clinical problems were co-morbid physical and psychiatric symptoms, self-harm and cognitive impairment. The main types of intervention delivered were diagnosis/formulation, risk management and advice. There were differences in the type of clinical problems seen by the services between EDs and wards, and also differences between the work conducted by doctors and nurses. Almost half of the contacts were for continuing care, rather than assessment. Eight per cent of all referrals were offered follow up with the LP team, and approximately 37% were referred to community or other services.</p> <p><b>Conclusions:</b> The activity of LP services is related to the flow of patients through an acute hospital. In addition to initial assessments, services provide a wide range of differing interventions, with nurses and doctors carrying out distinctly different roles within the team. The results show the volume and diversity of LP work. While much clinical contact is acute and confined to the inpatient episode, the LP service is not defined solely by an assessment and discharge function; cases are often complex and nearly half were referred for follow up including liaison team follow up.</p>	Journal Article	<a href="#">Available from BMC Health Services (www.bmchealthservres.biomedcentral.com)</a>

Joe Loftus	Joe Loftus and Francis Fatoye	Mar-20	OH physiotherapy by telemedicine: A case study in an NHS Trust	Occupational Health [at work]. February/March 2020 (vol. 16/5) page 31-33	English	<p>Can telemedicine improve the delivery and effectiveness of an NHS occupational physiotherapy service? Joe Loftus and Francis Fatoye present the results of their small-scale study at Leeds and York Partnership NHS Foundation Trust.</p> <p>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<sup>1</sup> and staff working while unable to carry out usual duties negatively affects productivity.</p> <p>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<sup>2</sup></p>	Journal Article	<a href="http://www.atworkpartnership.co.uk">Available from The @ Work Partnership (www.atworkpartnership.co.uk)</a>
Community Links	Community Links	Mar-20	Dramatherapy in Early Intervention in Psychosis	NICE Guidance	English	<p>NICE recommend creative therapies for treatment of psychosis.( Psychosis and Schizophrenia in adults : prevention and management [2014], National Collaborating Centre for Mental Health P220).</p> <p>In 2010 aspire hosted a student Dramatherapist (DT), patient feedback was positive about using Dramatherapy before other therapies as part of the assessment process.</p> <p>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.</p> <p>This first phase produced good outcomes.</p> <p>We gained funding to manualise this approach, then, in 2015 5 years further funding to expand the service in Leeds as well as a 2nd site in York.</p> <p>The DT is using the learning from this study to train others, publish and co-produce research with patients to improve services.</p> <p>Dramatherapy is relevant in the following statements from CG178– Psychosis and schizophrenia in adults: prevention and management</p>	NICE Guidance	<a href="http://www.nice.org.uk">Available from the National Institute for Health and Care Excellence (www.nice.org.uk)</a>
Judith Hartley	Stephen Kellett, Jeetender Ghag, Katie Ackroyd, Kate Freshwater, Jayne Finch, Adam Freear, Judith Hartley and Mel Simmonds-Buckle y	Mar-20	Delivering cognitive analytic consultancy to community mental health teams: Initial practice-based evidence from a multi-site evaluation	Psychology and Psychotherapy. Early view	English	<p>Objectives: This study sought to employ the hourglass model to frame the methodological evolution of outcome studies concerning 5-session cognitive analytic consultancy (CAC).</p> <p>Design: Pre-post mixed methods evaluation (study one) and mixed methods case series (study two).</p> <p>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.</p> <p>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.</p> <p>Conclusions: Cognitive analytic consultancy appears a promising approach to staff consultation, and testing in a clinical trial is now indicated.</p>	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

	Claire Surr, Ivana Holloway, Rebecca Ea Walwyn, Alys W Griffiths, David Meads, Rachael Kelley, Adam Martin, Vicki McLellan, Clive Ballard, Jane Fossey, Natasha Burnley, Lynn Chenoweth, Byron Creese, Murna Downs, Lucy Garrod, Elizabeth H Graham, Amanda Lilley-Kelley, Joanne McDermid, Holly Millard, Devon Perfect, Louise Robinson, Olivia Robinson, Emily Shoemith, Najma Siddiqi, Graham Stokes, Daphne	Mar-20	Dementia Care Mapping to reduce agitation in care home residents with dementia: the EPIC cluster RCT	Health Technology Assessment Volume: 24, Issue: 16, Published in March 2020	English	<p>Background: The quality of care for people with dementia in care homes is of concern. Interventions that can improve care outcomes are required.</p> <p>Objective: To investigate the clinical effectiveness and cost-effectiveness of Dementia Care Mapping™ (DCM) for reducing agitation and improving care outcomes for people living with dementia in care homes, versus usual care.</p> <p>Design: A pragmatic, cluster randomised controlled trial with an open-cohort design, follow-up at 6 and 16 months, integrated cost-effectiveness analysis and process evaluation. Clusters were not blinded to allocation. The primary end point was completed by staff proxy and independent assessors.</p> <p>Setting: Stratified randomisation of 50 care homes to the intervention and control groups on a 3:2 ratio by type, size, staff exposure to dementia training and recruiting hub.</p> <p>Participants: Fifty care homes were randomised (intervention, n = 31; control, n = 19), with 726 residents recruited at baseline and a further 261 recruited after 16 months. Care homes were eligible if they recruited a minimum of 10 residents, were not subject to improvement notices, had not used DCM in the previous 18 months and were not participating in conflicting research. Residents were eligible if they lived there permanently, had a formal diagnosis of dementia or a score of 4+ on the Functional Assessment Staging Test of Alzheimer's Disease, were proficient in English and were not terminally ill or permanently cared for in bed. All homes were audited on the delivery of dementia and person-centred care awareness training. Those not reaching a minimum standard were provided training ahead of randomisation. Eighteen homes took part in the process evaluation.</p> <p>Intervention: Two staff members from each intervention home were trained to use DCM and were asked to carry out three DCM cycles; the first was supported by an external expert.</p> <p>Main outcome measures: The primary outcome was agitation (Cohen-Mansfield Agitation Inventory), measured at 16 months. Secondary outcomes included resident behaviours and quality of life.</p>	Journal Article	<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals library (www.journalslibrary.nihr.ac.uk)</a>
	Elizabeth Hughes, Natasha Mitchell, Samantha Gascoyne, Thirimon Moe-Byrne, Amanda Edmondson, Elizabeth Coleman, Lottie Millett, Shehzad Ali, Francine Cournos, Ceri Dare, Catherine Hewitt, Sonia Johnson, Harminder Dosanjh Kaur, Karen McKinnon, Carrie Llewellyn, Catherine Mercer, Fiona Nolan, Charlotte Walker, Milton Wainberg and Jude Watson	Mar-20	A Bespoke Sexual Health Promotion Intervention for People with Serious Mental Illness in Community Mental Health Services in the UK Compared with Treatment as Usual: the RESPECT Feasibility Randomised Controlled trial	Research Square; 2020	English	<p>Abstract Background People with serious mental illness (SMI) have sexual health needs but there is little evidence to inform effective interventions to address them. In fact, there are few studies that have addressed this topic for people with SMI outside USA and Brazil. Therefore, the aim of the study was to establish the acceptability and feasibility of a trial of a sexual health promotion intervention for people with SMI in the UK. Method The RESPECT study was a two-armed randomised controlled, open feasibility study comparing Sexual health promotion intervention (3 individual sessions of 1 hour) (I) or usual care (UC) for adults aged 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. A nested qualitative study obtained the views of participants regarding the acceptability of the study using individual telephone interviews conducted by lived experience researchers. Results Of a target sample of 100, a total of 72 people were enrolled in the trial over 12 months. Recruitment in the initial months was low and so an extension was granted. However this extension meant that the later recruited participants would only be followed up to the 3 month point. There was good retention in the intervention and the study as a whole; 77.8% of those allocated to intervention (n=28) received it. At three months, 81.9% (30 I; 29 UC) and at 6 months, 76.3% (13 I and 16 UC) completed the follow-up interviews. No adverse events were reported. There was good completeness of the data. The sexual health outcomes for the intervention group changed in favour of the intervention. Based on analysis of the qualitative interviews, the methods of recruitment, the quality of the participant information, the data collection, and the intervention were deemed to be acceptable to the participants (n=22). Conclusions The target of 100 participants was not achieved within the study's timescale. However, effective strategies were identified that improved recruitment in the final few months. Retention rates and completeness of data in both groups indicate that it is acceptable and feasible to undertake a study promoting sexual health for people with SMI. A fully powered RCT is required to establish effectiveness of the intervention in adoption of safer sex.</p>	Journal Article	<a href="http://europepmc.org">Available from Europe PMC (europepmc.org)</a>
	Gary Fry, Kathryn Gilgallon, Wajid Khan, Damian Reynolds, Graham Spencer, Alice Wright and Sahdia Parveen	Mar-20	Recruitment of south Asian carers into a survey-based research study (Innovative Practice)	Dementia. Online first	English	<p>Because of challenges involved in recruitment, little research has focused on care needs of minority ethnic groups. This article reports on a study that recruited 186 British south Asian carers of people with dementia. Four obstacles were faced: language barriers, confusion over research, feelings of shame/stigma, and mistrust. Researchers drew on various methods: enlisting multilingual researchers; activating contacts in minority ethnic communities; engaging with community groups; emphasising potential for enhancing support services; and tailoring research instruments to minority ethnic issues. Tips are offered to other researchers recruiting minority ethnic participants into studies.</p>	Journal Article	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
John Baker	Charlie Brooker, Dr Edward White and John Baker	Feb-20	Mental Health Nursing: from the outside, looking in		English	<p>This monograph draws on the opinions of ten experts in the field to examine the likely future of mental health nursing in the UK.</p>	Monograph - Contribution	<a href="http://whitewinstanley.com">Available from White and Winstanley (whitewinstanley.com)</a>
	Jocelyn Arbuthnott	Jan-20	Offender managers' views on case consultation: An online survey	Dclin Psych. University of Leeds	English	No abstract	Service Evaluation	<a href="https://dclinpsych.leeds.ac.uk">Available from University of Leeds: Clinical Psychology Extranet (https://dclinpsych.leeds.ac.uk)</a>

	Sarah Atkinson	Jan-20	The experience of a psychoeducational course for carers of people with "personality difficulties"	Dclin Psych. University of Leeds	English	No abstract	Service Evaluation	<a href="https://dclinpsych.leeds.ac.uk">Available from University of Leeds: Clinical Psychology Extranet (https://dclinpsych.leeds.ac.uk)</a>
Peter Trigwell	Allan House, Robert West, Chris Smith, Sandy Tubeuf, Elspeth Guthrie and Peter Trigwell	Jan-20	The effect of a hospital liaison psychiatry service on inpatient lengths of stay: interrupted time series analysis using routinely collected NHS hospital episode statistics	BMC Psychiatry volume 20, Article number: 27 (2020)	English	<p>Background: The purpose of the study was to determine whether establishment of a specific liaison psychiatry service designed to offer a rapid response with facilitated hospital discharge led to reduced acute hospital length of inpatient stay.</p> <p>Methods: We used interrupted time series based upon routine NHS data from secondary care service in two acute general hospitals, for all adult (16+ years) inpatient admissions (114,029 inpatient spells representing 70,575 individual patients) over 3 years.</p> <p>Results: Length of stay reduced over time in both hospitals. Against a background of falling length of stay across the study period, there was no discernible effect of the rapid access/early discharge liaison service on length of stay, either as a step change or linear decline. This finding held for all patients and for those over 65 years and those discharged with a mental health diagnosis.</p> <p>Conclusions: Using routine NHS data for a whole hospital it was not possible to replicate a previous report that a rapid access liaison psychiatry service for inpatients produces substantial reductions in length of stay, and commissioners of services should be cautious of claims to the contrary. Further research to determine if there is an effect for sub-groups will require major improvements in the way co-morbid mental disorders are coded in NHS practice.</p>	Journal Article	<a href="https://www.biomedcentral.com">Available from BMC Psychiatry (bmcpsychiatry.biomedcentral.com)</a>
Barry Wright	John Schofield, Callum Scott, Penny Spikins and Barry Wright	Jan-20	Autism Spectrum Condition and the Built Environment: New Perspectives on Place Attachment and Cultural Heritage	The Historic Environment: Policy and Practice. Early view (online)	English	<p>Values have long provided essential foundation for cultural heritage policy and practice. Traditionally these values were determined by heritage experts and employed by agencies responsible for managing and protecting heritage for society and the future. Such values tended to focus on authorised and normative views of the past. More recently, heritage values have been applied with greater flexibility but to be effective this more flexible approach requires a good understanding of different perspectives. Only through understanding such differences and their implications can heritage genuinely have relevance to everyone in society. In some areas, we think this understanding may be deficient. In this paper we set out new findings which demonstrate that individuals with autism form different types of attachment towards buildings and places and create and respond to heritage values in different ways to neurotypical people.</p>	Journal Article	<a href="https://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
	Penn Smith	Jan-20	Photo elicitation study of a novel in-reach Rehabilitation and Recovery Service for people with severe and enduring mental health needs	None	English	<p>This study aims to provide an in-depth exploration into staff and service users' experiences of a Rehabilitation and Recovery Service for individuals with severe and enduring mental health needs. Fifteen purposefully sampled service users and fifteen purposefully sampled staff were recruited. Photo elicitation was used to enrich data collection through one-to-one semi-structured interviews with each participant. Interpretative phenomenological analysis was used to make sense of the data and researcher's reflexivity was captured in the process. The data from each group was analysed separately. The first level of analysis consisted of the identification of meta-questions to which participants appeared to respond when undertaking their interview. The second level of analysis highlights participants' engagement with identified analytic themes found across the meta-questions. This research suggests that implementing recovery principles into an NHS environment where interprofessional teams operate has many challenges. Conflicting models and powerful dynamics make it difficult for staff and service users to fully embrace recovery based on the principles of an integrative model of care. Main implications for service users include: the importance of building functioning relationships based on trust, respect, and empowerment; promoting and developing a greater awareness of individual mental health issues; and gaining more transparency regarding different treatment options and approaches to care. Main implications for staff include: promoting and developing greater awareness of different approaches to care; developing better communication across multidiscipline teams; and gaining greater awareness of the complexities of risk in order to improve staff confidence. Main implications across the Service include: increasing transparency and communication regarding the implementation of recovery principles at all levels; developing communication opportunities and methods within and across teams; and providing an opportunity to acknowledge the strengths and values of the different cultures found within the Service in order to present a bigger picture Trust wide.</p>	Thesis	<a href="https://theses.whiterose.ac.uk">Available from eThesis (theses.whiterose.ac.uk)</a>

Daniel Whitney and Alison Jane Stansfield	Daniel Whitney and Alison Jane Stansfield	Dec-19	Should we be accepting self-referrals for Autism assessments?	Advances in Autism, ahead of print (online)	English	<p><b>Purpose</b> The Leeds Autism Diagnostic Service (LADS) is an all IQ service accepting professional and self-referrals, from age 18, for diagnostic assessment. LADS is unusual compared to other diagnostic services in England, in that it accepts self-referrals. The purpose of this paper is to compare diagnostic outcome between self-referrals and other referral sources.</p> <p><b>Design/methodology/approach</b> This is a service evaluation of all 692 referrals for diagnostic assessment into LADS, over a three year period, from 2016 to 2018. The diagnostic outcomes were compared between self-referrals and other referral sources. Secondary analysis looked at age and gender differences between these groups.</p> <p><b>Findings</b> There were 98 self-referrals over three years with autism diagnosed in 65 per cent. In total, 594 other referrals were received during this time period, with autism diagnosed in 44 per cent. This showed a significant difference of 21 per cent with 95% confidence intervals of 10–31 per cent (<math>p=0.0001</math>) using a <math>n-1 \chi^2</math> test. In total, 59 per cent of self-referrals were from patients identifying as female, which compared to 35 per cent identifying as female from other referrals. This was a difference of 24 per cent with 95% confidence interval of 14–34 per cent (<math>p&lt;0.0001</math>) on the <math>n-1 \chi^2</math> test</p>	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Ruth Sutherland, John Baker And Sharon Prince.	Ruth Sutherland, John Baker And Sharon Prince.	Dec-19	Support, interventions and outcomes for families/carers of people with borderline personality disorder: A systematic review	Personality and Mental Health, Early View (Online)	English	<p>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.</p>	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Elizabeth Hughes, Natasha Mitchell, Samantha Gascoyne, Thirimon Moe-Byrne, Amanda Edmondson, Elizabeth Coleman, Lottie Millett, Shehzad Ali, Ceri Dare, Catherine Hewitt, Sonia Johnson, Carrie Llewellyn, Catherine Mercer, Fiona Nolan, Charlotte Walker and Judith Watson	Elizabeth Hughes, Natasha Mitchell, Samantha Gascoyne, Thirimon Moe-Byrne, Amanda Edmondson, Elizabeth Coleman, Lottie Millett, Shehzad Ali, Ceri Dare, Catherine Hewitt, Sonia Johnson, Carrie Llewellyn, Catherine Mercer, Fiona Nolan, Charlotte Walker and Judith Watson	Dec-19	Sexual health promotion in people with severe mental illness: the RESPECT feasibility RCT	Health Technology Assessment Volume: 23, Issue: 65, Published in December 2019	English	<p><b>Background</b> People with serious mental illness have sexual health needs, but there is limited evidence regarding effective interventions to promote their sexual health.</p> <p><b>Objectives</b> 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.</p> <p><b>Design</b> A two-armed randomised controlled, open feasibility study comparing usual care alone with usual care plus the adjunctive intervention.</p> <p><b>Setting</b> Five community mental health providers in Leeds, Barnsley, Brighton and London.</p> <p><b>Participants</b> Adults aged <math>\geq 18</math> years with serious mental illness and receiving care from community mental health teams.</p> <p><b>Interventions</b> 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.</p> <p><b>Main outcome measures</b> Feasibility parameters including establishing the percentage of people who were eligible, consented and were retained</p>	Journal Article	<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals library (www.journalslibrary.nihr.ac.uk)</a>

	Barry Wright, Lucy Tindall, Rebecca Hargate, Victoria Allgar, Dominic Trépel and Shehzad Ali	Dec-19	Computerised cognitive-behavioural therapy for depression in adolescents: 12-month outcomes of a UK randomised controlled trial pilot study	BJPsych Open Volume 6, Issue 1. December 2019	English	<p><b>Background</b> Computerised cognitive-behavioural therapy (CCBT) in the care pathway has the potential to improve access to psychological therapies and reduce waiting lists within Child and Adolescent Mental Health Services, however, more randomised controlled trials (RCTs) are needed to assess this.</p> <p><b>Aims</b> 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).</p> <p><b>Method</b> The trial ran within community and clinical settings. Adolescents (aged 12–18) presenting to their primary mental health worker service for low mood/depression support were assessed for eligibility at their initial appointment, 139 met inclusion criteria (a 33-item Mood and Feelings Questionnaire score of <math>\geq 20</math>) and were randomised to Stressbusters (n = 70) or self-help websites (n = 69) using remote computerised single allocation. Participants completed mood, quality of life (QoL) and resource-use measures at intervention completion, and 4 and 12 months post-intervention. Changes in self-reported measures and completion rates were assessed by group.</p> <p><b>Results</b> There was no significant difference between CCBT and the website group at 12 months. Both showed improvements on all measures. QoL measures in the intervention group showed earlier improvement compared with the website group. Costs were lower in the intervention group but the difference was not statistically significant. The cost-effectiveness analysis found just over a 65% chance of Stressbusters being cost-effective compared with websites. The 4-month follow-up results from the initial feasibility study are reported separately.</p> <p><b>Conclusions</b> CCBT and self-help websites may both have a place in the care pathway for adolescents with depression</p>	Journal Article	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
George Crowther	George Crowther, Cathy Brennan, Katherine Hall, Abigail Flinders and Michael Bennett	Dec-19	The development and feasibility testing of the Distress Recognition Tool	Quality in Ageing and Older Adults, Vol. ahead-of-print	English	<p><b>Purpose</b> 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.</p> <p><b>Design/methodology/approach</b> The authors tested the feasibility of using the DRT in people with dementia admitted on two general hospital wards. Mixed methods were used to assess uptake and potential mechanisms of impact, including frequency of use, observation of ward processes and semi-structured interviews with primary stakeholders.</p> <p><b>Findings</b> Over a 52-day period, the DRT was used during routine care of 32 participants; a total of 346 bed days. The DRT was completed 312 times; an average of 0.9 times per participant per day. Where participants had an identified carer, 83 per cent contributed to the assessment at least once during the admission. Thematic analysis of stakeholder interviews, and observational data suggested that the DRT was quick and simple to complete, improved ward awareness of distress and had the potential to improve care for people with dementia admitted to hospital.</p> <p><b>Originality/value</b> This is the first short screening tool for routinely detecting distress in dementia in any setting. Its uptake was positive, and if effective it could improve care and outcomes for people with dementia, however it was beyond the scope of the study test this.</p>	Journal article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>

Christian Hosker	Alison Boland, Chris Kane, Jason Ward, Christian Hosker, Amanda Wilkinson, Stanley Miller and Sue Gillon	Dec-19	P260 Improving end of life care for people with COPD; outcomes of a newly established integrated palliative COPD MDT	Thorax December 2019 Volume 74 issue supplement 2	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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)</p> <p>39 patients had a full 6-month pre and post dataset. (Table 1)</p> <p>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.</p> <p>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.</p>	Journal article		<a href="http://thorax.bmj.com">Available from BMJ Thorax (thorax.bmj.com)</a>
	Robert Howard, Olga Zubko, Rosie Bradley, Emma Harper, Lynn Pank, John O'Brien, Chris Fox, Najj Tabet, Gill Livingston, Peter Bentham, Rupert McShane, Alistair Burns, Craig Ritchie, Suzanne Reeves, Simon Lovestone, Clive Ballard, Wendy Noble, Ramin Nilforooshan, Gordon Wilcock, Richard Gray and the MADE Trialist Group	Nov-19	Minocycline at 2 Different Dosages vs Placebo for Patients With Mild Alzheimer Disease: A Randomized Clinical Trial	JAMA Neurol. Published online	English	<p>Importance There are no disease-modifying treatments for Alzheimer disease (AD), the most common cause of dementia. Minocycline is anti-inflammatory, protects against the toxic effects of <math>\beta</math>-amyloid in vitro and in animal models of AD, and is a credible repurposed treatment candidate.</p> <p>Objective To determine whether 24 months of minocycline treatment can modify cognitive and functional decline in patients with mild AD.</p> <p>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] score <math>\geq 24</math>) were randomized.</p> <p>Interventions Participants were randomly allocated 1:1:1 in a semifactorial design to receive minocycline (400 mg/d or 200 mg/d) or placebo for 24 months.</p> <p>Main Outcomes and Measures Primary outcome measures were decrease in sMMSE score and Bristol Activities of Daily Living Scale (BADLS), analyzed by intention-to-treat repeated-measures regression.</p> <p>Results Of 544 eligible participants (241 women and 303 men), the mean (SD) age was 74.3 (8.2) years, and the mean (SD) sMMSE score was 26.4 (1.9). Fewer participants completed 400-mg minocycline hydrochloride treatment (28.8% [53 of 184]) than 200-mg minocycline treatment (61.9% [112 of 181]) or placebo (63.7% [114 of 179]; <math>P &lt; .001</math>), mainly because of gastrointestinal symptoms (42 in the 400-mg group, 15 in the 200-mg group, and 10 in the placebo group; <math>P &lt; .001</math>), dermatologic adverse effects (10 in the 400-mg group, 5 in the 200-mg group, and 1 in the placebo group; <math>P = .02</math>), and dizziness (14 in the 400-mg group, 3 in the 200-mg group, and 1 in the placebo group; <math>P = .01</math>). Assessment rates were lower in the 400-mg group: 68.4% (119 of 174 expected) for sMMSE at 24 months compared with 81.8% (144 of 176) for the 200-mg group and 83.8% (140 of 167) for the placebo group. Decrease in sMMSE</p>	Journal Article		<a href="http://jamanetwork.com">Available from Jama Network (jamanetwork.com)</a>
Peter Trigwell	Chris Smith, Jenny Hewison, Robert M West, Peter Trigwell, Mike J Crawford, Carolyn J Czoski Murray, Matt Fossey, Claire Hulme, Sandy Tubeuf and Allan House	Nov-19	Liaison psychiatry-measurement and evaluation of service types, referral patterns and outcomes (LP-MAESTRO): a protocol	BMJ open; Nov 2019; vol. 9 (no. 11); p. e032179, online first publication	English	<p>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.</p>	Journal Article	Medline	<a href="http://bmjopen.bmj.com">Available from BMJ Journals Open (bmjopen.bmj.com)</a>

	Mike C Horton, Jan Oyeboode, Linda Clare, Molly Megson, Leanne Shearsmith, Carol Brayne, Paul Kind, Zoe Hoare, Hareth Al Janabi Val Hewison, Alan Tennant and Penny Wright.	Nov-19	Measuring Quality of Life in Carers of People With Dementia: Development and Psychometric Evaluation of Scales measuring the Impact of DEmentia on CARers (SIDE CAR)	The Gerontologist, Advanced articles, gnz136, Published: 05 November 2019	English	<p><b>Background and Objectives</b> A 2008 European consensus on research outcome measures in dementia care concluded that measurement of carer quality of life (QoL) was limited. Three systematic reviews (2012, 2017, and 2018) of dementia carer outcome measures found existing instruments wanting. In 2017, recommendations were published for developing reliable measurement tools of carers' needs for research and clinical application. The aim of this study was to develop a new instrument to measure the QoL of dementia carers (family/friends).</p> <p><b>Methods</b> Items were generated directly from carers following an inductive needs-led approach. Carers (n = 566) from 22 English and Welsh locations then completed the items and comparator measures at three time points. Rasch, factor, and psychometric (reliability, validity, responsiveness, and minimally important differences [MIDs]) analyses were undertaken.</p> <p><b>Results</b> Following factor analysis, the pool of 70 items was refined to three independent scales: primary SIDE CAR-D (direct impact of caring upon carer QOL, 18 items), secondary SIDE CAR-I (indirect impact, 10 items), and SIDE CAR-S (support and information, 11 items). All three scales satisfy Rasch model assumptions. SIDE CAR-D, I, S psychometrics: reliability (internal <math>\geq .70</math>; test-retest <math>\geq .85</math>); convergent validity (as hypothesized); responsiveness (effect sizes: D: moderate; I and S: small); MIDs (D = 9/100, I = 10/100, S = 11/100).</p> <p><b>Discussion and Implications</b> SIDE CAR scales demonstrate robust measurement properties, meeting COSMIN quality standards for study design and psychometrics. SIDE CAR provides a theoretically based needs-led QoL profile specifically for dementia carers. SIDE CAR is free for use in public health, social care, and voluntary sector services, and not-for-profit organizations.</p>	Journal Article	<a href="https://academic.oup.com/geron/advance-article-abstract/doi/10.1093/geron/gz136/5568447">Available from Oxford Academia (academic.oup.com)</a>
	Dominic Simpson, Sharon Hamilton, Robert McSherry and Rebecca McIntosh	Nov-19	Measuring and Assessing Healthcare Organisational Culture in the England's National Health Service: A Snapshot of Current Tools and Tool Use	Healthcare Journals, Volume 7, Issue 4	English	<p><b>Abstract:</b> Healthcare Organisational Culture (OC) is a major contributing factor in serious failings in healthcare delivery. Despite an increased awareness of the impact that OC is having on patient care, there is no universally accepted way to measure culture in practice. This study was undertaken to provide a snapshot as to how the English National Health Service (NHS) is currently measuring culture. Although the study is based in England, the findings have potential to influence the measurement of healthcare OC internationally. An online survey was sent to 234 NHS hospital trusts, with a response rate of 35%. Respondents who completed the online survey, on behalf of their representative organisations, were senior clinical governance leaders. The findings demonstrate that the majority of organisations, that responded, were actively measuring culture. Significantly, a wide variety of tools were in use, with variable levels of satisfaction and success. The majority of tools had a focus on patient safety, not on understanding the determining factors which impact upon healthcare OC. This paper reports the tools currently used by the respondents. It highlights that there are deficits in these tools that need to be addressed, so that organisations can interpret their own culture in a standardised, evidence-based way.</p>	Journal Article	<a href="https://www.mdpi.com/2502-4747/7/4/19">Available from MDPI (www.mdpi.com)</a>
Peter Trigwell	Chris Smith, Jenny Hewison, Robert West, , Peter Trigwell, Mike Crawford, Carolyn Czoski- Murray, Matt Fossey, Claire Hulme, Sandy Tubeuf and Allan House	Nov-19	Liaison psychiatry—measurement and evaluation of service types, referral patterns and outcomes (LP-MAESTRO): a protocol	BMJ Open Volume 9 - 11	English	<p><b>Introduction</b> 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.</p> <p><b>Methods and analysis</b> 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 SystemOne 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.</p> <p>Patient care pathways will form the basis of a matched cohort design to test the effectiveness of liaison intervention. We will combine healthcare utilisation within care pathways using cost figures from national databases. We will compare the cost of each care pathway and the impact of a broad set of health-related outcomes to obtain preliminary estimates of cost-effectiveness for liaison psychiatry services. We will carry out an exploratory incremental cost-effectiveness analysis from a whole system perspective.</p>	Journal Article	<a href="https://bmjopen.bmj.com/">Available from BMJ Open (bmjopen.bmj.com)</a>

Jane Elizabeth Blackwell	Hetaf Alammam and Jane Elizabeth Blackwell.	Nov-19	P024 Characterising school-age children's sleep in shaqra province, saudi arabia computer	BSS Scientific Conference Abstract Book, Volume 6, Issue Supplement 1	English	<p>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.</p> <p>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.</p> <p>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).</p> <p>Results also indicated that there was a significant difference between males and females in secondary school in total score of CSHQ and sub score (sleep duration, sleep anxiety and sleep parasomnia). In addition, there was a significant difference between males and females in intermediate school in sub score of CSHQ in bedtime resistance, sleep anxiety and sleep disorder breathing (see table 2).</p>	Poster abstract		<a href="https://openrespres.bmj.com">Available from BMJ Open Respiratory Research (bmjopenrespres.bmj.com)</a>
	Karina Lovell, Penny Bee, Peter Bower, Helen Brooks, Patrick Cahoon, Patrick Callaghan, Lesley-Anne Carter, Lindsey Cree, Linda Davies, Richard Drake, Claire Fraser, Chris Gibbons, Andrew Grundy, Kathryn Hinsliff-Smith, Oonagh Meade, Chris Roberts, Anne Rogers, Kelly Rushton, Caroline Sanders, Gemma Shields and Lauren Walker	Oct-19	Training to enhance user and carer involvement in mental health-care planning: the EQUIP research programme including a cluster RCT	Programme Grants for Applied Research Volume: 7, Issue: 9, Published in October 2019	English	<p>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.</p> <p>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. 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.</p> <p>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 measure items 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 semistructured interviews with key informants involved locally and nationally in mental health policy, practice and research, was undertaken. A mapping exercise was used to determine current practice, and semistructured interviews were undertaken with service users and mental health professionals from both the usual-care and the intervention arms of the trial at three time points (i.e. baseline and 6 months and 12 months post intervention).</p>	Journal Article		<a href="https://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>

	Susan Bellass, Johanna Taylor, Lu Han, Stephanie Louise Prady, David Shiers, Rowena Jacobs, Richard Holt, John Radford, Simon Gilbody, Catherine Elizabeth Hewitt, Timothy Doran, Sarah L Alderson and Najma Siddiqi	Sep-19	Exploring severe mental illness and diabetes: protocol for a longitudinal observational and qualitative mixed methods study	JMIR Research Protocols (Volume 8, Issue 9)	English	<p>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.</p> <p>Objective: The study aims to identify the determinants of diabetes and to explore variation in diabetes outcomes for people with SMI.</p> <p>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 September 2017 to September 2019 and data collection has recently ended.</p> <p>Results: CPRD and linked health data will be used to explore the association of socio-demographic, illness and healthcare-related factors with both the development and outcomes of Type 2 diabetes in people with SMI. Experiences of managing the comorbidity and accessing healthcare will be explored through qualitative interviews using topic guides informed by evidence synthesis and expert consultation. Findings from both datasets will be merged to develop a more comprehensive understanding of diabetes risks, interventions and outcomes for people with SMI. Findings will be translated into recommendations for interventions and services using co-design workshops.</p> <p>Conclusions: Improving diabetes outcomes for people with SMI is a high priority area nationally and globally. Understanding how risk factors combine to generate high prevalence of diabetes and poor diabetic outcomes for this population is a necessary first step in developing healthcare interventions to improve outcomes for people with diabetes and SMI.</p>	Journal Article	<a href="http://pure.york.ac.uk">Available from University of York (pure.york.ac.uk)</a>
Mark Naylor	Mark Naylor	Sep-19	Personality Disorder Pathway strategy for the yorkshire and Humber Region: Making Connections and Delivering Community to Community Pathways	Yorkshire and Humber Involvement Network	English	No abstract	Journal Article	<a href="http://www.yorkshireandhumberinvolvementnetwork.nhs.uk">Available from the Yorkshire and Humber Involvement Network (www.yorkshireandhumberinvolvementnetwork.nhs.uk)</a>
Tom Hughes and Crystal-Bella Romain-Hooper	Emily Peckham, Catherine Arundel, Della Bailey, Suzanne Crosland, Caroline Fairhurst, Paul Heron, Catherine Hewitt, Jinshuo Li, Steve Parrott, Tim Bradshaw, Michelle Horspool, Elizabeth Hughes, Tom Hughes, Suzy Ker, Moira Leahy, Tayla McCloud, David Osborn, Joseph Reilly, Thomas Steare, Emma Ballantyne, Polly Bidwell, Susan Bonner, Diane Brennan, Tracy Callen, Alex Carey, Charlotte Colbeck, Debbie Coton, Emma	Sep-19	A bespoke smoking cessation service compared with treatment as usual for people with severe mental ill health: the SCIMITAR+ RCT.	Health Technology Assessment Volume: 23, Issue:50. September 2019	English	<p>Background: 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.</p> <p>Objectives: To compare the clinical effectiveness and cost-effectiveness of a bespoke smoking cessation (BSC) intervention with usual stop smoking services for people with SMI.</p> <p>Design: A pragmatic, two-arm, individually randomised controlled trial.</p> <p>Setting: Primary care and secondary care mental health services in England.</p> <p>Participants: Smokers aged ≥ 18 years with SMI who would like to cut down on or quit smoking.</p> <p>Interventions: A BSC intervention delivered by mental health specialists trained to deliver evidence-supported smoking cessation interventions compared with usual care.</p> <p>Main outcome measures: 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 to</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>

	Lauren Yates, Emese Csipke, Esme Moniz-Cook, Phuong Leung, Holly Walton, Georgina Charlesworth, Aimee Spector, Eef Hogervorst, Gail Mountain and Martin Orrell	Sep-19	The development of the Promoting Independence in Dementia (PRIDE) intervention to enhance independence in dementia	Clinical Interventions in Aging, Sept 2019 volume 14	English	<p>Support after a diagnosis of dementia may facilitate better adjustment and ongoing management of symptoms. The aim of the Promoting Independence in Dementia (PRIDE) study was to develop a postdiagnostic social intervention to help people live as well and as independently as possible. The intervention facilitates engagement in evidence-based stimulating cognitive, physical and social activities.</p> <p><b>Methods</b> Theories to promote adjustment to a dementia diagnosis, including theories of social learning and self-efficacy, were reviewed alongside self-management and the selective optimization model, to form the basis of the intervention. Analyses of two longitudinal databases of older adults, and qualitative analyses of interviews of older people, people with dementia, and their carers about their experiences of dementia, informed the content and focus of the intervention. Consensus expert review involving stakeholders was conducted to synthesize key components. Participants were sourced from the British NHS, voluntary services, and patient and public involvement groups. A tailored manual-based intervention was developed with the aim for this to be delivered by an intervention provider.</p> <p><b>Results</b> Evidence-based stimulating cognitive, physical, and social activities that have been shown to benefit people were key components of the proposed PRIDE intervention. Thirty-two participants including people with dementia (n=4), carers (n=11), dementia advisers (n=14), and older people (n=3) provided feedback on the drafts of the intervention and manual. Seven topics for activities were included (eg, "making decisions" and "getting your message across"). The manual outlines delivery of the intervention over three sessions where personalized profiles and plans for up to three activities are developed, implemented, and reviewed.</p> <p><b>Conclusion</b> A manualized intervention was constructed based on robust methodology and found to be acceptable to participants. Consultations with stakeholders played a key role in shaping the manualized PRIDE intervention and its delivery. Unlike most social interventions for dementia, the target audience for our intervention is the people with dementia themselves.</p>	Journal Article		<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
Max Henderson and Mizrab Abbas	Max Henderson and Mizrab Abbas	Aug-19	International comparison of the work-related stressors experienced by psychiatrists	BJPsych international; Aug 2019; vol. 16 (no. 3); p. 51-52	English	<p>The mental health of psychiatrists is a live topic all over the world; both the Royal College of Psychiatrists (Royal College of Psychiatrists, 2018) and the World Psychiatric Association (WPA, 2017) have published position statements on the subject. This edition of BJPsych International includes four papers focusing on the challenges of psychiatric practice in different countries, each with a different economy, healthcare system and culture. It is heartening that each paints a broadly hopeful picture, notwithstanding the difficulties identified. Yet it would be short-sighted for policy makers, psychiatrists, their colleagues or their patients to conclude that all is well and there is nothing more to do.</p> <p>In October, the chief executive of the English National Health Service, Simon Stevens, announced that funding would be made available for a national scheme to support the mental health of all doctors in England. This builds on the success of the Practitioner Health Programme, first established in London but since extended to all general practitioners in England (Practitioner Health Programme, 2018). Nearly 20 years after the death by suicide of Daksha Emson (North East London Strategic Health Authority, 2003), a trainee psychiatrist, the mental health of doctors has reached the top of the priority list, in England at least.</p>	Journal Article	Medline	<a href="http://www.cambridge.org/core">Available from Cambridge Core (www.cambridge.org/core)</a>
Duncan Raistrick	Adejoke Obirenjeyi Oluyase, Duncan Raistrick, Elizabeth Hughes and Charlie Lloyd	Aug-19	The appropriateness of psychotropic medicines: an interview study of service users attending a substance misuse service in England	International journal of clinical pharmacy; Aug 2019; vol. 41 (no. 4); p. 972-980	English	<p>Background Mental health problems are common in people with substance misuse problems. However, there is a paucity of evidence regarding prescribing of psychotropic medications for people with comorbid mental health and substance misuse problems. Objective To explore the views of service users attending an addiction service on the appropriateness of psychotropic medications prescribed for their co-existing mental health problems. Setting A specialist addiction service in the North of England. Method A phenomenological approach was adopted. Semi-structured interviews were conducted with twelve service users. Data were analysed using thematic framework analysis. Main outcome measure Service users' views concerning the appropriateness of their prescribed psychotropic medications. Results The following themes captured service users' views on the appropriateness of their medications: benefits from medicines, entitlement to medicines, and assessment and review. Service users mostly described benefits from their medications (including those prescribed outside guideline recommendations) and there was also an awareness of the adverse effects they experienced from them. It appears that people with substance misuse problems have a particularly strong sense of their own needs and seek to influence prescribing decisions. Service users further described varied practices regarding assessment and review of their medications with evidence of regular reviews while others identified suboptimal or inadequate practices. Conclusion Most service users described improved functioning as a result of their prescribed psychotropic medications. Prescriptions that are inappropriate in terms of their usual indications may well be justified if they assist in stabilising service users and moving them on to recovery.</p>	Journal Article	Medline	<a href="http://link.springer.com">Available from Springer Link (link.springer.com)</a>

Barry Wright	Penny Spikin, Andy Needham, Barry Wright, Calvin Dytham, Maurizio Gatta and Gail Hitchen	Aug-19	Living to fight another day: The ecological and evolutionary significance of Neanderthal healthcare	Quaternary Science Reviews, Volume 217, August 2019, Pages 98-118	English	Evidence of care for the ill and injured amongst Neanderthals, inferred through skeletal evidence for survival from severe illness and injury, is widely accepted. However, healthcare practices have been viewed primarily as an example of complex cultural behaviour, often discussed alongside symbolism or mortuary practices. Here we argue that care for the ill and injured is likely to have a long evolutionary history and to have been highly effective in improving health and reducing mortality risks. Healthcare provisioning can thus be understood alongside other collaborative 'risk pooling' strategies such as collaborative hunting, food sharing and collaborative parenting. For Neanderthals in particular the selective advantages of healthcare provisioning would have been elevated by a variety of ecological conditions which increased the risk of injury as well their particular behavioural adaptations which affected the benefits of promoting survival from injury and illness. We argue that healthcare provisioning was not only a more significant evolutionary adaptation than has previously been acknowledged, but moreover may also have been essential to Neanderthal occupation at the limits of the North Temperate Zone.	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
	John Baker, Krysia Canvin and Kathryn Berzins	Aug-19	The relationship between workforce characteristics and perception of quality of care in mental health: A qualitative study	International Journal of Nursing Studies Volume 100, December 2019	English	<p><b>Background</b> Mental health services worldwide are under strain from a combination of unprecedented demand, workforce reconfigurations, and government austerity measures. There has been relatively little research or policy focus on the impact of staffing and skill mix on safety and quality in mental health services leaving a considerable evidence gap. Given that workforce is the primary therapeutic intervention in secondary mental health care this constitutes a major deficit.</p> <p><b>Objective</b> This study aimed to explore the impact of staffing and skill mix on safety and quality of care in mental health inpatient and community services.</p> <p><b>Design</b> Exploratory, qualitative methodology; purposive sampling.</p> <p><b>Settings</b> Inpatient and community mental health services in the United Kingdom.</p> <p><b>Participants</b> 21 staff (including nurses, occupational therapists, psychiatrists, social workers, and care co-ordinators) currently working in mental health services.</p> <p><b>Methods</b> We conducted semi-structured telephone interviews with a purposive sample of staff recruited via social media. We asked participants to describe the staffing and skill mix in their service; to reflect on how staffing decisions and/or policy affected safety and patient care; and for their views of what a well-staffed ward/service would look like. We conducted thematic analysis of the interview transcripts.</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Barry Wright	Barry Wright and Joseph Richmond Mynett	Jul-19	Training medical students to manage difficult circumstances: a curriculum for resilience and resourcefulness?	BMC Medical Education volume 19, Article number: 280 (2019)	English	<p><b>Background</b> 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.</p>	Journal article	<a href="https://bmcomeduc.biomedcentral.com">Available from BMC Medical Education (https://bmcomeduc.biomedcentral.com)</a>

and Peter Trigwell	Keeble Jasmin, Andrew Walker, , Peter Trigwell, Alan Quirk, Jenny Hewison, Carolyn Czoski Murray and Allan House	Jul-19	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	BMC Health Services Research volume 19, Article number: 522 (2019)	English	<p><b>Background</b> 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.</p> <p><b>Methods</b> 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.</p> <p><b>Results</b> Several key themes emerged in relation to facilitators and barriers to the effective delivery of integrated services. There were problems with continuity of care across the secondary-primary interface; a lack of mental health resources in primary care to support discharge; a lack of shared information systems; a disproportionate length of time spent recording information as opposed to face to face patient contact; and a lack of a shared vision of care. Relatively few facilitators were identified although interviewees reported a focus on patient care. Similar problems were identified across different liaison service types.</p> <p><b>Conclusions</b> The problems that we have identified need to be addressed by both liaison and acute hospital teams, managers and funders, if high quality integrated physical and mental health care is to be provided in the acute hospital setting.</p>	Journal article	<a href="http://www.bmchealthservres.biomedcentral.com">Available from BMC Health Services (www.bmchealthservres.biomedcentral.com)</a>
Tom Hughes	Robert Smith, Lu Han, Shehzad Ali, Stephanie L Prady, Joanne Taylor, Tom Hughes, Ramzi A Ajjan, Najma Siddiqi and Tim Doran	Jul-19	Glucose, cholesterol and blood pressure in type II diabetes: A longitudinal observational study comparing patients with and without severe mental illness	Journal of Psychiatric and Mental Health Nursing [online early view] July 2019	English	<p><b>What is known on the subject?</b> 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.</p> <p><b>What this paper adds to existing knowledge?</b> 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.</p> <p><b>What are the implications for practice?</b> 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.</p>	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Ranil Tan	Rose Stratton and Ranil Tan	Jul-19	Cognitive analytic team formulation: learning and challenges for multidisciplinary inpatient staff	Mental Health Review Journal, Vol. 24 No. 2, pp. 85-97	English	<p><b>Purpose:</b> The purpose of this paper is to understand staff experiences of cognitive analytic team formulation, within an inpatient unit for women with a diagnosis of personality disorder.</p> <p><b>Design/methodology/approach:</b> In total, 16 staff completed an online questionnaire, rating their views on how helpful formulation sessions had been in regards to ten domains. Following this, six staff participated in semi-structured interviews exploring their experiences of the process and impact of cognitive analytic team formulation. Transcripts were analysed using thematic analysis.</p> <p><b>Findings:</b> Responses from questionnaires indicated the general process of team formulation was helpful across each domain. Interviews highlighted benefits such as an increased capacity to think and work relationally. This was impacted upon by staff's confidence in using the model and the practicalities of attending sessions.</p> <p><b>Practical implications:</b> Team formulation has been described as the facilitation of a group of professionals to create a shared understanding of service-users' difficulties. Team formulation continues to demonstrate benefits for staff working within complex mental health. The challenges of this are considered, however overall, a cognitive analytic framework seems to offer staff the opportunity to integrate learning from a service-user's history, and current relational difficulties, in a way that develops reflective capacity and informs intervention.</p> <p><b>Originality/value:</b> Limited research has explored the theoretical models underpinning team formulation, and the impact for staff learning and practice. The current study develops previous work by specifically focussing on the contribution of cognitive analytic theory to team formulation</p>	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>

	Daniel Freeman, Kathryn M Taylor, Andrew Molodynski and Felicity Waite	Jul-19	Treatable clinical intervention targets for patients with schizophrenia	Schizophrenia Research, Volume 211 (2019) p.44–50	English	<p>Background: Treatment approaches for patients with psychosis need major improvement. Our approach to improvement is twofold: target putative causal mechanisms for psychotic experiences that are treatable and also that patients wish treated. This leads to greater treatment engagement and clinical benefit. To inform mental health service provision we assessed the presence of treatable causal mechanisms and patient treatment preferences. Methods: Patients with non-affective psychosis attending NHS mental health services completed assessments of paranoia, hallucinations, anxious avoidance, worry, self-esteem, insomnia, analytic reasoning, psychological well-being, and treatment preferences.</p> <p>Results: 1809 patients participated. Severe paranoia was present in 53.4% and frequent voices in 48.2%. Of the causal mechanisms, severe worry was present in 67.7%, avoidance at agoraphobic levels in 64.5%, analytic reasoning difficulties in 55.9%, insomnia in 50.1%, poor psychological well-being in 44.3%, strongly negative self-beliefs in 36.6%, and weak positive self-beliefs in 19.2%. Treatment target preferences were: feeling happier (63.2%), worrying less (63.1%), increasing self-confidence (62.1%), increasing activities (59.6%), improving decisionmaking (56.5%), feeling safer (53.0%), sleeping better (52.3%), and coping with voices (45.3%). Patients with current paranoia and/or hallucinations had higher levels of the causal factors and of wanting these difficulties treated.</p> <p>Conclusions: Patients with non-affective psychosis have high levels of treatable problems such as agoraphobic avoidance, worry, low self-esteem, and insomnia and they would like these difficulties treated. Successful treatment of these difficulties is also likely to decrease psychotic experiences such as paranoia</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Barry Wright	Alys Young, Emma Ferguson-Coleman, Barry Wright and Ann Le Couteur	Jul-19	Parental Conceptualizations of Autism and Deafness in British Deaf Children	The Journal of Deaf Studies and Deaf Education, Volume 24, Issue 3, July 2019, Pages 280–288	English	<p>The co-occurrence of childhood deafness and autism raises complex challenges for diagnosis and family support. In this article, we explore with hearing and Deaf parents their observations of the interaction between deafness and autism and identify how the intersections of deafness and autism are conceptualized in everyday life. Eight parents participated (two of whom were Deaf BSL users) in semi-structured interviews in either BSL or spoken English. Data analysis was underpinned by a phenomenological approach in the hermeneutic tradition. Findings are discussed in terms of parents' perceptions of the relevance of deafness to their understanding of autism for their particular child, the effects of autism on sign and spoken language development and the relationship between deafness and autism in terms of their own and others' attributions of their children's characteristics. The significance of the findings for parental contributions' to diagnostic assessment and the tailoring of family support are considered.</p>	Journal Article	<a href="http://academic.oup.com">Available from Oxford Academia (academic.oup.com)</a>
Barry Wright	Natalie Kirby, Barry Wright and Victoria Allgar	Jun-19	Kirby, N., Wright, B., Allgar, V. (2019). Child mental health and resilience in the context of socioeconomic disadvantage: results from Born in Bradford cohort study.	European Child and Adolescent Psychiatry.	English	<p>Socioeconomic disadvantage has been linked to mental health difficulties in children and adolescents, although many children appear to do well despite exposure to financial adversity in childhood. Our study looked at the effects of family financial difficulty on children's mental health outcomes (n = 636) at 4–5 years in a multi-ethnic UK cohort, the Born in Bradford cohort. We considered potential parent and child variables promoting resilience in this population. Univariate linear regression was used to identify associations between family financial difficulty measured antenatally and child mental health difficulties measured by teacher-rated Strengths and Difficulties (SDQ) scores at 4–5 years. Hierarchical multivariate regression was used to test for potential moderating effects of parent and child factors. Mothers completed the General Health Questionnaire-28, Kessler-6 Questionnaire and questions related to parenting warmth, hostility and confidence. Parent-rated Infant Characteristic Questionnaires and teacher-rated Early Years Foundation Stage scores provided information on child temperament, literacy and physical development as potential moderators. Financial difficulty was associated with worse mental health outcomes in children. High parent warmth, high child literacy scores and physical development scores were all associated with positive child mental health outcomes at 4–5 years. In terms of protective effects, only maternal warmth was found to significantly moderate the relationship between financial difficulty and child mental health difficulties. The current study demonstrates that family financial difficulty is associated with poorer child mental health outcomes in a UK cohort of mothers and their school-aged children. It provides evidence of the positive relationships between warm parenting, child literacy and child physical development with mental health in young children. The study supports the finding that warm parenting moderates the relationship between family financial difficulty and interventions supporting this aspect of parenting may therefore provide particular benefit to children growing up in this context.</p>	Journal Article	<a href="http://link.springer.com">Available from Springer Link (link.springer.com)</a>

Danielle Varley, Barry Wright and Ellen Kingsley.	Danielle Varley, Barry Wright, Cindy Cooper, David Marshall, Katie Biggs, Shehzad Ali, Tim Chater, Elizabeth Coates, Simon Gilbody, Gina Gomez de la Cuesta, Ellen Kingsley, Ann Le Couteur, Anne McKelvey, Neil Shephard and Dawn Teare	Jun-19	Investigating Social Competence and Isolation in children with Autism taking part in LEGO-based therapy clubs in School Environments (I-SOCIALISE): study protocol	BMJ Open, Volume 9, Issue 5 2019	English	<p>Introduction Social skills training interventions for children with autism spectrum disorder (ASD) typically focus on a skills deficit model rather than building on existing skills or encouraging the child to seek their own solutions. LEGO-based therapy is a child-oriented intervention to help improve social interactional skills and reduce isolation. The therapy is designed for school-age children with ASD and uses group-based play in a school setting to encourage peer relationships and social learning. Despite the reported potential benefits of LEGO-based therapy in a prior randomised controlled trial (RCT) and its adoption by many schools, the evidence to support its effectiveness on the social and emotional well-being of children with ASD is limited and includes no assessment of cost-effectiveness.</p> <p>Methods and analysis This multicentre, pragmatic, cluster RCT will randomise 240 participants (aged 7–15 years) with a clinical diagnosis of ASD to receive usual care or LEGO-based therapy with usual care. Cluster randomisation will be conducted on a school level, randomising each school as opposed to each individual child within a school. All prospective participants will be screened for eligibility before assenting to the study (with parents giving informed consent on behalf of their child). All participants will be followed up at 20 and 52 weeks after randomisation to assess for social, emotional and behavioural changes. The primary outcome measure is the social skills subscale of the Social Skills Improvement System completed by a teacher or teaching assistant associated with participating children at the 20-week follow-up time point.</p> <p>Ethics and dissemination Ethics approval has been obtained via the University of York Research Ethics Committee. The results of the trial will be submitted for publication in a peer-reviewed journal and will be disseminated to participating families, education practitioners and the third sector including voluntary and community organisations.</p>	Journal Article	<a href="#">Available from BMJ Journals Open (bmjopen.bmj.com)</a>
Barry Wright and Jane Elizabeth Blackwell	Barry Wright, Mark Mon-Williams, Brian Kelly, Stefan Williams, David Sims, Faisal Mushtaq, Kuldeep Sohal, Jane Elizabeth Blackwell and John Wright	May-19	Investigating the association between early years foundation stage profile scores and subsequent diagnosis of an autism spectrum disorder: a retrospective study of linked healthcare and education data	BMJ Paediatrics Open May 2019 Volume 3 issue 1	English	<p>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.</p> <p>Design A retrospective data linkage study.</p> <p>Setting and participants The Born in Bradford longitudinal cohort of 13,857 children.</p> <p>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.</p> <p>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 &lt;25 on the total EYFSP and 15.2% scoring &lt;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 &lt;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).</p> <p>Conclusions We demonstrate the feasibility of linking education and health data. Performance on teacher ratings taken universally in school reception class can flag children at risk of ASDs. Further research is warranted to explore the utility of EYFSP as an initial screening tool for ASD in early school years.</p>	Journal article	<a href="#">Available from BMJ Paediatrics Open (bmjpaedsopen.bmj.com/)</a>
Saeideh Saeidi	Saeideh Saeidi	May-19	Health Awards - Why They Work.  Authors: Saeidi, Saeideh	Community Practitioner; London Vol. 92, Issue 4, (May 2019): p.21	English	<p>Saeideh Saeidi explains how applying for and winning a Mary Seacole award has helped her move forward on a number of levels.</p> <p>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 development of culturally safe physical 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 Ham (then CEO of The King's Fund), Jane Cummings (then chief nursing officer for England) and Jackie Doyle-Price (parliamentary under secretary of state for mental health, inequalities and suicide prevention). Next steps are to focus on dissemination of the findings and validation of a questionnaire I designed to measure cultural competence. My sincere thanks to the funders of the Mary Seacole Awards and the members of the steering committee.</p>	Journal Article	<a href="#">Available from ProQuest Search (search.proquest.com)</a>

Vishal Sharma	Vishal Sharma, Susanne Coleman, Jane Nixon, Linda Sharples, Julian Hamilton-Shield, Harry Rutter and Maria Bryant	Apr-19	A systematic review and meta-analysis estimating the population prevalence of comorbidities in children and adolescents aged 5 to 18 years	Obesity Reviews. 2019;1-9. published by John Wiley and Sons Ltd on behalf of World Obesity Federation	English	<p>Evidence for the health impact of obesity has largely focussed on adults. We estimated the population prevalence and prevalence ratio of obesity-associated comorbidities in children and adolescents aged 5 to 18 years. Five databases were searched from inception to 14 January 2018. Population-based observational studies reporting comorbidity prevalence by weight category (healthy eight/overweight/obese) in children and adolescents aged 5 to 18 years from any country were eligible.</p> <p>Comorbidity prevalence, stratified by weight category, was extracted and prevalence ratios (relative to healthy weight) estimated using random effects meta-analyses. Of 9183 abstracts, 52 eligible studies (1 553 683 participants) reported prevalence of eight comorbidities or risk markers including diabetes and nonalcoholic fatty liver disease (NAFLD). Evidence for psychological comorbidities was lacking. Meta-analyses suggested prevalence ratio for prediabetes (fasting glucose <math>\geq</math> 100 mg/dL) for those with obesity relative to those of a healthy weight was 1.4 (95% confidence interval [CI], 1.2-1.6) and for NAFLD 26.1 (9.4-72.3). In the general population, children and adolescents with overweight/obesity have a higher prevalence of comorbidities relative to those of a healthy weight. This review provides clinicians with information when assessing children and researchers a foundation upon which to build a omprehensive dataset to understand the health consequences of childhood obesity.</p>	Journal article		<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Jeertender Ghag and Judith Hartley	Stephen Kellett, Jeertender Ghag, Katie Ackroyd, Kate Freshwater, Jayne Finch, Adam Freear, Judith Hartley and Mel Simmonds-Buckley	Mar-19	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	English	<p><b>OBJECTIVES:</b> This study sought to employ the hourglass model to frame the methodological evolution of outcome studies concerning 5-session cognitive analytic consultancy (CAC).</p> <p><b>DESIGN:</b> Pre-post mixed methods evaluation (study one) and mixed methods case series (study two).</p> <p><b>METHODS:</b> 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.</p> <p><b>RESULTS:</b> 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.</p> <p><b>CONCLUSIONS:</b> Cognitive analytic consultancy appears a promising approach to staff consultation, and testing in a clinical trial is now indicated.</p>	Journal Article		<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
	Paul Blenkiron and Lucy Goldsmith	Mar-19	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	<p>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.</p> <p>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 &lt; 0.001) and lower SWEMWBS scores (P = 0.003) than supercluster B. Supercluster C showed the greatest functional impairment (P = 0.003). Clinical implications PHQ-9 and GAD-7 appear acceptable as patient-reported outcome measures in community mental health team. SWEMWBS seems insensitive to change. National outcome programmes should ensure good follow-up rates.</p>	Journal Article	BJPsych Bulletin pages 1-7	<a href="https://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
Anjula Gupta	Melanie Blakeman, Carol Martin and Anjula Gupta	Feb-19	Making sense of growing up with a parent with psychosis: an interpretative phenomenological analysis study	Psychosis Psychological, Social and Integrative Approaches Volume 11, 2019 Issue 1 p.54-62	English	<p>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.</p> <p>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.</p>	Journal Article		<a href="https://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

	Sarah Wigham, Jacqui Rodgers, Tom Berney, Ann Le Couteur, Barry Ingham and Jeremy R Parr	Feb-19	Psychometric properties of questionnaires and diagnostic measures for autism spectrum disorders in adults: A systematic review	Autism. 2019 Feb Volume 23, Issue 2 p.287-305	English	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.	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Barry Wright	Barry Wright, Mark Mon-Williams, Brian Kelly, Stefan Williams, David Sims, Faisal Mushtaq, Kuldeep Sohal, Jane Elizabeth Blackwell and John Wright	Jan-19	Investigating the association between early years foundation stage profile (EYFSP) scores and subsequent diagnosis of an autism spectrum disorder: a retrospective study of linked healthcare and education data	BMJ Paediatrics Open, 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 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.  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 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).	Journal Article	<a href="http://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>
Tom Hughes	Alish B Palmos, Stuart Watson, Tom Hughes, Andreas Finkelmeyer, Hamish McAllister-Williams, Nicol Ferrier, Ian M Anderson, Rajesh Nair, Allan H Young, Rebecca Strawbridge, Anthony J Cleare, Raymond Chung, Souci Frissa, Laura Goodwin, Matthew Hotopf, Stephani L Hatch, Hong Wang, David A Collier, Sandrine Thuret, Gerome Breen, and Timothy R Powell	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.  Results Childhood maltreatment was not associated with altered inflammatory markers in either group after multiple testing correction. Body mass index (BMI) exerted strong effects on interleukin-6 and C-reactive protein levels in those with MDD.  Conclusions Childhood maltreatment did not exert effects on inflammatory marker levels in either the participants with MDD or the control group in our study. Our results instead highlight the more pertinent influence of BMI	Journal Article	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>

	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	English	This thesis sought to develop and assess a novel scale to measure the experience of an anorexic voice in anorexia nervosa. It consists of three standalone papers. Papers one and two have been prepared for submission to two separate journals relevant to the methodology and research area for each, and comply with the journal guidelines. Paper one is a thematic synthesis of qualitative literature exploring "inner speech" for individuals with a diagnosed psychological disorder. Following a standardised procedure for thematic synthesis, six databases were searched and 10 studies were included. In total, three analytical themes were identified within the data: 1) Withdrawing to an inner world, 2) A fragmented and conflicted self and 3) Re-connecting with the outside world. The results found several similarities regarding the nature, function and negative consequences of engaging with critical inner dialogues across clinical samples. IS as both a coping mechanism and a maintaining factor of psychological distress was a key finding. The results indicated therapeutic approaches facilitating acceptance of internal experiences and disengagement from critical internal dialogues may be helpful.	Journal Article	<a href="https://www.research.manchester.ac.uk">Available from University of Manchester (https://www.research.manchester.ac.uk)</a>
Alex Brooks and Kerry Hinsby	Rebecca Anderson, 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	English	A brief overview of the service and commissioning of the service evaluation project This project was commissioned by the Newsam 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 Newsam 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	<a href="https://dclinpsych.leeds.ac.uk">Available from University of Leeds: Clinical Psychology Extranet (https://dclinpsych.leeds.ac.uk)</a>
	Louis Appleby, Jenny Shaw, Nav Kapur, Sandra Flynn, Jane Graney, Thabiso Nyathi, Jessica Raphael, Seri Abraham, Sandeep Singh-Dernevik, Louise Robinson, Alice Edwards and Fahdia 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)1 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 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	<a href="http://documents.manchester.ac.uk">Available from Univeristy of Manchester StaffNet (http://documents.manchester.ac.uk)</a>
	Karina Lovell, Anne Rogers, Lauren Walker, Lindsey Cree, Andrew Grundy, Patrick Callaghan, Chris Roberts, Patrick Cahoon, Linda Davies, Caroline Sanders, Richard Drake and The EQUIP team.	Dec-18	EQUIP: Enhancing the Quality of User Involved Care Planning in Mental Health Services Summary of Results		English	Mental health service users and their carers want to be more involved in decisions about their care. Guidance tells us that user and carer involvement is important for improving care quality, satisfaction with health and care outcomes, and promoting recovery. However, research has shown that this involvement does not always happen, and people report feeling excluded and unsupported by services.  The EQUIP programme of research aimed to address this by working with service users, carers and professionals to design and deliver a training programme for staff to improve service user and carer involvement in mental health care planning.  What did we do during this project? □ A two-day training course was co-developed and co-delivered with service users and carers to improve service user and carer involvement in care planning. 350 health professionals, from 18 community mental health teams in 10 NHS Trusts in England received the training.  We tested how well the training worked by measuring how involved people felt in their care before and after staff were trained. We compared these findings to feedback from people cared for by staff in 18 different community mental health teams who had not received the training.  A total of 1286 service users and 90 carers took part in this study and shared their views on user and carer involvement in care planning.  A further 54 participants (21 mental health professionals, 29 service users and 4 carers from 7 Mental Health Trusts in England) were interviewed to explore the organisational context in which care planning takes place.	Journal Article	<a href="http://research.bmh.manchester.ac.uk/equip">Available from the University of Manchester: EQUIP (http://research.bmh.manchester.ac.uk/equip)</a>

Nick Waggett (NSCAP)	Nick Waggett	Dec-18	Technology at Work: An Investigation of Technology as a Mediator of Organizational Processes in the Human Services and the Implications for Consultancy Practice	Professional Doctorate thesis	English	The research develops theory and practice within established psychoanalytic and systems-psychodynamics perspectives on the role of technology within the organization of 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 make staff less available to provide compassionate, empathic care for clients. As a result, technology generates organizations that may not be requisite to their task of providing human services. It is proposed that leaders and consultants need to find new ways to work with individual and systemic factors to enable a thoughtful and containing engagement with technology, otherwise the promises of technology may be lost.	Journal Article	<a href="http://repository.tavistockandportman.ac.uk">Available from Tavistock and Portman repository (http://repository.tavistockandportman.ac.uk)</a>
Gail Harrison	Claire Morton and Gail Harrison	Dec-18	An evaluation of the implementation and impact of psychological formulation meetings in the Leeds Rehabilitation and Recovery service (RandR).	Doctorate in Clinical Psychology	English	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).	Journal Article	<a href="https://dclinpsych.leeds.ac.uk">Available from University of Leeds: Clinical Psychology Extranet (https://dclinpsych.leeds.ac.uk)</a>
Kerry Hinsby and Alex Brooks	Fiona Wright, Kerry Hinsby and Alex Brooks	Dec-18	Evaluation the use of a collaborative dynamic risk assessment tool used with service users at the Newsam Centre	Doctorate in Clinical Psychology	English	Forensic services have a responsibility to manage the risk of violence by their service users. This is typically done using structured professional judgement tools such as the HCR-20 and FACE risk assessment. These tools are primarily based on historical (static) risk factors and ultimately produce a categorical risk rating. Douglas and Skeem (2005) introduced the idea of risk state (opposed to risk status) and collated a number of dynamic (changeable) risk factors. The team at the Newsam Center have used this model to develop a conversational tool to use with service users to facilitate a collaborative risk assessment. They also developed a framework to be used as part of community multidisciplinary team meetings to support the formulation of risk management plans.	Journal Article	<a href="https://dclinpsych.leeds.ac.uk">Available from University of Leeds: Clinical Psychology Extranet (https://dclinpsych.leeds.ac.uk)</a>
Ranil Tan	Natalie Clinkscales, Ranil Tan and Lindsay Jones	Dec-18	"What role am I playing?": Inpatient staff experiences of an introductory training in Cognitive Analytic Therapy (CAT) informed care	International Journal of Cognitive Analytic Therapy and Relational Mental Health Volume 2, 2018	English	The current paper aimed to ascertain multi-disciplinary team (MDT) staff's experiences of a two-day introductory training to Cognitive Analytic Therapy (CAT). This training was specifically designed for MDT staff working in inpatient services for women with a diagnosis of personality disorder. 45 MDT staff completed the training. Following this, each participant completed a feedback questionnaire. Responses were examined using thematic analysis. The results indicated the training had been positively received by staff and was anticipated to have a range of benefits across their work in inpatient services. This paper particularly focuses on one of the main themes: the practical applications of the CAT model to everyday clinical practice. The results are discussed in relation to previous research in this area, focusing on the unique impact within this training of the use of sequential diagrammatic reformulations (SDR's). The conclusion emphasises the need for relationally based training to be available for staff working in inpatient services to meet the complex and changing needs of the client group. Furthermore, it is argued that CAT meets such a demand by providing a comprehensive and unified model of working which can offer a helpful and containing way of reformulating clients, while allowing staff to understand their own responses to the work. Limitations and areas for further work are also discussed.	Journal Article	<a href="http://internationalcat.org">Available from ICATA – International Cognitive Analytic Therapy Association (http://internationalcat.org)</a>
Bethan Davies	Bethan Davies	Dec-18	Ignoring it won't make it go away: Recognising and reformulating gender in CAT	Cognitive Analytic Therapy and the Politics of Mental Health 1st Edition (London: Routledge) Chapter 13	English	Not available	Journal Article	Book available for purchase.
Ruth Sutherland	Ruth Sutherland and Aliya Zamir	Dec-18	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.	Clinical Psychology Forum No 307 July 2018	English	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.	Journal Article	<a href="https://shop.bps.org.uk">Available from The British Psychological Society (https://shop.bps.org.uk)</a>

Ranil Tan	Ranil Tan, Lindsay Jones and Natalie Clinkscates	Dec-18	"What role am I playing?": Inpatient staff experiences of an introductory training in Cognitive Analytic Therapy (CAT) informed care	International Journal of Cognitive Analytic Therapy and Relational Mental Health. Volume. 2, 2018	English	The current paper aimed to ascertain multi-disciplinary team (MDT) staff's experiences of a two-day introductory training to Cognitive Analytic Therapy (CAT). This training was specifically designed for MDT staff working in inpatient services for women with a diagnosis of personality disorder. 45 MDT staff completed the training. Following this, each participant completed a feedback questionnaire. Responses were examined using thematic analysis. The results indicated the training had been positively received by staff and was anticipated to have a range of benefits across their work in inpatient services. This paper particularly focuses on one of the main themes: the practical applications of the CAT model to everyday clinical practice. The results are discussed in relation to previous research in this area, focusing on the unique impact within this training of the use of sequential diagrammatic reformulations (SDR's). The conclusion emphasises the need for relationally based training to be available for staff working in inpatient services to meet the complex and changing needs of the client group. Furthermore, it is argued that CAT meets such a demand by providing a comprehensive and unified model of working which can offer a helpful and containing way of reformulating clients, while allowing staff to understand their own responses to the work. Limitations and areas for further work are also discussed.	Journal Article	<a href="http://internationalcat.org">Available from ICATA – International Cognitive Analytic Therapy Association (http://internationalcat.org)</a>
Max Henderson	Katherine Petrie, Sadhbh Joyce, Leona Tan, Max Henderson, Anya Johnson, Helena Nguyen, Matthew Modini, Markus Groth, Nicholas Glozier and Samuel B Harvey	Dec-18	A framework to create more mentally healthy workplaces: A viewpoint.	Australian and New Zealand Journal of Psychiatry; Jan 2018; vol. 52 (no. 1); p. 15-23	English	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	Journal Article	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Anjula Gupta and Elaine McMullan	Elaine McMullan, Anjula Gupta and Sylvie Collins.	Dec-18	Experiences of mental health nursing staff working with voice hearers in an acute setting: An interpretive phenomenological approach.	Journal of Psychiatric and Mental Health Nursing; Apr 2018; vol. 25 (no. 3); p. 157-166	English	Introduction: Mental health nursing (MHN) staff in acute settings work with voice hearers at times of crises when they experience high levels of distress. Previous research has focused on community mental health staff's experiences and their service users views on exploring the content of voices. No studies have explored this from an acute mental health service perspective.  Aim: This study therefore sought to explore the experiences of staff working with voice hearers in an acute mental health service.  Method: Due to the exploratory nature of the research, a qualitative design was chosen. Three MHNs and five healthcare support workers (HSWs) were interviewed. The data were analysed using Interpretative Phenomenological Analysis.  Results: A group analysis elicited three master themes: "It's quite scary really, not unlike a horror movie;" "I can only influence what's in front of me;" and "Just chipping away".  Discussion: Staff working with voice hearers in acute settings experience feelings of powerlessness and helplessness, as they feel unable to reduce the distress experienced by voice hearers in their care. Staff employ coping strategies to help manage these difficult feelings, including using structured tools in their work with voice hearers and attending reflective practice forums.  Implications for Practice: Acute mental health services may need to protect time for staff to access regular reflective practice and other supervision forums to help manage their feelings of powerlessness and helplessness arising from their work with voice hearers.	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Kay Radcliffe	Kay Radcliffe, Ciara Masterson and Carol Martin	Dec-18	Clients' experience of non-response to psychological therapy: A qualitative analysis.	Counselling and Psychotherapy Research; Jun 2018; vol. 18 (no. 2); p. 220-229	English	<p><b>Objective</b> 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?</p> <p><b>Method</b> 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.</p> <p><b>Results</b> 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.</p> <p><b>Conclusion</b> 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.</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Peter Trigwell	Allan House, , Jenny Hewson, Cathy Brennan, Carolyn Czoski-Murray, Andrew Walker, Peter Trigwell, Mike Crawford, Matt Fossey, Claire Hulme, Adam Martin, Sandy Tubeuf and Alan Quirk.	Dec-18	A programme theory for liaison mental health services in England.	BMC Health Services Research; Sep 2018; vol. 18 (no. 1)	English	<p><b>Background</b> Mechanisms by which liaison mental health services (LMHS) may bring about improved patient and organisational outcomes are poorly understood. A small number of logic models have been developed, but they fail to capture the complexity of clinical practice.</p> <p><b>Method</b> 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.</p> <p><b>Results</b> 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.</p> <p><b>Conclusions</b> Our findings are important for commissioners of liaison services. Reliance on simple target setting may result in services that are unbalanced and not patient-centred. Targets need to be reviewed on a regular basis, together with other data that reflect the wider impact of the service, and any external changes in the system that affect the performance of LMHS, which are beyond their control.</p>	Journal Article	0 <a href="http://www.bmchealthservres.biomedcentral.com">Available from BMC Health Services (www.bmchealthservres.biomedcentral.com)</a>
Bethan Davies	Chris Hollis, Stephanie Sampson, Lucy Simons, Bethan Davies, Rachel Churchill, Victoria Betton, Debbie Butler, Kathy Chapman, Katherine Easton, Toto Anne Gronlund, Thomas Kabir, Mat Rawsthorne, Elizabeth Rye and André Tomlin	Dec-18	Identifying research priorities for digital technology in mental health care: results of the James Lind Alliance Priority Setting Partnership.	The Lancet Psychiatry, Vol. 5, No. 10, p845–854, August 28, 2018	English	<p>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.</p>	Journal Article	<a href="http://www.thelancet.com/journals">Available from The Lancet Journals (www.thelancet.com/journals)</a>

Stephen Wright	Richard I Holt, Daniel Hind, Rebecca Gossage-Worrall, Michael J Bradburn, David Saxon, Paul McCrone, Tiyi A Morris, Angela Etherington, David Shiers, Katherine Barnard, Lizzie Swaby, Charlotte Edwardson, Marian E Carey, Melanie J Davies, Christopher M Dickens, Yvonne Doherty, Paul French, Kathryn E Greenwood, Sridevi Kalidindi, Kamlesh Khunti, Richard Laugharne, John Pendlebury, Shanaya Rathod, Naima Siddiqi	Dec-18	Structured lifestyle education to support weight loss for people with schizophrenia, schizoaffective disorder and first episode psychosis: the STEPWISE RCT.	Health technology assessment (Winchester, England); Nov 2018; vol. 22 (no. 65); p. 1-160	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>SETTING: Ten community mental health trusts in England.</p> <p>PARTICIPANTS: People with first episode psychosis, schizophrenia or schizoaffective disorder.</p> <p>INTERVENTIONS: Intervention group: (1) four 2.5-hour group-based structured lifestyle self-management education sessions, 1 week apart; (2) multimodal fortnightly support contacts; (3) three 2.5-hour group booster sessions at 3-monthly intervals, post core sessions. Control group: usual care assessed through a longitudinal survey. All participants received standard written lifestyle information.</p> <p>MAIN OUTCOME MEASURES: The primary outcome was change in weight (kg) at 12 months post randomisation. The key secondary outcomes measured at 3 and 12 months included self-reported nutrition (measured with the Dietary Instrument for Nutrition Education questionnaire), objectively measured physical activity measured by accelerometry [GENEActiv (Activinsights, Kimbolton, UK)], biomedical measures, adverse events, patient-reported outcome measures and a health economic assessment.</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Jo Ramsden	Jo Ramsden	Dec-18	"Are you calling me a liar"? Clinical interviewing more for trust than knowledge with high-risk men with antisocial personality disorder	The International Journal of Forensic Mental Health; 2018; vol. 17 (no. 4); p. 351-361	English	<p>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 <i>which underpin risk are assumed to be inevitably 'live' within the interview</i></p>	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Alex Brooks and Kerry Hinsby	Jessica Neil, Alex Brooks and Kerry Hinsby	Dec-18	Evaluating the use of the collaborative dynamic risk assessment process and 'circles' tool from a ward staff perspective	University of Leeds website - Clinical Psychology Extranet	English	<p>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 take into consideration other influences or individual difference. Actuarial measures are able to tell us what factors make someone risky but cannot tell us why. onsequently, there was a shift towards another phase of risk assessment, called structured professional judgement</p>	Journal Article	<a href="https://dclinpsych.leeds.ac.uk">Available from University of Leeds: Clinical Psychology Extranet (https://dclinpsych.leeds.ac.uk)</a>
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	<p>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.</p>	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	<p><b>Objective</b> 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”.</p> <p><b>Methods</b> 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.</p> <p><b>Results</b> 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).</p> <p><b>Conclusion</b> CMDS-physical comorbidity was strongly associated with continuous MHSU, and “need” did not account for this association, suggesting that comorbidity itself represents a “need” indicator.</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Alix Smith and Lynda Ellis	Elizabeth Edginton, Rebecca Walwyn, Maureen Twiddy, Alex Wright-Hughes, Sandy Tubeuf, Sadie Reed, Alix Smith Institute of Health Sciences, University of Leeds, Leeds, UK, Laura Stubbs, Jacqueline Birtwistle, Sarah Jane Abraham, Lynda Ellis, Nick Midgley ORCID Icon, Tom Hughes, Paul Wallis and David Cottrell	Nov-18	TIGA-CUB-manualised psychoanalytic child psychotherapy versus treatment as usual for children aged 5–11 with treatment-resistant conduct disorders and their primary carers: results from a randomised controlled feasibility trial	Journal of Child and Adolescent Mental Health, 30:3, 167-182, DOI: 10.2989/17280583.2018.1532433	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 skews the view one has, and potentially increases the tolerance/threshold of abuse within a clinical population.	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (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	<a href="https://pocketmags.com">Available from PocketMags (https://pocketmags.com)</a>
	Chris Quinn, Chris Platania-Phung, Christopher Bale, Brenda Happel and Elizabeth Hughes.	Oct-18	Understanding the current sexual health service provision for mental health consumers by nurses in mental health settings: Findings from a Survey in Australia and England.	International Journal of Mental Health Nursing (2018) Volume 27, Issue 5, October 2018, Pages 1522-1534	English	The interviews revealed that many staff were unsure of what constituted abuse, and for many of them it was a subjective experience which influenced their attribution of abuse or not. Several themes emerged which gave some suggestion that the conceptualisation of abuse is determined by two main components which interact with each other; perception from the individual about an abuse, and the reception of an abuse from the organisation.	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Barry Wright	Penny Spikins, Andrew Needham, Barry Wright, Calvin Dytham and Gail Hitchens.	Sep-18	Healthcare provisioning in evolutionary context.	In 8th Annual Meeting of the European Society for Human Evolution. York.	English	<p>This research provides a large scale analysis of evidence previously only available as individual reports which is of significance to an understanding of social changes in the Palaeolithic. It also highlights why healthcare provisioning should be considered as a key evolutionary adaptation and so is of interest and importance to those studying cognitive, biological and anatomical changes. We are increasingly recognising many complex ways in which the ecological, social, cognitive and anatomical elements of our human evolutionary past interact and influence each other. One relatively new area of this type of interaction is the potential significance of healthcare provisioning on other realms of human evolution and behaviour. Evidence from skeletal remains for care has traditionally been considered to be subject to some debate. However, whilst precise interpretations remain open to discussion, widespread evidence for healthcare in Palaeolithic contexts is now widely accepted [1] [2] [3]. Healthcare practices are significant in several ways, such as by changing the profile of how injuries impact both group subsistence and individual survival, as well as having a profound impact of social relationships. Here we explore this issue through the interpretation of a large scale survey of evidence for care practices in early, archaic and modern humans. We consider the ecological basis for care for the ill and injured, how such care changes through time and in different contexts, the role of care practices in group survival, and the potential influence of increasingly sophisticated medical knowledge on care. Although healthcare provisioning has typically been seen in purely cultural terms, we argue that it is not only a significant and often overlooked element of social relationships throughout the Palaeolithic but is also of evolutionary significance. While other animals provision the ill and injured, none go to such lengths or with such competency as seen in archaic humans, as recent research has started to highlight [4] [5]. Healthcare practices in such groups are likely to have included not only provision of food and water and protection from predators, but also a knowledgeable approach to promoting wound healing and recovery from severe injury. We argue this adaptation was an important part of hominin sociality and may have become especially important to humans that were trying to survive in hostile environments. Bastir, M. Pulling faces. <i>Nat Ecol Evol</i> (2018). Comment on Godinho, R. M., Spikins, P., and O'Higgins, P. (2018). Supraorbital morphology and social dynamics in human evolution. <i>Nature ecology and evolution</i>, doi:10.1038/s41559-018-0528-0 Trinkaus, E. and Villotte, S. External auditory exostoses and hearing loss in the Shanidar 1 Neandertal. (2017) <i>PLoS One</i> 12, e0186684. Thorpe, N. 2016. The Palaeolithic Compassion Debate--Alternative Projections of Modern-Day Disability into the Distant Past. In <i>Care in the Past: Archaeological and Interdisciplinary Perspectives</i>, edited by L. Powell, W. Southwell-Wright, and R. Gowland, 93-109. Oxford: Oxbow Books. Spikins, P., Needham, A., Tilley, L. and Hitchens, G. <i>Calculated or caring? Neanderthal</i></p>	Poster abstract	<a href="http://pure.york.ac.uk">Available from University of York (pure.york.ac.uk)</a>
Peter Trigwell	Andrew Walker, Jessica Rose Barrett, William Lee, Robert M West, , Peter Trigwell, Alan Quirk, Mike J Crawford and Allan House.	Sep-18	Organisation and delivery of liaison psychiatry services in general hospitals in England: results of a national survey	BMJ Open 2018 Volume 8, Issue 8, (1 September, 2018)	English	<p>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.</p> <p>Design Cross-sectional observational study comprising an electronic survey followed by targeted telephone interviews.</p> <p>Setting All 179 acute hospitals with an emergency department in England.</p> <p>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.</p> <p>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.</p> <p>Results Most hospitals (141, 79%) reported a 7-day service responding to acute referrals from the emergency department and wards. However, under half of hospitals had 24 hours access to the service (78, 44%). One-third of hospitals (57, 32%) provided non-acute liaison work including outpatient clinics and links to specialist hospital services. 156 hospitals (87%) had a multidisciplinary service including a psychiatrist and mental health nurses. We derived a four-cluster model of liaison psychiatry using variables resulting from the electronic survey; the salient features of clusters were staffing numbers, especially nursing; provision of rapid response 24 hours 7-day acute services; offering outpatient and other non-acute work, and containing age-specific teams for older adults.</p> <p>Conclusions This is the most comprehensive study to date of liaison psychiatry in England and demonstrates the wide availability of such services nationally. Although all services provide an acute assessment function, there is no uniformity about hours of coverage or expectation of response times. Most services were better characterised by the model we developed than by current classification systems for liaison psychiatry.</p>	Journal Article	<a href="http://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>

Barry Wright, Lucy Tindall and Rebecca Hargate	Barry Wright, Cindy Cooper, Alexander J Scott, Lucy Tindall, Shehzad Ali, Penny Bee, Katie Biggs, Tribby Breckman, Thompson E Davis III, Lina Gega, Rebecca Julie Hargate, Ellen Lee, Karina Lovell, David Marshall, Dean McMillan, M Dawn Teare and Jonathan Wilson	Aug-18	Clinical and cost-effectiveness of one-session treatment (OST) versus multisession cognitive-behavioural therapy (CBT) for specific phobias in children: protocol for a non-inferiority randomised controlled trial	BMJ Open 2018 Volume 8, Issue 8, (17 August, 2018)	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.	Journal Article	<a href="https://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>
John Baker	Kathryn Berzins, Gemma Louch, Mark Brown, Jane K O'Hara and John Baker	Aug-18	Service user and carer involvement in mental health care safety: raising concerns and improving the safety of services	BMC Health Services Research 2018; 18: 644	English	<p>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.</p> <p>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.</p> <p>Results: The sample of 185 participants included 90 health professionals, 77 service users and 18 carers. Seventy seven percent of service users and carers reported finding it very difficult or difficult to raise concerns. Their most frequently cited barriers to raising concerns were: services did not listen; concerns about repercussions; and the process of raising concerns, especially while experiencing mental ill health. There was universal support from health professionals for service user and carer involvement in safety interventions and over half the service users and carers supported involvement, primarily due to their expertise from experience.</p> <p>Conclusions: Mental health service users and carers experience difficulties in raising safety concerns meaning that potentially useful information is being missed. All the health professionals and the majority of service users and carers saw potential for service users and carer involvement in interventions to improve safety, to ensure their experiences are taken into consideration. The results provide guidance for future research about the most effective ways of ensuring that concerns about safety can be both raised and responded to, and how service user and carer involvement in improving safety in mental health care can be further developed.</p>	Journal Article	<a href="https://www.bmchealthservres.biomedcentral.com">Available from BMC Health Services (www.bmchealthservres.biomedcentral.com)</a>
Michael Dixon	Michael Dixon, Vikram Luthra and Christopher Todd	Aug-18	Use of cinacalcet in lithium-induced hyperparathyroidism	BMJ Case Rep. 2018 Aug 29;2018.	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 plasma total calcium levels returned to within normal range. The patient's depressive symptomatology gradually improved with a combination of physical and pharmacological treatments.	Case report	<a href="https://casereports.bmj.com">Available from BMJ Case Reports (casereports.bmj.com)</a>
Barry Wright	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.	Journal of Communication in Healthcare Strategies, Media and Engagement in Global Health Volume 11, 2018 Issue 3	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.	Journal Article	<a href="https://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

<p>Caroline Dada, Donna Stansfield and Tanya Cullen</p>	<p>Justine Raynsford, Caroline Dada, Donna Stansfield and Tanya Cullen.</p>	<p>Jul-18</p>	<p>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</p>	<p>European Journal Hospital Pharmacy, Online First: 02 July 2018</p>	<p>English</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Conclusion The pharmacy team found a variety of issues including incomplete medicines reconciliation, adherence issues, poor communication, drug errors and the need for specialist advice. The expertise of the team enabled timely resolution of issues and bridges were built between primary and secondary care.</p>	<p>Journal Article</p>		<p><a href="https://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a></p>
<p>Ahmed Hankir</p>	<p>Frederick R. Carrick, Guido Pagnacco, Ahmed Hankir, Mahera Abdulrahman, Rashid Zaman, Emily R Kalambaheti, Derek A Barton, Paul E Link and Elena Oggero.</p>	<p>Jul-18</p>	<p>The Treatment of Autism Spectrum Disorder With Auditory Neurofeedback: A Randomized Placebo Controlled Trial Using the Mente Autism Device</p>	<p>Frontiers in Neurology, Volume 9, page 537. 2018</p>	<p>English</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Journal Article</p>		<p><a href="https://www.frontiersin.org">Available from Frontiers in Neurology (www.frontiersin.org)</a></p>
<p>Claire Paul</p>	<p>Lisa Huddlestone, Harpreet Sohal, Claire Paul, and Elena Ratschen</p>	<p>Jul-18</p>	<p>Complete smokefree policies in mental health inpatient settings: results from a mixed-methods evaluation before and after implementing national guidance</p>	<p>BMC Health Serv Res. 2018; 18: 542.</p>	<p>English</p>	<p>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.</p> <p>Methods: This paper reports findings from a mixed-methods evaluation of policy implementation across 12 wards in a large mental health Trust in England. Quantitative data were collected and compared before and after implementation of NICE guidance PH48 and referred to 1) identification and treatment of tobacco dependence, 2) smoking-related incident reporting, and 3) prescribing of psychotropic medication. A qualitative exploration of the experience of inpatients was also carried out. Descriptive statistical analyses were performed, and the feasibility of collecting relevant and complete data for each quantitative component was assessed. Qualitative data were analysed using thematic framework analysis.</p> <p>Results: Following implementation of the complete smokefree policy, increases in the numbers of patients offered smoking cessation advice (72% compared to 38%) were identified. While incident reports demonstrated a decrease in challenging behaviour during the post-PH48 period (6% compared to 23%), incidents relating to the concealment of smoking materials increased (10% compared to 2%). Patients reported encouraging changes in smoking behaviour and motivation to maintain change after discharge. However, implementation issues challenging full policy implementation, including covert facilitation of smoking by staff, were reported, and difficulties in collecting relevant and complete data for comprehensive evaluation purposes identified.</p> <p>Conclusions: Overall, the implementation of complete smokefree policies in mental health settings may currently be undermined by partial support. Strategies to enhance support and the establishment of suitable data collection pathways to monitor progress are required.</p>	<p>Journal Article</p>	<p>CINAHL</p>	<p><a href="https://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a></p>

Max Henderson	Samuel B Harvey, Dilan A Sellahewa, Min-Jung Wang, Josie Milligan-Saville, Bridget T Bryan, Max Henderson, Stephani L Hatch and Arnstein Mykletun	Jun-18	The role of job strain in understanding midlife common mental disorder: a national birth cohort study	The Lancet Psychiatry Volume 5, Issue 6, p498-506, 01 June 2018	English	<p>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.</p> <p>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 lifecourse. Population attributable fractions were calculated to estimate the public health effect of job strain on midlife mental health.</p> <p>Findings In the final model, adjusted for all measured confounders, high job demands (odds ratio 1.70, 95% CI 1.25–2.32; p=0.0008), low job control (1.89, 1.29–2.77; p=0.0010), and high job strain (2.22, 1.59–3.09; p&lt;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).</p> <p>Interpretation High job strain appears to independently affect the risk of future common mental disorders in midlife. These findings suggest that modifiable work-related risk factors might be an important target in efforts to reduce the prevalence of common mental disorders.</p>	Journal Article		<a href="http://www.thelancet.com/journals">Available from The Lancet Journals (www.thelancet.com/journals)</a>
Elsbeth Guthrie, Mathew Harrison and Peter Trigwell	Elsbeth Guthrie, Mathew Harrison, Richard Brown, Rajdeep Sandhu, Peter Trigwell, Seri Abraham, Shazada Nawaz, Peter Kelsall and Rachel Thomasson	Jun-18	The development of an outcome measure for liaison mental health services	BJPsych Bull. 2018 Jun;42(3):109-114.	English	<p>Aims and method To develop and pilot a clinician-rated outcome scale to evaluate symptomatic outcomes in liaison psychiatry services. Three hundred and sixty patient contacts with 207 separate individuals were rated using six subscales (mood, psychosis, cognition, substance misuse, mind–body problems and behavioural disturbance) plus two additional items (side-effects of medication and capacity to consent for medical treatment). Each item was rated on a five-point scale from 0 to 5 (nil, mild, moderate, severe and very severe).</p> <p>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.</p> <p>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.</p>	Journal Article		<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
Max Henderson	Samuel B Harvey, Dilan A Sellahewa, Min-Jung Wang, Josie Milligan-Saville, Bridget T Bryan, Max Henderson, Stephani L Hatch and Arnstein Mykletun	Jun-18	The role of job strain in understanding midlife common mental disorder: a national birth cohort study	The Lancet Psychiatry Volume 5, Issue 6, June 2018, Pages 498-506	English	<p>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.</p> <p>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 lifecourse. Population attributable fractions were calculated to estimate the public health effect of job strain on midlife mental health.</p> <p>Findings: In the final model, adjusted for all measured confounders, high job demands (odds ratio 1.70, 95% CI 1.25–2.32; p=0.0008), low job control (1.89, 1.29–2.77; p=0.0010), and high job strain (2.22, 1.59–3.09; p&lt;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).</p>	Journal Article		<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
	Oliver Pain, Frank Dudbridge, Alastair G Cardno, Daniel Freeman, Yi Lu, Sebastian Lundstrom, Paul Lichtenstein, Angelica Ronald.	Jun-18	Genome-wide analysis of adolescent psychotic-like experiences shows genetic overlap with psychiatric disorders.	American journal of medical genetics. Part B, Neuropsychiatric genetics : the official publication of the International Society of Psychiatric Genetics; Jun 2018; vol. 177 (no. 4); p. 416-425	English	<p>This study aimed to test for overlap in genetic influences between psychotic-like experience traits shown by adolescents in the community, and clinically-recognized psychiatric disorders in adulthood, specifically schizophrenia, bipolar disorder, and major depression. The full spectra of psychotic-like experience domains, both in terms of their severity and type (positive, cognitive, and negative), were assessed using self- and parent-ratings in three European community samples aged 15–19 years (Final N incl. siblings = 6,297–10,098). A mega-genome-wide association study (mega-GWAS) for each psychotic-like experience domain was performed. Single nucleotide polymorphism (SNP)-heritability of each psychotic-like experience domain was estimated using genomic-relatedness-based restricted maximum-likelihood (GREML) and linkage disequilibrium- (LD-) score regression. Genetic overlap between specific psychotic-like experience domains and schizophrenia, bipolar disorder, and major depression was assessed using polygenic risk score (PRS) and LD-score regression. GREML returned SNP-heritability estimates of 3–9% for psychotic-like experience trait domains, with higher estimates for less skewed traits (Anhedonia, Cognitive Disorganization) than for more skewed traits (Paranoia and Hallucinations, Parent-rated Negative Symptoms). Mega-GWAS analysis identified one genome-wide significant association for Anhedonia within IDO2 but which did not replicate in an independent sample. PRS analysis revealed that the schizophrenia PRS significantly predicted all adolescent psychotic-like experience trait domains (Paranoia and Hallucinations only in non-zero scorers). The major depression PRS significantly predicted Anhedonia and Parent-rated Negative Symptoms in adolescence. Psychotic-like experiences during adolescence in the community show additive genetic effects and partly share genetic influences with clinically-recognized psychiatric disorders, specifically schizophrenia and major depression.</p>	Journal Article	Medline	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Barry Wright	Penny Spikins, Callum Scott and Barry Wright	May-18	How Do We Explain 'Autistic Traits' in European Upper Palaeolithic Art?	Open Archaeology, Volume 4, Issue 1, p. 263-279.	English	Traits in Upper Palaeolithic art which are also seen in the work of talented artists with autism, including an exceptional realism, remain to be explained. Debate over explanations has been heated, ranging from such art having been created by individuals with autism spectrum conditions, to being influenced by such individuals, to being a product of the use of psychotropic drugs. Here we argue that 'autistic traits' in art, such as extreme realism, are the product of local processing bias or detail focus. The significance of local processing bias has implications for our understanding of Upper Palaeolithic society.	Journal Article	<a href="http://pure.york.ac.uk">Available from University of York (pure.york.ac.uk)</a>
Ranil Tan	Peter J Taylor, Alex Perry, Paul Hutton, Ranil Tan, Naomi Fisher, Chiara Focone, Diane Griffiths and Claire Seddon	May-18	Cognitive Analytic Therapy for psychosis: A case series.	Psychology and psychotherapy; May 2018	English	<p>Objectives: Cognitive Analytic Therapy (CAT) is an effective psychological intervention for several different mental health conditions. However, whether it is acceptable, safe, and beneficial for people with psychosis remains unclear, as is the feasibility of providing and evaluating it within a research context. The aim of this study was to begin to address these questions and to obtain for the first time a rich and detailed understanding of the experience of receiving CAT for psychosis.</p> <p>Design: A mixed-methods case series design.</p> <p>Method: Seven individuals who experienced non-affective psychosis received CAT. They completed assessments at the start of CAT, 16 weeks, and 28 weeks post-baseline. Qualitative interviews were completed with four individuals following completion of or withdrawal from therapy.</p> <p>Results: Six participants attended at least four sessions of therapy and four went on to complete therapy. There were no serious adverse events, and self-reported adverse experiences were minimal. Qualitative interviews suggested CAT is acceptable and provided a way to understand and work therapeutically with psychosis. There was limited evidence of change in psychotic symptoms, but improvement in perceived recovery and personality integration was observed.</p> <p>Conclusions: The results suggest that CAT is a safe and acceptable intervention for psychosis. Personality integration, perceived recovery, and functioning are relevant outcomes for future evaluations of CAT for psychosis.</p> <p>Practitioner points: It is feasible to conduct research evaluating CAT for people with psychosis. Within this case series, CAT appears acceptable and safe to individuals with psychosis. Within this case series, clients reported that CAT was a positive and helpful experience. There is a mixed picture with regard to secondary outcomes, but the design and aims of this case series limit conclusion that can be drawn from this data.</p>	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Amy M Russell, and Alison Stansfield	Allan House, Gary Latchford, Amy M Russell, Louise Bryant, Judy Wright, Elizabeth Graham, Alison Stansfield, Ramzi Ajjan and the OK Diabetes team	May-18	Development of a supported self-management intervention for adults with type 2 diabetes and a learning disability: OK Diabetes	Pilot and Feasibility Studies20184:10 6 May 2018	English	<p>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.</p> <p>Methods: In five steps, we:</p> <ol style="list-style-type: none"> <li>1. Clarified the principles of supported self-management as reported in the published literature</li> <li>2. Identified the barriers to effective self-management of type 2 diabetes in adults with a learning disability</li> <li>3. Reviewed existing materials that aim to support self-management of diabetes for people with a learning disability</li> <li>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</li> <li>5. Implemented and field tested the intervention</li> </ol> <p>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.</p> <p>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.</p> <p>Twenty-three out of 40 (58%) participants were deemed to be very engaged with the sessions and 12/40 (30%) with the materials; 30 (73%) participants had another person present with them during at least one of their sessions; 15/41 (37%) were reported to have a very engaged main supporter, and 18/41 (44%) had a different person who was not their main supporter but who was engaged in the intervention implementation.</p> <p>Conclusions: The intervention was feasible to deliver and, as judged by participation and engagement, acceptable to participants and those who supported them.</p>	Journal Article	<a href="http://www.biomedcentral.com">Available from BioMed Central (www.biomedcentral.com)</a>

Alex Perry and Ranil Tan	Peter J Taylor, Alex Perry, Paul Hutton, Ranil Tan, Naomi Fisher, Chiara Focone, Diane Griffiths and Claire Seddon	May-18	Cognitive Analytic Therapy for psychosis: A case series	Psychol Psychother. 2018 May 2. doi: 10.1111/papt.12183. [Epub ahead of print]	English	<p>Objectives: Cognitive Analytic Therapy (CAT) is an effective psychological intervention for several different mental health conditions. However, whether it is acceptable, safe, and beneficial for people with psychosis remains unclear, as is the feasibility of providing and evaluating it within a research context. The aim of this study was to begin to address these questions and to obtain for the first time a rich and detailed understanding of the experience of receiving CAT for psychosis.</p> <p>Design: A mixed-methods case series design.</p> <p>Method: Seven individuals who experienced non-affective psychosis received CAT. They completed assessments at the start of CAT, 16 weeks, and 28 weeks post-baseline. Qualitative interviews were completed with four individuals following completion of or withdrawal from therapy.</p> <p>Results: Six participants attended at least four sessions of therapy and four went on to complete therapy. There were no serious adverse events, and self-reported adverse experiences were minimal. Qualitative interviews suggested CAT is acceptable and provided a way to understand and work therapeutically with psychosis. There was limited evidence of change in psychotic symptoms, but improvement in perceived recovery and personality integration was observed.</p> <p>Conclusions: The results suggest that CAT is a safe and acceptable intervention for psychosis. Personality integration, perceived recovery, and functioning are relevant outcomes for future evaluations of CAT for psychosis.</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
John Baker	Kathryn Berzins, John Baker, Mark Brown and Rebecca Lawton.	May-18	A cross-sectional survey of mental health service users', carers' and professionals' priorities for patient safety in the United Kingdom	Health Expectations. 2018;1-10	English	<p>Background: Establishing patient safety priorities in psychiatry has received less international attention than in other areas of health care. This study aimed to identify safety issues as described by people in the United Kingdom identifying as mental health service users, carers and professionals. Methods: A cross-sectional online survey was distributed via social media. Identified safety issues were mapped onto the Yorkshire Contributory Factors Framework (YCFF) which categorizes factors that contribute to patient safety incidents in general hospital settings. Service user and carer responses were described separately from professional responses using descriptive statistics. Results: One hundred and eighty-five responses from 95 service users and carers and 90 professionals were analysed. Seventy different safety issues were identified. These were mapped onto the 17 existing categories of the YCFF and two additional categories created to form the YCFF-MH. Most frequently identified issues were as follows: "Individual characteristics" (of staff) which included competence and listening skills; "Service process" that contained concerns about waiting times; "Management of staff and staffing levels" dominated by staffing levels; and "External policy context" which included the overall resourcing of services. Professionals identified staffing levels and inadequate community provision more frequently than service users and carers, who in turn identified crisis care more frequently. Conclusions: This study updates knowledge on stakeholder perceived safety issues across mental health care. It shows a far broader range of issues relating to safety than has previously been described. The YCFF was successfully modified to describe these issues and areas for further coproduced research are suggested.</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
George Crowther	George Crowther, Cathy Brennan and Mike Bennett.	May-18	The barriers and facilitators for recognising distress in people with severe dementia on general hospital wards	Oxford Academic: Age and Ageing, 2018 (Published online ahead of print)	English	<p>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.</p> <p>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.</p> <p>Results: regardless of training or experience all participants had a similar understanding of distress, and identified it as a term that is easily understood and communicated. All participants believed they recognised distress innately. However, the majority also believed it was facilitated by experience, being familiar with their patients and listening to the concerns of the person's usual carers. Barriers to distress recognition included busy ward environments, and that some people may lack the skill to identify distress in hypoactive patients.</p> <p>Conclusion: distress may be a simple and easily identified marker of unmet need in people with dementia in hospital. However, modifiable and unmodifiable barriers are suggested that reduce the chance of distress being identified or acted on. Improving our understanding of how distress is identified in this environment, and in turn developing systems that overcome these barriers, may improve the accuracy with which distress is identified on hospital wards.</p>	Journal Article	<a href="https://academic.oup.com">Available from Oxford Academia (academic.oup.com)</a>
David Harvey	David Harvey and Wendy Sefton.	Apr-18	The use of psychologically-informed warning letters in probation for high-risk clients with personality difficulties	Probation Journal Vol 65, Issue 2, pp. 170 - 183. April 2018	English	<p>Warning letters may be issued to probation service users in the community on licence as an alternative action to recalling them to prison, when the risk of serious harm can be managed safely. Template-based, formalized warning letters may inadvertently increase or compound risk when working with high-risk clients with personality difficulties. As an alternative, psychologically-informed warning letters can be used. The aim of the letters is to facilitate joint meaning-making of violations and breaches of licence conditions between a client and an offender manager, whilst reinforcing boundaries in a thoughtful, empathic way. Practical guidelines are provided for writing and issuing psychologically-informed warning letters in probation when working with high-risk clients with personality difficulties, along with a case study. Finally, possible barriers to using these letters are identified and potential ways to overcome them are suggested.</p>	Journal Article	<a href="https://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>

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.	Journal Article	<a href="http://www.magonlinelibrary.com">Available from MagOnline (www.magonlinelibrary.com)</a>
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 selfmanagement programme for adults with a learning disability and type 2 diabetes	Send to Pilot Feasibility Stud. 2018 Apr 23;4:80	English	<p>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.</p> <p>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.</p> <p>Results: Data collection for questionnaires completed by GP staff requesting data for the last 12 months proved time intensive and difficult. Whilst 82.3% (121/147) of questionnaires were returned, up to 17% of service use items were recorded as unknown. Subsequently, a shorter recall period (4 months) led to a higher return rate but with a higher rate of missing data. Missing data for interviewer-administered participant questionnaires was &gt; 8% but the interviewers reported difficulty with participant recall. Almost 60% (48/80) of participants had difficulty completing the EQ-5D-3L.</p> <p>Conclusions: Further investigation as to how service use can be recorded is recommended. Concerns about the reliability of identifying service use data directly from participants with a learning disability due to challenges in completion, specifically around recall, remain. The degree of difficulty to complete EQ-5D-3L indicates concerns regarding the appropriateness of using this measure in its current form in research with this population.</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Max Henderson	Dorota Juszczuk, Max Henderson, Vaughan Parsons, Julia Smedley, Robert Shannon, Ira Madan	Apr-18	Development of an intervention to facilitate return to work of uk healthcare staff with common mental health disorders	Occupational and Environmental Medicine, 2018, Volume 75, Issue 2	English	<p>Introduction The National Health Service (NHS) is the biggest employer in the United Kingdom (UK). Depression and anxiety are the most common reasons for sickness absence in the NHS. As part of a trial feasibility study, we developed an intervention to facilitate an earlier return to work (RTW) in NHS staff absent with common mental health disorders (CMHD).</p> <p>Methods We used iterative methodology, based on MRC guidance. Evidence was sought from systematic reviews, guidelines, and work known to the research team on the key components of the case-management (Stage 1). During Stage 2, the evidence from Stage 1 was mapped onto the proposed intervention together with input from international experts and key stakeholders.</p> <p>Results Evidence suggests that an intervention based on a case-management model using a biopsychosocial approach could be cost-effective and lead to earlier RTW. In our study, specially trained occupational health nurses will deliver the intervention. Case-management will be conducted during regular consultations (every 2 to 4 weeks). Key components will include: identifying obstacles to RTW, collaborative problem solving based on cognitive behaviour principles focussing on work outcomes, work-focused goal setting, development of a RTW plan, and peer support to increase return to work self-efficacy. Work adjustments, work visits or therapeutic RTW will be considered. The case-manager will communicate with the line and human resources managers and treating healthcare professionals after each consultation. A bespoke information leaflet will be developed and given to line managers and workers emphasising the therapeutic importance of early RTW.</p>	Journal Article	<a href="http://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>

Gillian Tober	Jacques Gaume, Nick Heather, Gillian Tober, and James McCambridge	Apr-18	A mediation analysis of treatment processes in the UK Alcohol Treatment Trial.	J Consult Clin Psychol. 2018 Apr;86(4):321-329	English	<p><b>OBJECTIVE:</b> To determine whether treatment outcomes are mediated by therapist behaviors consistent with the theoretical postulates on which two contrasting treatments are based.</p> <p><b>METHOD:</b> We used data from the U.K. Alcohol Treatment Trial (UKATT), a pragmatic, multicenter, randomized controlled trial comparing the effectiveness of Motivational Enhancement Therapy (MET) and Social Behavior and Network Therapy (SBNT) in the treatment of alcohol problems. N = 376 clients (mean age 42.5, 74.5% male) had 12-month follow-up data and one treatment session recorded and coded using the UKATT Process Rating Scale, a reliable manual-based assessment of treatment fidelity including frequency and quality ratings of treatment-specific therapist tasks and therapist styles. Analyses were conducted using a mediation framework.</p> <p><b>RESULTS:</b> Analysis of individual paths from treatment condition to treatment process indices (a path) and from treatment process indices to alcohol outcomes (b path) showed that (a) SBNT therapists more often used SBNT-specific behaviors, and did so with overall higher quality; (b) MET therapists more often used MET-specific behaviors, but there was no evidence that they performed these behaviors with higher quality than SBNT therapists; (c) only the quality of MET behaviors significantly predicted 12-month alcohol outcomes, irrespective of treatment condition. Consistently, there were no significant indirect effects. Multiple component analysis indicated that therapist quality of specific tasks influenced outcomes.</p> <p><b>CONCLUSIONS:</b> The quality of delivery of the same treatment tasks in both treatments studied transcended the impact of delivering treatments according to different theoretical underpinnings in UKATT. (PsycINFO Database Record</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Alison Jane Stansfield	Louise Bryant, Amy M Russell, Rebecca E A Walwyn, Amanda J Farrin, Alexandra Wright-Hughes, Elizabeth H Graham, Dinesh Nagi, Alison J Stansfield, Jacqueline Birtwistle, Shaista Meer, Ramzi A Ajjan and Allan House	Mar-18	Characterizing adults with Type 2 diabetes mellitus and intellectual disability: outcomes of a case-finding study	Diabetic Medicine Volume35, Issue3 March 2018 Pages 352-359	English	<p><b>Aims</b> To report the results of a case-finding study conducted during a feasibility trial of a supported self-management intervention for adults with mild to moderate intellectual disability and Type 2 diabetes mellitus, and to characterize the study sample in terms of diabetes control, health, and access to diabetes management services and support.</p> <p><b>Methods</b> We conducted a cross-sectional case-finding study in the UK (March 2013 to June 2015), which recruited participants mainly through primary care settings. Data were obtained from medical records and during home visits.</p> <p><b>Results</b> Of the 325 referrals, 147 eligible individuals participated. The participants' mean (sd) HbA1c concentration was 55 (15) mmol/mol [7.1 (1.4)%] and the mean (sd) BMI was 32.9 (7.9) kg/m<sup>2</sup>, with 20% of participants having a BMI &gt;40 kg/m<sup>2</sup>. Self-reported frequency of physical activity was low and 79% of participants reported comorbidity, for example, cardiovascular disease, in addition to Type 2 diabetes. The majority of participants (88%) had a formal or informal supporter involved in their diabetes care, but level and consistency of support varied greatly. Post hoc exploratory analyses showed a significant association between BMI and self-reported mood, satisfaction with diet and weight.</p> <p><b>Conclusions</b> We found high obesity and low physical activity levels in people with intellectual disability and Type 2 diabetes. Glycaemic control was no worse than in the general Type 2 diabetes population. Increased risk of morbidity in this population is less likely to be attributable to poor glycaemic control and is probably related, at least in part, to greater prevalence of obesity and inactivity. More research, focused on weight management and increasing activity in this population, is warranted.</p>	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Saeideh Saeidi	Saeideh Saeidi	Mar-18	Diversity matters: towards greater cultural competence	Mental Health Practice, 05 March 2018 / Vol 21 issue 6	English	<p>The Mary Seacole award winner says nurses need to consider how they can improve services for patients from culturally diverse backgrounds</p> <p>Most of us experience a mental health issue at some point in our lives, but what happens to those who have poor access to mental health services or those who delay seeking help due to poor experience of care and a lack of trust in mental health services?</p>	Opinion piece	<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>
Natalie Nelissen	P Panchal, J Scholl, N Nelissen, K Saunders, D Darby, M Rushworth, P Harrison, C Nobre and C Harmer	Mar-18	Mood instability and reward processing: daily remote monitoring as a modern phenotyping tool for bipolar disorder	European Neuropsychopharmacology Volume 28, Supplement 1, March 2018, Pages S88-S89	English	<p><b>Introduction</b> Mood instability is a prominent feature of bipolar disorder (BD) and other affective disorders [1]. Recent research has begun to highlight a strong association between mood instability and cognitive processing, particularly within the decision-making and reward-processing domain, suggesting the ability for mood to bias perception of reward and loss, and to induce risk-taking behaviour [2,3]. However, whilst this has provided an interesting first-line understanding of the phenotypic nature of BD, research to date has failed to explore the complexities of this relationship over a longitudinal basis. Modern technologies, such as remote online platforms, can address this issue by using high frequency and prospective monitoring. This is particularly important given the dynamic nature of mood instability [4] and the expanding need to understand its underlying neural mechanisms in order to develop new and better-suited targets for treatment [1]</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>

<p>David J Cottrell, Alexandra Wright-Hughes, Michelle Collinson, Paula Boston, Ivan Eisler, Sarah Fortune, Elizabeth H Graham, Jonathon Green, Allan O House, Michael Kerfoot, David W Owens, Eirini-Christina Saloniki, Mima Simic, Fiona Lambert, Justine Rothwell, Sandy Tubeuf and Amanda J Farrin</p>	<p>Mar-18</p>	<p>Effectiveness of systemic family therapy versus treatment as usual for young people after self-harm: a pragmatic, phase 3, multicentre, randomised controlled trial</p>	<p>The Lancet Psychiatry, Volume 5, issue 3, P203-216, March 2018</p>	<p>English</p>	<p>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.</p> <p>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.</p> <p>Findings: Between Nov 23, 2009, and Dec 31, 2013, 3554 young people were screened and 832 eligible young people consented to participation and were randomly assigned to receive family therapy (n=415) or treatment as usual (n=417). Primary outcome data were available for 795 (96%) participants. Numbers of hospital attendances for repeat self-harm events were not significantly different between the groups (118 [28%] in the family therapy group vs 103 [25%] in the treatment as usual group; hazard ratio 1.14 [95% CI 0.87–1.49] p=0.33). Similar numbers of adverse events occurred in both groups (787 in the family therapy group vs 847 in the treatment as usual group).</p> <p>Interpretation: For adolescents referred to CAMHS after self-harm, having self-harmed at least once before, our family therapy intervention conferred no benefits over treatment as usual in reducing subsequent hospital attendance for self-harm. Clinicians are therefore still unable to recommend a clear, evidence-based intervention to reduce repeated self-harm in adolescents.</p>	<p>Journal Article</p>	<p><a href="http://www.thelancet.com/journals">Available from The Lancet Journals (www.thelancet.com/journals)</a></p>
<p>Simon Pini, Emma Ingleson, Molly Megson, Linda Clare, Penny Wright, Jan R Oyeboode</p>	<p>Mar-18</p>	<p>A Needs-led Framework for Understanding the Impact of Caring for a Family Member With Dementia</p>	<p>The Gerontologist, Volume 58, Issue 2, 19 March 2018, Pages e68–e77,</p>	<p>English</p>	<p>Background and Objectives: Approximately half the care for people with dementia is provided by families. It is therefore imperative that research informs ways of maintaining such care. In this study, we propose that a needs-led approach can provide a useful, novel means of conceptualizing the impact of caring on the lives of family carers. Our aim was to develop and present a needs-led framework for understanding how providing care impacts on carers' fulfilment of needs.</p> <p>Design and Methods: In this qualitative study, we conducted 42 semistructured interviews with a purposively diverse sample of family carers to generate nuanced contextualized accounts of how caring impacted on carers' lives. Our inductive thematic analysis focused upon asking: "What need is being impacted here?" in order to generate a needs-led framework for understanding.</p> <p>Results: Nine themes were widely endorsed. Each completed the sentence: "Being a carer impacts on fulfilling my need to/for....": Freedom; feel close to my relative; feel in control of my life; be my own person; protect my relative; share/express my thoughts and feelings; take care of myself; feel connected to the people around me; get things done.</p> <p>Discussion and Implications: These needs echo those from other research areas, with relational needs emerging as particularly central. The needs-led approach offers a perspective that is able to capture both stresses and positive aspects of caregiving. We recommend that clinical interviewing using Socratic questioning to discover human needs that are being impacted by caring would provide a valuable starting point for care planning.</p>	<p>Journal Article</p>	<p><a href="http://academic.oup.com">Available from Oxford Academia (academic.oup.com)</a></p>
<p>Heather Burroughs, Bernadette Bartlam, Mo Ray, Tom Kingstone, Tom Shepherd, Reuben Ogollah, Janine Proctor, Waquas Waheed, Peter Bower, Peter Bullock, Karina Lovell, Simon Gilbody, Della Bailey, Stephanie Butler-Whalley and Carolyn Chew-Graham.</p>	<p>Mar-18</p>	<p>A feasibility study for Non-Traditional providers to support the management of Elderly People with Anxiety and Depression: The NOTEPAD study Protocol.</p>	<p>Trials; Mar 2018; vol. 19 (no. 1); p. 172</p>	<p>English</p>	<p>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.</p> <p>There is evidence to suggest that older people with anxiety and/or depression may benefit both from one-to-one interventions and group social or educational activities, which reduce loneliness, are participatory and offer some activity. Non-traditional providers (support workers) working within third-sector (voluntary) organisations are a valuable source of expertise within the community but are under-utilised by primary care practitioners. Such a resource could increase access to care, and be less stigmatising and more acceptable for older people.</p> <p>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.</p> <p>Phase III of the NOTEPAD study is a randomised controlled trial (RCT) that is individually randomised. It recruited participants from approximately six general practices in the UK. In total, 100 participants aged 65 years and over who score 10 or more on PHQ9 or GAD7 for anxiety or depression will be recruited and randomised to the intervention or usual general practice care. A mixed methods approach will be used and follow-up will be conducted 12 weeks post-randomisation.</p> <p>Discussion: This study will inform the design and methods of a future full-scale RCT.</p>	<p>Journal Article Medline</p>	<p><a href="http://trialsjournal.biomedcentral.com">Available from BioMed Central in Trials Journals (trialsjournal.biomedcentral.com)</a></p>

	<p>Eirini Karyotaki, Lise Kemmeren, Heleen Riper, Jos Twisk, Adriaan Hoogendoorn, Annet Kleiboer, Adriana Mira, Andrew Mackinnon, Björn Meyer, Cristina Botella, Elizabeth Littlewood, Gerhard Andersson, Helen Christensen, Jan P Klein, Johanna Schröder, Juana Bretón-López, Justine Scheider, Kathy Griffiths, Louise Farrer, Marcus J H Huibers, Rachel Phillips, Simon Gilbody, Steffen Moritz, Thomas Berger, Victor</p>	<p>Mar-18</p>	<p>Is self-guided internet-based cognitive behavioural therapy (iCBT) harmful? An individual participant data meta-analysis.</p>	<p>Psychological medicine; Mar 2018 ; p. 1-11</p>	<p>English</p>	<p>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.</p> <p>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.</p> <p>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 (5.8% and 9.1% of participants in the intervention and control groups, respectively). Participants in self-guided iCBT were less likely to deteriorate (OR 0.62, <math>p &lt; 0.001</math>) compared with control conditions. None of the examined participant- and study-level moderators were significantly associated with deterioration rates.</p> <p>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.</p>	<p>Journal Article</p>	<p>Medline</p>	<p><a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a></p>
<p>Jules Beresford-Dent and Lisa Hackney</p>	<p>Elizabeth Littlewood, Shehzad Ali, Lisa Dyson, Ada Keding, Pat Ansell, Della Bailey, Debrah Bates, Catherine Baxter, Jules Beresford-Dent, Arabella Clarke, Samantha Gascoyne, Carol Gray, Lisa Hackney, Catherine Hewitt, Dorothy Hutchinson, Laura Jefferson, Rachel Mann, David Marshall, Dean McMillan, Alice North, Sarah Nutbrown, Emily Peckham, Jodi Pervin, Zoe Richardson, Kelly</p>	<p>Feb-18</p>	<p>Identifying perinatal depression with case-finding instruments: a mixed-methods study (BaBY PaNDA – Born and Bred in Yorkshire PeriNatal Depression Diagnostic Accuracy)</p>	<p>Health Services and Delivery Research, No. 6.6, February 2018</p>	<p>English</p>	<p>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.</p> <p>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.</p> <p>Design: A prospective diagnostic accuracy cohort study, with concurrent qualitative and economic evaluations.</p> <p>Setting: Maternity services in England.</p> <p>Participants: A total of 391 pregnant women.</p> <p>Main outcome measures: Women completed the Whooley questions, EPDS and a diagnostic reference standard (Clinical Interview Schedule – Revised) during pregnancy (20 weeks) and postnatally (3–4 months). Qualitative interviews were conducted with health professionals (HPs) and a subsample of women.</p> <p>Results: Diagnostic accuracy results: depression prevalence rates were 10.3% during pregnancy and 10.5% postnatally. The Whooley questions and EPDS (cut-off point of <math>\geq 10</math>) performed reasonably well, with comparable sensitivity [pregnancy: Whooley questions 85.0%, 95% confidence interval (CI) 70.2% to 94.3%; EPDS 82.5%, 95% CI 67.2% to 92.7%; postnatally: Whooley questions 85.7%, 95% CI 69.7% to 95.2%; EPDS 82.9%, 95% CI 66.4% to 93.4%] and specificity (pregnancy: Whooley questions 83.7%, 95% CI 79.4% to 87.4%; EPDS 86.6%, 95% CI 82.5% to 90.0%; postnatally: Whooley questions 80.6%, 95% CI 75.7% to 84.9%; EPDS 87.6%, 95% CI 83.3% to 91.1%). Diagnostic accuracy of the EPDS (cut-off point of <math>\geq 13</math>) was poor at both time points (pregnancy: sensitivity 45%, 95% CI 29.3% to 61.5%, and specificity 95.7%, 95% CI 93.0% to 97.6%; postnatally: sensitivity 62.9%, 95% CI 44.9% to 78.5%, and specificity 95.7%, 95% CI 92.7% to 97.7%). Qualitative evaluation: women and HPs were supportive of screening/case-finding for perinatal depression. The EPDS was preferred to the Whooley questions by women and</p>	<p>Journal Article</p>		<p><a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a></p>
<p>Nuwan Dissanayaka</p>	<p>Nuwan Dissanayaka.</p>	<p>Feb-18</p>	<p>Mental Health Act reform must include carers</p>	<p>The Lancet Psychiatry, February 2018, Volume 5, No. 2, pages 108–109</p>	<p>English</p>	<p>“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.</p>	<p>Journal Article</p>		<p><a href="http://www.thelancet.com/journals">Available from The Lancet Journals (www.thelancet.com/journals)</a></p>

Anjula Gupta	Elaine McMullan, Anjula Gupta and Sylvie Collins.	Feb-18	Experiences of mental health nursing staff working with voice hearers in an acute setting: An interpretive phenomenological approach	Psychiatric and Mental health Nursing, Early View (Online Version of Record published before inclusion in an issue) Feb 2018	English	<p>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.</p> <p>Aim: This study therefore sought to explore the experiences of staff working with voice hearers in an acute mental health service.</p> <p>Method: Due to the exploratory nature of the research, a qualitative design was chosen. Three MHNs and five healthcare support workers (HSWs) were interviewed. The data were analysed using Interpretative Phenomenological Analysis.</p> <p>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"</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Kay Radcliffe	Kay Radcliffe, Ciara Masterson and Carol Martin.	Feb-18	Clients' experience of non-response to psychological therapy: A qualitative analysis	Counselling and Psychotherapy Research Early View (Online Version of Record published before inclusion in an issue)	English	<p>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?</p> <p>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.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
	Patrick G Kehoe, Peter S Blair, Beth Howden, David L Thomas, Ian B Malone, Jeremy Horwood, Clare Clement, Lucy E Selman, Hannah Baber, Athene Lane, Elizabeth Coulthard, Anthony Peter Passmore, Nick C Fox, Ian B Wilkinson and Yoav Ben-Shlomo.	Jan-18	The Rationale and Design of the Reducing Pathology in Alzheimer's Disease through Angiotensin TaRgeting (RADAR) Trial	Journal of Alzheimer's Disease, Volume 61, Issue 2, pages 803-814	English	<p>Background:Anti-hypertensives that modify the renin angiotensin system may reduce Alzheimer's disease (AD) pathology and reduce the rate of disease progression. Objective:To conduct a phase II, two arm, double-blind, placebo-controlled, randomized trial of losartan to test the efficacy of Reducing pathology in Alzheimer's Disease through Angiotensin TaRgeting (RADAR). Methods:Men and women aged at least 55 years with mild-to-moderate AD will be randomly allocated 100mg encapsulated generic losartan or placebo once daily for 12 months after successful completion of a 2-week open-label phase and 2-week placebo washout to establish drug tolerability. 228 participants will provide at least 182 subjects with final assessments to provide 84% power to detect a 25% difference in atrophy rate (therapeutic benefit) change over 12 months at an alpha level of 0.05. We will use intention-to-treat analysis, estimating between-group differences in outcomes derived from appropriate (linear or logistic) multivariable regression models adjusting for minimization variables. Results:The primary outcome will be rate of whole brain atrophy as a surrogate measure of disease progression. Secondary outcomes will include changes to 1) white matter hyperintensity volume and cerebral blood flow; 2) performance on a standard series of assessments of memory, cognitive function, activities of daily living, and quality of life. Major assessments (for all outcomes) and relevant safety monitoring of blood pressure and bloods will be at baseline and 12 months. Additional cognitive assessment will also be conducted at 6 months along with safety blood pressure and blood monitoring. Monitoring of blood pressure, bloods, and self-reported side effects will occur during the open-label phase and during the majority of the post-randomization dispensing visits. Conclusion:This study will identify whether losartan is efficacious in the treatment of AD and whether definitive Phase III trials are warranted.</p>	Journal Article	<a href="https://content.iospress.com">Available from IOS Press Conference Library (content.iospress.com)</a>
Barry Wright	Barry Wright, Danielle Moore, Josie Smith and Tim Richardson.	Jan-18	The Use of Audiological Classification Systems. International Journal on Mental Health and Deafness	International Journal on Mental Health and Deafness, Volume 4, Issue 1, 2018, p. 59-64	English	<p>The classification of deafness is used in audiological departments internationally. Reports are made about the levels of deafness and profiles of individual clients. These are used in many services throughout the world as thresholds to boundary access to services. Thresholds are also commonly applied in research methodologies. This paper highlights the large variation between classification systems of hearing loss. This has wide ranging implications for access to services and the interpretation of research findings. Six commonly used classification systems of hearing impairment use the same descriptive terms (e.g. 'mild', 'moderate', 'severe', and 'profound') but all six apply differing decibel threshold criteria to define these terms. This paper argues that practitioners, researchers, policy makers and service users need to have greater awareness of these differences and how they are used to gate keep services. Improved systems for gate keeping services should be developed. Audiological thresholds should be a small part of wider assessments of sensory profiles, quality of life and communication assessments and any functional consequences.</p>	Journal Article	<a href="https://etheses.whiterose.ac.uk">Available from eThesis (etheses.whiterose.ac.uk)</a>

Saeideh Saeidi and Richard Wall	Saeideh Saeidi and Richard Wall.	Jan-18	The case for mental health support at a primary care level	Journal of Integrated Care, Vol. 26 Issue: 2, pp.130-139	English	<p>Purpose: Severe mental illness affects a significant number of people and, if left untreated, leads to poor quality of life and disability. Many of the aspirations proposed for new models of care assert that better preventative services, closer integration between professionals, and increased access to cognitive behavioural therapy in primary care will bring substantial benefits and improved outcomes. The purpose of this paper is to explore the benefits of integrating mental health services into primary care, and improving collaboration between secondary services and primary care. There is a transition underway in healthcare whereby a focus on illness is being supplemented with, or refocused towards achieving better patient well-being. New approaches to service provision are being proposed that: focuses on more holistic outcomes; integrates services around the user; and employs innovative system techniques to incentivise professional and organisational collaboration. Such a transition must be inclusive of those with mental health needs managed in primary care and for those people with serious mental illness in secondary care.</p> <p>Design/methodology/approach: This paper discusses the issues of professional collaboration and the need to provide mental healthcare in a continuous and coordinated manner and; how this may improve timely access to treatment, early diagnosis and intervention. Importantly, it is essential to consider the limitations and reality of recent integration initiatives, and to consider where the true benefit of better integrating mental health into a more collaborative system may lie.</p> <p>Findings: Identifying and addressing issues of parity is likely to call for a new approach to service provision that: focuses on outcomes; co-designs services integrated around the user; and employs innovative contracting techniques to incentivise provider integration.</p>	Journal Article		<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Emily Peckham, Catherine Arundel, Della Bailey, Tracy Callen, Christina Cusack, Suzanne Crosland, Penny Foster, Hannah Herlihy, James Hope, Suzy Ker, Tayla McCloud, Crystal-Bella Romain-Hooper, Alison Stribling, Peter Phiri, Ellen Tait, Simon Gilbody and on behalf of the SCIMITAR+ collaborative	Emily Peckham, Catherine Arundel, Della Bailey, Tracy Callen, Christina Cusack, Suzanne Crosland, Penny Foster, Hannah Herlihy, James Hope, Suzy Ker, Tayla McCloud, Crystal-Bella Romain-Hooper, Alison Stribling, Peter Phiri, Ellen Tait, Simon Gilbody and on behalf of the SCIMITAR+ collaborative	Jan-18	Successful recruitment to trials: findings from the SCIMITAR+ Trial.	Trials; Jan 2018; vol. 19 (no. 1); p. 53	English	<p>Background: Randomised controlled trials (RCT) can struggle to recruit to target on time. This is especially the case with hard to reach populations such as those with severe mental ill health. The SCIMITAR+ trial, a trial of a bespoke smoking cessation intervention for people with severe mental ill health achieved their recruitment ahead of time and target. This article reports strategies that helped us to achieve this with the aim of aiding others recruiting from similar populations.</p> <p>Methods: SCIMITAR+ is a multi-centre pragmatic two-arm parallel-group RCT, which aimed to recruit 400 participants with severe mental ill health who smoke and would like to cut down or quit. The study recruited primarily in secondary care through community mental health teams and psychiatrists with a smaller number of participants recruited through primary care. Recruitment opened in October 2015 and closed in December 2016, by which point 526 participants had been recruited. We gathered information from recruiting sites on strategies which led to the successful recruitment in SCIMITAR+ and in this article present our approach to trial management along with the strategies employed by the recruiting sites.</p> <p>Results: Alongside having a dedicated trial manager and trial management team, we identified three main themes that led to successful recruitment. These were: clinicians with a positive attitude to research; researchers and clinicians working together; and the use of NHS targets. The overriding theme was the importance of relationships between both the researchers and the recruiting clinicians and the recruiting clinicians and the participants.</p> <p>Conclusions: This study makes a significant contribution to the limited evidence base of real-world cases of successful recruitment to RCTs and offers practical guidance to those planning and conducting trials. Building positive relationships between clinicians, researchers and participants is crucial to successful recruitment.</p>	Journal Article	Medline	<a href="http://trialsjournal.biomedcentral.com">Available from BioMed Central in Trials Journals (trialsjournal.biomedcentral.com)</a>
Alison Baird, Jenny Shaw, Isabelle M Hunt, Nav Kapur, Louis Appleby and Roger T Webb.	Alison Baird, Jenny Shaw, Isabelle M Hunt, Nav Kapur, Louis Appleby and Roger T Webb.	Jan-18	National study comparing the characteristics of patients diagnosed with schizophrenia who committed homicide vs. those who died by suicide	Journal The Journal of Forensic Psychiatry and Psychology: Latest Articles	English	<p>Associations between serious mental disorder and violence are well-documented, but there is little epidemiological evidence linking these disorders and homicide risk. The reported study compares socio-demographic and clinical characteristics of people diagnosed with schizophrenia who committed homicide vs. 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.</p>	Journal Article		<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

Hussain Riaz, William Rhys Jones, Muhammad Masood and Saeideh Saeidi	Hussain Riaz, William Rhys Jones, Clare Donnellan, Muhammad Masood and Saeideh Saeidi	Dec-17	Knowledge and Attitudes of Gastroenterologists Towards Eating Disorders	ARC Journal of Psychiatry Volume 2, Issue 4, 2017, PP 29-40	English	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. 54.5% 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. Implementing training programmes and making information readily available could contribute to addressing some of these issues. Likewise access to liaison psychiatry and specialist eating disorder services within gastroenterology settings appears to be poor and further service provision and commissioning initiatives are required to address these issues.	Journal Article	<a href="http://www.arcjournals.org">Available from Arc Journals (www.arcjournals.org)</a>
Duncan Raistrick	Adejoke Obirenjeyi Oluyase, Duncan Raistrick, Elizabeth Hughes and Charlie Lloyd	Dec-17	Prescribers' views and experiences of assessing the appropriateness of prescribed medications in a specialist addiction service	International Journal of Clinical Pharmacy, December 2017, Volume 39, Issue 6, pages 1248–1255	English	Background Mental and physical health problems are common in people with substance misuse problems and medications are often required in their management. Given the extent of prescribing for service users who attend specialist addiction services, it is important to consider how prescribers in this setting assess the appropriateness of service users' prescribed medications. Objective To explore prescribers' views and experiences of assessing the appropriateness of medications prescribed for service users coming in for treatment as well as the differences between prescribers. Setting A specialist addiction service in the North of England. Method A phenomenological approach was adopted. Semi-structured interviews were conducted with four nurse prescribers and eight doctors. Data were analysed using thematic framework analysis. Main outcome measure Prescribers' views and experiences of assessing the appropriateness of prescribed medications. Results Assessment of the appropriateness of prescribed medications involved reviewing medications, assessing risk, history-taking, involvement of service users, and comparing guideline adherence and 'successful' prescribing. Doctors and nurse prescribers assessed the appropriateness of medications they considered to be within their competency. Doctors provided support to nurse prescribers and general practitioners (GPs) when dealing with issues around prescribing. Conclusion Assessment of the appropriateness of prescribed medications is complex. The recent reduction in medical expertise in specialist addiction services may negatively impact on the clinical management of service users. It appears that there is a need for further training of nurse prescribers and GPs so they can provide optimal care to service users.	Journal Article	<a href="http://link.springer.com">Available from Springer Link (link.springer.com)</a>
Lucy Tindall and Barry Wright	Lucy Tindall, Antonina Mikocka-Walus, Dean McMillan, Barry Wright, Catherine Hewitt and Samantha Gascoyne	Dec-17	Is behavioural activation effective in the treatment of depression in young people?: A systematic review and meta-analysis	Psychology and psychotherapy, December 2017, Volume 90, Issue 4, Pages 770–796	English	PURPOSE: Depression is currently the leading cause of illness and disability in young people. Evidence suggests that behavioural activation (BA) is an effective treatment for depression in adults but less research focuses on its application with young people. This review therefore examined whether BA is effective in the treatment of depression in young people.  METHODS: A systematic review (International Prospective Register of Systematic Reviews reference: CRD42015020453), following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, was conducted to examine studies that had explored behavioural interventions for young people with depression. The electronic databases searched included the Cochrane Library, EMBASE, MEDLINE, CINAHL Plus, PsychINFO, and Scopus. A meta-analysis employing a generic inverse variance, random-effects model was conducted on the included randomized controlled trials (RCTs) to examine whether there were overall effects of BA on the Children's Depression Rating Scale - Revised.  RESULTS: Ten studies met inclusion criteria: three RCTs and seven within-participant designs (total n = 170). The review showed that BA may be effective in the treatment of depression in young people. The Cochrane risk of bias tool and the Moncrieff scale used to assess the quality of the included studies revealed a variety of limitations within each.  CONCLUSIONS: Despite demonstrating that BA may be effective in the treatment of depression in young people, the review indicated a number of methodological problems in the included studies meaning that the results and conclusions should be treated with caution. Furthermore, the paucity of studies in this area highlights the need for further research.	Systematic review	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Claire Paul	Lisa Huddlestone, Harpreet Sohal, Claire Paul and Elena Ratschen	Dec-17	Complete smokefree policies in mental health inpatient settings: results from a mixed-methods evaluation before and after implementing national guidance	BMC Health Services Research volume 18, Article number: 542 (2018)	English	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.	Journal Article	<a href="http://www.bmchealthservres.biomedcentral.com">Available from BMC Health Services (www.bmchealthservres.biomedcentral.com)</a>

	Abigail Avery, Philip Keeley and Andrea Denton	Dec-17	The experience of health care workers in a dementia care tertiary settin	Masters thesis, University of Huddersfield.	English	The purpose of this study is to explore individual experiences of health care staff when working within dementia tertiary care. The study follows qualitative methods through the use of interviews with nine staff on a one to one basis about what they think, feel and experience daily. Through examining daily routines associated with various positions and roles, this allows for any positives experiences, challenges and recommendations to be discussed from the perspectives of care staff. Therefore, by investigating individual's experiences this enables a greater understanding of what it is like for healthcare professionals working with patients who have dementia in a hospital setting. Staff identified or suggested specific areas that could be changed or improved from their perspective these included: the physical environment, the care environment, education and training and ensuring that staff maintain a good level of health and wellbeing. However, many healthcare staff focused on positive aspects of their work and aim to provide high quality care. Furthermore these outcomes can demonstrate areas for change, which then encourages further research or development in this area of care.	Journal Article	<a href="http://eprints.hud.ac.uk">Available from University of Huddersfield Repository (http://eprints.hud.ac.uk)</a>
Anuradha Menon	Anuradha Menon	Dec-17	A lost cause	bJPsych Columns, Correspondence, Page 45	English	On reading Dr Moorey's earnest response to Dr Gipps' views, I was struck by his description of the 'depressive mode' (1). This marvel of development, 100 years on from Freud's classic paper (2) is – in Dr Moorey's view- a 'complex neural network, including multiple relevant brain regions that are activated or deactivated in depression.' This, he argues, is the target of therapeutic practice in CBT, where unconscious schemas are automatic, not repressed. It seems to the reader that in this dehumanised framework, grief and loss are merely 'problems' that face humankind which need to be put on the CBT table to be sorted out openly between therapist and patient. The tools? Good old fashioned common sense, an indefatigably optimistic therapist, and well-positioned intelligence. As for the measures: specially designed scales that measure the very structure which they helped create.  I am writing this piece to explore how both Dr Moorey and Dr Gipps warily circle around a point which is never highlighted in its own right.  ...	Correspondence	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Elizabeth Edginton, Lynda Ellis and Tom Hughes	Elizabeth Edginton, Rebecca Walwyn, Kayleigh Burton, Robert Cicero, Liz Graham, Sadie Reed, Sandy Tubeuf, Maureen Twiddy, Alex Wright-Hughes, Lynda Ellis, Dot Evans, Tom Hughes, Nick Midgley, Paul Wallis and David Cottrell.	Dec-17	TIGA-CUB – manualised psychoanalytic child psychotherapy versus treatment as usual for children aged 5–11 years with treatment-resistant conduct disorders and their primary carers: study protocol for a randomised controlled feasibility trial	BioMed Central, Trials volume 18:431	English	Background The National Institute for Health and Care Excellence (NICE) recommends evidence-based parenting programmes as a first-line intervention for conduct disorders (CD) in children aged 5–11 years. As these are not effective in 25–33% of cases, NICE has requested research into second-line interventions. Child and Adolescent Psychotherapists (CAPTs) address highly complex problems where first-line treatments have failed and there have been small-scale studies of Psychoanalytic Child Psychotherapy (PCP) for CD. A feasibility trial is needed to determine whether a confirmatory trial of manualised PCP (mPCP) versus Treatment as Usual (TaU) for CD is practicable or needs refinement. The aim of this paper is to publish the abridged protocol of this feasibility trial.  Methods and design TIGA-CUB (Trial on improving Inter-Generational Attachment for Children Undergoing Behaviour problems) is a two-arm, pragmatic, parallel-group, multicentre, individually randomised (1:1) controlled feasibility trial (target n = 60) with blinded outcome assessment (at 4 and 8 months), which aims to develop an optimum practicable protocol for a confirmatory, pragmatic, randomised controlled trial (RCT) (primary outcome: child's behaviour; secondary outcomes: parental reflective functioning and mental health, child and parent quality of life), comparing mPCP and TaU as second-line treatments for children aged 5–11 years with treatment-resistant CD and inter-generational attachment difficulties, and for their primary carers. Child-primary carer dyads will be recruited following a referral to, or re-referral within, National Health Service (NHS) Child and Adolescent Mental Health Services (CAMHS) after an unsuccessful first-line parenting intervention. PCP will be delivered by qualified CAPTs working in routine NHS clinical practice, using a trial-specific PCP manual (a brief version of established PCP clinical practice). Outcomes are: (1) feasibility of recruitment methods, (2) uptake and follow-up rates, (3) therapeutic delivery, treatment retention and attendance, intervention adherence rates, (4) follow-up data collection, and (5) statistical, health economics, process evaluation, and qualitative outcomes.	Peer review	<a href="http://trialsjournal.biomedcentral.com">Available from Trials Journal at BioMed Central (trialsjournal.biomedcentral.com)</a>
Andria Hanbury	Andria Hanbury.	Dec-17	Identifying Barriers to the Implementation of Patient-Reported Outcome Measures Using a Theory-Based Approach	European Journal for Person Centered Healthcare 2017 Vol 5 Issue 1 pp 35-44	English	Rationale, aims and objectives: Patient-reported outcome measures (PROMs) are gaining increasing attention within mental healthcare, yet can be difficult to implement into routine practice. To increase uptake, it is recommended to explore the barriers to uptake guided by a theory base, with this information then used to design a tailored improvement strategy. The aim of this study was to explore the barriers to collecting and using a specific PROM within a single setting to inform the design of PROMs promotion strategies.  Methods: Staff perceptions of relative advantage and the compatibility with norms and complexity of using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) in routine practice were explored through structured group discussions with mental healthcare teams within one Foundation Trust guided by diffusion of innovation theory.  Results: Respondents perceived some advantages to using SWEMWBS, notably patient involvement, but also highlighted the burden of paper-based data collection and the poor quality of feedback reports. There was also scepticism regarding the suitability of the tool, particularly for certain groups of patients and concerns regarding use of PROMs for performance management. Views were mixed regarding compatibility with existing norms.  Conclusions: To increase uptake, it is recommended that the positive perceptions of relative advantage, compatibility and ease of use identified in this study should be promoted, including through messages delivered by senior staff and tailored educational strategies. Negative (mis)perceptions should be similarly challenged and barriers around paper-based data collection and feedback reports systematically targeted.	Journal Article	<a href="http://ubplj.org">Available from the University of Buckingham press journals (ubplj.org)</a>

Lisa Dervan	Lisa Dervan and Simon Sebire	Nov-17	The physical activity environment and access to food on low secure units – results from a national cross sectional study	5th Health and Justice Summit: Ageing Well In Secure Environments. November 2017	English	None available	Workshop at event	<a href="http://www.forensicnetwork.scot.nhs.uk">Programme available from Forensic Network (www.forensicnetwork.scot.nhs.uk)</a>
Barry Wright	Brian Kelly, Stefan Williams, Sylvie Collins, Faisal Mushtaq, Mark Mon-Williams, Barry Wright, Dan Mason and John Wright	Nov-17	The association between socioeconomic status and autism diagnosis in the United Kingdom for children aged 5–8 years of age: Findings from the Born in Bradford cohort.	Autism, 23(1), pp.131-140.	English	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% (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.	Journal Article	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
	Charlotte Berry	Nov-17	Exploring the Experience of Living with Young Onset Dementia	None	English	Introduction: Research into the experiences of those with a diagnosis of young onset dementia is extremely limited and the research that does exist tends to be loss orientated. The current study aimed to explore the full spectrum of lived experience of those with young onset dementia, whilst considering the unique impact of diagnosis at a younger age and the possibility of personal growth. Method: Five individuals took part in semi-structured interviews within which they were invited to bring along anything that helped them to share their experiences. Each participants' transcribed interviews were then analysed using Interpretative Phenomenological Analysis (IPA). A group level analysis was conducted and superordinate and subordinate themes were identified. Results: Four superordinate themes emerged: 'Fear', 'Anger', 'Sadness', 'Contentment' from which a further thirteen subordinate themes were identified. The findings indicated that participants experienced feelings of fear and vulnerability in response to their diagnosis. Participants felt angry that they did not have a voice, not enough was being done for those with dementia and they were being stereotyped. Participants also spoke of a more depressive state of mind in which they grieved for their past self, experienced isolation and loneliness, and feelings of hopelessness and despair. Finally, participants spoke of a sense of contentment in relation to a preserved self, a sense of living alongside their dementia and an desire to live in the present; making the most of the here and now. Discussion: The findings of the study were explored in relation to existing literature and psychological theory. This research highlighted the transitory nature of participants experiences as a result of multiple and repeated challenges to one's psychological equanimity. A critical appraisal of the strengths and limitations of this study were explored along with clinical implications. Future areas of research were also considered.	Thesis	<a href="http://etheses.whiterose.ac.uk">Available from eThesis (etheses.whiterose.ac.uk)</a>
	Helen L Brooks Karina Lovell Penny Bee Caroline Sanders Anne Rogers	Nov-17	Is it time to abandon care planning in mental health services? A qualitative study exploring the views of professionals, service users and carers	Health Expectations: An International Journal of Public Health Care and Health Policy, Early View (Online Version of Record published before inclusion in an issue)	English	Background: It has been established that mental health-care planning does not adequately respond to the needs of those accessing services. Understanding the reasons for this and identifying whose needs care plans serve requires an exploration of the perspectives of service users, carers and professionals within the wider organizational context.  Objective: To explore the current operationalization of care planning and perceptions of its function within mental health services from the perspectives of multiple stakeholders.  Settings and participants: Participants included 21 mental health professionals, 29 service users and 4 carers from seven Mental Health Trusts in England. All participants had experience of care planning processes within secondary mental health-care services.  Methods: Fifty-four semi-structured interviews were conducted with participants and analysed utilizing a qualitative framework approach.  Findings: Care plans and care planning were characterized by a failure to meet the complexity of mental health needs, and care planning processes were seen to prioritize organizational agendas and risk prevention which distanced care planning from the everyday lives of service users.	Journal Article	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Kay Radcliffe, Elaine McMullan and Jo Ramsden	Kay Radcliffe, Elaine McMullan and Jo Ramsden	Nov-17	Developing offender manager competencies in completing case formulation An evaluation of a training and supervision model	Sage Journals: Probation Journal, November 2017	English	The Offender Personality Disorder (OPD) pathway is a national initiative which co-commissions health and probation to work in partnership to enhance the criminal justice management of high risk offenders with personality disorder. Psychologically informed support is expected to augment the current provision for this client group alongside workforce training. The impact of training offender managers (OM) is uncertain and previous research has indicated training may be limited in its effectiveness. This paper examines the impact of a training and supervision model on the quality of formulations produced by offender managers and suggests that a model which teaches formulation through repeated consultation or the live supervision of practice leads to enhanced competencies in completing case formulations. The paper evaluates the quality of formulations produced by offender managers who have had their practice developed through repeated consultation with the OPD pathway (OPDOMs) in comparison with a generic group of offender managers. OPDOMs who have had the longest period of supervision with the project produced the highest quality formulations. The paper acknowledges a number of limitations but suggests that the model under scrutiny may usefully inform service delivery within the Offender Personality Disorder pathway.	Journal Article	<a href="https://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Donna Kemp	Ruth Brown, Kat Munn and Vikki Wilford	Nov-17	Care programme approach	Fundamentals of Mental Health Nursing: An Essential Guide for Nursing and Healthcare Students, Nov 2017, Chapter 23 'Mental health and adults'	English	The care programme approach (CPA) is a central part of UK secondary mental health services. It is a framework designed to ensure that there are systematic arrangements for assessing the needs of service users, that a care plan is written, and regularly reviewed, and that each service user has a named key worker (care coordinator) allocated (DH, 1999).  A review of the CPA in 2008 encouraged services to use care assessment and planning processes that view a person "in the round", seeing and supporting them in their individual diverse roles and needs they have' (DH, 2008,p.7)  Kemp (2016) describes the process undergone in Leeds and York Partnership NHS Foundation Trust to make their CPA care plan documentation more meaningful to service users. Box 23.1 is an adapted version of the result.	Book chapter subsection	Book available for purchase.
Barry Wright	Malini Pires, Barry Wright, Paul Kaye and Rachel C Churchill	Oct-17	The impact of leishmaniasis on mental health and psychosocial well-being: A systematic review	PLoS One. Volume 14, Issue 10. Published Oct 2019	English	<b>Background</b> 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.  <b>Methods</b> 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.  <b>Results</b> A total of 14 studies were identified from 12,517 records. Nine cross-sectional, three case-control, one cohort study and one systematic review were included. Eleven assessed MI outcomes and were measured with tools specifically designed for this; nine measured PM and 12 measured QoL using validated measurement tools. Quality appraisal of the studies showed that six were of good quality. Cutaneous leishmaniasis and post kala-azar dermal leishmaniasis showed evidence of associated MI and PM including depression, anxiety and stigma, while all forms of disease showed decreased QoL. The findings were used to inform a proposed model and conceptual framework to show the possible links between leishmaniasis and mental health outcomes.	Journal Article	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
Max Henderson	Samuel B Harvey, Min-Jung Wang, Sarah Dorrington, Max Henderson, Ira Madan, Stephani L Hatch and Matthew Hotopf.	Oct-17	NIPSA: a new scale for measuring non-illness predictors of sickness absence	Occupational and Environmental Medicine, 2018, Volume 75, Issue 2	English	<b>Objectives</b> 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.  <b>Methods</b> 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.  <b>Results</b> Exploratory factor analysis using the oblique rotation method suggested the questionnaire should contain 26 questions and extracted four factors with eigenvalues greater than 1: perception of psychosocial work environment (factor 1), perceived vulnerability (factor 2), rest-focused attitude towards recovery (factor 3) and attitudes towards work (factor 4). Three of these factors (factors 1, 2 and 3) showed significant associations with long-term sickness absence measures (p<0.05), meaning a final questionnaire that included 20 questions with three subscales.  <b>Conclusions</b> The NIPSA is a new tool that will hopefully allow clinicians to quickly assess for the presence of non-illness factors that may be important in predicting occupational outcomes and tailor treatments and interventions to address the barriers identified. To the best of our knowledge, this is the first time that a scale focused on transdiagnostic, non-illness-related predictors of sickness absence has been developed.	Journal Article	<a href="https://oem.bmj.com">Available from BMJ Journals Occupation and Environmental Medicine (oem.bmj.com)</a>

	Mark Norburn	Oct-17	A Window into Supervision: An examination of the experience of Clinical Psychology Trainees and their Supervisors using Interpersonal Process recall and Grounded Theory Analysis.		English	All clinical psychology trainees engage in supervision with their placement supervisors throughout training. We know much about the function of supervision, the supervisory relationship and that a great deal of learning and development takes place within the four walls of supervision. But what is less clear is how this process of learning and development takes place. This study focuses on key moments of learning in supervision for the trainee (from both the trainee and supervisor perspective). A qualitative design using Grounded Theory (GT) was adopted to develop a theory as to how such a shift occurs. Participants recorded a supervision session and 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.	Thesis		<a href="https://theses.whiterose.ac.uk">Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</a>
	Rebecca Anne Tyrer.	Oct-17	The impact of reformulation on insight and symptom change in cognitive analytic therapy		English	<p>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.</p> <p>Design. A hermeneutic single-case efficacy design, repeated with a small number of participants, was used to assess whether CAT-specific tools stimulate therapeutic change. Mixed methods were used to generate data on change processes.</p> <p>Methods. The case-series comprised of six therapist/client dyads. Therapists were asked to keep a weekly record of their delivery of CAT- specific tools. Participating clients were asked to complete the recognition and revision rating scale, two corrective experience questions, the insight sub-scale of the Self-Reflection and Insight Scale and the Clinical Outcome in Routine Evaluation-10. Outcomes were supplemented with qualitative data taken from client change interviews. Template analysis was used to analyse the qualitative data.</p> <p>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.</p> <p>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.</p>	Thesis		<a href="https://theses.whiterose.ac.uk">Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</a>
	Alice Staniford.	Oct-17	Shared decision-making between people with experience of psychosis and mental health professionals: A discourse analysis.		English	<p>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.</p> <p>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.</p> <p>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.</p>	Thesis		<a href="https://theses.whiterose.ac.uk">Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</a>

	Claire Surr and Cara Gates	Oct-17	What works in delivering dementia education or training to hospital staff? A critical synthesis of the evidence	International Journal of Nursing Studies Volume 75, October 2017, Pages 172-188	English	<p><b>Background</b> The quality of care delivered to people with dementia in hospital settings is of international concern. People with dementia occupy up to one quarter of acute hospital beds, however, staff working in hospitals report lack of knowledge and skills in caring for this group. There is limited evidence about the most effective approaches to training hospital staff on dementia.</p> <p><b>Objective</b> The purpose of this literature review was to examine published evidence on the most effective approaches to dementia training and education for hospital staff.</p> <p><b>Design and review methods</b> The review was conducted using critical synthesis and included qualitative, quantitative and mixed/multi- methods studies. Kirkpatrick's four level model for the evaluation of training interventions was adopted to structure the review.</p> <p><b>Data sources</b> The following databases were searched: MEDLINE, PsycINFO, CINAHL, AMED, British Education Index, Education Abstracts, ERIC (EbscoHost), The Cochrane Library-Cochrane reviews, Economic evaluations, CENTRAL (Wiley), HMIC (Ovid), ASSIA, IBSS (Proquest), Conference Proceedings Citation Indexes (Web of Science), using a combination of keyword for the following themes: Dementia/Alzheimer's, training/education, staff knowledge and patient outcomes.</p> <p><b>Results</b> A total of 20 papers were included in the review, the majority of which were low or medium quality, impacting on generalisability. The 16 different training programmes evaluated in the studies varied in terms of duration and mode of delivery, although most employed face-to-face didactic techniques. Studies predominantly reported on reactions to training and knowledge, only one study evaluated outcomes across all of the levels of the Kirkpatrick model. Key features of training that appeared to be more acceptable and effective were identified related to training content</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Sarah Talari	Sarah Talari	Oct-17	Investigating a serious incident - a personal perspective	BJPsych Bulletin, 2017 Oct; 41(5): 297-298	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. Thus began what would become an eye-opening special interest session ...	Correspondence	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
	Johnny Lovell	Sep-17	Sharing Lived Experience with Service Users in Mental Health Interventions	None	English	<p>Sharing lived experience by practitioners with service users is controversial. In 2015, 200 practitioners and 111 service users in LYPFT responded to a survey about sharing mental health and other types of lived experience. Half of the practitioners reported personal mental health lived experience. 13 survey respondents took part in focus groups to discuss issues raised.</p> <p>Respondents described almost 500 real-life examples of practitioners sharing things with service users. They rated the helpfulness of different types of hypothetical disclosure, including mental health lived experience. They also rated the helpfulness of sharing of mental health lived experience when undertaken by practitioners in different job roles, such as peer support workers, doctors and nurses.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Thesis	<a href="http://etheses.whiterose.ac.uk">Available from eThesis (etheses.whiterose.ac.uk)</a>

Lee Marklew	Lee Marklew	Sep-17	Making sense of Community Treatment Orders: the service-user experience		English	<p>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.</p> <p>This study aimed to investigate how service-users make sense of their CTO experience. Ten active CTO service-users were purposefully recruited from an Assertive Outreach Team caseload in the north of England. Each participant undertook one or two semi-structured interviews facilitated with photo-journals and diaries. A total of 18 interviews were completed and the data subject to Interpretative Phenomenological Analysis. Themes were generated and organised into three clusters: Pained and Powerless; Alignment and Reconnection; and Consolation and Compensation. Some participants felt powerless to challenge the 'sentence' imposed as therapeutic intent. Many participants described feeling disadvantaged, different and labelled, but were also committed to recovery and reintegration into the community. Some participants perceived that small interactions could combine to leave them feeling more secure, less anxious and, paradoxically, more in control. The study proposes a theoretical framework that may unlock the therapeutic potential of CTOs, improving lived experience without compromising their social significance or effectiveness.</p>	Thesis		<a href="https://etheses.whiterose.ac.uk">Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</a>
	Thomas RE Barnes, Verity C Leeson, Carol Paton, Louise Marston, Linda Davies, William Whittaker, David Osborn, Raj Kumar, Patrick Keown, Rameez Zafar, Khalid Iqbal, Vineet Singh, Pavel Fridrich, Zachary Fitzgerald, Hemant Bagalkote, Peter M Haddad, Mariwan Husni and Tim Amos.	Sep-17	Amisulpride augmentation in clozapine-unresponsive schizophrenia (AMICUS): a double-blind, placebo-controlled, randomised trial of clinical effectiveness and cost-effectiveness	Health Technology Assessment, Sept 2017, Volume 21, Issue 49	English	<p><b>Background</b> 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.</p> <p><b>Objectives</b> 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.</p> <p><b>Design</b> The study was a multicentre, double-blind, individually randomised, placebo-controlled trial with follow-up at 12 weeks.</p> <p><b>Settings</b> The study was set in NHS multidisciplinary teams in adult psychiatry.</p> <p><b>Participants</b> Eligible participants were people aged 18–65 years with treatment-resistant schizophrenia unresponsive, at a criterion level of persistent symptom severity and impaired social function, to an adequate trial of clozapine monotherapy.</p> <p><b>Interventions</b> Interventions comprised clozapine augmentation over 12 weeks with amisulpride or placebo. Participants received 400 mg of amisulpride or two matching placebo capsules for the first 4 weeks, after which there was a clinical option to titrate the dosage of amisulpride up to 800 mg or four matching placebo capsules for the remaining 8 weeks.</p> <p><b>Main outcome measures</b> The primary outcome measure was the proportion of 'responders', using a criterion response threshold of a 20% reduction in total score on the Positive and Negative Syndrome Scale.</p>	Journal Article		<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals library (www.journalslibrary.nihr.ac.uk)</a>
Barry Wright	Natassia F Brenman, 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, September 2017, Volume 41, Issue 3, pages 431–452	English	<p>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 professionals, who have conducted autism assessments for deaf children aged 0–18. We adopt a framework of intersectionality to capture the multiple, 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.</p>	Journal Article		<a href="https://link.springer.com">Available from Springer Link (link.springer.com)</a>

Barry Wright	Fiona Patterson, Fran Cousans, 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, Sept 2017, volume 92 issue 9 pages 1250–1253	English	<p><b>PROBLEM:</b> 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.</p> <p><b>APPROACH:</b> 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.</p> <p><b>OUTCOMES:</b> There were significant correlations between SJT scores and both mean supervisor ratings (uncorrected <math>r = 0.24</math>, <math>P &lt; .001</math>; corrected <math>r = 0.34</math>) and overall judgments (uncorrected <math>r_s = 0.16</math>, <math>P &lt; .05</math>; corrected <math>r_s = 0.20</math>). SJT scores predicted 6% of variance in mean supervisor ratings across the three nonacademic domains.</p>	Journal Article	<a href="http://journals.lww.com/academicmedicine">Available from Academic Medicine (journals.lww.com/academicmedicine)</a>
Ahmed Hankir	Ahmed Hankir, Mohammad Shuaib, Sohail Akhtar, Aala Ali and Rashid Zaman	Sep-17	Working in psychiatry in New Zealand: Experiences of International (non-New Zealand) Medical Graduates.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 504-511	English	<p>On the 11th of February 2016, the Health Secretary in the United Kingdom (UK) Jeremy Hunt announced his plan to impose the Junior Doctor Contract despite thousands of healthcare professionals storming the streets of Westminster in defiant protest. A leading member of the Royal College of Psychiatrists Psychiatric Trainee Committee described the Junior Doctor Contract as 'poisonous', exclaiming that it would be a 'disaster for mental health' and that it would 'disincentivize doctors to work in an already desperately under-resourced specialty'. The number of doctors who applied for documentation to work abroad surged by over 1000 per cent on the same day that the Health Secretary made the Junior Doctor Contract announcement. Not surprisingly, Jeremy Hunt was accused of acting as 'a recruiting agent' for hospitals in Australasia. This paper provides background information about working conditions for Junior Doctors in the National Health Service in the UK and the anticipated effects that the Junior Doctor Contract will have on their morale, well-being and occupational functioning. Our paper then provides a brief overview of mental health services in New Zealand with a focus on a Maori mental health service provider in the North Island. We conclude our paper by offering insights from International Medical Graduates from the UK and from South Africa working as a Royal Australian and New Zealand College of Psychiatrists Psychiatric Registrar and Consultants in Waikato District Health Board (DHB) in Hamilton, New Zealand, respectively.</p>	Journal	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Ahmed Hankir	Ahmed Hankir, Phillipa 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 Danubina, Sept 2017, issue 29 (Suppl 3) pages 469-475	English	<p><b>BACKGROUND:</b> On the 9th October 2000, Dr Daksha Emson, a London based psychiatrist with bipolar affective disorder, tragically killed herself and her three-month-old baby daughter during a psychotic episode. An independent inquiry into Dr Emson's death concluded that mental health stigma in the National Health Service was a factor that contributed to her death. Despite the morbidity and mortality attributed to the stigma attached to post-natal mental health problems there are very few programmes that have been developed to challenge it. King's College London Undergraduate Psychiatry Society organized an event entitled, 'A Labour of Love': Perinatal Mental Health to address this issue. The event included a talk from an expert by experience, a mother who developed post-partum mental health problems.</p> <p><b>DESIGN:</b> We conducted a single-arm, pre-post comparison study on participants who attended the KCL Psych Soc event. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill (CAMI)) and behaviour (Reported and Intended Behaviour Scale (RIBS)) were administered before and immediately after exposure to the event.</p> <p><b>RESULTS:</b> 27/27 (100%) of participants recruited responded. There was a statistically significant difference in the pre-MAKS score compared to the post-MAKS score (<math>p=0.0003</math>), the pre-RIBS score compared to the post-RIBS score (<math>p=0.0068</math>) and in the pre-CAMI score compared to the post-CAMI score (<math>p=0.0042</math>).</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Ahmed Hankir	Ahmed Hankir, Rashid Zaman, Mao Fong Lim, Isabel Lever, Phillipa Brothwood, Frederick R Carrick, Jamie Hacker Hughes and Charlotte Wilson Jones	Sep-17	A King's College London Undergraduate Psychiatry Society event to challenge the stigma attached to psychological problems in healthcare professionals and students.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 457-463	English	<p><b>BACKGROUND:</b> 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.</p> <p><b>DESIGN:</b> We conducted a single-arm pre-post comparison study. People who attended the KCL Psych Soc event were recruited to participate. Validated stigma scales on knowledge (Mental Health Knowledge Schedule (MAKS)), attitudes (Community Attitudes towards the Mentally Ill) and behavior (Reported and Intended Behavior Scale (RIBS)) were administered on participants before and immediately after exposure to the event.</p> <p><b>RESULTS:</b> 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 (<math>p</math> value MAKS&lt;0.0001, <math>p</math> value CAMI&lt;0.0001, <math>p</math> value RIBS=0.0011).</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Ahmed Hankir	Ahmed Hankir, Rashid Zaman, Benjamin Geers, Gus Rosie, Grainne Breslin, Lilly Barr, Frederick R Carrick and Sal Anderson	Sep-17	The Wounded Healer film: A London College of Communication event to challenge mental health stigma through the power of motion picture.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 307-312	English	<p><b>BACKGROUND:</b> 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.</p> <p><b>DESIGN:</b> 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.</p> <p><b>RESULTS:</b> 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.</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Ahmed Hankir	Samara Linton, Ahmed Hankir, Sal Anderson, Frederick R Carrick and Rashid Zaman.	Sep-17	Harnessing the Power of Film to Combat Mental Health Stigma. A University College London Psychiatry Society Event.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 300-306	English	<p><b>AIMS:</b> 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.</p> <p><b>BACKGROUND:</b> 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.</p> <p><b>METHODS:</b> 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.</p> <p><b>RESULTS:</b> There was a statistically significant difference in the mental health-related knowledge pre-intervention score compared to the post-intervention score (p=0.0322). All participants either strongly agreed or agreed with the post-evaluation statement, "I feel inspired to raise awareness of the importance of mental health and to take action to challenge stigma."</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Ahmed Hankir	Ahmed Hankir, Sajjad Khalil, Qasim Wadood, Daanyaal Madarbukus, Habibah Arifah 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.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 279-284	English	<p><b>BACKGROUND:</b> Mental health problems are common in Muslim communities however due to fear of exposure to stigmatization many people in this group continue to suffer in silence despite the availability of effective treatment. The Federation of Student Islamic Societies (FOSIS) organized the first ever Muslim mental health conference in Ireland to challenge the stigma attached to mental health problems in Muslims and to encourage care seeking in this group. As far as the authors are aware there are no intervention studies on mental health stigma in Muslim communities reported in the literature.</p> <p><b>DESIGN:</b> 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.</p> <p><b>RESULTS:</b> 18/150 (12%) of participants completed the pre-post RIBS scale and pre-post MAKS scale and 16/150 (10.5%) of participants completed the pre-post CAMI scale. There were statistically significant differences in the pre-RIBS score compared to the post-RIBS score (p=0.0262) and the pre-MAKS score compared to the post-MAKS score (p=0.0003) but not in the pre-CAMI score compared to the post-CAMI score (p=0.6214).</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Ahmed Hankir	Ahmed Hankir, Bruce Kirkcaldy, Frederick R Carrick, Asad Sadiq and Rashid Zaman	Sep-17	The performing arts and psychological well-being.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 196-202	English	Although psychotropic drugs have been hailed as, 'One of the success stories of modern psychiatry' the prescribing of these medicines has not been without commotion, concern and controversy. Moreover, the President of the World Psychiatry Association Professor Dinesh Bhugra and colleagues, after conducting a recent large-scale study (n=25,522) on psychiatric morbidity in the UK, collectively issued the clarion call that, 'The mental health of the nation was unlikely to be improved by treatment with psychotropic medication alone'. The provision of mental healthcare services may likely benefit from a holistic approach that includes a variety of treatment options that prioritizes patient safety and preference. The performing arts is gaining popularity among service users as an adjunctive form of treatment for mental illness. There is a growing body of evidence that provisionally supports the claim that art therapy, 'Possesses the power to heal psychological wounds'. The North American Drama Therapy Association defines drama therapy as, 'The intentional use of drama and/or theatre processes to achieve therapeutic goals' and that it is 'active and experiential'. This review article discusses and describes the merits of dramatherapy and how this treatment modality can contribute to a patient's recovery from psychological distress.	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Ahmed Hankir	Ahmed Hankir, Frederick R Carrick, Rashid Zaman, and Jamie Hacker Hughes	Sep-17	Part II: Muslim perceptions of British combat troops.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 173-178	English	<b>BACKGROUND:</b> On the 22nd May 2017, suicide bomber Salman Abedi detonated an improvised explosive device (IED) in the Manchester Arena killing 22 people and injuring 116 others. Following the 'massacre in Manchester', the leader of the Labour Party, Jeremy Corbyn, linked UK foreign policy with terrorism on British soil. Controversial and contentious though Corbyn's claims may be, the terrorists themselves have also reported that what motivates them to carry out their abominable atrocities are British military operations in Muslim majority countries. Indeed, on the 22nd May 2013, British serviceman, Lee Rigby, was brutally attacked and killed by Michael Adebolajo and Michael Adebowale near the Royal Artillery Barracks in Woolwich, southeast London. The perpetrators of this heinous act told passers-by at the scene that they wanted to avenge the killing of Muslims by the British Armed Forces. <b>METHODS:</b> 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. <b>RESULTS:</b>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Ahmed Hankir	Ahmed Hankir, Frederick R Carrick and Rashid Zaman.	Sep-17	Part I: Muslims, social inclusion and the West. Exploring challenges faced by stigmatized groups.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 164-172	English	The rise of radicalisation, the 'demonization' of Muslims in the media and the immigration crisis in Europe have all contributed and 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.	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Ahmed Hankir	Callum McKell, Ahmed Hankir, Ishtaiwi Abu-Zayed, Raeda Al-Issa and Amjad Awad	Sep-17	Barriers to accessing and consuming mental health services for Palestinians with psychological problems residing in refugee camps in Jordan.	Psychiatry Danubina, Sept 2017, issue 29 (Suppl 3) pages 157-163  The Lancet, February 2018, Volume 391, Special Issue, S8,	English	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. <b>AIM:</b> 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. <b>METHODS:</b> 16 qualitative, semi-structured interviews were conducted with healthcare professionals working at health centres for Palestine refugees in Jordan, 14 of which were in health centres at 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. <b>RESULTS:</b> 16/16 (100%) respondents reported that resource and financial deficits were the most common barriers that contributed towards the treatment gap. Sex (15/16, (94%)), stigma and religion (12/16, (75%)) and culture (10/16, (63%)) were other major barriers identified.	Journal Article	<a href="http://www.thelancet.com/journals">Available from The Lancet Journals (www.thelancet.com/journals)</a>

Fiona Bell	Miranda Thew, Fiona Bell and Eithne Flanagan	Sep-17	Social prescribing: An emerging area for occupational therapy	British Journal of Occupational Therapy 2017, Vol. 80(9) 523–524	English	<p>Social prescribing has been used in some form in the National Health Service (NHS) since the 1990s, but in recent years there has been increased interest and investment by the United Kingdom (UK) government to include a wider range of community interventions and activities (NHS England, 2014), in part to make the approach more sustainable (Dyson, 2014). Social prescribing links people, through general practitioner (GP), nurse or other primary care referral, to local non-medical and social welfare support agencies in the community that provide activities and social interactions that may benefit health. Social prescribing particularly targets populations facing significant social, economic or psychological risk factors that themselves contribute to many preventable diseases and conditions.</p> <p>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.).</p> <p>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.</p>	Journal Article	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Ahmed Hankir	Ahmed Hankir, Hannah Pendegast, 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	Psychiatra Danubina, Sept 2017 vol 29 (Suppl 3) pages 279-284.	English	<p><b>BACKGROUND:</b> Mental health problems are common in Muslim communities however due to fear of exposure to stigmatization many people in this group continue to suffer in silence despite the availability of effective treatment. The Federation of Student Islamic Societies (FOSIS) organized the first ever Muslim mental health conference in Ireland to challenge the stigma attached to mental health problems in Muslims and to encourage care seeking in this group. As far as the authors are aware there are no intervention studies on mental health stigma in Muslim communities reported in the literature.</p> <p><b>DESIGN:</b> 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.</p> <p><b>RESULTS:</b> 18/150 (12%) of participants completed the pre-post RIBS scale and pre-post MAKS scale and 16/150 (10.5%) of participants completed the pre-post CAMI scale. There were statistically significant differences in the pre-RIBS score compared to the post-RIBS score (<math>p=0.0262</math>) and the pre-MAKS score compared to the post-MAKS score (<math>p=0.0003</math>) but not in the pre-CAMI score compared to the post-CAMI score (<math>p=0.6214</math>).</p> <p><b>DISCUSSION:</b> To the best of our knowledge, the FOSIS Dublin Study is the first intervention study on mental health stigma in Muslim communities to be published. The results of our study provide provisional support that a 'bespoke' Muslim mental health conference comprised of talks and workshops by experts in mental health, scholars in Islam and a lecture delivered by a Muslim with first-hand experience of a mental health problem are associated with reductions in stigma. More robust research with a longitudinal study design, larger sample sizes and a control group are needed to determine if such</p>	Journal Article	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
George Crowther	George Crowther	Aug-17	Dementia Inpatient Study on The Recognition and Evaluation of Signs Signalling Emotional Distress: DISTRESSED study	Doctorate in Clinical Psychology	English	<p>Dementia is a common comorbidity in older people admitted to general hospital. People with dementia have a high prevalence of psychological symptoms, pain and delirium, which if left untreated can cause distress and predispose the person to worse outcomes. Identifying individual symptoms or the causes of distress can be difficult because people with more severe dementia often struggle to communicate. Systems are in place to help healthcare professionals recognise and treat individual symptoms, but they require the user to be able to apply and use them appropriately. This thesis describes the development and feasibility testing of a novel screening tool, which aims to improve distress recognition for dementia patients in a hospital setting. Initially, to understand areas of unmet need, a retrospective review of 116 case notes of people with dementia admitted to hospital was undertaken. The results suggested a discrepancy between observed and expected psychological symptoms, delirium, and pain, and that existing systems used to identify and manage them were underutilised. It was hypothesised that encouraging healthcare professionals to identify distress, rather than specific symptoms, may be a simple and sensitive method for improving the recognition of psychological symptoms, pain and delirium downstream. However, how hospital healthcare professionals identify distress in dementia patients was previously undescribed.</p>	Journal Article	<a href="http://etheses.whiterose.ac.uk">Available from eThesis (etheses.whiterose.ac.uk)</a>

	Duncan Raistrick	Aug-17	Are UK opioid substitution treatment agencies fit for purpose	British Journal of Addiction, Volume 112, Issue 8, Pages 1340-1342	English	Day and Mitcheson 1 touch on the importance of organizational factors for staff development and delivery of psychosocial interventions—this commentary further argues for the primacy and profound consequences of organizational constraints on good practice. Clinical guidelines, scientific evidence and common sense all call for integration of psychosocial and pharmacotherapies 2, and yet the United Kingdom has produced a generation of practitioners, many of whom believe that methadone is the only treatment for opioid dependence. Since the 1980s methadone as a harm reduction intervention was part of the UK drugs strategy. The situation was reversed in 2011 to emphasize abstinence, which reflected more clearly the views of service users, their families and friends 3, 4, although support for the whole spectrum of opinion can be found, from the Methadone Alliance to Narcotics Anonymous. These polar opposites of policy were a triumph of political will over evidence 5. The shift to abstinence was a weak initiative, whereas the harm reduction approach was given impetus by some influential vested interests, significant government investment and the introduction of competitive tendering to provide services.	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Sarah Talari and Alison Jane Stansfield	Sarah Talari, Kanmani Balaji and Alison Jane Stansfield.	Aug-17	What is the association between ADI-R scores and final diagnosis of autism in an all IQ adult autism diagnostic service?	Advances in Autism, Vol. 3 Issue: 4, pages 250-262	English	<p><b>Purpose</b> The diagnosis of autism in adults often involves the use of tools recommended by NICE guidance but which are validated in children. The purpose of the paper is to establish the strength of the association between the Autism Diagnostic Interview-Revised (ADI-R) scores and the final clinical outcome in an all intellectual quotients adult autism diagnostic service and to establish if this in any way relates with gender and intellectual ability.</p> <p><b>Design/methodology/approach</b> The sample includes referrals to Leeds Autism Diagnostic Service in 2015 that received a clinical outcome. Sensitivity, specificity and positive and negative predictive values were calculated to evaluate ADI-R and final clinical outcomes. Logistic regression model was used to predict the effect of the scores in all the domains of ADI-R and the two-way interactions with gender and intellectual ability.</p> <p><b>Findings</b> ADI-R has a high sensitivity and low specificity and is useful to rule out the presence of autism, but if used alone, it can over diagnose. Restricted stereotyped behaviours are the strongest predictor for autism and suggests that the threshold should be increased to enhance its specificity.</p>	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Barry Wright	Penelope Spikins, Barry Wright and Callum Scott	Aug-17	Autism spectrum conditions affect preferences in valued personal possessions	Evolutionary Behavioral Sciences. Advance online publication, Aug 28, 2017	English	Although autism has been characterised as a disorder certain selective advantages of autism have been identified which may represent a selective trade-off for reduced 'folk psychology' and provide a potential explanation for the incorporation of autism genes in the human evolutionary past. Such potential trade-off skills remain to be explored in terms of selectively advantageous or disadvantageous behaviours in the distant past however. Here we present the results of an analysis of the relationship between AQ (autism quotient) and attitudes to valued personal possessions on the basis of a study of 550 participants. We find that individuals with autism have a reduced tendency to value and preserve objects as reminders of relationships/attachment figures and place a greater value on the direct practical function of their personal possessions. The latter strategy may have been more selectively advantageous in certain contexts whilst less advantageous in others in the distant evolutionary past.	Journal Article	<a href="http://psycnet.apa.org">Available from APA PsycNET (psycnet.apa.org)</a>
Sarah Talari, Kanmani Balaji and Alison Jane Stansfield	Sarah Talari, Kanmani Balaji and Alison Jane Stansfield	Aug-17	Finding our way: early learning from the Compass Project, an Intensive Intervention Risk Management service for women	Advances in Autism, Vol. 3 Issue: 4, pages 250-262	English	<p><b>Purpose</b> The diagnosis of autism in adults often involves the use of tools recommended by NICE guidance but which are validated in children. The purpose of the paper is to establish the strength of the association between the Autism Diagnostic Interview-Revised (ADI-R) scores and the final clinical outcome in an all intellectual quotients adult autism diagnostic service and to establish if this in any way relates with gender and intellectual ability.</p> <p><b>Design/methodology/approach</b> The sample includes referrals to Leeds Autism Diagnostic Service in 2015 that received a clinical outcome. Sensitivity, specificity and positive and negative predictive values were calculated to evaluate ADI-R and final clinical outcomes. Logistic regression model was used to predict the effect of the scores in all the domains of ADI-R and the two-way interactions with gender and intellectual ability.</p> <p><b>Findings</b> ADI-R has a high sensitivity and low specificity and is useful to rule out the presence of autism, but if used alone, it can over diagnose. Restricted stereotyped behaviours are the strongest predictor for autism and suggests that the threshold should be increased to enhance its specificity.</p>	Journal Article	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>

	<p>Gill Livingston, Julie Barber, Louise Marston, Penny Rapaport, Deborah Livingston, Sian Cousins, Sarah Robertson, Francesca La Frenais and Claudia Cooper.</p>	<p>Jul-17</p>	<p>Prevalence of and associations with agitation in residents with dementia living in care homes: MARQUE cross-sectional study</p>	<p>BJPsych Open Volume 3, Issue 4 July 2017 , pp. 171-178</p>	<p>English</p>	<p>Background: Agitation is reportedly the most common neuropsychiatric symptom in care home residents with dementia.</p> <p>Aims: To report, in a large care home survey, prevalence and determinants of agitation in residents with dementia.</p> <p>Method: We interviewed staff from 86 care homes between 13 January 2014 and 12 November 2015 about residents with dementia with respect to agitation (Cohen-Mansfield Agitation Inventory (CMAI)), quality of life (DEMQOL-proxy) and dementia severity (Clinical Dementia Rating). We also interviewed residents and their relatives. We used random effects models adjusted for resident age, gender, dementia severity and care home type with CMAI as a continuous score.</p> <p>Results: Out of 3053 (86.2%) residents who had dementia, 1489 (52.7%) eligible residents participated. Fifteen per cent of residents with very mild dementia had clinically significant agitation compared with 33% with mild (odds ratios (ORs)=4.49 95% confidence interval (CI)=2.30) and 45% with moderate or severe dementia (OR=6.95 95% CI=3.63, 13.31 and OR=6.23 95% CI=3.25, 11.94, respectively). More agitation was associated with lower quality of life (regression coefficient (rc)=-0.53; 95% CI=-0.61, -0.46) but not with staffing or resident ratio (rc=0.03; 95% CI=-0.04, 0.11), level of residents' engagement in home activities (rc=3.21; 95% CI=-0.82, 7.21) or family visit numbers (rc=-0.03; 95% CI=-0.15, 0.08). It was correlated with antipsychotic use (rc=6.45; 95% CI=3.98, 8.91).</p> <p>Conclusions: Care home residents with dementia and agitation have lower quality of life. More staffing time and activities as currently provided are not associated with lower agitation levels. New approaches to develop staff skills in understanding and responding to the underlying reasons for individual resident's agitation require development and testing.</p>	<p>Journal Article</p>		<p><a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a></p>
	<p>Claire A Surr, Cara Gates, Donna Irving, Jan Oyebode, Sarah Jane Smith, Sahdia Parveen, Michelle Drury and Alison Dennison</p>	<p>Jul-17</p>	<p>Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature</p>	<p>Review of Educational Research, October 2017, Volume 87, Issue 5, pages 966-1002</p>	<p>English</p>	<p>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.</p>	<p>Systematic review</p>		<p><a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a></p>
	<p>Emily Peckham, Sally Brabyn, Liz Cook, Garry Tew and Simon Gilbody</p>	<p>Jul-17</p>	<p>Smoking cessation in severe mental ill health: what works? an updated systematic review and meta-analysis.</p>	<p>BMC psychiatry; Jul 2017; vol. 17 (no. 1); p. 252</p>	<p>English</p>	<p>Background People with severe mental ill health are more likely to smoke than those in the general population. It is therefore important that effective smoking cessation strategies are used to help people with severe mental ill health to stop smoking. This study aims to assess the effectiveness and cost-effectiveness of smoking cessation and reduction strategies in adults with severe mental ill health in both inpatient and outpatient settings.</p> <p>Methods This is an update of a previous systematic review. Electronic databases were searched during September 2016 for randomised controlled trials comparing smoking cessation interventions to each other, usual care, or placebo. Data was extracted on biochemically-verified, self-reported smoking cessation (primary outcome), as well as on smoking reduction, body weight, psychiatric symptom, and adverse events (secondary outcomes).</p> <p>Results We included 26 trials of pharmacological and/or behavioural interventions. Eight trials comparing bupropion to placebo were pooled showing that bupropion improved quit rates significantly in the medium and long term but not the short term (short term RR = 6.42 95% CI 0.82-50.07; medium term RR = 2.93 95% CI 1.61-5.34; long term RR = 3.04 95% CI 1.10-8.42). Five trials comparing varenicline to placebo showed that the addition of varenicline improved quit rates significantly in the medium term (RR = 4.13 95% CI 1.36-12.53). The results from five trials of specialised smoking cessation programmes were pooled and showed no evidence of benefit in the medium (RR = 1.32 95% CI 0.85-2.06) or long term (RR = 1.33 95% CI 0.85-2.08). There was insufficient data to allowing pooling for all time points for varenicline and trials of specialist smoking cessation programmes. Trials suggest few adverse events although safety data were not always reported. Only one pilot study reported cost effectiveness data.</p> <p>Conclusions Bupropion and varenicline, which have been shown to be effective in the general population, also work for people with severe mental ill health and their use in patients with stable psychiatric conditions. Despite good evidence for the effectiveness of smoking cessation interventions for people with severe mental ill health, the percentage of people with</p>	<p>Journal Article</p>	<p>Medline</p>	<p><a href="http://bmcpsychiatry.biomedcentral.com">Available from BMC Psychiatry (bmcpsychiatry.biomedcentral.com)</a></p>

Barry Wright, Lisa Hackney, Melissa Barry, Jamie Barrow, and Megan Garside	Barry Wright, Lisa Hackney, Ellen Hughes, Melissa Barry, Danya Glaser, Vivien Prior, Victoria Allgar, David Marshall, Jamie Barrow, Natalie Kirby, Megan Garside, Pulkit Kaushal, Alex Perry and Dean McMillan.	Jul-17	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.		English	<p>BACKGROUND: Disorganised attachment patterns in infants have been linked to later psychopathology. Services have variable practices for identifying and providing interventions for families of children with disorganised attachment patterns, which is the attachment pattern leading to most future psychopathology. Several recent government reports have highlighted the need for better parenting interventions in at risk groups.</p> <p>OBJECTIVES: The objective of this review and meta-analysis was to evaluate the clinical effectiveness of available parenting interventions for families of children at high risk of developing, or already showing, a disorganised pattern of attachment.</p> <p>METHODS: Population: Studies were included if they involved parents or caregivers of young children with a mean age under 13 years who had a disorganised classification of attachment or were identified as at high risk of developing such problems. Included interventions were aimed at parents or caregivers (e.g. foster carers) seeking to improve attachment. Comparators included an alternative intervention, an attention control, treatment as usual or no intervention. The primary outcome was a disorganised pattern in childhood measured using a validated attachment instrument. Studies that did not use a true Randomised Controlled Trial (RCT) design were excluded from the review. Both published and unpublished papers were included, there were no restrictions on years since publication and foreign language papers were included where translation services could be accessed within necessary timescales.</p> <p>RESULTS: A comprehensive search of relevant databases yielded 15,298 papers. This paper reports a systematic review as part of an NIHR HTA study identifying studies pre-2012, updated to include all papers to October 2016. Two independent reviewers undertook two stage screening and data extraction of the included studies at all stages. A Cochrane quality assessment was carried out to assess the risk of bias. In total, fourteen studies were included in the review. In a meta-analysis of these fourteen studies the interventions saw less disorganised attachment at outcome compared to the control (OR = 0.50, (0.32, 0.77), p = 0.008). The majority of the interventions targeted maternal sensitivity. We carried out exploratory analyses to examine factors that may influence treatment outcome but these should be treated with caution given that we were limited by small numbers of studies.</p>	Journal Article	<a href="https://journals.plos.org/plosone">Available from Plos One (journals.plos.org/plosone)</a>
Tom Hughes	Emily Peckham, Suzanne Crossland, Tom Hughes, Alisha O'Connor, Imogen Sargent and Simon Gilbody	Jul-17	(A16) Getting past the gatekeeper: a pilot of the TwiCs design as a way of overcoming barriers to research participation in mental health studies	The ethics of 'Trials within Cohorts' (TwiCs): 2nd international symposium London, UK. 7-8 November 2016 Published: 20 July 2017	English	<p>Background: People with severe mental ill health can be a hard to reach population for trial recruitment. One reason for this is clinicians' reluctance to invite people with severe mental ill health to take part in research. This may be due to a belief that it would not be in the person's best interest, without checking if this is true. The TwiCs design might be appropriate since it is easy for participants to engage with and doesn't cause ethical dilemmas for the recruiting clinician about whether or not it is in the participant's best interest to take part. This promotes service user autonomy. We are piloting this design.</p> <p>Methods: We have set up the Lifestyle Health and Wellbeing Survey to ask people with severe mental ill health questions about diet, fitness, alcohol and smoking. Those who respond and are willing to be contacted again will become part of the Health and Wellbeing cohort. We are looking at people's answers to determine whether they are potentially eligible to take part in the SCIMITAR+ randomised controlled trial (ISRCTN72955454). This trial will test an intervention to help people quit smoking. Both the Health and Wellbeing cohort and SCIMITAR+ have received research ethics committee approval. If this method of recruitment proves acceptable to participants we will embed other trials of lifestyle interventions in the Health and Wellbeing cohort.</p>	Journal Article	<a href="https://trialsjournal.biomedcentral.com">Available from BioMed Central in Trials Journals (trialsjournal.biomedcentral.com)</a>
Rob Baskind	Rebekah Sutherland and Rob Baskind	Jun-17	Evaluating the routine collection of quality of life/functioning outcomes in an Adult ADHD service in order to inform the development of an ADHD quality of life/functioning "hard outcome" tool	Dclin Psych. University of Leeds	English	No abstract	Service Evaluation	<a href="https://dclinpsych.leeds.ac.uk">Available from University of Leeds: Clinical Psychology Extranet (https://dclinpsych.leeds.ac.uk)</a>
Matthew Osborne and Claire Paul	Matthew Osborne and Claire Paul.	Jun-17	A smoking cessation intervention for staff in mental health services	Nursing Times [online] July 2017 / Vol 113 Issue 7 (22-24)	English	An NHS trust providing specialist mental health services has put in place a smoke-free policy and supported staff to either abstain from smoking while at work or stop smoking completely. This article describes the intervention, which was carried out by specially trained smoking cessation advisers, and discusses its outcomes so far. Among staff who had signed up to a four-week attempt at quitting, half achieved their goal. Critically, the intervention – which was offered to all staff, both clinical and non-clinical – reached nurses who can play a crucial role in persuading service users to try to stop smoking.	Journal Article	<a href="https://nursingtimes.net">Available from NursingTimes online (nursingtimes.net) log in needed.</a>

	Jessica Broughton, Sarah Harris, Lucy Beasant, Esther Crawley and Simon Collin.	Jun-17	Adult patients' experiences of NHS specialist services for chronic fatigue syndrome (CFS/ME): a qualitative study in England	BMC Health Services Research volume 17, Article number: 384 (2017)	English	<p>Background: Few studies have explored patients' experiences of treatment for CFS/ME. This study aims to fill this gap by capturing the perspective of patients who have been treated by NHS specialist CFS/ME services in England.</p> <p>Methods: Semi-structured interviews were conducted during the period June–September 2014 with 16 adults who were completing treatment at one of three outpatient NHS specialist CFS/ME services. Interviews were analysed thematically using constant comparison techniques, with particular attention paid to contrasting views.</p> <p>Results: Three themes were identified: 'Journey to specialist services'; 'Things that help or hinder treatment'; and 'Support systems'. Within these themes nine sub-themes were identified. A wide range of factors was evident in forming participants' experiences, including personal characteristics such as perseverance and optimism, and service factors such as flexibility and positive, supportive relationships with clinicians. Participants described how specialist services played a unique role, which was related to the contested nature of the condition. Many participants had experienced a lack of validation and medical and social support before attending a specialist service. Patients' experiences of life before referral, and the concerns that they expressed about being discharged, highlighted the hardship and obstacles which people living with CFS/ME continue to experience in our society.</p> <p>Conclusions: The experiences of CFS/ME patients in our study showed that NHS specialist CFS/ME services played a vital role in patients' journeys towards an improved quality of life. This improvement came about through a process which included validation of patients' experiences, acceptance of change, practical advice and support, and therapeutic outcomes.</p>	Peer review	BMC Psychiatry (online)	<a href="http://www.biomedcentral.com">Available from BioMed Central (www.biomedcentral.com)</a>
	Vicky Ward, Paul Morrin, Vicky Ward, Allan House, Tessa Holmes, David Woodcock and Richard Graham	May-17	Knowledge sharing across health and social care boundaries	University of Leeds website - Faculty of Medicine and Health - Mobilising Knowledge Across Health and Social Care Boundaries	English	<p>More people than ever are receiving care and support from both health and social care services, but often the care they receive is not well co-ordinated. In response many NHS and Social Care organisations have set up community-based teams of health and social care staff who work together to support people living in the local area.</p> <p>These inter-professional teams have a wealth of practical knowledge, information and experience to draw on when they are trying to decide how best to support people with complex lives and needs. Sharing this knowledge can help them to come up with new and innovative ideas and solutions, especially when they are dealing with difficult situations where there are few clear or simple answers.</p> <p>Although we know that sharing knowledge is important, relatively little is known about what knowledge sharing looks like in practice and what can be done to encourage better knowledge sharing. This project was designed to address this by focusing on how people working in health and social care teams share knowledge with one another and how they can be supported to do so.</p>	Project report		<a href="http://www.medhealth.leeds.ac.uk">Available from the Faculty of Medicine and Health at University of Leeds (www.medhealth.leeds.ac.uk)</a>
John Holmes	Peter Knapp, Alexia C Campbell Burton, John Holmes, Jenni Murray, David Gillespie, Elizabeth C Lightbody, Caroline L Watkins, Ho-Yan Y Chun and Sharon R Lewis.	May-17	Interventions for treating anxiety after stroke	The Cochrane database of systematic reviews; May 2017; vol. 5 ; p. CD008860	English	<p>Background: Anxiety after stroke occurs frequently and can be treated with antidepressants or other anxiety-reducing drugs, or both, or with psychological therapy.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Conclusion: Current evidence is insufficient to guide the treatment of anxiety after stroke. Additional well-conducted randomised trials are needed.</p>	Journal Article	Medline	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Claire Paul	Claire Paul and Janet Holt.	May-17	Involving the public in mental health and learning disability research: Can we, should we, do we?	Journal of Psychiatric and Mental Health Nursing 1365-2850	English	<p>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.</p> <p>Aim: This study explored the attitude of researchers working in mental health and learning disability services in the UK towards PPI in health research.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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> <p>Relevance statement: Findings suggest that despite clear guidelines and a history of service user involvement, there are still challenges to the integration of PPI in mental health and learning disability research in the UK. For countries where PPI guidelines are being developed, attention needs to be paid to cultural factors in the research community to win "hearts and minds" and support the effective integration of PPI across the whole research process.</p>	Journal Article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Barry Wright	Julie C Wilson, Barry Wright, Sandra Jost, Robert Smith, Helen Pearce and Sally Richardson	Apr-17	Can urinary indolylacryloylglycine (IAG) levels be used to determine whether children with autism will benefit from dietary intervention?: Autism, gastrointestinal problems and IAG	Pediatric Research volume, April 2017, Volume 81, Issue 4, pages 672-679	English	<p>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.</p> <p>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.</p> <p>Results: We find no significant difference in urinary IAG levels between the ASD children with GI problems and ASD children without GI problems. Although we see some difference between ASD children with GI problems and controls in mainstream schools with GI problems, the difference between non-autistic children with other developmental disorders and controls in mainstream schools is more significant so that any difference is not autism-specific. We find a strong correlation between bowel symptoms and diet problems in ASD children, especially idiosyncratic feeding behavior and we show that ASD children suffering from multiple bowel symptoms tend to be those who also have dietary problems.</p> <p>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.</p>	Journal Article	<a href="https://www.nature.com">Available from Nature.com</a>

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, Parveen K Sharma, Stephen R Williams and R Hamish McAllister-Williams	Apr-17	Randomised controlled trial of ketamine augmentation of electroconvulsive therapy to improve neuropsychological and clinical outcomes in depression (Ketamine-ECT study)	Efficacy and Mechanism Evaluation Volume: 4, Issue:2, Published in April 2017	English	<p>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.</p> <p>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.</p> <p>Design: Multicentre, two-arm, parallel-group, patient-randomised, placebo-controlled superiority trial.</p> <p>Setting: Eleven ECT suites based in seven NHS trusts in the north of England.</p> <p>Participants: Severely depressed hospitalised patients or outpatients who received ECT as part of their usual clinical care.</p> <p>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.</p> <p>Main outcome measures: The primary outcome was delayed verbal recall on the Hopkins Verbal Learning Task – Revised (HVLT-R) after four ECT treatments (mid-ECT), analysed using a Gaussian repeated measures model. Secondary outcomes included autobiographical, working and visual memory and verbal fluency, symptoms and quality of life; assessments occurred at mid-ECT, end of treatment and 1 and 4 months after the last ECT. Neuropsychological function was compared with that of healthy control subjects and a functional near-infrared spectroscopy (fNIRS) substudy investigated prefrontal cortex function. A patient survey of study participation was carried out.</p>	Journal Article	<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals library (www.journalslibrary.nihr.ac.uk)</a>
	Jo Rycroft-Malone, Felix Grading, Heledd O Griffiths, Rebecca Crane, Andy Gibson, Stewart Mercer, Rob Anderson and Willem Kuyken.	Apr-17	Accessibility and implementation in the UK NHS services of an effective depression relapse prevention programme: learning from mindfulness-based cognitive therapy through a mixed-methods study (ASPIRE Study)	Health Services and Delivery Research Volume: 5, Issue:14, Published in April 2017	English	<p>Background: Depression affects as many as one in five people in their lifetime and often runs a recurrent lifetime course. Mindfulness-based cognitive therapy (MBCT) is an effective psychosocial approach that aims to help people at risk of depressive relapse to learn skills to stay well. However, there is an 'implementation cliff': access to those who could benefit from MBCT is variable and little is known about why that is the case, and how to promote sustainable implementation. As such, this study fills a gap in the literature about the implementation of MBCT.</p> <p>Objectives: To describe the existing provision of MBCT in the UK NHS, develop an understanding of the perceived costs and benefits of MBCT implementation, and explore the barriers and critical success factors for enhanced accessibility. We aimed to synthesise the evidence from multiple data sources to create an explanatory framework of the how and why of implementation, and to co-develop an implementation resource with key stakeholders.</p> <p>Design: A two-phase qualitative, exploratory and explanatory study, which was conceptually underpinned by the Promoting Action on Research Implementation in Health Services framework.</p> <p>Methods: Phase 1 involved interviews with participants from 40 areas across the UK about the current provision of MBCT. Phase 2 involved 10 case studies purposively sampled with differing degrees of MBCT provision, and from each UK country. Case study methods included interviews with key stakeholders, including commissioners, managers, MBCT practitioners and teachers, and service users. Observations were conducted and key documents were also collected. Data were analysed using a modified approach to framework analysis. Emerging findings were verified through stakeholder discussions and workshops.</p>	Journal Article	<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals library (www.journalslibrary.nihr.ac.uk)</a>
Barry Wright	Jan Aldridge, Karen Shimon, Mike Miller, Lorna Katharine Fraser and Barry Wright	Mar-17	"I can't tell my child they are dying": Helping Parents Have Conversations With Their Child	Archives of Disease in Childhood - Education and Practice 2017, Volume 102, Issue 4, pages 182-187	English	<p>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.</p>	Journal Article	<a href="http://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>

<p>Lisa Joanne Maltman</p>	<p>Lisa Joanne Maltman and Emma Lucy Turner</p>	<p>Mar-17</p>	<p>Women at the centre – using formulation to enhance partnership-working: a case study</p>	<p>The Journal Of Forensic Practice Volume 19, Issue 4 pages 278-287</p>	<p>English</p>	<p><b>Purpose</b> 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.</p> <p><b>Design/methodology/approach</b> 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.</p> <p><b>Findings</b> The paper describes the development of a “volcano metaphor” as a conceptual framework to assist workers, without psychological training, to better understand the complexity of a client’s intense emotional world. It also reflects the impact of an individualised formulation for through-the-gate working.</p> <p><b>Practical implications</b> The challenges and advantages of “joined-up” inter-agency working are highlighted, including some ideas on how to promote consistency. These include the use of formulation as the basis for decision making and to help “contain” strong emotions attached to working with complex women offenders. Importance is attached to stable and appropriate housing for such women by anticipating their resettlement needs prior to points of transition, and coordinating provision through multi-agency public protection arrangements.</p>	<p>Journal Article</p>		<p><a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a></p>
<p>Tom Hughes</p>	<p>Johanna Taylor, Jan R Böhnke, Judy Wright, Ian Kellar, Sarah L Alderson, Tom Hughes, Richard I G Holt and Najma Siddiqi.</p>	<p>Feb-17</p>	<p>A core outcome set for evaluating self-management interventions in people with comorbid diabetes and severe mental illness: study protocol for a modified Delphi study and systematic review</p>	<p>BMC Trials, February 2017, Volume 18, article 70</p>	<p>English</p>	<p><b>Background</b> People with diabetes and comorbid severe mental illness (SMI) form a growing population at risk of increased mortality and morbidity compared to those with diabetes or SMI alone. There is increasing interest in interventions that target diabetes in SMI in order to help to improve physical health and reduce the associated health inequalities. However, there is a lack of consensus about which outcomes are important for this comorbid population, with trials differing in their focus on physical and mental health. A core outcome set, which includes outcomes across both conditions that are relevant to patients and other key stakeholders, is needed.</p> <p><b>Methods</b> This study protocol describes methods to develop a core outcome set for use in effectiveness trials of self-management interventions for adults with comorbid type-2 diabetes and SMI. We will use a modified Delphi method to identify, rank, and agree core outcomes. This will comprise a two-round online survey and multistakeholder workshops involving patients and carers, health and social care professionals, health care commissioners, and other experts (e.g. academic researchers and third sector organisations). We will also select appropriate measurement tools for each outcome in the proposed core set and identify gaps in measures, where these exist.</p> <p><b>Discussion</b> 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.</p>	<p>Journal Article</p>		

<p>Katie Atherton, Rebecca Hargate, John Holmes, Amanda Lilley-Kelly and Madeline Pasterfield</p>	<p>Simon Gilbody, Helen Lewis, Joy Adamson, Katie Atherton, Della Bailey, Jacqueline Birtwistle, Katharine Bosanquet, Emily Clare, Jaime Delgado, David Ekers, Deborah Foster, Rhian Gabe, Samantha Gascoyne, Lesley Haley, Jahnese Hamilton, Rebecca Hargate, Catherine Hewitt, John Holmes, Ada Keding, Amanda Lilley-Kelly, Shaista Meer, Natasha Mitchell, Karen Overend, Madeline Pasterfield, Jodi Pervin, David A</p>	<p>Feb-17</p>	<p>Effect of Collaborative Care vs Usual Care on Depressive Symptoms in Older Adults With Subthreshold Depression: The CASPER Randomized Clinical Trial</p>	<p>JAMA. 2017;317(7):728-737. doi:10.1001/jama.2017.0130</p>	<p>English</p>	<p>Importance There is little evidence to guide management of depressive symptoms in older people.</p> <p>Objective To evaluate whether a collaborative care intervention can reduce depressive symptoms and prevent more severe depression in older people.</p> <p>Design, Setting, and Participants Randomized clinical trial conducted from May 24, 2011, to November 14, 2014, in 32 primary care centers in the United Kingdom among 705 participants aged 65 years or older with Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) subthreshold depression; participants were followed up for 12 months.</p> <p>Interventions Collaborative care (n=344) was coordinated by a case manager who assessed functional impairments relating to mood symptoms. Participants were offered behavioral activation and completed an average of 6 weekly sessions. The control group received usual primary care (n=361).</p> <p>Main Outcomes and Measures The primary outcome was self-reported depression severity at 4-month follow-up on the 9-item Patient Health Questionnaire (PHQ-9; score range, 0-27). Included among 10 prespecified secondary outcomes were the PHQ-9 score at 12-month follow-up and the proportion meeting criteria for depressive disorder (PHQ-9 score ≥10) at 4- and 12-month follow-up.</p> <p>Results The 705 participants were 58% female with a mean age of 77 (SD, 7.1) years. Four-month retention was 83%, with higher loss to follow-up in collaborative care (82/344 [24%]) vs usual care (37/361 [10%]). Collaborative care resulted in lower PHQ-9 scores vs usual care at 4-month follow-up (mean score with collaborative care, 5.36 vs with usual care, 6.67; mean difference, -1.31; 95% CI, -1.95 to -0.67; P &lt; .001). Treatment differences remained at 12 months (mean PHQ-9 score with collaborative care, 5.93 vs with usual care, 7.25; mean difference, -1.33; 95% CI, -2.10 to -0.55). The proportions of participants meeting criteria for depression at 4-month follow-up were 17.2% (45/262) vs 23.5% (76/324), respectively (difference, -6.3% [95% CI, -12.8% to 0.2%]; relative risk, 0.83 [95% CI, 0.61-1.27]; P = .25) and at 12-month follow-up were 15.7% (37/235) vs 27.8% (79/284) (difference, -12.1% [95% CI, -19.1%</p>	<p>Journal Article</p>	<p>Medline</p>	<p><a href="https://jamanetwork.com">Available from The Journal of American Medical Association (jamanetwork.com)</a></p>
<p>Ian Owen</p>	<p>Ian Owen.</p>	<p>Feb-17</p>	<p>On Attachment: The View from Developmental Psychology</p>	<p>Karnac Books (February 17, 2017)</p>	<p>English</p>	<p>Attachment theory occupies an integrative position between psychodynamic therapy and various perspectives within empirical psychology. Since therapy began, its way of thinking has been to interpret mental processes in relation to meaningful psychological objects between children and parents, partners, friends and within individual therapy.</p> <p>The current volume appraises how attachment interprets by summarizing the research literature in developmental psychology in order to clarify conclusions that support practice. One aim is to promote the recognition of attachment processes as they occur between self and others in the moment. When it is possible to identify attachment in this way, implied events in clients' lives can come into shared understanding.</p> <p>Part I considers the received wisdom about attachment, and summarizes the literature and what it means for understanding relationships and defenses as part of development. Part II considers attachment in relation to emotional regulation and provides some examples. Part III applies the clarified understanding of attachment processes to inform assessment and therapy, and more broadly, mental health work in general. The ideas of Sigmund Freud and John Bowlby are used to reinvigorate psychodynamic practice.</p>	<p>Book</p>		<p>Book available for purchase.</p>
	<p>Jenny Shaw, Sarah Conover, Dan Herman, Manuela Jarrett, Morven Leese, Paul McCrone, Caroline Murphy, Jane Senior, Ezra Susser, Graham Thornicroft, Nat Wright, Dawn Edge, Richard Emsley, Charlotte Lennox, Alyson Williams, Henry Cust, Gareth Hopkin, and Caroline Stevenson.</p>	<p>Feb-17</p>	<p>Critical time Intervention for Severely mentally ill Prisoners (CrISP): a randomised controlled trial</p>	<p>Health Services and Delivery Research, No. 5.8</p>	<p>English</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Setting: Eight English prisons.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Results: One hundred and fifty prisoners were recruited: 72 were randomised to the intervention and 78 were randomised to the control. Engagement with teams at 6 weeks was 53% for the intervention group compared with 27%</p>	<p>Journal Article</p>		<p><a href="https://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a></p>

	Peter Taylor, Sarah Jones, Christopher Huntley and Claire Seddon.	Feb-17	What are the key elements of cognitive analytic therapy for psychosis? A Delphi study		English	<p>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.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p>	Journal article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Barry Wright	Penny Spikins and Barry Wright	Jan-17	Spikins, P., Wright, B. J. D. (2017). The Prehistory of Autism. Rounded Globe.	Rounded Globe	English	<p>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.</p> <p>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 and downplays the difficulties which they face. Equally, for some our discussion of how disabilities in general were treated in prehistory is important to better understand how autism that brings clear impairments might have been integrated into communities, for many any association of autism with clear impairments in function is problematic as their autism is best seen as simply a difference in mind rather than a condition requiring support. We like to think that any reader will take from this book that which is particularly pertinent and valuable to them.</p> <p>We argue that viewing autism as necessarily a disability prevents us from understanding the contribution that individuals with autism have made to our human communities. Viewing autism as a difference is much more constructive; but this in no way negates the challenges which autism may bring.</p> <p>In this ebook, we will juggle differing perspectives on autism, and generally use the term autism to refer to a wide ranging and complex spectrum.</p>	Book	<a href="https://roundedglobe.com">Available from Rounded Globe (roundedglobe.com)</a>
James Johnston	James Johnston	Jan-17	Learning from the cradle to the grave: the psychotherapeutic development of doctors from beginning to end of a career in medicine and psychiatry	The Royal College of Psychiatrists, January 2017, Occasional Paper 102	English	<p>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.</p> <p>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.</p>	Occasional Paper	<a href="http://www.rcpsych.ac.uk">Available from Royal College of Psychiatrist (www.rcpsych.ac.uk)</a>

Barry Wright, Lucy Tindall and Shehzad Ali	Barry Wright, Lucy Tindall, Elizabeth Littlewood, Victoria Allgar, Paul Abeles, Dominic Trépel and Shehzad Ali	Jan-17	Computerised cognitive-behavioural therapy for depression in adolescents: feasibility results and 4-month outcomes of a UK randomised controlled trial	BMJ Open 2017 Volume 7 Issue 1	English	<p><b>OBJECTIVES:</b> 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.</p> <p><b>DESIGN:</b> Single centre RCT feasibility study.</p> <p><b>SETTING:</b> The trial was run within community and clinical settings in York, UK.</p> <p><b>PARTICIPANTS:</b> 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.</p> <p><b>INTERVENTIONS:</b> 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).</p> <p><b>PRIMARY AND SECONDARY OUTCOME MEASURES:</b> 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.</p> <p><b>RESULTS:</b> 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 <i>feasible and acceptable for adolescents with depression</i>.</p>	Journal Article	<a href="https://open.bmj.com/">Available from BMJ Journals Open (bmjopen.bmj.com)</a>
	Penn Smith and Anna Madill	Jan-17	Photo elicitation study of a novel in-reach rehabilitation and recovery service.	Innovation' Research and Development Newsletter, 27, 10-11.	English	<p><b>Background:</b> 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 institutionalisation and will promote better outcomes for service users who may be characterised as 'high need' and 'slow moving'.</p> <p><b>Method:</b> 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 time period of seven to ten days. Interviews followed a semi-structured interview question format and were led by discussions prompted by the photographs.</p> <p><b>Success using the method:</b> Initial analysis has revealed interesting themes including the role of relationships in recovery as well as the importance of meaning-making in participants' lives. This image depicts a staff member's experience of supporting service users in their recovery journey. Each different combination represents a challenge to overcome and an opportunity to open up new possibilities. Overall the theme is 'freedom to move forward'. Wanting the best for service users is key, in addition to advocating service user choice whilst acknowledging limitations. The pilot study has demonstrated photo elicitation works well as a method and generates rich data. As a commonly used medium, photography is well suited for vulnerable participants. Participants have engaged with the process of taking photographs and offered valuable feedback. Time to stop and reflect has been viewed as valuable, and the process itself described as powerful. This work demonstrates that taking photographs enables participants to find meaning through visualizing</p>	Journal Article	<a href="http://www.leedsandYorkpft.nhs.uk/">Available from Research and Development Publications (www.leedsandYorkpft.nhs.uk)</a>

	Rebecca Gossage-Worrall, Richard I G Holt, Katharine Barnard, Marian E Carey, Melanie J Davies, Chris Dickens, Yvonne Doherty, Charlotte Edwardson, Paul French, Fiona Gaughran, Kathryn Greenwood, Sridevi Kalidindi, Daniel Hind, Kamlesh Khunti, Paul McCrone, Jonathan Mitchell, John Pendlebury, Shanaya Rathod, David Shiers, Najma Siddiqi, Lizzie Swaby and Stephen Wright.	Dec-16	STEPWISE – STructured lifestyle Education for People Wlth SchizophrEnia: a study protocol for a randomised controlled trial	BMC Trials, September 2016, Volume 17, article 475	English	Background People with schizophrenia are two to three times more likely to be overweight than the general population. The UK National Institute of Health and Care Excellence (NICE) recommends an annual physical health review with signposting to, or provision of, a lifestyle programme to address weight concerns and obesity. The purpose of this randomised controlled trial is to assess whether a group-based structured education programme can help people with schizophrenia to lose weight. Methods Design: a randomised controlled trial of a group-based structured education programme. Setting: 10 UK community mental health trusts. Participants: 396 adults with schizophrenia, schizoaffective, or first-episode psychosis who are prescribed antipsychotic medication will be recruited. Participants will be overweight, obese or be concerned about their weight. Intervention: participants will be randomised to either the intervention or treatment as usual (TAU). The intervention arm will receive TAU plus four 2.5-h weekly sessions of theory-based lifestyle structured group education, with maintenance contact every 2 weeks and 'booster' sessions every 3 months. All participants will receive standardised written information about healthy eating, physical activity, alcohol and smoking. Outcomes: the primary outcome is weight (kg) change at 1 year post randomisation. Secondary outcomes, which will be assessed at 3 and 12 months, include: the proportion of participants who maintained or reduced their weight; waist circumference; body mass index; objectively measured physical activity (wrist accelerometer); self-reported diet; blood pressure; fasting plasma glucose, lipid profile and HbA1c (baseline and 1 year only); health-related quality of life (EQ-5D-5L and RAND SF-36); (adapted) brief illness perception questionnaire; the Brief Psychiatric Rating Scale; the Client Service Receipt Inventory; medication use; smoking status; adverse events; depression symptoms (Patient Health Questionnaire-9); use of weight-loss programmes; and session feedback (intervention only). Outcome assessors will be blind to trial group allocation. Qualitative interviews with a subsample of facilitators and intervention-arm participants will provide data on intervention feasibility and acceptability. Assessment of intervention fidelity will also be performed. Discussion The STEPWISE trial will provide evidence for the clinical and cost-effectiveness of a tailored intervention, which, if successful, could be implemented rapidly in the NHS. Trial registration ISRCTN19447796, registered on 20 March 2014.	Journal Article	<a href="https://trialsjournal.biomedcentral.com">Available from Trials Journal at BioMed Central (trialsjournal.biomedcentral.com)</a>
Barry Wright	Penelope Spikins, Barry Wright and Derek Hodgson	Dec-16	Are there alternative adaptive strategies to human pro-sociality? The role of collaborative morality in the emergence of personality variation and autistic traits	Journal Time and Mind The Journal of Archaeology, Consciousness and Culture, Nov 2016, Volume 9, Issue 4, Pages 289-313	English	Selection pressures to better understand others' thoughts and feelings are seen as a primary driving force in human cognitive evolution. Yet might the evolution of social cognition be more complex than we assume, with more than one strategy towards social understanding and developing a positive pro-social reputation? Here we argue that social buffering of vulnerabilities through the emergence of collaborative morality will have opened new niches for adaptive cognitive strategies and widened personality variation. Such strategies include those that do not depend on astute social perception or abilities to think recursively about others' thoughts and feelings. We particularly consider how a perceptual style based on logic and detail, bringing certain enhanced technical and social abilities which compensate for deficits in complex social understanding could be advantageous at low levels in certain ecological and cultural contexts. 'Traits of autism' may have promoted innovation in archaeological material culture during the late Palaeolithic in the context of the mutual interdependence of different social strategies, which in turn contributed to the rise of innovation and large scale social networks.	Journal Article	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Barry Wright	Barry Wright and Christine Williams.	Dec-16	A guide to Writing Social Stories: Step-by-Step Guidelines for Parents and Professionals	Jessica Kingsley Publishers, 2016	English	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.	Book	Book available for purchase.

Barry Wright and Danielle Varley and Lisa Hackney	David Marshall, Barry Wright, Victoria Allgar, Joy Adamson, Christine Williams, Hannah Ainsworth, Liz Cook, Danielle Varley, Lisa Hackney, Paul Dempster, Shehzad Ali, Dominic Trepel, Danielle Collingridge Moore, Elizabeth Littlewood and Dean McMillan	Dec-16	Social stories in mainstream schools for children with autism spectrum disorder: a feasibility randomised controlled trial	BMJ Journals, Volume 6, Issue 8	English	<p>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.</p> <p>Design A single-centre, unblinded, cluster feasibility randomised controlled trial examining Social Stories delivered within a school environment compared with an attentional control.</p> <p>Setting 37 primary schools in York, UK.</p> <p>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).</p> <p>Outcome measures Acceptability and feasibility of the trial, intervention and of measurements required to assess outcomes in a definitive trial.</p> <p>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.</p> <p>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.</p>	Journal Article	<a href="#">Available from BMJ Journals Open (bmjopen.bmj.com)</a>
Barry Wright	Barry Wright, David Alexander, Assad Aghahoseini and the York Surgical Outcomes Research Team	Dec-16	Does preoperative depression and/or serotonin transporter gene polymorphism predict outcome after laparoscopic cholecystectomy?	BMJ Journals, Volume 6, Issue 9	English	<p>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.</p> <p>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.</p> <p>Results Full genetic and psychological data were obtained from 273 out of 330 patients consented to the study (82% female). Significantly fewer people with preoperative depression (Beck Depression Inventory (BDI) score &gt;5) had returned to employment (57% vs 86%, p&lt;0.001) or made a full recovery (11% vs 44%, p&lt;0.001) 6 weeks after surgery. Independent predictors for subjective return to usual after surgery included preoperative depression, body mass index and postoperative pain scores. Independent predictors of postoperative depression included preoperative antidepressant use and preoperative depression. SS genotype was associated with use of antidepressants preoperatively and higher anxiety levels after surgery. However, it was not associated with other salient postoperative psychosocial outcomes.</p> <p>Conclusions Depressive psychological morbidity preoperatively, pain and body mass index appear to be important factors in predicting recovery after this common surgical procedure. There may be a place to include preoperative brief psychological screening to enable targeted support. Our results suggest that the serotonin transporter gene is unlikely to be a useful clinical predictor of outcome in this group.</p>	Journal Article	<a href="#">Available from BMJ Journals Open (bmjopen.bmj.com)</a>
Barry Wright and Danielle Varley	Barry Wright, Sophie Roberts, Carol Redmond, Kath Davies and Danielle Varley	Dec-16	Evolving the service model for child and adolescent mental health services	Journal of Hospital Administration, Volume 6, Issue 1, pages 34-42	English	<p>A new model for a community mental health service for children and young people aged 0-18 years is described. This has been formulated after multi-level consultation including extensive user/carer involvement. The proposed model is multidisciplinary and integrated with multiagency provision, with smooth access onto and through care pathways. This model brings voluntary and statutory agencies into an integrated collaboration. It reinforces that social and emotional development and psychological functioning is everybody's business and creates conditions where a child's needs can be addressed on a day-to-day basis rather than through a "clinic-based model".</p>	Journal Article	<a href="#">Available from SCIEDU (www.sciedupress.com)</a>

Hiroko Akagi	Simon M Collin and Esther Crawley	Dec-16	Specialist treatment of chronic fatigue syndrome/ME: a cohort study among adult patients in England	BMC Health Services Research Volume 17, Issue 1, 14 July 2017, Article number 488	English	Background: NHS specialist chronic fatigue syndrome (CFS/ME) services in England treat approximately 8000 adult patients each year. Variation in therapy programmes and treatment outcomes across services has not been described. Methods: We described treatments provided by 11 CFS/ME specialist services and we measured changes in patient-reported fatigue (Chalder, Checklist Individual Strength), function (SF-36 physical subscale, Work and Social Adjustment Scale), 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- to 5-year follow-up (30.4% (385/1265)), these proportions were 30.4% (117/385), 27.5% (106/385), 11.4% (44/385), 13.5% (52/385), and 17.1% (66/385), respectively. 85.4% (327/383) of former patients responded "Yes" to "Do you think that you are still suffering from CFS/ME?" 8.9% (34/383) were "Uncertain", and 5.7% (22/383) responded "No". Conclusions: This multi-centre NHS study has shown that, although one third of patients reported substantial overall improvement in their health, CFS/ME is a long term condition that persists for the majority of adult patients even after receiving specialist treatment. © 2017 The Author(s).	Journal Article		<a href="http://www.bmchealthservres.biomedcentral.com">Available from BMC Health Services (www.bmchealthservres.biomedcentral.com)</a>
James Johnston	Jessica Yakeley, James Johnston, Gwen Adshead, and Laura Allison	Dec-16	The Oxford Specialist Handbook of Medical Psychotherapy		English	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.	Book	Oxford university Press	<a href="http://oxfordmedicine.com">Available from Oxford Medicine online (oxfordmedicine.com)</a>
Duncan Raistrick	Niamh Fitzgerald, Kathryn Angus, Andrew Elders, Marisa de Andrade, Duncan Raistrick, Nick Heather, and Jim McCambridge	Dec-16	Weak evidence on nalmefene creates dilemmas for clinicians and poses questions for regulators and researchers	Addiction. 2016 Aug; 111(8): 1477–1487.	English	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.	Journal article		<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>

Hayley Kenny and Alison Jane Stansfield	Hayley Kenny and Alison Jane Stansfield	Dec-16	How useful are the Adult Asperger Assessment and AQ-10 within an adult clinical population of all intellectual abilities?	Advances in Autism, Vol. 2 No. 3 2016, pp. 118-130,	English	<p>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.</p> <p>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, n¼214. Of these 132 were included in the analysis, 77 patients were excluded for not completing the AAA and four were excluded for not receiving a clinical decision.</p> <p>Findings – Results suggest that patients diagnosed with ASD without intellectual disabilities score on average 35 on the AQ, 17 on the EQ and 20 on the RQ. Those not diagnosed with ASD score on average 33 on the AQ, 22 on the EQ and 15 on the RQ. Patients with intellectual disabilities, scores are lower on the AQ, and higher on the EQ and RQ than those without intellectual disabilities. These results are the same regardless of diagnosis of ASD. The RQ is the only questionnaire to result in a significant difference between those diagnosed and not diagnosed. Results suggest that the AQ-10 is not useful in this clinical population.</p> <p>Research limitations/implications – This study was undertaken as part of a service development improvement process. The specific demographics of this clinical population may have influenced the findings. The process will need to be repeated to ensure that the results are consistent across time and increased sample size. The population of patients with an intellectual disability is small, further studies into the use of the AAA or the design of other intellectual disability specific screening tools should be pursued. It is of note that the AAA was never intended for use within an intellectual disability population.</p> <p>Originality/value – This is an original paper as it will be the first to consider the usefulness of each of the aspects of the AAA collectively. It will be the first to assess: the AQ-10 alongside the AAA, the usefulness of the AAA regardless of intellectual ability and the usefulness of the AAA within a clinical population by using the diagnostic outcome as the benchmark of the usefulness of the AAA scores. This paper will only be discussing</p>	Research Paper		<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Prakash Hosalli	Prakash Hosalli	Dec-16	Being a college tutor for psychiatry trainees	Advances in Psychiatric Treatment, May 2016, vol./is. 22/3(201-202), 1355-5146;1472-1481 (May 2016)	English	<p>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.</p>	Journal Article	EMBASE	<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>
	Yvonne Beckford, Ilyas Vader, Lenka Novakova, Deborah Squibb, Joanna Hoskin, Ros Herman and Bernice Woll.	Dec-16	Deaf children have language difficulties too	British Deaf News online post, March 1, 2016	English	<p>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.</p> <p>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 a practical tasks, he understands and remembers how to get to places and use the computer for games.</p>	Article		<a href="http://www.britishdeafnews.co.uk">Available from British Deaf News (www.britishdeafnews.co.uk)</a>

Tom Hughes, Federica Marino-Francis and Alice Locker	Tom Hughes, Alastair Cardno, Robert West, Federica Marino-Francis, Imogen Featherstone, Keeley Rolling, Alice Locker, Kate McLintock and Allan House	Dec-16	Unrecognised bipolar disorder among UK primary care patients prescribed antidepressants: An observational study	British Journal of General Practice, February 2016, vol./is. 66/643(e71-e77), 0960-1643 (February 2016)	English	<p>Background: Bipolar disorder is not uncommon, is associated with high disability and risk of suicide, often presents with depression, and can go unrecognised.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Conclusion: Among people aged 16-40 years prescribed antidepressants in primary care for depression or anxiety, there is a substantial proportion with unrecognised bipolar disorder. When seeing patients with depression or anxiety disorder, particularly when they are young or not doing well, clinicians should review the life history for evidence of unrecognised bipolar disorder. Some clinicians might find the MDQ to be a useful supplement to non-standardised questionnaires.</p>	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
	Dr Amy M Russell	Dec-16	What to do when you have Type 2 diabetes: An easy read guide	Diabetes UK, Resources, Learning Disabilities website	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>Tracy Kelly, Head of Care at Diabetes UK, said: "We are pleased that the booklet is current and is tailored for people who have learning disabilities to use as part of their standard diabetes care. We hope it will provide them with the information they need to manage their condition well."</p> <p>Dr Amy Russell, OK Diabetes Research Co-ordinator, said: "The people with learning disabilities we interviewed struggled to understand technical language and detailed explanations about things like their pancreas. They wanted a physical booklet they could hold on to that told them what diabetes meant to them in their lives in clear terms."</p>	Booklet		<a href="http://www.diabetes.org.uk">Available from Diabetes UK (www.diabetes.org.uk)</a>
	Julie Swallow	Dec-16	Understanding Cognitive Screening Tools: Navigating Uncertainty in Everyday Clinical Practice	Emerging Technologies for Diagnosing Alzheimer's Disease Part of the series Health, Technology and Society pp 123-139	English	<p>Swallow explores the role of low-technological cognitive screening tools in the process of diagnosing Alzheimer's disease (AD) in everyday practice, at a time when focus in research is on developing innovative diagnostic methods, including biomarker technologies. The chapter facilitates a discussion of the value of cognitive screening tools in the clinic, demonstrating that the tools emerge as provisional, yet privileged devices for navigating uncertainty through the tinkering work of clinicians. However, as the tools are adopted in frameworks promoting early diagnosis, such as the National Dementia Commissioning for Quality and Innovation Framework (CQUIN), this tinkering work is constrained. The chapter concludes by reflecting on how the case of the CQUIN might inform the ways in which diagnostic innovation overall is dealt with responsibly.</p>	Book entry		<a href="http://link.springer.com">Available from Springer Link (link.springer.com)</a>
John F Morgan	Nicholas Magill, Charlotte Rhind, Rebecca Hibbs, Elizabeth Goddard, Pamela Macdonald, John F Morgan, Jennifer Beecham, Ulrike Schmidt, Sabine Landau and Janet Treasure.	Dec-16	Two-year Follow-up of a Pragmatic Randomised Controlled Trial Examining the Effect of Adding a Carer's Skill Training Intervention in Inpatients with Anorexia Nervosa.	European eating disorders review : the journal of the Eating Disorders Association, Mar 2016, vol. 24, no. 2, p. 122-130, 1099-0968 (March 2016)	English	<p>Background: Active family engagement improves outcomes from adolescent inpatient care, but the impact on adult anorexia nervosa is uncertain.</p> <p>Aim: The aim of this study was to describe the 2-year outcome following a pragmatic randomised controlled trial in which a skill training intervention (Experienced Caregivers Helping Others) for carers was added to inpatient care.</p> <p>Method: Patient, caregiver and service outcomes were measured for 2 years following discharge from the index inpatient admission.</p> <p>Results: There were small-sized/moderate-sized effects and consistent improvements in all outcomes from both patients and carers in the Experienced Caregivers Helping Others group over 2 years. The marked change in body mass index and carers' time caregiving following inpatient care was sustained. Approximately 20% of cases had further periods of inpatient care.</p> <p>Consultation: In this predominately adult anorexia nervosa sample, enabling carers to provide active support and management skills may improve the benefits in all symptom domains that gradually follow from a period of inpatient care.</p>	Academic Journal	CINAHL Medline	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Barry Wright, Lisa Hackney and Chris Williams	Barry Wright, David Marshall, Joy Adamson, Hannah Ainsworth, Shehzad Ali, Victoria Allgar, Danielle Collingridge Moore, Elizabeth Cook, Paul Dempster, Lisa Hackney, Dean McMillan, Dominic Trepel and Chris Williams.	Dec-16	Social stories™ to alleviate challenging behaviour and social difficulties exhibited by children with autism spectrum disorder in mainstream schools: Design of a manualised training toolkit and feasibility study for a cluster randomised controlled trial with nested qualitative and cost-effectiveness components	Health Technology Assessment, January 2016, vol./is. 20/6(1-186, xv-xxvii), 1366-5278;2046-4924 (January 2016)	English	<p>Background: A Social Story™ (Carol Gray) is a child-friendly intervention that is used to give children with autism spectrum disorders (ASDs) social information in situations where they have social difficulties. Limited evidence mainly using single-case designs suggests that they can reduce anxiety and challenging behaviour. Objectives: The objectives were to conduct a systematic review, use this to develop a manualised intervention and run a feasibility trial to inform a fully powered randomised controlled trial (RCT) on their clinical effectiveness and cost-effectiveness in schools. Design: This is a three-stage study following the Medical Research Council framework for complex interventions. Specifically, it involved a theoretical phase, a qualitative stage and a feasibility trial stage. Setting: Qualitative interviews and focus groups took place in Child and Adolescent Mental Health Service and primary care settings. The feasibility study took place in 37 local mainstream schools. Participants: Fifty children (aged 5-15 years) in mainstream school settings with a diagnosis of ASD were entered into the trial. For each child, an associated teacher and parent was also recruited. Interventions: The intervention was a goal-setting session followed by a manualised toolkit (including a training session) for creating Social Stories™ for use with school-aged children. The comparator treatment was a goal-setting session followed by an attention control. Both arms received treatment as usual.</p> <p>Main outcome measures: Outcomes tested as part of the feasibility study included child-and proxy-completed questionnaires for mental health, quality of life and goal-based outcome measures. Adults additionally completed behaviour diaries and the parental stress index. Results: The review found that the research into social stories is predominantly based in the USA, carried out in under-12-year-olds and using single-case designs. Most studies either did not follow established Social Story criteria or did not report if they did. The assessment of effectiveness presents a largely positive picture but is limited by methodological issues. There were no adequate RCTs and insufficient information to assess a number of important sources of potential bias in most studies. A manualised intervention was produced using an iterative process between user focus groups and a writing team, and assessed in the feasibility study. All 50 participant groups were recruited within the study time frame. Two outcome measures, the Social Responsiveness Scale-2 and the custom-made goal-based measure, showed high levels of completion rates and appeared to be capturing social and behaviour skills targeted by the use of Social Stories. Detailed recommendations for a full trial are provided.</p>	Journal Article	EMBASE	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
David Protheroe	Annabelle E Williams, Julie Croft, Vicky Napp, Neil Corrigan, Julia M Brown, Claire Hulme, Steven R Brown, Jen Lodge, David Protheroe and David G Jayne	Dec-16	SaFaRI: sacral nerve stimulation versus the FENIX™ magnetic sphincter augmentation for adult faecal incontinence: a randomised investigation	International Journal of Colorectal Disease, February 2016, vol./is. 31/2(465-472), 0179-1958;1432-1262 (01 Feb 2016)	English	<p>Purpose: Faecal incontinence is a physically, psychologically and socially disabling condition. NICE guidance (2007) recommends surgical intervention, including sacral nerve stimulation (SNS), after failed conservative therapies. The FENIX™ magnetic sphincter augmentation (MSA) device is a novel continence device consisting of a flexible band of interlinked titanium beads with magnetic cores that is placed around the anal canal to augment anal sphincter tone through passive attraction of the beads. Preliminary studies suggest the FENIX™ MSA is safe, but efficacy data is limited. Rigorous evaluation is required prior to widespread adoption.</p> <p>Method and design: The SaFaRI trial is a National Institute of Health Research (NIHR) Health Technology Assessment (HTA)-funded UK multi-site, parallel group, randomised controlled, unblinded trial that will investigate the use of the FENIX™ MSA, as compared to SNS, for adult faecal incontinence resistant to conservative management. Twenty sites across the UK, experienced in the treatment of faecal incontinence, will recruit 350 patients randomised equally to receive either SNS or FENIX™ MSA. Participants will be followed-up at 2 weeks post-surgery and at 6, 12 and 18 months post-randomisation. The primary endpoint is success, as defined by device in use and &gt;50 % improvement in the Cleveland Clinic Incontinence Score (CCIS) at 18 months post-randomisation. Secondary endpoints include complications, quality of life and cost effectiveness.</p> <p>Discussion: SaFaRI will rigorously evaluate a new technology for faecal incontinence, the FENIX™ MSA, allowing its safe and controlled introduction into current clinical practice. These results will inform the future surgical management of adult faecal incontinence.</p>	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
	Niamh A Fingleton, Margaret C Watson, Eilidh M Duncan and Catriona Matheson	Dec-16	Non-prescription medicine misuse, abuse and dependence: a cross-sectional survey of the UK general population	J Public Health (Oxf) (2016) 38 (4): 722-730	English	<p>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.</p> <p>Methods - A cross-sectional postal survey was sent to 1000 individuals aged ≥18 randomly drawn from the UK Edited Electoral Register.</p> <p>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.</p> <p>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.</p>	Journal Article		<a href="https://academic.oup.com/jpubhealth">Available from the Journal of Public Health (https://academic.oup.com/jpubhealth)</a>

	Emily J Peckham, Tim Bradshaw, Sally Brabyn, Sarah Knowles and Simon Gilbody	Dec-16	Exploring why people with SMI smoke and why they may want to quit: baseline data from the SCIMITAR RCT.	Journal of psychiatric and mental health nursing, Jun 2016, vol. 23, no. 5, p. 282-289, 1365-2850 (June 2016)	English	People with severe mental ill health are up to three times more likely to smoke than other members of the general population. Life expectancy in this client group is reduced by up to 30 years, and smoking is the single most important cause of premature death. The aim of this study was to explore why people with severe mental ill health smoked and why they might want to stop smoking or cut down on the amount of cigarettes that they smoked. The study found that people with severe mental ill health are motivated to cut down or stop smoking, and this is mainly due to concerns about their own health. The reasons people gave for smoking were to relieve stress, to help relax and for something to do when they are bored. Health professionals should offer evidence supported smoking cessation therapy to people with severe mental ill health. In addition to standard National Health Service smoking cessation treatments such as pharmacotherapy and behavioural support. Practitioners should help people with serious mental ill health to identify meaningful activities to relieve boredom and challenge any incorrect beliefs they hold that smoking helps relaxation and relieves stress. Smoking is the single most preventable cause of premature mortality for people with serious mental ill health (SMI). Yet little is known about the reasons why service users smoke or what their motivations for quitting might be. The aim of this paper is to explore smoking behaviours, reasons for smoking and motivations for cutting down/stopping smoking in individuals with SMI who expressed an interest in cutting down or stopping smoking. Prior to randomization, the smoking behaviours and motivations for wanting to cut down or stop smoking of participants in a randomized trial were systematically assessed. Participant's primary reasons for continuing to smoke were that they believed it helped them to cope with stress, to relax and relieve boredom. Participant's main motivations for wanting to cut down or stop smoking were related to concerns for their own health. Previous attempts to stop smoking had often been made alone without access to evidence supported smoking cessation therapy. Future recommendations include helping people with SMI to increase their activity levels to relieve boredom and inspire confidence in their ability to stop smoking and challenging beliefs that smoking aids relaxation and relieves stress. 2015 John Wiley and Sons Ltd.	Journal Article	Medline	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Jo Ramsden, Alan Hiron, Lisa Maltman and Tom Mullen	Jo Ramsden, Alan Hiron, Lisa Maltman and Tom Mullen	Dec-16	Finding our way: early learning from the Compass Project, an Intensive Intervention Risk Management service for women	The Journal of Forensic Psychiatry and Psychology Volume 28, 2017 Issue 2: Women in Secure Care. Pages 257-273	English	Abstract Intensive Intervention Risk Management (IIRM) services are commissioned under the Offender Personality Disorder strategy to contribute to a psychologically informed pathway by supporting individuals 'through the gate'. This paper reports some of the learning from the first IIRM service for women and outlines how those involved have sought to understand the challenges that were faced by this project in its early days. This paper argues that these challenges help to clarify the role of IIRM services for women and that the ambition for these services should be to facilitate coherent, holistic management. We suggest that IIRM services for women offenders are likely to be most effective if they are well integrated and responsive to the social context, underpinned by a partnership approach and have clear processes for service delivery. Finally, we argue that IIRM services for women should be characterised by a commitment to involvement at every level.	Journal article		<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
William Rhys Jones and John F Morgan	William Rhys Jones and John F Morgan.	Dec-16	Psychotherapy in Eating Disorders	Medical Psychotherapy (Oxford Specialist Handbooks in Psychiatry), Chapter 7	English	Not available	Book entry		Book available for purchase.
Lucy Tindall, Danielle Varley, Barry Wright,	Lucy Tindall, Danielle Varley and Barry Wright.	Dec-16	A feasibility and pilot trial of computerised cognitive behaviour therapy for depression in adolescents: lessons learned from planning and conducting a randomised controlled trial	Mental Health Review Journal, Vol. 21 Iss: 3, pp.193 - 199	English	<b>Purpose</b> The purpose of this paper is to focus upon the challenges faced by a research team when conducting a computerised cognitive behaviour therapy (CCBT) 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. <b>Design/methodology/approach</b> The authors have presented a number of problems faced by the research team when conducting a randomised controlled trial (RCT) concerning adolescents with low mood/depression. <b>Findings</b> From examining the problems faced by the research team, the authors have provided key pieces of advice for prospective adolescent mental health RCTs. This advice includes developing clear project plans, setting strategies to encourage and maintain study information in the community and support recruitment, and keeping your organisation appraised of study needs and network and involve governance departments, IT and finance departments in these discussions early. <b>Originality/value</b> RCTs, particularly those focusing on child and adolescent mental health, can face a number of difficulties throughout its stages of completion (from protocol development to follow-up analysis). Studies involving the use of technologies add a layer of complexity to this. This review will be of value to researchers aiming to run a high-quality RCT concerning child and adolescent mental health.	Viewpoint		<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>

Louise Burke	Louise Burke	Dec-16	Pharmacological treatments for managing eating disorders.	Pharmacological treatments for managing eating disorders., 2016, vol./is. 14/4(186-191), 14799189	English	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.	Academic Journal	CINAHL	<a href="http://www.magonlineibrary.com/oc/npre/current">Available from NursePrescribing (www.magonlineibrary.com/oc/npre/current)</a>
Gillian Tober	Sarah A Jones, Gary Latchford and Gillian Tober.	Dec-16	Client experiences of motivational interviewing: An interpersonal process recall study	Psychology and psychotherapy, Mar 2016, vol. 89, no. 1, p. 97-114, 2044-8341 (March 2016)  Psychology and Psychotherapy: Theory, Research and Practice, Apr 2015, (Apr 15, 2015), 1476-0835 (Apr 15, 2015)	English	To explore clients' experience of the therapy process in motivational interviewing (MI) for alcohol abuse. A qualitative study using grounded theory. Interviews with nine clients were conducted using interpersonal process recall (IPR), a methodology which utilizes a video recording as a cue to aid memory recall. Clients watched a videotape of their MI session and were asked to identify and describe the important moments in the therapy session. The transcribed interviews were then analysed using grounded theory. A single session of MI is seen by the clients in this study as a complex interpersonal interaction between client and therapist, which impacts on the client's cognitive and affective 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 underlie the effectiveness of MI, including a non-confrontational approach, affirmation, and developing discrepancies between beliefs and behaviour. These were embedded in aspects common to all therapies, including the qualities of the therapist and the therapeutic relationship. Client's perspectives on therapeutic processes are an important area of research, and IPR is a particularly suitable method. 2015 The British Psychological Society.	Journal Article	Medline	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
	Elizabeth McDermott, Elizabeth Hughes and Victoria Rawlings.	Dec-16	Understanding lesbian, gay, bisexual and trans (LGBT) adolescents' suicide, self-harm and help-seeking behaviour	Self Harm and LGBTQ - A Systematic Review, July 2016	English	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. Aim This study aimed to provide national evidence on LGBT youth suicide, self-harm and help-seeking behaviours in order to support the implementation of the Suicide Prevention Strategy (2012) and reduce the risk of suicide in LGBT young people. About the study The study was a two staged, sequential mixed methods design that used online and face-to-face methods. The first stage consisted of 15 online and 14 face-to-face qualitative interviews with LGBT young people (aged 15-25 years old). The second stage of the research consisted of an online LGBT youth questionnaire completed by 789 participants with experience of self-harm or suicidal feelings, and an online questionnaire completed by 113 mental health service staff. Key findings Understanding LGBT youth self-harm and suicide Similar to findings from other studies on youth suicide, those who had self-harmed and/or had a disability had an increased likelihood of planned or attempted suicide. Gender identity was also a risk factor for 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 more likely to have planned or attempted suicide than cisgender participants. Cisgender males were the least likely to plan or attempt suicide, or self-harm compared to other gender identities. There were five interconnecting areas which explained the elevated risk of suicide and self-harm in LGBT youth: 1) homophobia, biphobia or transphobia; 2) sexual and gender norms; 3) managing sexual orientation and gender identity across multiple areas of life; 4) being unable to talk and; 5) other life crises.	Research Paper		<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
William Rhys Jones and John F Morgan	William Rhys Jones, M Masood, Vanessa Huke, F Reid, J Roche, M Patel and John F Morgan.	Dec-16	Novel psychoactive substance use and internet drug purchasing in eating disorder	Supplement on the 4th National Congress of Young Psychiatrists, Vol 3 (No.2 Suppl) 2016 May - August	English	Objective: patterns of substance misuse are changing with the emergence of novel psychoactive substances, prescription drug abuse and internet drug purchasing however the impact of these changes on individuals with eating disorders is unclear. To our knowledge this is the first study to examine these changing trends in individuals with eating disorders. Method: 72 participants recruited from two eating disorders services completed measures for substance use and eating disorder psychopathology. Additional clinical information was gathered via a thorough case notes review. Results: novel psychoactive substance use was reported in 22% (n=16) of participants with ketamine and mephedrone being the most frequently abused. 56% (n=40) had a history of prescription drug abuse whilst 28% (n=19/68) of those who had ever abused substances had bought them online. Novel psychoactive substance misuse, prescription drug abuse and internet drug purchasing were more common in individuals who engaged in binge-purge behaviours and in those who had a history of deliberate self-harm. Discussion: the use of novel psychoactive substances, prescription drug abuse and internet drug purchasing appear to be common in eating disorders and clinicians should be aware of their physical and psychological complications so that they can educate patients about their risks.	Journal Article		<a href="http://www.rapjournal.eu">Available from Research and Advances in Psychiatry (www.rapjournal.eu)</a>

Tom Hughes	R Hamish McAllister-Williams, Ian M Anderson, Andreas Finkelmeyer, Peter Gallagher, Heinz C R Grunze, Peter M Haddad, Tom Hughes, Adrian J Lloyd, Chrysovalanto Mamasoula, Elaine McColl, Simon Pearce, Najma Siddiqi, Baxi N P Sinha, Nick Steen, June Wainwright, Fiona H Winter, I Nicol Ferrier, Stuart Watson and the ADD Study Team	Dec-16	Antidepressant augmentation with metyrapone for treatment-resistant depression (the ADD study): A double-blind, randomised, placebo-controlled trial	The Lancet Psychiatry, February 2016, vol./is. 3/2(117-127), 2215-0366;2215-0374 (01 Feb 2016)	English	<p>Background: Many patients with major depressive disorder have treatment-resistant depression, defined as no adequate response to two consecutive courses of antidepressants. Some evidence suggests that antigluco-corticoid augmentation of antidepressants might be efficacious in patients with major depressive disorder. We aimed to test the proof of concept of metyrapone for the augmentation of serotonergic antidepressants in the clinically relevant population of patients with treatment-resistant depression.</p> <p>Methods: This double-blind, randomised, placebo-controlled trial recruited patients from seven UK National Health Service (NHS) Mental Health Trusts from three areas (northeast England, northwest England, and the Leeds and Bradford area). Eligible patients were aged 18-65 years with treatment-resistant depression (Hamilton Depression Rating Scale 17-item score of &gt;18 and a Massachusetts General Hospital Treatment-Resistant Depression staging score of 2-10) and taking a single-agent or combination antidepressant treatment that included a serotonergic drug. Patients were randomly assigned (1:1) through a centralised web-based system to metyrapone (500 mg twice daily) or placebo, in addition to their existing antidepressant regimen, for 21 days. Permuted block randomisation was done with a block size of two or four, stratified by centre and primary or secondary care setting. The primary outcome was improvement in Montgomery-Asberg Depression Rating Scale (MADRS) score 5 weeks after randomisation, analysed in the modified intention-to-treat population of all randomly assigned patients that completed the MADRS assessment at week 5. The study has an International Standard Randomised Controlled Trial Number (ISRCTN45338259) and is registered with the EU Clinical Trial register, number 2009-015165-31. Findings: Between Feb 8, 2011, and Dec 10, 2012, 165 patients were recruited and randomly assigned (83 to metyrapone and 82 to placebo), with 143 (87%) completing the primary outcome assessment (69 [83%] in the metyrapone and 74 [90%] in the placebo group). At 5 weeks, MADRS score did not significantly differ between groups (21.7 points [95% CI 19.2-24.4] in the metyrapone group vs 22.6 points [20.1-24.8] in the placebo group; adjusted mean difference of -0.51 points [95% CI -3.48 to 2.46]; p=0.74). 12 serious adverse events were reported in four (5%) of 83 patients in the metyrapone group and six (7%) of 82 patients in the placebo group, none of which were related to study treatment. 134 adverse events occurred in 58 (70%) patients in the metyrapone group compared with 95 events in 45 (55%) patients in the placebo group, of which 11 (8%) events in the metyrapone group and four (4%) in the placebo group were judged by principle investigators at the time of occurrence to be probably related to the study drug.</p>	Journal Article	EMBASE	<a href="http://www.thelancet.com">Available from The Lancet: Psychiatry (www.thelancet.com)</a>
	Mary Chambers, Xenya Kantaris, Fiona Nolan, Sue McAndrew, Paul Watts, Ben Thomas	Dec-16	The Therapeutic Engagement Questionnaire (TEQ)	The Therapeutic Engagement Questionnaire (TEQ). Leading Minds, (20 May 2016), ISSN 1754 0836, 6-6. Retrieved July 11, 2016, from <a href="http://www.mentalhealthforum.org.uk/publications/">http://www.mentalhealthforum.org.uk/publications/</a>	English	<p>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.</p> <p>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 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.</p> <p>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.</p>	Journal Article	Mental Health Forum (online)	<a href="http://www.mentalhealthforum.org.uk">Available from MHLNDL Forum (www.mentalhealthforum.org.uk)</a>

Barry Wright and Lucy Tindall	Barry Wright, Lucy Tindall, Elizabeth Littlewood, Victoria Allgar, Paul Abeles, Dominic Trépel and Shehzad Ali	Dec-16	Computerised cognitive-behavioural therapy for depression in adolescents: feasibility results and 4-month outcomes of a UK randomised controlled trial		English	<p>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.</p> <p>Design Single centre RCT feasibility study.</p> <p>Setting The trial was run within community and clinical settings in York, UK.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>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 <i>feasible and acceptable for adolescents with depression</i>.</p>	Journal article	<a href="https://open.bmj.com">Available from BMJ Journals Open (bmjopen.bmj.com)</a>
	Helen Chin	Dec-16	Exploring curiosity in nursing practice in the NHS		English	<p>This study set out to explore the lived reality of epistemic curiosity in nursing practice in the NHS. Narrative, in depth, un-structured 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.</p> <p>The thesis suggests a nursing narrative on curiosity which is socially constructed, with curiosity acting as a liberator and antecedent to reflexive knowledge correspondence and construction. Nurses viewed their engagement in curiosity as a key asset for melding the various sources of professional knowledge required for the provision of person-centered care. However, curiosity is also lived within the tension afforded by organisational compliance discourse, which demands engagement with prescriptive, formulaic forms of knowledge and a felt dismissal of the need for professional nursing knowledge and curiously crafted practice. Acts of resistance to dominant organisational compliance discourse are evident, as nurses engage in curiosity on a moral but covert basis, in an attempt to preserve epistemic truths, subvert and circumvent compliance and prescription and thus exercise professional freedom. Concerns are raised as to 'knowledge lost', which may be generated from covert curiosity practices. Nurses lament a lack of discourse on curiously led practice, resulting in perceptions that curiosity is significantly compromised as a critical motive to engage with professional knowledge correspondence, practice improvement or innovation initiatives.</p>	Thesis	<a href="https://theses.whiterose.ac.uk">Available from White Rose eTheses Online (theses.whiterose.ac.uk)</a>
Alexandros Chatziagorakis and Gearoid Fitzgerald	Alexandros Chatziagorakis and Gearoid Fitzgerald	Dec-16	Psychiatry Core Trainees' Perception of Homophobia in Psychoanalytic Psychotherapy: A Preliminary Survey		English	<p>In 2009 the Royal College of Psychiatrists revised the curriculum for psychiatric training to include psychotherapy elements into the core curriculum. Trainees are now required to provide evidence of treating patients psychotherapeutically. The therapies that the trainees usually deliver are cognitive behavioural therapy and psychoanalytic psychotherapy (PAP). Psychoanalytic theory has largely viewed homosexuality as immaturity or pathology. Psychoanalytic theory and practice have traditionally been unable to incorporate homosexuality as a normal variant of sexuality and this has had significant consequences both for clinical practice and training. Our aim was to examine whether trainees have perceived their experience of PAP as homophobic. The study was done via an internet-based questionnaire survey. Simple descriptive statistics were used to analyse the results. Most trainees did not find PAP homophobic in theory, practice or supervision. A minority of trainees considered PAP as homophobic prior to undertaking a case and found it homophobic after undertaking a case. Some trainees found their experience of PAP has broadened their views on their sexuality. Participants' experience was positive and PAP was not perceived as homophobic. A negative experience might have significant implications for their mental wellbeing, training and choice of future career.</p>	Journal article	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Prakash Hosali and Tom Hughes	Johanna Taylor, Brendon Stubbs, Catherine Hewitt, Ramzi A Ajjan, Sarah L Alderson, Simon Gilbody, Richard I G Holt, Prakash Hosali, Tom Hughes, Tarron Kayalackakom, Ian Kellar, Helen Lewis, Neda Mahmoodi, Kirstine McDermid, Robert D Smith, Judy M Wright and Najma Siddiqi	Dec-16	The Effectiveness of Pharmacological and Non-Pharmacological Interventions for Improving Glycaemic Control in Adults with Severe Mental Illness: A Systematic Review and Meta-Analysis		English	<p>People with severe mental illness (SMI) have reduced life expectancy compared with the general population, which can be explained partly by their increased risk of diabetes. We conducted a meta-analysis to determine the clinical effectiveness of pharmacological and non-pharmacological interventions for improving glycaemic control in people with SMI (PROSPERO registration: CRD42015015558). A systematic literature search was performed on 30/10/2015 to identify randomised controlled trials (RCTs) in adults with SMI, with or without a diagnosis of diabetes that measured fasting blood glucose or glycated haemoglobin (HbA1c). Screening and data extraction were carried out independently by two reviewers. We used random effects meta-analysis to estimate effectiveness, and subgroup analysis and univariate meta-regression to explore heterogeneity. The Cochrane Collaboration's tool was used to assess risk of bias. We found 54 eligible RCTs in 4,392 adults (40 pharmacological, 13 behavioural, one mixed intervention). Data for meta-analysis were available from 48 RCTs (n = 4052). Both pharmacological (mean difference (MD), -0.11mmol/L; 95% confidence interval (CI), [-0.19, -0.02], p = 0.02, n = 2536) and behavioural interventions (MD, -0.28mmol/L; 95% CI, [-0.43, -0.12], p&lt;0.001, n = 956) were effective in lowering fasting glucose, but not HbA1c (pharmacological MD, -0.03%; 95% CI, [-0.12, 0.06], p = 0.52, n = 1515; behavioural MD, 0.18%; 95% CI, [-0.07, 0.42], p = 0.16, n = 140) compared with usual care or placebo. In subgroup analysis of pharmacological interventions, metformin and antipsychotic switching strategies improved HbA1c. Behavioural interventions of longer duration and those including repeated physical activity had greater effects on fasting glucose than those without these characteristics. Baseline levels of fasting glucose explained some of the heterogeneity in behavioural interventions but not in pharmacological interventions. Although the strength of the evidence is limited by inadequate trial design and reporting and significant heterogeneity, there is some evidence that behavioural interventions, antipsychotic switching, and metformin can lead to clinically important improvements in glycaemic measurements in adults with SMI.</p>	Journal		<a href="https://journals.plos.org/plosone">Available from Plos One (journals.plos.org/plosone)</a>
Tom Isherwood	Rebekah Joy Sutherland and Tom Isherwood	Dec-16	The Evidence for Easy-Read for People With Intellectual Disabilities: A Systematic Literature Review		English	<p>Producing accessible information for people with intellectual disabilities has been seen as a priority for the past 20 years. Easy-read resources are now widely available and several guidelines have been produced to support their development. However, little is known about the effectiveness of easy-read resources and the specific components that make it effective. A systematic review of the literature in electronic databases (Medline, Embase, BNI, CINAHL, HMIC, PsycINFO, ERIC, PubMed, and Cochrane Library) conducted between November 2013 and January 2014 yielded 11 publications that attempted to evaluate the impact of easy-read resources. The large variation in methodology among studies prevented a direct comparison of results; however, there were mixed findings concerning the impact of adding illustrations to written text on comprehension. A reader's level of familiarity with symbols emerged as an important factor, particularly with more abstract symbol systems that require some learning. Photographs and illustrations were generally found to be helpful, although it was acknowledged that these can be confusing and clear explanations are needed to ensure the correct message is conveyed. The format and level of difficulty of the text played an important role in the overall accessibility of information and particular linguistic features were associated with increased understanding. The methodological limitations of these studies were also considered and used to inform recommendations for future research. More attention needs to be focused on evaluating and distributing easy-read information, as well as producing it.</p>	Journal		<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Alison Jane Stansfield, Alwyn Kam and Conor James Davidson	Alison Jane Stansfield, Alwyn Kam, Tara Baddams, Bethany Woodrow, Emma Roberts, Bhavika Patel and Conor James Davidson.	Nov-16	Are we good and are we safe? Measuring quality and assessing risk in an adult autism diagnostic service	Advances in Autism, Vol. 3 Issue: 1, pp.15-26, <a href="https://doi.org/10.1108/AIA-03-2016-0008">https://doi.org/10.1108/AIA-03-2016-0008</a>	English	<p>Purpose: Leeds autism diagnostic service is an adult autism diagnostic service for people of any intellectual ability which also offers consultancy to service users/carers or professionals, as well as a wide range of autism training. The service was set up as a pilot in 2011 and a paper describing the service development was published in this journal in November 2015. The purpose of this paper is to describe the approach taken to measure the quality of the service the authors provide and accurately assess risk in adults with autism.</p> <p>Design/methodology/approach: The process of evaluating appropriate outcome measures is described, along with considering appropriate risk assessment tools for use in the community. Over 200 people each year complete the autism diagnostic pathway, and 164 patients were invited to respond to service evaluation questionnaires in 2014.</p> <p>Findings: To date, the most useful outcome measures for this group include a prospective service user questionnaire which enables service user opinion to influence service development. In the absence of any appropriate autism-specific risk assessment tools, the service has developed one which it is currently piloting. This has proved particularly useful in the consultancy setting</p> <p>Originality/value: This paper is a follow-up paper looking at the day-to-day issues that the team have had to grapple with – how do you assess whether what you are doing is providing the best possible service for the people that you serve and how do you accurately assess risk in this population?</p>	Journal Article		<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>

	Cathryn Rodway, Louis Appleby, Nav Kapur, Jennifer Shaw, Pauline Turnbull, Saied Ibrahim, Su-Gwan Tham and Jessica Raphael	Aug-16	Suicide in children and young people in England: a consecutive case series	The Lancet Psychiatry. 2016 ; Vol. 3, No. 8. pp. 751–759	English	<p>BACKGROUND: There is concern about the mental health of children and young people and a possible rise in suicidal behaviour in this group. We have done a comprehensive national multi-agency study of suicide in under 20s in England. We aimed to establish how frequently suicide is preceded by child-specific and young person-specific suicide risk factors, as well as all-age factors, and to identify contact with health-care and social-care services and justice agencies.</p> <p>METHODS: This study is a descriptive examination of suicide in a national consecutive sample of children and young people younger than 20 years who died by suicide in England between Jan 1, 2014, and April 30, 2015. We obtained general population mortality data from the Office for National Statistics (ONS). We collected information about antecedents considered to be relevant to suicide (eg, abuse, bullying, bereavement, academic pressures, self-harm, and physical health) from a range of investigations and inquiries, including coroner inquest hearings, child death investigations, criminal justice system reports, and the National Health Service, including data on people in contact with mental health services in the 12 months before their death.</p> <p>FINDINGS: 145 suicides in people younger than 20 years were notified to us during the study period, of which we were able to obtain report data about antecedents for 130 (90%). The number of suicides rose sharply during the late teens with 79 deaths by suicide in people aged 18-19 years compared with 66 in people younger than 18 years. 102 (70%) deaths were in males. 92 (63%) deaths were by hanging. Various antecedents were reported among the individuals for whom we had report data, including academic (especially exam) pressures (35 [27%] individuals), bullying (28 [22%]), bereavement (36 [28%]), suicide in family or friends (17 [13%]), physical health conditions (47 [36%]), family problems (44 [34%]), social isolation or withdrawal (33 [25%]), child abuse or neglect (20 [15%]), excessive drinking (34 [26%]), and illicit drug use (38 [29%]). Suicide-related internet use was recorded in 30 (23%) cases. In the week before death 13 (10%) individuals had self-harmed and 35 (27%) had expressed suicidal ideas. 56 (43%) individuals had no known contact with health-care and social-care services or justice agencies.</p>	Journal Article		<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Bethan Davies	Bethan Davies	Dec-15	The gender dilemma ...	Reformulation, Summer 2015 [Issue 44] pp. 10-11.	English	CAT is a developmental model, which describes our experiences of relationships with ourselves, others and the world as being derived from our early experiences of relationships. The descriptions of reciprocal role procedures allow the nature of these relationships to be clearly defined. I think that this way of thinking about personality development might enable us to consider gender in a realistic and open-minded way. We can see our gender identity as developing as part of the wider picture of our personality development. It makes sense that males' and females' differing experiences, which it could be argued might be affected by genetic and biological factors as well as how they are treated, will lead to different reciprocal role repertoires. I will look at this in more detail later, but I think that CAT sits well with a post-modern approach, acknowledging the fact that our personalities and identities are constructed by our interpersonal and cultural experiences (our gender is not pre-destined or binary) and able to accept and work with a spectrum of people who may not all fit with traditional expectations.	Journal Article	The Association for Cognitive Analytic Therapy (Reformulation newsletter)	<a href="https://www.acat.me.uk">Available from the Association for Cognitive Analytic Therapy (https://www.acat.me.uk)</a>
Mahbub Khan	Mahbub Khan	Dec-15	A Qualitative Investigation of the Conceptualisation of Psychosis in People of a Muslim Faith		English	Not available	Thesis		<a href="https://theses.whiterose.ac.uk">Available from eThesis (theses.whiterose.ac.uk)</a>
	Laura Drage	Dec-15	How does a therapist respond to resistance and what impact does this have on the client? An analysis of speech in Motivational Interviewing based treatment sessions for alcohol misuse		English	<p>Background: There is an emerging evidence base of in-session process research in Motivational Interviewing (MI). Investigations have mostly taken place in the USA, have progressed from frequency to sequential analysis, and focused on change talk and change outcomes. Research focusing on how a therapist behaves in the presence of counter-change talk is rare but pertinent, since managing resistance is a central feature of the MI model. This investigation aims to discover if and how MI-specific therapist strategies affect immediate client counter-change talk.</p> <p>Method: Secondary analysis of 50 recorded MI sessions from a British randomised controlled trial were rated using a sequential behavioural coding manual for speech. Baseline counter-change talk was identified and subsequent therapist and client behaviours were coded and categorised for transitional analysis, to establish the probability of specific client behaviours following specific therapist behaviours.</p> <p>Results: Following baseline counter-change talk, therapist MI-consistent (MICO) behaviours were the most commonly observed. Strong to moderate predictive relationships were found between: MICO therapist behaviours and client change talk; MI-inconsistent (MIIN) behaviours and counter-change talk; and therapist-other behaviours and client-other behaviours. A moderate, positive predictive relationship was found between MI-consistent behaviours and client ambivalence, and a weak, negative predictive relationship was found between MIIN behaviours and client ambivalence. Ambivalence results indicate, but cannot evidence, an increase in change talk.</p> <p>Discussion: The results provide support for MI authors' claims that therapists' use of MI-specific linguistic techniques, not simply the MI spirit, affects clients' subsequent talk about their drinking behaviour. These results were found when examining transitions between aggregated behaviours. This novel finding differs from contemporary research that has evidenced transitions between single utterances. The support for MI-specific techniques has therefore been extended to evidence patterns of multiple interactions. Further research with a larger sample, examining clients' impact on therapist behaviour would be beneficial.</p>	Thesis	White Rose eTheses (online)	<a href="https://theses.whiterose.ac.uk">Available from White Rose eTheses Online (theses.whiterose.ac.uk)</a>

Alison Jane Stansfield	Rebecca E A Walwyn, Amy M Russell, Louise D Bryant, Amanda J Farrin, Alexandra M Wright-Hughes, Elizabeth H Graham, Claire Hulme, John L O'Dwyer, Gary J Latchford, Alison Jane Stansfield, Dinesh Nagi, Ramzi A Ajjan and Allan O House	Dec-15	Supported self-management for adults with type 2 diabetes and a learning disability (OK-Diabetes): study protocol for a randomised controlled feasibility trial		English	<p><b>Background</b> 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.</p> <p><b>Methods/Design</b> 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.</p> <p><b>Discussion</b> 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</p>	Journal Article	BMC Psychiatry (online)	<a href="https://trialsjournal.biomedcentral.com">Available from BioMed Central in Trials Journals (trialsjournal.biomedcentral.com)</a>
Tim Branton	Liam Trevithick, R Hamish McAllister-Williams, Andrew Blamire, Tim Branton, Ross Clark, Darragh Downey, Graham Dunn, Andrew Easton, Rebecca Elliott, Clare Ellwell, Katherine Hayden, Fiona Holland, Salman Karim, Jo Lowe, Colleen Loo, Rajesh Nair, Timothy Oakley, Antony Prakash, Parveen K Sharma, Stephen R Williams and Ian M Anderson	Dec-15	Study protocol for the randomised controlled trial: Ketamine augmentation of ECT to improve outcomes in depression (Ketamine-ECT study)	BMC Psychiatry, 2015, Volume 15, Number 1, Page 1	English	<p><b>Background:</b> There is a robust empirical evidence base supporting the acute efficacy of electroconvulsive therapy (ECT) for severe and treatment resistant depression. However, a major limitation, probably contributing to its declining use, is that ECT is associated with impairment in cognition, notably in anterograde and retrograde memory and executive function. Preclinical and preliminary human data suggests that ketamine, used either as the sole anaesthetic agent or in addition to other anaesthetics, may reduce or prevent cognitive impairment following ECT. A putative hypothesis is that ketamine, through antagonising glutamate receptors, protects from excess excitatory neurotransmitter stimulation during ECT. The primary aim of the ketamine-ECT study is to investigate whether adjunctive ketamine can attenuate the cognitive impairment caused by ECT. Its secondary aim is to examine if ketamine increases the speed of clinical improvement with ECT.</p> <p><b>Methods/Design:</b> The ketamine ECT study is a multi-site randomised, placebo-controlled, double blind trial. It was originally planned to recruit 160 moderately to severely depressed patients who had been clinically prescribed ECT. This recruitment target was subsequently revised to 100 patients due to recruitment difficulties. Patients will be randomly allocated on a 1:1 basis to receive either adjunctive ketamine or saline in addition to standard anaesthesia for ECT. The primary neuropsychological outcome measure is anterograde verbal memory (Hopkins Verbal Learning Test-Revised delayed recall task) after 4 ECT treatments. Secondary cognitive outcomes include verbal fluency, autobiographical memory, visuospatial memory and digit span. Efficacy is assessed using observer and self-report efficacy measures of depressive symptomatology. The effects of ECT and ketamine on cortical activity during cognitive tasks will be studied in a sub-sample using functional near-infrared spectroscopy (fNIRS).</p> <p><b>Discussion:</b> The ketamine-ECT study aims to establish whether or not adjunctive ketamine used together with standard anaesthesia for ECT will significantly reduce the adverse cognitive effects observed after ECT. Potential efficacy benefits of increased speed of symptom improvement and a reduction in the number of ECT treatments required will also be assessed, as will safety and tolerability of adjunctive ketamine. This study will provide important evidence as to whether adjunctive ketamine is routinely indicated for ECT given for depression in routine NHS clinical practice.</p>	Journal Article	BMC Psychiatry (online)	<a href="http://www.biomedcentral.com">Available from BioMed Central (www.biomedcentral.com)</a>

	Diane Naomi Agoro	Dec-15	The Experience and Meaning of Relationships for People with Psychosis in a Rehabilitation Service: An Interpretative Phenomenological Approach		English	<p>Introduction: There has been a wealth of literature that has looked at social functioning in individuals with experiences of psychosis. Most of this has been quantitative research and has tended to suggest that social difficulties may be due to a social cognition deficit such as an impaired Theory of Mind. The present study aimed to give voice to people with experiences of psychosis and explore their own understanding of their relationships with others, including how they make sense of any difficulties they might experience.</p> <p>Method: A qualitative approach was used to explore the experience and meaning of relationships for people with psychosis. Five participants recruited from a local Rehabilitation service were interviewed using a semi-structured format. The data were analysed using Interpretative Phenomenological Analysis. Participants also completed The Hinting Task, a test to measure Theory of Mind ability. Analysis was done on an individual and group level.</p> <p>Results: Three superordinate themes emerged from the group analysis: 1) Feeling connected to important others 2) Having psychosis can get in the way of relationships 3) Being cautious around others.</p> <p>Discussion: The participants seemed to make sense of their relationships in terms of what the relationships provided; this included support and recovery but also a sense of belonging. Negative experiences with important others, for example, experiencing stigma, were blamed on important others' difficulties in understanding experiences of psychosis. In relation to the existing literature, the present study suggests that it may be too simplistic to suggest that difficulties interacting with others are due to a social cognition deficit. Clinical implications for improving service user's experiences and further research are discussed.</p>	Thesis	White Rose eTheses (online)	<a href="https://etheses.whiterose.ac.uk">Available from White Rose eTheses Online (etheses.whiterose.ac.uk)</a>
Christian Hosker	Christian Hosker	Dec-15	Psychosocial Palliative Care	European Journal of Palliative Care, 01 May 2015, vol./is. 22/3(151-151), 13522779	English	Not available	Journal Article	European Journal of Palliative Care CINAHL	Not available
Alwyn Kam, Frances Needham and Alison Jane Stansfield	Connor James Davidson, Alwyn Kam, Frances Needham and Alison Jane Stansfield	Dec-15	No exclusions - developing an autism diagnostic service for adults irrespective of intellectual ability	Advances in Autism, Volume 1, issue 2 pp. 66-78	English	<p>Purpose - Autism is a spectrum condition, yet many autism services limit access based on IQ score. The department of Health 2009 enabled enthusiastic clinicians in Leeds with a strong interest in autism to apply for funding to develop an all IQ adult autism diagnostic service and here we present the experience. The paper aims to discuss this issue.</p> <p>Design/methodology/approach – the process of establishing and then expanding the service is described. Details of the diagnostic pathway and tools used are provided.</p> <p>Findings – The number of referrals was higher than expected a baseline of 20 per year rose to 150 per year as soon as the service opened. Other unexpected findings include relatively low diagnostic rates (32 per cent), high rates of patient trauma and patient dissatisfaction when a diagnosis of autism is not given.</p> <p>Originality/value – To date, the service has accessed 517 patients, and plans are underway to collaborate with the local adult ADHD team to form a unified adult neurodevelopmental disorders service.</p>	Conceptual paper	Emerald Insight	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Barry Wright	R A Smith, Barry Wright and Sophie Bennett.	Dec-15	Hallucinations and illusions in migraine in children and the Alice in Wonderland Syndrome.	Archives of Disease in Childhood, 01 March 2015, vol./is. 100/3(296-298), 00039888	English	<p>Design A prospective observational study over 1 year.</p> <p>Setting A District General Hospital, and Child and Adolescent Mental Health Department.</p> <p>Patients Children aged 8–18 years living in the catchment area of a district hospital service with any type of unexplained hallucinations or illusions associated with or without an established diagnosis of migraine.</p> <p>Results The study identified nine children with a combination of migraine and a variety of hallucinations and illusions, including illusions of size, time, colour, body shape, movement and visual and auditory hallucination. An average of 10 symptoms (range 7–15) were reported.</p> <p>Interventions None.</p> <p>Main outcome measure None.</p> <p>Conclusions It is important to recognise these symptoms to enable appropriate history taking and diagnosis. These symptoms are common and currently seem to go unrecognised and may pose diagnostic difficulties if onset is before typical migraine headaches occur.</p>	Journal Article	BMJ	<a href="http://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>

	Dominika Sieradzka, Robert A Power, Daniel Freeman, Alastair Cardno, Frank G Dudbridge and Angelica Ronald	Dec-15	Heritability of Individual Psychotic Experiences Captured by Common Genetic Variants in a Community Sample of Adolescents.	Behavior genetics, Sep 2015, vol. 45, no. 5, p. 493-502 (September 2015)	English	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 2152 16-year-olds. Self-reported measures of Paranoia, Hallucinations, Cognitive Disorganization, Grandiosity, Anhedonia, and Parent-rated Negative Symptoms were obtained. Estimates of SNP heritability were derived and compared to the twin heritability estimates from the same sample. Three approaches to genome-wide restricted maximum likelihood (GREML) analyses were compared: (1) standard GREML performed on full genome-wide data; (2) GREML stratified by minor allele frequency (MAF); and (3) GREML performed on pruned data. The standard GREML revealed a significant SNP heritability of 20 % for Anhedonia (SE = 0.12; p < 0.046) and an estimate of 19 % for Cognitive Disorganization, which was close to significant (SE = 0.13; p < 0.059). Grandiosity and Paranoia showed modest SNP heritability estimates (17 %; SE = 0.13 and 14 %; SE = 0.13, respectively, both n.s.), and zero estimates were found for Hallucinations and Negative Symptoms. The estimates for Anhedonia, Cognitive Disorganization and Grandiosity accounted for approximately half the previously reported twin heritability. SNP heritability estimates from the MAF-stratified approach were mostly consistent with the standard estimates and offered additional information about the distribution of heritability across the MAF range of the SNPs. In contrast, the estimates derived from the pruned data were for the most part not consistent with the other two approaches. It is likely that the difference seen in the pruned estimates was driven by the loss of tagged causal variants, an issue fundamental to this approach. The current results suggest that common genetic variants play a role in the etiology of some adolescent psychotic experiences, however further research on larger samples is desired and the use of MAF-stratified approach recommended.	Journal Article	Medline	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	Rebecca Hibbs, Nicholas Magill, Elizabeth Goddard, Charlotte Rhind, Simone Raenker, Pamela Macdonald, Gill Todd, Jon Arcelus, John F Morgan, Jennifer Beecham, Ulrike Schmidt, Sabine Landau and Janet Treasure	Dec-15	Clinical effectiveness of a skills training intervention for caregivers in improving patient and caregiver health following in-patient treatment for severe anorexia nervosa: pragmatic randomised controlled trial (CASIS)	BJPsych Open (2015) 1, 56–66.	English	Background: Families express a need for information to support people with severe anorexia nervosa.  Aims: To examine the impact of the addition of a skills training intervention for caregivers (Experienced Caregivers Helping Others, ECHO) to standard care.  Method: Patients over the age of 12 (mean age 26 years, duration 72 months illness) with a primary diagnosis of anorexia nervosa and their caregivers were recruited from 15 in-patient services in the UK. Families were randomised to ECHO (a book, DVDs and five coaching sessions per caregiver) or treatment as usual. Patient (n=178) and caregiver (n=268) outcomes were measured at discharge and 6 and 12 months after discharge.  Results: Patients with caregivers in the ECHO group had reduced eating disorder psychopathology (EDE-Q) and improved quality of life (WHO-Quol; both effects small) and reduced in-patient bed days (7–12 months post-discharge). Caregivers in the ECHO group had reduced burden (Eating Disorder Symptom Impact Scale, EDSIS), expressed emotion (Family Questionnaire, FQ) and time spent caregiving at 6 months but these effects were diminished at 12 months.  Conclusions: Small but sustained improvements in symptoms and bed use are seen in the intervention group. Moreover, caregivers were less burdened and spent less time providing care. Caregivers had most benefit at 6 months suggesting that booster sessions, perhaps jointly with the patients, may be needed to maintain the effect. Sharing skills and information with caregivers may be an effective way to improve outcomes. This randomised controlled trial (RCT) was registered with Current Controlled Trials ISRCTN06149665.	Journal		<a href="http://bipo.rcpsych.org/">Available from BJPsych open (bipo.rcpsych.org/)</a>
Victoria Betton	Victoria Betton and G Ingrams.	Dec-15	Should all NHS premises provide free access to wi-fi?	BMJ (Online), August 2015, vol./is. 351/, 0959-8146;1756-1833 (12 Aug 2015)	English	Not available	Journal Article	EMBASE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>
	H Donoghue, G Traviss-Turner, Allan O House, Helen Lewis and Simon Gilbody	Dec-15	Life adversity in depressed and non-depressed older adults: A cross-sectional comparison of the brief LTE-Q questionnaire and life events and difficulties interview as part of the CASPER study.	Citation: Journal of affective disorders, Mar 2016, vol. 193, p. 31-38, 1573-2517 (March 15, 2016)	English	There is a paucity of research on the nature of life adversity in depressed and non-depressed older adults. Early life events work used in-depth interviews; however, larger epidemiological trials investigate life adversity using brief questionnaires. This study investigates 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 (LEDS) 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 LEDS and a question exploring the subjective experience of the LTE-Q and LEDS. 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 LEDS (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 around 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 strengths and weaknesses of a brief adversity measure in large scale research. Further research is needed to explore the mechanisms of onset and direction of causality. Copyright 2016 Elsevier B.V. All rights reserved.	Journal Article	Medline	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>

M T Jubb	M T Jubb and J J Evans.	Dec-15	An investigation of the utility of the Addenbrooke's cognitive examination III in the early detection of dementia in memory clinic patients aged over 75 years	Dementia and Geriatric Cognitive Disorders, September 2015, vol./is. 40/(222-232), 1420-8008;1421-9824 (02 Sep 2015)	English	Background/Aims: To examine the validity of Addenbrooke's Cognitive Examination III (ACE-III) in detecting early dementia in UK memory clinic patients aged 75-85 years. Methods: The ACE-III was administered to 59 patients prior to diagnosis. The extent to which scores predicted the membership of the dementia or no-dementia group was explored using receiver operating characteristic curve analysis and other parameters of diagnostic performance. Thirty-three participants (55.9%) were diagnosed with dementia (Alzheimer's disease = 56.3%, Alzheimer's disease with cerebrovascular disease = 31.3%, and vascular dementia = 12.5%). Results: The optimal cut-off for detecting dementia was 81/100 (scores <81 indicating dementia with a sensitivity of 0.79, a specificity of 0.96, and a positive predictive value of 0.96), with superiority over published cut-offs (88/100 and 82/100) at medium and lower prevalence rates. The number of years of full-time education had a significant positive relationship to total ACE-III scores ( $r = 0.697$ , $p < 0.001$ ) for the no-dementia group. Exploratory analysis indicated that optimal cut-offs were different for higher versus lower education groups. Conclusions: The ACE-III has excellent accuracy for the detection of dementia in day-to-day clinical practice. Lower cut-offs than those specified in the index paper, and the consideration of the patients' years of full-time education may be necessary for optimal diagnostic performance.	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Gillian Tober, Helen Crosby and Duncan Raistrick	J M Watson, C Fairhurst, J Li, G Tober, H Crosby, C Lloyd, Christine Godfrey, Noreen D Mdege, V Dale, P Toner, S Parrott and D Raistrick.	Dec-15	ADAPTA: A pilot randomised controlled trial of an alcohol-focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting	Drug and Alcohol Dependence, September 2015, vol./is. 154/(117-124), 0376-8716;1879-0046 (01 Sep 2015)	English	Aim: To examine the relative feasibility, acceptability, applicability, effectiveness and explore cost-effectiveness of a healthy living focused intervention (HL) compared to an alcohol-focused intervention (AF) for problem drinkers identified in hospital. Methods: A pragmatic, randomised, controlled, open pilot trial. Feasibility and acceptability were measured by recruitment, attrition, follow-up rates and number of treatment sessions attended. Effectiveness was measured using the Alcohol Use Disorders Identification Test score at six months. Additional economic and secondary outcome measures were collected. Results: Eighty-six participants were randomised and 72% (n= 62) were retained in full participation. Forty-one participants attended at least one treatment session (48%). A greater proportion in the HL group attended all four treatment sessions (33% vs 19%). Follow-up rates were 29% at six months and 22% at twelve months. There was no evidence of a difference in AUDIT score between treatment groups at six months. Mean cost of health care and social services, policing and the criminal justice system use decreased while EQ-5D scores indicated minor improvement in both arms. However, this pilot trial was not powered to detect differences in either measure between groups. Conclusions: While no treatment effect was observed, this study demonstrated a potential to engage patients drinking at harmful or dependent levels in a healthy living intervention. However, recruitment proved challenging and follow-up rates were poor. Better ways need to be found to help these patients recognise the harms associated with their drinking and overcome the evident barriers to their engagement with specialist treatment.	Journal Article	EMBASE	<a href="http://www.drugandalcoholdependence.com">Available from Drug and Alcohol Dependence Journal (www.drugandalcoholdependence.com)</a>
Duncan Raistrick	Katie Iveson-Brown and Duncan Raistrick	Dec-15	A brief Addiction Recovery Questionnaire derived from the views of service users and concerned others	Drugs: Education, Prevention and Policy Volume 23, 2016 Issue 1	English	Aims: (i) To quantify support across five stakeholder groups for 20 recovery indicators previously generated from focus groups of service users and concerned others and (ii) To create a brief recovery questionnaire. Methods: Indicators were rated by stakeholders for their overall importance and the three most important ranked. The factor structure was determined by principal component analysis. Findings: The initial 20 recovery indicators covered the spectrum of substance misuse, social and psychological domains. Positive endorsement of each indicator by stakeholder group ranged from 53% to 74% of the maximum support possible with stronger support from service users and concerned others than from practitioners and commissioners. The greatest number of individuals in each stakeholder group, from 86% of combined problem drinkers and drug takers to 36% of specialist practitioners, rated abstinence as the single most important aspect of recovery and well-being was rated second most important. The indicators were refined to create a 12-item Addiction Recovery Questionnaire – the items have good independent evidence of importance to outcome to support their inclusion. Originality: The questionnaire is derived solely from the views of service users and concerned others – it is a brief tool with high face validity and suitable for routine use.	Journal		<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
John F Morgan and Saeideh 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	<a href="http://unboundmedicine.com">Available from Prime Access at Unbound Medicine (unboundmedicine.com)</a>

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	<p>What is already known on this topic</p> <p>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)<sup>1</sup> and complicated by the effects of psychosocial interventions that are always recommended alongside any prescribing.<sup>2</sup></p> <p>What this paper adds</p> <p>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.</p> <p>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.</p> <p>Unusually, numbers needed to harm are reported. The harms are generally mild: anxiety, diarrhoea and vomiting with acamprosate; ...</p>	Journal Article	Evidence Based Mental Health	<a href="http://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>
Barry Wright	S Roberts, B Wright, K Moore, J Smith, V Allgar, A Tennant, C Docherty, E Hughes, D Collingridge Moore, R Ogden, H Phillips, L Beese and K Rogers.	Dec-15	Translation into British Sign Language and validation of the Strengths and Difficulties Questionnaire	Health Services and Delivery Research Volume 3, Issue 2, February 2015, DOI: 10.3310/hsdr03020	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>Results: The SDQ was successfully translated using a careful methodology that took into account the linguistic and cultural aspects of translating a written/verbal language to a visual one. We recruited 144 deaf young people (aged 11–16 years), 191 deaf parents of a child aged either 4–10 or 11–16 years (the child could be hearing or deaf) and 77 deaf teachers and teaching assistants. We sought deaf people whose main or preferred language was BSL. We also recruited hearing participants to aid cross-validation. We found that the test–retest reliability, factor analysis and internal consistency of the three new scales were broadly similar to those of other translated versions of the SDQ. We also found that using the established multi-informant SDQ scoring algorithm there was good sensitivity (76%) and specificity (73%) against the gold standard clinical interview assessment. The SDQ was successfully validated and can now 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</p>	Journal Article	Health Services and Delivery Research	<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals library (www.journalslibrary.nihr.ac.uk)</a>

Barry Wright	Rachel Richardson, Dominc Trépel, Amanda Perry, Shehzad Ali, Steven Duffy, Rhian Gabe, Simon Gilbody, Julie Glanville, Catherine Hewitt, Laura Manea, Stephen Palmer, Barry Wright, Barry Wright and Dean McMillan.	Dec-15	Screening for psychological and mental health difficulties in young people who offend: a systematic review and decision model.	Health Technology Assessment, 01 January 2015, vol./is. 19/1(1-128), 13665278	English	<p>Background There is policy interest in the screening and treatment of mental health problems in young people who offend, but the value of such screening is not yet known.</p> <p>Objectives To assess the diagnostic test accuracy of screening measures for mental health problems in young people who offend; to evaluate the clinical effectiveness and cost-effectiveness of screening and treatment; to model estimates of cost; to assess the evidence base for screening against UK National Screening Committee criteria; and to identify future research priorities.</p> <p>Data sources In total, 25 electronic databases including MEDLINE, PsycINFO, EMBASE and The Cochrane Library were searched from inception until April 2011. Reverse citation searches of included studies were undertaken and reference list of included studies were examined.</p> <p>Review methods Two reviewers independently examined titles and abstracts and extracted data from included studies using a standardised form. The inclusion criteria for the review were (1) population – young offenders (aged 10–21 years); (2) intervention/instrument – screening instruments for mental health problems, implementation of a screening programme or a psychological or pharmacological intervention as part of a clinical trial; (3) comparator – for diagnostic test accuracy studies, any standardised diagnostic interview; for trials, any comparator; (4) outcomes – details of diagnostic test accuracy, mental health outcomes over the short or longer term or measurement of cost data; and (5) study design – for diagnostic test accuracy studies, any design; for screening programmes, randomised controlled trials or controlled trials; for clinical effectiveness studies, randomised controlled trials; for economic studies, economic evaluations of screening strategies or interventions.</p> <p>Results Of 13,580 studies identified, nine, including eight independent samples, met the inclusion criteria for the diagnostic test accuracy and validity of screening measures review. Screening accuracy was typically modest. No studies examined the clinical effectiveness of screening, although 10 studies were identified that examined the clinical effectiveness of interventions for mental health problems. There were too few studies to make firm conclusions about the clinical</p>	Journal Article	NIHR Journals Library	<a href="http://www.journalslibrary.nihr.ac.uk">Available from NIHR Journals Library (www.journalslibrary.nihr.ac.uk)</a>
Barry Wright and Lisa Hackney	Barry Wright, Elizabeth Hughes, Diminic Trepel, Shehzad Ali, Victoria Allgar, L Cottrill, Steven Duffy, J Fell, Julie Glanville, D Glaser, Lisa Hackney, Laura Manea, Dean McMillan, Stephen Palmer, V Prior, Claire Whitton, Amanda Perry and Simon Gilbody.	Dec-15	Clinical effectiveness and cost-effectiveness of parenting interventions for children with severe attachment problems: A systematic review and meta-analysis	Health Technology Assessment, July 2015, vol./is. 19/52, 1366-5278;2046-4924 (01 Jul 2015)	English	<p>Background and objectives: Services have variable practices for identifying and providing interventions for 'severe attachment problems' (disorganised attachment patterns and attachment disorders). Several government reports have highlighted the need for better parenting interventions in at-risk groups. This report was commissioned to evaluate the clinical effectiveness and cost-effectiveness of parenting interventions for children with severe attachment problems (the main review). One supplementary review explored the evaluation of assessment tools and a second reviewed 10-year outcome data to better inform health economic aspects of the main review. Data sources: A total of 29 electronic databases were searched with additional mechanisms for identifying a wide pool of references using the Cochrane methodology. Examples of databases searched include PsycINFO (1806 to January week 1, 2012), MEDLINE and MEDLINE In-Process 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 methods: Papers identified were screened and data were extracted by two independent reviewers, with disagreements arbitrated by a third independent reviewer. Quality assessment tools were used, including quality assessment of diagnostic accuracy studies - version 2 and the Cochrane risk of bias tool. Meta-analysis of randomised controlled trials (RCTs) of parenting interventions was undertaken. A health economics analysis was conducted. Results: The initial search returned 10,167 citations. This yielded 29 RCTs in the main review of parenting interventions to improve attachment patterns, and one involving children with reactive attachment disorder. A meta-analysis of eight studies seeking to improve outcome in at-risk populations showed statistically significant improvement in disorganised attachment. The interventions saw less disorganised attachment at outcome than the control (odds ratio 0.47, 95% confidence interval 0.34 to 0.65; p &lt; 0.00001). Much of this focused around interventions improving maternal sensitivity, with or without video feedback. In our first supplementary review, 35 papers evaluated an attachment assessment tool demonstrating validity or psychometric data. Only five reported test-retest data. Twenty-six studies reported inter-rater reliability, with 24 reporting a level of 0.7 or above. Cronbach's alphas were reported in 12 studies for the comparative tests (11 with alpha &lt; 0.7) and four studies for the reference tests (four with alpha &gt; 0.7). Three carried out concurrent validity comparing the Strange Situation Procedure (SSP) with another assessment tool. These had good sensitivity but poor specificity. The Disturbances of Attachment Interview had good sensitivity and specificity with the research diagnostic criteria (RDC) for attachment disorders. In our supplementary review of 10-year outcomes in cohorts using a baseline reference standard, two studies were found with disorganised attachment at baseline, with one finding raised psychopathology in</p>	Journal Article	EMBASE	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>

	J Scott, H Grunze, T D Meyer, J Nendick, H Watkins and N Ferrier.	Dec-15	A bipolar II cohort (ABC): The association of functional disability with gender and rapid cycling	Journal of Affective Disorders. 2015 Oct 1;185:204-8. doi: 10.1016/j.jad.2015.06.050. Epub 2015 Jul 6.	English	<p>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.</p> <p>METHODS: A cohort of rigorously defined BP II cases were recruited from a range of primary and secondary health services in the North of England to participate in a programme of cross-sectional and prospective studies. Case identification, and rapid cycling, comorbidities and functioning were examined.</p> <p>RESULTS: Of 355 probable clinical cases of BP II disorder, 176 (~50%) met rigorous diagnostic criteria. The sample mean age was ~44 years, with a mean duration of mood disorder of ~18 years. Two thirds of the cohort were female (n=116), but only 40% were in paid employment. Current and past year functioning was more impaired in females and those with rapid cycling.</p> <p>LIMITATIONS: This paper describes only the preliminary assessments of the cohort, so it was not possible to examine additional factors that may contribute to the explained variance in functioning.</p> <p>CONCLUSIONS: This carefully ascertained cohort of BP II cases show few gender differences, except for levels of functional impairment. Interestingly, the most common problem identified with using case note diagnoses of BP II arose because of failure to record prior episodes of mania, not failure to identify hypomania.</p>	Journal Article	Medline	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
	Amanda J Edmondson, Cathy A Brennan and Allan O House.	Dec-15	Non-suicidal reasons for self-harm: A systematic review of self-reported accounts.	Journal of affective disorders, Feb 2016, vol. 191, p. 109-117 (February 2016)	English	<p>Self-harm is a major public health problem yet current healthcare provision is widely regarded as inadequate. One of the barriers to effective healthcare is the lack of a clear understanding of the functions self-harm may serve for the individual. The aim of this review is to identify first-hand accounts of the reasons for self-harm from the individual's perspective. A systematic review of the literature reporting first-hand accounts of the reasons for self-harm other than intent to die. A thematic analysis and 'best fit' framework synthesis was undertaken to classify the responses. The most widely researched non-suicidal reasons for self-harm were dealing with distress and exerting interpersonal influence. However, many first-hand accounts included reasons such as self-validation, and self-harm to achieve a personal sense of mastery, which suggests individuals thought there were positive or adaptive functions of the act not based only on its social effects. Associations with different sub-population characteristics or with the method of harm were not available from most studies included in the analysis. Our review identified a number of themes that are relatively neglected in discussions about self-harm, which we summarised as self-harm as a positive experience and defining the self. These self-reported "positive" reasons may be important in understanding and responding especially to repeated acts of self-harm. Copyright 2016 The Authors. Published by Elsevier B.V. All rights reserved.</p>	Journal Article	Elsevier	<a href="http://eprints.whiterose.ac.uk">Available from White Rose Research Online (eprints.whiterose.ac.uk)</a>
Allan House	Ghazala Mir, Shaista Meer, David Cottrell, Dean McMillan, Allan House and Jonathan W Kanter.	Dec-15	Adapted behavioural activation for the treatment of depression in Muslims.	Journal of affective disorders, Jul 2015, vol. 180, p. 190-199 (July 15, 2015)	English	<p>Incorporating religious beliefs into mental health therapy is associated with positive treatment outcomes. However, evidence about faith-sensitive therapies for minority religious groups is limited. Behavioural Activation (BA), an effective psychological therapy for depression emphasising client values, was adapted for Muslim patients using a robust process that retained core effective elements of BA. The adapted intervention built on evidence synthesised from a systematic review of the literature, qualitative interviews with 29 key informants and findings from a feasibility study involving 19 patients and 13 mental health practitioners. Core elements of the BA model were acceptable to Muslim patients. Religious teachings could potentially reinforce and enhance BA strategies and concepts were more familiar to patients and more valued than the standard approaches. Patients appreciated therapist professionalism and empathy more than shared religious identity but did expect therapist acceptance that Islamic teachings could be helpful. Patients were generally enthusiastic about the approach, which proved acceptable and feasible to most participants; however, therapists needed more support than anticipated to implement the intervention. The study did not re-explore effectiveness of the intervention within this specific population. Strategies to address implementation issues highlighted require further research. The adapted intervention may be more appropriate for Muslim patients than standard therapies and is feasible in practice. Therapist comfort is an important issue for services wishing to introduce the adapted therapy. The fusion of conceptual frameworks within this approach provides increased choice to Muslim patients, in line with policy and research recommendations. Copyright 2015 The Authors. Published by Elsevier B.V. All rights reserved.</p>	Journal Article	Medline	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Jo Ramsden	C Logan and J Ramsden.	Dec-15	Working in partnership: Making it happen for high risk personality disordered offenders	Journal of Forensic Practice, August 2015, vol./is. 17/3(171-179), 2050-8794 (10 Aug 2015)	English	<p>Purpose - The implementation of the Offender Personality Disorder (OPD) strategy requires partnership between NHS providers and custodial and community-based practitioners in the National Offender Management Service (NOMS). What this partnership looks like is dependent on the nature and resources of involved services. However, what it is meant to achieve - reduced reoffending, a more knowledgeable workforce, and a more engaged client group - is clearer. It is fundamental to the OPD strategy that these outcomes are delivered through partnership so as to minimise harmful transitions between services, and to effectively share the expertise required for the holistic case management of personality disordered (PD) offenders. The paper aims to discuss these issues. Design/methodology/approach - The implementation of the OPD strategy is ongoing, and data will be forthcoming in due course that will allow for the empirical test of the hypothesis that working together is better than working separately. However, with the emphasis on public protection and workforce development, some of the crucial partnership issues may remain less well understood or explored. This paper 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. 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.</p>	Journal Article	EMBASE	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>

Stephen Linacre	Stephen Linacre, Suzanne Heywood, Everett, Vishal Sharma and Andrew J Hill.	Dec-15	Comparing carer wellbeing: implications for eating disorders	Mental Health Review Journal, Vol. 20 Iss: 2, pp.105 - 118	English	<p><b>Purpose</b> – 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).</p> <p><b>Design/methodology/approach</b> – 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.</p> <p><b>Findings</b> – Carers of people with SEED were not significantly different on reported well-being to carers of people with ED. However, carers of people with ED reported significantly less well-being than community norms, carers of people with brain injury and of people with dementia. Specifically, poorer social functioning was reported.</p> <p><b>Research limitations/implications</b> – Further research on carers of people with SEED is warranted as carers of people with SEED were not equally balanced in gender. It would be beneficial if support groups and skill-based workshops were more available for carers.</p> <p><b>Originality/value</b> – This is the first known study to compare carer well-being of people with SEED with carers of other clinical populations. Further research is required to identify the needs of carers.</p>	Journal Article	Emerald Insight	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Anne Cooper and Alison Inglehearn	Anne Cooper and Alison Inglehearn.	Dec-15	Perspectives: Managing professional boundaries and staying safe in digital spaces.	Perspectives: Managing professional boundaries and staying safe in digital spaces., 2015, vol./is. 20/7(625-633), 17449871		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.	Academic Journal	CINAHL	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
James Johnston, Vikram S Luthra, Lackson Mzizi	James Johnston, Vikram S Luthra, Lackson Mzizi and Alastair Cardno	Dec-15	Medical psychotherapy consultation: psychoanalytic psychiatry for the patient and professional	Psychoanalytic Psychotherapy Volume 30, 2016 - Issue 3	English	An NHS Mental Health Trust Medical Psychotherapy Consultation Service using psychoanalytic psychiatry to help the patient and professional is described. The Consultation Service established in 2000 is offered to secondary acute and community mental health teams and primary care. The service was evaluated as a basis for regional and national development. Between 2006 and 2013, 87 consultations from 210 were sampled to ascertain demographic and diagnostic profiles and outcomes of the consultation process. We conducted an online survey of local consultant psychiatrists' views about the service, and undertook a thematic analysis of the free text comments. We also conducted a survey of members of the Royal College of Psychiatrists' Medical Psychotherapy Faculty to ascertain whether similar consultation services existed elsewhere in the UK and had been evaluated. The Leeds model of psychoanalytic consultation – a 'consultation sandwich' – is described. From a psychoanalytic perspective, the work of consultation is seen as an extension of the dynamic field of the analytic situation. This paper develops the concept of a bastion – an omnipotent reserve in and between the patient and professional derived from adhesive identifications leading to stuck relationships. The adhesive identification in the patient and professional acts like a 'grievance glue' – a mutual manifestation in a last bastion of painful limitations not faced, losses not grieved.	Journal Article		<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Anuradha Menon, Claire Flannigan and James Johnston	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 in conceptualising 'skins' around various aspects of the clinical setting, which then become semipermeable in response to a patient in crisis when clinicians feel poorly supported by the changing organisation	Journal Article	EMBASE	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

Charles Phillip	Nadia Ekong, Mags Portman, Jennifer Murira, John Roche, Charles Phillip and Janet Wilson	Dec-15	Club drug use, sexual behaviour and STI prevalence in sexual health clinic attendees in a UK city	Sexually Transmitted Infections, September 2015, vol./is. 91/(A196), 1368-4973 (September 2015)	English	Introduction Club drug (CD) use is increasing, but use in nonswinging heterosexuals and associations with sexual behaviour and STI prevalence is undocumented worldwide. Methods Sexual health clinic attendees aged >16 years were invited to complete a questionnaire on sexual behaviour and drug use for two weeks per quarter in 2013-14. CD use was compared with age, sexuality, sexual behaviour and STI rates to determine any associations. Results 2332 questionnaires were analysed; mean age 27 (16- 81) years; 52% male; 75% white British; 82.6% heterosexual; 11% MSM. Lifetime CD use was 38%; 36% of these had used in the past 4 weeks (active use). CD use was higher in MSM than heterosexuals, in heterosexual males than females, and in those <25 years. Self-perceived risky sex was higher in MSM than heterosexuals using mephedrone (OR4.38 p = <0.0001), ecstasy, GHB and ketamine. MSM reported more difficulty in controlling their drug use (OR1.6, p = 0.02). Lack of condom use in the past 12 months in heterosexual CD users and non-users was the same, but CD users were more likely to have >3 partners (OR2.3 p = 0.0001). Heterosexual CD active users were more likely to have had anal sex in the past 4 weeks (OR2.6, p = 0.0001); recent heterosexual anal sex was associated with chlamydia (OR2.41, p = 0.0007). There were no associations between lifetime or active use of CD and STI prevalence in heterosexuals (lifetime OR0.91, p = 0.54; active OR1.02, p = 0.94) or MSM (lifetime OR1.30, p = 0.35; active OR1.21, p = 0.63). Conclusion This is the first sexual health clinic study in the UK to assess CD use in all sexualities. Lifetime use of CD was high. CD use in heterosexuals was associated with higher risk sex but lifetime or recent CD was not associated with a higher prevalence of STIs. STI acquisition is multifactorial and is not solely determined by CD use.	Journal: Conference Abstract	EMBASE	<a href="http://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>
Allan House	Sarah L Alderson, Robbie Foy and Allan House.	Dec-15	Understanding depression associated with chronic physical illness: a Q-methodology study in primary care.	The British journal of general practice : the journal of the Royal College of General Practitioners, Jun 2015, vol. 65, no. 635, p. e401. (June 2015)	English	Detection of depression can be difficult in primary care, particularly when associated with chronic illness. Patient beliefs may affect detection and subsequent engagement with management. Q-methodology can help to identify viewpoints that are likely to influence either clinical practice or policy intervention. To identify socially shared viewpoints of comorbid depression, and characterise key overlaps and discrepancies. A Q-methodology study of patients registered with general practices or community clinics in Leeds, UK. Patients with coronary heart disease or diabetes and depression from three practices and community clinics were invited to participate. Participants ranked 57 statements about comorbid depression. Factor analyses were undertaken to identify independent accounts, and additional interview data were used to support interpretation. Thirty-one patients participated; 13 (42%) had current symptoms of depression. Five accounts towards comorbid depression were identified: overwhelmed resources; something medical or within me; a shameful weakness; part of who I am; and recovery-orientated. The main differences in attitudes related to the cause of depression and its relationship with the patient's chronic illness, experience of shame, and whether medical interventions would help recovery. There are groups of patients who do not perceive a relationship between their depression and chronic illness; they may not understand the intention behind policy initiatives to identify depression during chronic illness reviews. Tailoring detection strategies for depression to take account of different clusters of attitudes and beliefs could help improve identification and personalise management. British Journal of General Practice 2015.	Journal Article	Medline	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
	Prof John R Geddes, Alexandra Gardiner, Jennifer Rendell, Merryn Voysey, Elizabeth Tunbridge, Christopher Hinds, Ly-Mee Yu, Jane Hainsworth, Mary-Jane Attenburrow, Prof Judit Simon, Prof Guy M Goodwin and Prof Paul J Harrison	Dec-15	Comparative evaluation of quetiapine plus lamotrigine combination versus quetiapine monotherapy (and folic acid versus placebo) in bipolar depression (CEQUEL): a 2 x 2 factorial randomised trial	The Lancet Psychiatry, Volume 3, Issue 1, 31 - 39	English	Background - Depressive symptoms are a major cause of disability in bipolar disorder and there are few safe and effective treatments. The combination of lamotrigine plus quetiapine potentially offers improved outcomes for people with bipolar depression. We aimed to determine if combination therapy with quetiapine plus lamotrigine leads to greater improvement in depressive symptoms over 12 weeks than quetiapine monotherapy plus lamotrigine placebo.  Methods - In this double-blind, randomised, placebo-controlled, parallel group, 2 x 2 factorial trial (CEQUEL), patients with DSM-IV bipolar disorder I or II, who were aged 16 years or older, and required new treatment for a depressive episode, were enrolled from 27 sites in the UK. Patients were randomly assigned (1:1) by an adaptive minimisation algorithm to lamotrigine or placebo and to folic acid or placebo. Participants and investigators were masked to the treatment groups. The primary outcome was improvement in depressive symptoms at 12 weeks with the Quick Inventory of Depressive Symptomatology—self report version 16 (QIDS-SR16). Analysis was by modified intention-to-treat. This trial is registered with EUdraCT, number 2007-004513-33.  Findings - Between Oct 21, 2008, and April 27, 2012, 202 participants were randomly assigned; 101 to lamotrigine and 101 to placebo. The mean difference in QIDS-SR16 total score between the group receiving lamotrigine versus the placebo group at 12 weeks was -1.73 ([95% CI -3.57 to 0.11]; p=0.066) and at 52 weeks was -2.69 ([-4.89 to -0.49]; p=0.017). Folic acid was not superior to placebo. There was a significant interaction (p=0.028), with folic acid reducing the effectiveness of lamotrigine at 12 weeks. The mean difference on QIDS-SR16 was -4.14 ([95% CI -6.90 to -1.37]; p=0.004) for patients receiving lamotrigine without folic acid compared with 0.12 ([-2.58 to 2.82]; p=0.931) for those receiving lamotrigine and folic acid.  Interpretation - Addition of lamotrigine to quetiapine treatment improved outcomes. Folic acid seems to nullify the effect of lamotrigine. CEQUEL should encourage clinicians and patients to consider lamotrigine for bipolar depression, but also to be aware that concurrent folic acid might reduce its effectiveness	Journal Article	Lancet	<a href="http://www.thelancet.com">Available from The Lancet: Psychiatry (www.thelancet.com)</a>
Lyndsey Jayne Charles	Lyndsey Jayne Charles	Dec-15	TOMS: Supporting learning disability allied health professionals	Therapy Outcome Measures for Rehabilitation Professionals: Third Edition, p.75-80 (2015)	English	Not available	Book chapter		Book available through Trust library services.

Alison Jane Stansfield	Rebecca E A Walwyn, Amy M Russell, Louise D Bryant, Amanda J Farrin, Alexandra M Wright-Hughes, Elizabeth H Graham, Claire Hulme, John L O'Dwyer, Gary J Latchford, Alison Jane Stansfield, Dinesh Nagi, Ramzi A Ajjan, and Allan O. House	Dec-15	Supported self-management for adults with type 2 diabetes and a learning disability (OK-Diabetes): study protocol for a randomised controlled feasibility trial	Walwyn et al. Trials (2015) 16:342 DOI 10.1186/s13063-015-0832-9  Trials, August 2015, vol./is. 16/1, 1745-6215 (August 08, 2015)	English	<p>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.</p> <p>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.</p> <p>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.</p> <p>Trial registration: Current Controlled Trials ISRCTN41897033 (registered 21 January 2013). Keywords: Randomised controlled trial, Self-management, Learning disability, Type 2 diabetes</p>	Journal Article	BMC Psychiatry (online)	<a href="https://doi.org/10.1186/s13063-015-0832-9">Available from BioMed Central in Trials Journals (trialsjournal.biomedcentral.com)</a>
	Alexandra Wright-Hughes, Elizabeth Graham, Amanda Farrin, Michelle Collinson, Paula Boston, Ivan Eisler, Sarah Fortune, Jonathan Green, Allan House, David Owens, Mima Simic, Sandy Tubeuf, Jane Nixon, Christopher McCabe, Michael Kerfoot and David Cottrell.	Nov-15	Self-Harm Intervention: Family Therapy (SHIFT), a study protocol for a randomised controlled trial of family therapy versus treatment as usual for young people seen after a second or subsequent episode of self-harm.	Trials. 2015 Nov 4;16:501	English	<p>Background: Self-harm is common in the community with a lifetime prevalence of 13 %. It is associated with an elevated risk of overall mortality and suicide. People who harm themselves are high users of public services. Estimates of the 1-year risk of repetition vary between 5 and 15 % per year. Currently, limited evidence exists on the effectiveness of clinical interventions for young people who engage in self-harm. Recent reviews have failed to demonstrate any effect on reducing repetition of self-harm among adolescents receiving a range of treatment approaches. Family factors are particularly important risk factors associated with fatal and non-fatal self-harm among children and adolescents. Family therapy focuses on the relationships, roles and communication patterns between family members, but there have been relatively few studies of specifically family-focused interventions with this population. The Self-Harm Intervention: Family Therapy (SHIFT) Trial was funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme (grant no. 07/33/01) following a commissioned call for this research.</p> <p>Methods/Design: SHIFT is a pragmatic, phase III, multicentre, individually randomised, controlled trial comparing Family Therapy (FT) with treatment as usual (TAU) for adolescents aged 11 to 17 who have engaged in at least two episodes of self-harm. Both therapeutic interventions were delivered within the National Health Service (NHS) Child and Adolescent Mental Health Services (CAMHS) in England. Participants and therapists were, of necessity, aware of treatment allocation, but the researchers were blind to the allocations to allow unbiased collection of follow-up data. Primary outcome data (repetition of self-harm leading to hospital attendance 18 months post-randomisation) were collected from the Health and Social Care Information Centre (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.</p> <p>Discussion: SHIFT will provide a well-powered evaluation of the clinical and cost effectiveness of Family Therapy for young people who have self-harmed on more than one occasion. The study will be reported in 2016, and the results will inform clinical practice thereafter.</p>	Journal Article		<a href="https://doi.org/10.1186/s13063-015-0832-9">Available from BioMed Central in Trials Journals (trialsjournal.biomedcentral.com)</a>

	Dr Robert Baskind, Dr Joe Johnson and Anneka Tomlinson.	Dec-14	Neurocognitive deficits in adult ADHD: preclinical and clinical studies		English	<p>Aims: Adults with ADHD often have difficulties in recognizing emotions from facial expressions. However, it is not known whether medication treatment can normalize these deficits. In this study we aimed to investigate firstly, whether treatment with methylphenidate improves emotion recognition in adult ADHD patients. Secondly, investigate emotion recognition abilities of adult ADHD patients compared with a healthy control group. Finally we aim to explore if emotion recognition impairments are as a result of a general cognitive dysfunction or are a specific impairment in social perception.</p> <p>Methods: Two groups of adult ADHD participants (n=79) and a group of healthy control participants (n=31) with no history of ADHD were recruited. The ADHD group included patients not yet taking medication (group 1, n=41) and patients stable on medication (group 2, n=38). Each participant completed the Emotion Recognition Task (ERT) and four further neuropsychological tasks from the Cambridge Automated Neuropsychological Test Battery (CANTAB). Finally, 15 participants from group 1 were followed up after commencing treatment on methylphenidate (approximately 8-12 weeks later) and the emotion recognition and sustained attention tasks were repeated.</p> <p>Results: Adult ADHD patients not currently taking medication showed deficits in recognising sadness, anger, fear and disgust compared with controls. Anger recognition proved to be a specific deficit in social perception whereas sadness, disgust and fear were influenced by deficits in attention and working memory. Patients currently stable on medication made less recognition errors but still showed deficits recognising disgust and anger compared with controls. Methylphenidate normalised the recognition of the negative emotions (sadness, anger, fear, disgust), improvements in attention accounted for the improvements in sadness, fear and disgust recognition but not anger recognition.</p> <p>Conclusions: Unmedicated adults with ADHD have deficits in recognising negative emotions. Adults stable on ADHD medication have reduced deficits compared with unmedicated patients. Methylphenidate improves emotion recognition deficits in adults with ADHD.</p>	Thesis		<a href="https://www.escholar.manchester.ac.uk">Available from eScholar Manchester (https://www.escholar.manchester.ac.uk)</a>
David Yeomans	David Yeomans.	Dec-14	Clustering in mental health payment by results: A critical summary for the clinician	Advances in Psychiatric Treatment, July 2014, vol./is. 20/4(227-234), 1355-5146;1472-1481 (July 2014)	English	<p>Mental health payment by results (PbR) is a disruptive new prospective payment system intended to replace National Health Service block contracts in England and provide a mechanism for opening up the mental health economy. Patients are allocated to one of 21 treatment clusters, each with a different price or tariff. Clinicians perform cluster allocation using the Mental Health Clustering Tool. The clustering process makes demands on clinicians' time even with support from information systems. Clustering is novel and it is unclear how it will work in practice. The process is likely to be susceptible to gaming.</p>	Journal Article	EMBASE	<a href="https://www.rcpsych.ac.uk/advances">Available from BJPsych Advances (apt.rcpsych.org)</a>
William Rhys Jones and John F Morgan	William Rhys Jones and John F Morgan.	Dec-14	Balancing risk requires a balanced approach: Commentary on...Severe and enduring eating disorders: Recognition and management	Advances in Psychiatric Treatment, November 2014, vol./is. 20/6(402-404), 1355-5146;1472-1481 (01 Nov 2014)	English	<p>Paul Robinson's article provides an excellent summary of some of the challenges faced by clinicians working with patients with severe and enduring eating disorders (SEED) and outlines a robust approach to the recognition and management of this complex group of patients. This commentary expands on some of the points raised, adds some further views and suggests a tailored approach to establishing a therapeutic alliance with patients and carers.</p>	Journal Article	EMBASE	<a href="https://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Barry Wright and Lucy Tindall	Barry Wright, Lucy Tindall, E Littlewood, J Adamson, V Allgar, S Bennett, Simon Gilbody, C Verduyn, Ben Alderson-Day, L Dyson, D Trepel and Shehzad Ali.	Dec-14	Computerised cognitive behaviour therapy for depression in adolescents: Study protocol for a feasibility randomised controlled trial	BMJ Open, 2014, vol./is. 4/10, 2044-6055 (2014)	English	<p>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 computeradministered CBT (CCBT). Currently little is known about the clinical and resource implications of implementing CCBT within the National Health Service for adolescents with low mood/depression. We aim to establish the feasibility of running a fully powered randomised controlled trial (RCT). Methods and analysis: Adolescents aged 12-18 with low mood/depression, (scoring &gt;20 on the Mood and Feelings Questionnaire (MFQ)), will be approached to participate. Consenting participants will be randomised to either a CCBT programme (Stressbusters) or accessing selected websites providing information about low mood/depression. The primary outcome measure will be the Beck Depression Inventory (BDI). Participants will also complete generic health measures (EQ5D-Y, HUI2) and resource use questionnaires to examine the feasibility of cost-effectiveness analysis. Questionnaires will be completed at baseline, 4 and 12-month follow-ups. Progress and risk will be monitored via the MFQ administered at each treatment session. The acceptability of a CCBT programme to adolescents; and the willingness of clinicians to recruit participants and of participants to be randomised, recruitment rates, attrition rates and questionnaire completion rates will be collected for feasibility analysis. We will estimate 'numbers needed' to plan a fully powered RCT of clinical and cost-effectiveness. Ethics and dissemination: The current trial protocol received a favourable ethical opinion from Leeds (West) Research and Ethics Committee. (Reference: 10/H1307/137). Trial registration number: ISRCTN31219579.</p>	Journal Article	EMBASE	<a href="https://www.bmjopen.com">Available from BMJ Journals Open (bmjopen.bmj.com)</a>

Barry Wright, David Marshall, Lisa Hackney and Rebecca Hargate	Barry Wright, David Marshall, Danielle Collingridge Moore, Hannah Ainsworth, Lisa Hackney, Joy Adamson, Shehzad Ali, Victoria Allgar, Liz Cook, Lisa Dyson, Elizabeth Littlewood, Rebecca Hargate, Anne McLaren, Dean McMillan, Dominic Trépel, Jo Whitehead and Chris Williams.	Dec-14	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)	English	INTRODUCTION: Current evidence suggests that Social Stories can be effective in tackling problem behaviours exhibited by children with autism spectrum disorder. Exploring the meaning of behaviour from a child's perspective allows stories to provide social information that is tailored to their needs. Case reports in children with autism have suggested that these stories can lead to a number of benefits including improvements in social interactions and choice making in educational settings. METHODS AND ANALYSIS: The feasibility of clinical and cost-effectiveness of a Social Stories toolkit will be assessed using a randomised control framework. Participants (n=50) will be randomised to either the Social Stories intervention or a comparator group where they will be read standard stories for an equivalent amount of time. Statistics will be calculated for recruitment rates, follow-up rates and attrition. Economic analysis will determine appropriate measures of generic health and resource use categories for cost-effectiveness analysis. Qualitative analysis will ascertain information on perceptions about the feasibility and acceptability of the intervention. ETHICS AND DISSEMINATION: National Health Service Ethics Approval (NHS; ref 11/YH/0340) for the trial protocol has been obtained along with NHS Research and Development permission from Leeds and York Partnership NHS Foundation Trust. All adverse events will be closely monitored, documented and reported to the study Data Monitoring Ethics Committee. At least one article in a peer reviewed journal will be published and research findings presented at relevant conferences. TRIAL REGISTRATION NUMBER: ISRCTN96286707. Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <a href="http://group.bmj.com/group/rights-licensing/permissions">http://group.bmj.com/group/rights-licensing/permissions</a> . Note: Original Date Completed: 20140710	Journal Article	MEDLINE	<a href="#">Available from BMJ Journals Open (bmjopen.bmj.com)</a>
Nick D Hart and Lorna Robbins	Nick D Hart and Lorna Robbins.	Dec-14	Imagine your bedroom is the entrance to the zoo: Creative relaxation- Exploring and evaluating the effectiveness of a person-centred programme of relaxation therapies with adults with a mild to moderate intellectual disability.	British Journal of Learning Disabilities, March 2014, vol./is. 42/1(76-84), 1354-4187;1468-3156 (Mar 2014)	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 recorded 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 symptoms of anxiety. It was concluded that relaxation therapy can be beneficial to this client group, especially when used in a creative and person-centred way. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Michael Dixon and Caroline Dada	Michael Dixon and Caroline Dada	Dec-14	How clozapine patients can be monitored safely and effectively	Clinical Pharmacist, June 2014, vol./is. 6/5(131-132), 1758-9061 (01 Jun 2014)	English	Not available	Journal Article	EMBASE	<a href="#">Available from the Pharmaceutical Journal (pharmaceutical-journal.com)</a>
	Christopher Todd, Justine Raynsford and Kay Radcliffe	Dec-14	Borderline personality disorder: Management	Clinical Pharmacist, September 2014, vol./is. 6/7(174-176), 1758-9061 (01 Sep 2014)	English	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.	Journal Article	EMBASE	<a href="#">Available from the Pharmaceutical Journal (pharmaceutical-journal.com)</a>

Graham Firth and Vishal Sharma	R Berry, Graham Firth, C Leeming and Vishal Sharma.	Dec-14	Clinical psychologists' views of intensive interaction as an intervention in learning disability services.	Clinical Psychology and Psychotherapy, September 2014, vol./is. 21/5(403-10), 1063-3995;1099-0879 (2014 Sep-Oct)	English	UNLABELLED: Intensive Interaction was initially developed in the 1980s as an educational approach for developing social communication and engagement with people with severe or profound intellectual disabilities and/or autism. Intensive Interaction has subsequently been adopted by a range of practitioners and professionals working in learning disability services and has a broad multi-disciplinary acceptance, being recommended in a number of UK governmental guidance documents. Despite this, there has been limited work on developing a deeper psychological understanding of the approach. This study utilises a qualitative description/thematic analysis approach to explore how clinical psychologists conceptualise the approach with regard to currently accepted psychological theories, as well as looking at other factors that influence their adoption and advocacy. The sample deliberately consisted of eight NHS (National Health Service) clinical psychologists known to be using or advocating the use of Intensive Interaction with people with a learning disability. The results of this study indicate that although the participants referred to some theories that might explain the beneficial outcomes of Intensive Interaction, these theories were rarely explicitly or clearly referenced, resulting in the authors having to attribute specific theoretical positions on the basis of inductive analysis of the participants' responses. Moreover, the participants provided varying views on how Intensive Interaction might be conceptualised, highlighting the lack of a generally accepted, psychologically framed definition of the approach. In conclusion, it was felt that further research is required to develop a specifically psychological understanding of Intensive Interaction alongside the formation of a Special Interest Group, which might have this task as one of its aims. KEY PRACTITIONER MESSAGES: There appeared to be a limited recognition amongst the participants of the specific psychological theories that can be seen to explain the beneficial outcomes of Intensive Interaction. The participants were found to differ in how they explained the approach and typically used every day 'non-psychological' language or individual concepts/terms rather than clearly or extensively referencing particular theoretical models. The participants appeared to differ in the range of clients who they thought might benefit from Intensive Interaction. An Intensive Interaction Special Interest Group, which includes clinical psychologists, should be set up to instigate psychologically informed theory development and research with the broader aims of fostering greater understanding and adoption of Intensive Interaction within services for people with severe or profound intellectual disabilities and/or autism. Copyright 2013 John Wiley and Sons, Ltd.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
David Protheroe	A Vallance, S Brown, K Nugent, J Lodge, David Protheroe, K Neville, V Napp, J Croft, F Collinson, N Corrigan, J Brown and D Jayne.	Dec-14	Study design: Sacral nerve stimulation versus the FENIXTM magnetic anal sphincter for adult faecal incontinence: A randomised investigation (SaFaRI)	Colorectal Disease, July 2014, vol./is. 16/(197), 1462-8910 (July 2014)	English	Introduction: Faecal incontinence (FI) is a physically and psychologically disabling condition, affecting 5-10% of the adult population. NICE guidance (2007) recommends surgical intervention, including sacral nerve stimulation (SNS), where initial conservative management 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 >50% improvement in continence score. Secondary endpoints will include complications, quality of life and cost effectiveness. Results: There is no result available yet. Conclusion: SaFaRI will allow a timely and rigorous evaluation of a new technology, the FENIXTM MAS, as it is introduced into NHS clinical practice. The results will inform the future management of adult FI.	Journal: Conference Abstract	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
David Protheroe	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)	English	Introduction: Patients with mental health problems in accident and emergency departments (AandE) are frequent users and often difficult to handle. Failure in managing these patients can cause adversities to both patients and AandE 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 AandE of a German general hospital. We describe structural and procedural elements of this service and present data of AandE 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 AandE and psychiatrists of the hospital's department of psychiatry. Subjects and methods: In 2008 a nursebased psychiatric CL-service was introduced to the AandE of the Konigin Elisabeth Herzberge (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 AandE 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 AandE if prepared by special training and supervised by a CLpsychiatrist. 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 AandE departments of general hospitals, originally developed in English-speaking countries, can be adapted for and implemented in a European country like Germany. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Duncan Raistrick and Gillian Tober	Caroline Fairhurst, Jan R Bohnke, Rhian Gabe, Tim J Croudace, Gillian Tober and Duncan Raistrick.	Dec-14	Factor analysis of treatment outcomes from a UK specialist addiction service: Relationship between the Leeds Dependence Questionnaire, Social Satisfaction Questionnaire and 10-item Clinical Outcomes in Routine Evaluation.	Drug and Alcohol Review, November 2014, vol./is. 33/6(643-650), 0959-5236;1465-3362 (Nov 2014)	English	Introduction and Aims: To examine the relationship between three outcome measures used by a specialist addiction service (UK): the Leeds Dependence Questionnaire (LDQ), the Social Satisfaction Questionnaire (SSQ) and the 10-item Clinical Outcomes in Routine Evaluation (CORE-10). Design and Method: A clinical sample of 715 service user records was extracted from a specialist addiction service (2011) database. The LDQ (dependence), SSQ (social satisfaction) and CORE-10 (psychological distress) were routinely administered at the start of treatment and again between 3 and 12 months post-treatment. A mixed pre/post-treatment dataset of 526 service users was subjected to exploratory factor analysis. Parallel Analysis and the Hull method were used to suggest the most parsimonious factor solution. Results: Exploratory factor analysis with three factors accounted for 66.2% of the total variance but Parallel Analysis supported two factors as sufficient to account for observed correlations among items. In the two-factor solution, LDQ items and nine of the 10 CORE-10 items loaded on the first factor >0.41, and the SSQ items on factor 2 with loadings >0.63. A two dimensional summary appears sufficient and clinically meaningful. Discussion and Conclusions: Among specialist addiction service users, social satisfaction appears to be a unique construct of addiction and is not the same as variation due to psychological distress or dependence. Our interpretation of the findings is that dependence is best thought of as a specific psychological condition subsumed under the construct psychological distress. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
Duncan Raistrick and Gillian Tober	Bridgette M Bewick, Katrina Rumball, Jacqueline Birtwistle, Joseph R Shaw, Owen Johnson, Duncan Raistrick and Gillian Tober	Dec-14	Developing a web-based intervention to increase motivation to change and encourage uptake of specialist face-to-face treatment by hospital inpatients: Change Drinking.	Drug and Alcohol Review, November 2014, vol./is. 33/6(674-677), 0959-5236;1465-3362 (Nov 2014)	English	Introduction and Aim: Problem drinking is rarely identified unless health-care professionals are specifically instructed to assess alcohol consumption. Individualised web-based alcohol interventions provide opportunities to enhance screening and early identification. We aimed to create a web-based brief personalised feedback intervention to enable client-centred screening and self-referral by problem drinkers recently admitted to hospital. Design and Methods: To increase transparency of the development process, this short report describes the theoretical underpinnings and development of ChangeDrinking including identification of needs and matching with resources, screening tool selection, and look and feel. Results: The website structure and content was modelled on motivational dialogue. ChangeDrinking is closely coupled to an independent questionnaire management system; this architecture enables internal logic to allow branching based on dynamic user inputs. The motivational underpinnings led to development of personalised predetermined dialogue with strong theory-practice links. Applying principles of conveying empathy and reflection was challenging within the confines of a predetermined dialogue. Reflective listening in ChangeDrinking does not extend to inviting statements of resistance to be entered. Discussion and Conclusions: ChangeDrinking has become an optional component of routine treatment for patients with an alcohol-related admission in two large UK National Health Service general hospitals. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Duncan Raistrick	Jamshid Nazari and 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	<p>Purpose</p> <p>– 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.</p> <p>Design/methodology/approach</p> <p>– 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.</p> <p>Findings</p> <p>– During the four-month period, there were 1,711 wholly alcohol attributable admissions related to 1,145 patients. LAU saw 265 patients out of them 49 who had wholly alcohol attributable admissions engaged in treatment with LAU. Of those who engaged 33 (67.3 per cent) had fewer AandE attendances, 34 (69.4 per cent) had fewer admissions and 39 (80 per cent) spent fewer days in hospital in the three months after compared to three months before. There was a significant reduction in total number of hospital admissions (78 vs 41, mean=1.56 vs 0.82, p&lt;0.001) and days spent in hospital (490 vs 146, mean=9.8 vs 2.92, p&lt;0.001).</p> <p>Originality/value</p> <p>– This mirror-image study suggests that an alcohol hospital in-reach team could be effective in reducing acute hospital service utilization by engaging with the frequent attenders with alcohol misuse complications.</p>	Journal Article	Emerald Insight	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Sarah Thurgood, Helen Crosby, Duncan Raistrick and Gillian Tober	Sarah Thurgood, Helen Crosby, Duncan Raistrick and Gillian Tober.	Dec-14	Service user, family and friends' views on the meaning of a 'good outcome' of treatment for an addiction problem.	Drugs: Education, Prevention and Policy, August 2014, vol./is. 21/4(324-332), 0968-7637;1465-3370 (Aug 2014)	English	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 journey experiences in a variety of treatment modalities. A total of 20 outcome elements were elicited and categorised into seven sub-themes: abstinence, health, activities, relationships, social circumstances, self-awareness and wellbeing of family and friends. Conclusions: The focus of this study was on the ideal outcome rather than intermediate outcomes that might be valuable as individual treatment goals. Considerable weight was placed, by both SUs and their family and friends, on abstinence and ways of maintaining abstinence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

Conor Davidson, Nick Greenwood, Alison Jane Stansfield and Stephen Wright	Conor Davidson, Nick Greenwood, Alison Jane Stansfield and Stephen Wright	Dec-14	Prevalence of Asperger syndrome among patients of an Early Intervention in Psychosis team.	Early intervention in psychiatry, May 2014, vol./is. 8/2(138-46), 1751-7885;1751-7893 (2014 May)	English	BACKGROUND: There is a lack of systematic studies into comorbidity of Asperger syndrome and psychosis. AIM: To determine the prevalence of Asperger syndrome among patients of an early intervention in psychosis service. METHODS: This study was a cross-sectional survey consisting of three phases: screening, case note review and diagnostic interviews. All patients on caseload (n=197) were screened using the Autism Spectrum Disorder in Adults Screening Questionnaire. The case notes of patients screened positive were then reviewed for information relevant to Asperger syndrome. Those suspected of having Asperger syndrome were invited for a diagnostic interview. RESULTS: Thirty patients were screened positive. Three of them already had a diagnosis of Asperger syndrome made by child and adolescent mental health services. After case note review, 13 patients were invited to interview. Four did not take part, so nine were interviewed. At interview, four were diagnosed with Asperger syndrome. In total, seven patients had Asperger syndrome. Thus, the prevalence rate in this population is at least 3.6%.CONCLUSIONS: The results suggest that the prevalence of Asperger syndrome in first-episode psychosis is considerably higher than that in the general population. Clinicians working in early intervention teams need to be alert to the possibility of Asperger syndrome when assessing patients. Copyright 2013 Wiley Publishing Asia Pty Ltd.	Journal Article	MEDLINE	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
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./is. 15/1(5-8), 1471-0153 (Jan 2014)	English	Body dissatisfaction (BD) is central to the development, maintenance and relapse of anorexia nervosa (AN). BD has been conceptualized as a multi-dimensional construct incorporating behaviours, cognitions and affect, yet little is known about the impact of weight and disordered eating on these aspects. 56 'below DSM-IV weight criteria for AN' (bBMI 17.5 kg/m2) and 44 'above DSM-IV weight criteria for AN' (NBMI 17.5 kg/m2) individuals currently receiving treatment for an eating disorder, and 60 non-eating disordered females completed the Body Checking Scale, Body Image Avoidance Questionnaire and the Body Image Anxiety Questionnaire. As expected, females diagnosed with AN showed significantly more behavioural 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) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	Richard Sly, John F Morgan, Victoria Mountford, Francesca Sawyer, Charlotte Evans and Hubert John Lacey.	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./is. 22/3(233-243), 1064-0266;1532-530X (May 2014)	English	Recent research has emphasised the importance of therapeutic alliance to treatment outcomes for anorexia nervosa. This study aimed to examine the experiences of service users in developing therapeutic alliance whilst in treatment for their eating disorders. This qualitative study, using purposive sampling, recruited a sample of service users receiving treatment at a national eating disorders service. In-depth interviews were audiotaped and transcribed, with transcriptions being subject to interpretative phenomenological analysis. Participants were eight adult women receiving tertiary level eating disorder treatment in a specialist setting. The text analysis produced four dominant categories: alliance as a key experience; being active, not passive; taboo talking; and first impressions count. The development of therapeutic alliance is a core component of treatment. This study identifies important areas that contribute to the successful cultivation of positive therapeutic alliance. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
John F Morgan and Saeideh Saeidi	John F Morgan, Stanimara Lazarova, Monique Schelhase and Saeideh Saeidi.	Dec-14	Ten session body image therapy: Efficacy of a manualised body image therapy.	European Eating Disorders Review, January 2014, vol./is. 22/1(66-71), 1072-4133;1099-0968 (Jan 2014)	English	Objective: To determine the efficacy of 10 session body image therapy (BAT-10) in the treatment of anorexia nervosa with adherence to the methodological guidance for complex interventions. Method: Fifty-five adult inpatients with anorexia nervosa at two national centres received the group-based manualised body-image therapy (BAT-10). BAT-10 was refined, developed and 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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Vanessa Huke, Saeideh Saeidi and John F Morgan	Vanessa Huke, Jeremy Turk, Saeideh Saeidi, Andrew Kent and John F Morgan.	Dec-14	The clinical implications of high levels of autism spectrum disorder features in anorexia nervosa: A pilot study	European Eating Disorders Review, March 2014, vol./is. 22/2(116-121), 1072-4133;1099-0968 (March 2014)	English	Objective This study examined autism spectrum disorder (ASD) features in relation to treatment completion and eating disorder psychopathology in anorexia nervosa (AN). Method Thirty-two adult women were recruited from specialist eating disorder services. Features of ASD and disordered eating were measured. Premature termination of treatment was recorded to explore whether ASD traits had impact on early discharge. A healthy control group was also recruited to investigate ASD traits between clinical and nonclinical samples. Results Significant differences were found between the AN group and the healthy control group in obsessive-compulsive disorder traits, depression and anxiety and ASD traits, with significant differences between groups in Social Skill and Attention Switching. The AN group reported no significant relationship between disordered eating severity and ASD traits. No significant effect was found between ASD features and treatment completion. Discussion Raw data on premature termination of treatment, despite no statistic impact, showed that seven out of the eight participants with high features of ASD completed treatment as planned compared with 50% of those with low ASD traits. Unexpectedly, this suggests enhanced treatment adherence in ASD. Copyright 2013 John Wiley and Sons, Ltd and Eating Disorders Association.	Journal Article	EMBASE	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

Paul Blenkiron	P Blenkiron, A Brooks, R Dearden and J McVey.	Dec-14	Use of the distress thermometer to evaluate symptoms, outcome and satisfaction in a specialist psycho-oncology service.	General Hospital Psychiatry, November 2014, vol./is. 36/6(607-12), 0163-8343;1873-7714 (2014 Nov-Dec)	English	OBJECTIVE: The National Institute for Health and Care Excellence recommends the use of structured tools to improve holistic care for patients with cancer. The Distress Thermometer and Problem Checklist (DT) is commonly used for screening in physical health settings. However, it has not been integrated into the clinical pathway within specialist psycho-oncology services. We used the DT to examine the broad clinical effectiveness of psycho-oncology intervention and to ascertain factors from the DT linked to an improved outcome. We also evaluated patients' satisfaction with their care. METHOD: We asked 111 adult outpatients referred to York Psycho-Oncology Service to complete the DT at their first appointment. Individuals offered a period of psycho-oncology care re-rated their emotional distress, problems and service satisfaction on the DT at discharge. RESULTS: Median distress scores decreased significantly (from 6 to 4, Wilcoxon's $z=-4.83$ , $P<.001$ ) indicating a large clinical effect size (Cohen's $d=1.22$ ). Frequency of emotional problems (anxiety, depression and anger) fell significantly by 15-24% despite no significant change in patients' physical health or practical problems. Number of emotional problems was the best predictor of distress at discharge ( $\beta=0.468$ , $P=.002$ ). Satisfaction was high and correlated with lower distress scores ( $r=-0.42$ , $P=.005$ ) and fewer emotional problems ( $r=-0.31$ , $P=.04$ ) at discharge but not with number of appointments attended. Qualitative thematic analysis showed patients particularly value supportive listening and advice on coping strategies from professionals independent of their physical care. CONCLUSION: The DT is an acceptable and useful tool for enhancing the delivery of structured psycho-oncology care. It may also provide evidence to support the effectiveness of specialist psycho-oncology interventions. Copyright 2014 Elsevier Inc. All rights reserved.	Journal Article	MEDLINE	<a href="http://www.ghpjournals.com">Available from General Hospital Psychiatry Journal (www.ghpjournals.com)</a>
John F Morgan	R Hibbs, C Rhind, H Sallis, E Goddard, S Raenker, J Arcelus, N Boughton, F Connan, K Goss, B Laszlo, J F Morgan, K Moore, D Robertson, C Schreiber-Kounine, S Sharma, L Whitehead, Hubert John Lacey, U Schmidt and J Treasure.	Dec-14	Confirmatory Factor Analysis of Two Eating Disorder Questionnaires for Carers.	Health Psychology and Behavioural Medicine, Vol. 2, No. 1, N/A, 03.2014, p. 322-334.	English	Objective: Caring for someone diagnosed with an eating disorder (ED) is associated with a high level of burden and psychological distress which can inadvertently contribute to the maintenance of the illness. The Eating Disorders Symptom Impact Scale (EDSIS) and Accommodation and Enabling Scale for Eating Disorders (AESED) are self-report scales to assess elements of caregiving theorised to contribute to the maintenance of an ED. Further validation and confirmation of the factor structures for these scales are necessary for rigorous evaluation of complex interventions which target these modifiable elements of caregiving. Method: EDSIS and AESED data from 268 carers of people with anorexia nervosa (AN), recruited from consecutive admissions to 15 UK inpatient or day patient hospital units, were subjected to confirmatory factor analysis to test model fit by applying the existing factor structures: (a) four-factor structure for the EDSIS and (b) five-factor structure for the AESED. Results: Confirmatory factor analytic results support the existing four-factor and five-factor structures for the EDSIS and the AESED, respectively. Discussion: The present findings provide further validation of the EDSIS and the AESED as tools to assess modifiable elements of caregiving for someone with an ED.	Journal Article	King's College London	<a href="http://kclpure.kcl.ac.uk/portal/en/publications/search.html">Available from King's College London Research Outputs (kclpure.kcl.ac.uk/portal/en/publications/search.html)</a>
John Roche	N E kong, M Portman, C Phillip, J Roche and J Wilson.	Dec-14	Sex, drugs and STIs	HIV Medicine, April 2014, vol./is. 15/(14), 1464-2662 (April 2014)	English	Background: The link between club drug use and high risk sexual behaviour/ STIs in MSM is well documented. The Global Drug Survey 2013 studied links between drug use and sexual risk but links with STIs in heterosexuals in the UK is undocumented. Aims: Study club drug use in all attendees of a city centre Sexual Health (SH) clinic outside London; Determine if club drug use is associated with higher risk sexual behaviour; Establish if club drug users have higher rates of STIs Methods: Consecutive patients attending clinic were invited to complete a questionnaire on their sexual behaviour, alcohol and drug use. Rates of drug use were compared with age, sexuality, sexual behaviour and STI rates. Results: An interim analysis of this ongoing study includes 514 respondents. Mean age was 28y. 51% respondents were male; 21% MSM. 5% respondents were HIV+. 4% reported injecting drug use - 79% of which was steroid use. 41% heterosexuals reported anal sex (AI). 5% respondents had paid for sex. There was high club drug (cocaine, mephedrone, ecstasy, GBL, ketamine) use by all; 41% had ever used a club drug, but of these only 28% had used in the past month. There was no difference in drug use by age (<25 v >25 years), and sexuality except for GBL where use was significantly higher in MSM (OR 2.79; $p=0.04$ ) and bisexuals (OR 5.59; $p=0.01$ ) compared to heterosexuals. Heterosexuals reporting club drug use were more likely to have AI (OR 3.02; $p<0.0001$ ). Drug users were more likely to have unprotected sex and >3 partners in the past year (OR 8.50; $p=0.006$ ). Self-reporting of unprotected risky sex with GBL, cocaine and ecstasy was higher in heterosexuals (67%, 81%, 77%) than MSM (33%, 14%, 15% respectively). The rate of STIs was higher in club drug users than non-users in MSM (38% v 17%; OR 6.15, $p=0.03$ ) and heterosexuals (14% v 9%) but not significantly so. Only 9% admitted difficulty in controlling their substance use and 13% wanted to reduce intake. Conclusion: This is the first study to look at club drug use, sexual behaviour and STIs in heterosexuals as well as MSM. Heterosexuals report equally high levels of club drug use as MSM. Club drug use in heterosexuals was associated with AI, more sexual partners and self-reporting of risky sex. Although rates of STIs were higher in club drug users this did not achieve significance. 72% of those who had ever used club drugs reported not having used drugs in the past month. This may suggest that current users are not attending sexual health services.	Journal: Conference Abstract	EMBASE	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>

Louise Bergin	B J Pritchard, Louise Bergin and T D Wade.	Dec-14	A case series evaluation of a guided self-help for bulimia nervosa using a cognitive manual.	International Journal of Eating Disorders, 01 September 2004, vol./is. 36/2(144-156), 02763478	English	<p><b>OBJECTIVE:</b> The current study examined the usefulness of a new, cognitive-based self-help manual for bulimia nervosa.</p> <p><b>METHOD:</b> Twenty people were provided with assessment and six sessions of guided self-help using the manual. Participants were assessed for eating-related behaviors and attitudes and psychopathology at pretreatment, posttreatment, and at the 3-month follow-up. Assessment instruments included the Eating Disorder Examination, Symptom Checklist-90-Revised, Rosenberg Self-Esteem Scale, Screening Test for Co-morbid Personality Disorders, and The University of Rhode Island Change Assessment. Data from 15 people were available at posttreatment and from 13 people at follow-up.</p> <p><b>RESULTS:</b> Using intention-to-treat analyses, binge eating, vomiting, four of the five eating attitudes and self-esteem significantly improved between pretreatment and posttreatment. At follow-up, there was continued improvement on all measures, with the exception of binge eating.</p> <p><b>DISCUSSION:</b> Guided self-help using cognitive techniques is a promising first-line treatment for bulimia nervosa, with further evaluation required in a randomized, controlled trial with long-term follow-up.</p>	Journal Article	PubMed	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	Richard Sly, Victoria Mountford, John F Morgan and Hubert John Lacey.	Dec-14	Premature termination of treatment for anorexia nervosa: Differences between patient-initiated and staff-initiated discharge.	International Journal of Eating Disorders, January 2014, vol./is. 47/1(40-46), 0276-3478;1098-108X (Jan 2014)	English	<p><b>Objectives:</b> To investigate treatment drop-out by comparing clinical indicators of patients whose discharge was initiated by staff with those who initiated discharge themselves. <b>Method:</b> Ninety participants with anorexia completed questionnaires at admission and four weeks into hospitalized treatment. Weight data was collected over this same period. At discharge, participants were categorized into completer (n = 38) or patient-initiated (n = 36) /staff-initiated (n = 16) premature termination groups. <b>Results:</b> Significant differences between staff-initiated and patient-initiated discharge groups were found at admission. Staff initiated groups were on average older (p = .035), and more likely to have had prior compelled treatment (p = .039). At 4 weeks those in the patient-initiated group had put on weight at a faster rate (p = .032) and reported a decrease in alliance (p = .017). At discharge, staff initiated discharge demonstrated greater time in treatment (p = .001), greater weight gain (p = .027), and a higher discharge BMI (p = .013). At discharge, staff-initiated drop-outs had comparable end-of-treatment outcomes to those who completed treatment as planned. <b>Discussion:</b> 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)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Noreen D Mdege, Duncan Raistrick and Graham Johnson.	Dec-14	Medical specialists' views on the impact of reducing alcohol consumption on prognosis of, and risk of, hospital admission due to specific medical conditions: Results from a Delphi survey.	Journal of Evaluation in Clinical Practice, February 2014, vol./is. 20/1(100-110), 1356-1294;1365-2753 (Feb 2014)	English	<p><b>Rationale, aims and objectives:</b> To find consensus, or lack thereof, on the impact of reducing alcohol consumption on prognosis and the risk of hospital admissions for a number of alcohol-attributable disorders. <b>Methods:</b> A modified two-round Delphi survey utilizing web-based questionnaires to collect quantitative and qualitative data was used. Alcohol treatment experts from cardiology, emergency medicine, gastroenterology and oncology in the United Kingdom were invited to participate. The main outcomes were median impact ratings (on a scale of 1-9) and consensus (unanimous, strong, moderate, weak or no consensus). <b>Results:</b> Of 192 experts invited to participate, 59 completed first questionnaires. The overall retention rate to the second questionnaires was about 51% (30/59). There was strong support that reducing alcohol consumption could result in improvement in prognosis for gastroenterology and emergency medicine patients; but uncertainty on the benefits for cardiology and oncology patients. Overall, the responses from the expert panel did not reflect the assumption that reducing alcohol consumption would result in benefits on hospital admissions for any of the specialties. The specialists viewed the severity of disorders as important when considering the impact of reducing alcohol consumption. <b>Conclusions:</b> The highest impact of treatment for problem drinking in hospitals is considered to be for alcohol-related disorders associated with gastroenterology and emergency medicine. At policy level, if targeted screening for alcohol problems by presenting disease or condition is the strategy of choice, it would be logical to implement screening and easily accessible interventions or addiction specialists within these areas where alcohol treatment is considered as having a high impact. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Duncan Raistrick and Gillian Tober	Duncan Raistrick, Gillian Tober and Sally Unsworth.	Dec-14	Attitudes of healthcare professionals in a general hospital to patients with substance misuse disorders	Journal of Substance Use, February 2014, vol./is. 20/1(56-60), 1465-9891;1475-9942 (01 Feb 2015)	English	<p><b>Aims and method:</b> 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. <b>Results:</b> 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. <b>Implications:</b> 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.</p>	Journal Article	EMBASE	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

Jo Ramsden	Jo Ramsden, Mark Lowton and Emma Joyes.	Dec-14	The impact of case formulation focussed consultation on criminal justice staff and their attitudes to work with personality disorder.	Mental Health Review Journal, 2014, vol./is. 19/2(124-130), 1361-9322;2042-8758 (2014)	English	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) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Barry Wright	Paul Gringras, Dido Green, Barry Wright, Carla Rush, Masako Sparrowhawk, Karen Pratt, Victoria Allgar, Naomi Hooke, Danielle Moore, Zenobia Zaiwalla and Luci Wiggs	Dec-14	Weighted blankets and sleep in autistic children - A randomized controlled trial	Pediatrics, August 2014, vol./is. 134/2(298-306), 0031-4005;1098-4275 (01 Aug 2014)  Journal of Sleep Research, September 2014, vol./is. 23/(320), 0962-1105 (September 2014)	English	OBJECTIVE: To assess the effectiveness of a weighted-blanket intervention in treating severe sleep problems in children with autism spectrum disorder (ASD). METHODS: This phase III trial was a randomized, placebo-controlled crossover design. Participants were aged between 5 years and 16 years 10 months, with a confirmed ASD diagnosis and severe sleep problems, refractory to community-based interventions. The interventions were either a commercially available weighted blanket or otherwise identical usual weight blanket (control), introduced at bedtime; each was used for a 2-week period before crossover to the other blanket. Primary outcome was total sleep time (TST) recorded by actigraphy over each 2-week period. Secondary outcomes included actigraphically recorded sleep onset latency, sleep efficiency, assessments of child behavior, family functioning, and adverse events. Sleep was also measured by using parent-report diaries. RESULTS: Seventy-three children were randomized and analysis conducted on 67 children who completed the study. Using objective measures, the weighted blanket, compared with the control blanket, did not increase TST as measured by actigraphy and adjusted for baseline TST. There were no group differences in any other objective or subjective measure of sleep, including behavioral outcomes. On subjective preference measures, parents and children favored the weighted blanket. CONCLUSIONS: The use of a weighted blanket did not help children with ASD sleep for a longer period of time, fall asleep significantly faster, or wake less often. However, the weighted blanket was favored by children and parents, and blankets were well tolerated over this period. Copyright 2014 by the American Academy of Pediatrics.	Journal Article	EMBASE	<a href="http://pediatrics.aappublications.org">Available from American Academy of Pediatrics news and journals (pediatrics.aappublications.org)</a>
Tariq Mahmood	Jose L Ivorra, Manir Ali, Clare Logan, Tariq Mahmood, Shabana Khan, Alastair G Cardno, Colin Johnson, Chris F Inglehearn and Steven Clapcote	Dec-14	Identification of a susceptibility locus in a consanguineous family with multiple schizophrenia-affected members	Schizophrenia Research, April 2014, vol./is. 153/(S325-S326), 0920-9964 (April 2014)	English		Journal Article		<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
David Yeomans	D Yeomans, K Dale and K Beedle.	Dec-14	Systematic computerised cardiovascular health screening for people with severe mental illness.	The Psychiatric Bulletin, December 2014, vol./is. 38/6(280-4), 2053-4868;2053-4868 (2014 Dec)	English	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.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
Tim Branton	M Smith, Tim Branton and Alastair Cardno.	Dec-14	Is the bark worse than the bite? Additional conditions used within community treatment orders.	The Psychiatric Bulletin, February 2014, vol./is. 38/1(9-12), 2053-4868;2053-4868 (2014 Feb)	English	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.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Duncan Raistrick, Gillian Tober, Jenny Sweetman, Sally Unsworth and Helen Crosby	Duncan Raistrick, Gillian Tober, Jenny Sweetman, Sally Unsworth, Helen Crosby and Tom Evans.	Dec-14	Measuring clinically significant outcomes- LDQ, CORE-10 and SSQ as dimension measures of addiction.	The Psychiatric Bulletin, June 2014, vol./is. 38/3(112-115), 2053-4868;2053-4876 (Jun 2014)	English	Aims and method: To determine values for reliable change and clinically significant change for the Leeds Dependence Questionnaire (LDQ) and Social Satisfaction Questionnaire (SSQ). The performance of these two measures with the Clinical Outcomes in Routine Evaluation (CORE-10) as three dimension measures of addiction was then explored. Results: The reliable change statistic for both LDQ and SSQ was 54; the cut-offs for clinically significant change were LDQ 410 males, 45 females, and SSQ 516. There was no overlap of 95% CIs for means by gender between 'well-functioning' and pre- and post-treatment populations. Clinical implications: These data enable the measurement of clinically significant change using the LDQ and SSQ and add to the evidence for the performance of the LDQ, CORE-10 and SSQ as dimension measures of addiction. The CORE-10 and SSQ can be used as treatment outcome measures for mental health problems other than addiction. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
Rachel J McKie	Rachel J McKie	Dec-14	Factors associated with the use of community treatment orders.	The Psychiatric Bulletin, June 2014, vol./is. 38/3(139), 2053-4868;2053-4876 (Jun 2014)	English	Comments on an article by David Curtis et al. (see record 2014-10795-008). Curtis highlights one of the limitations of the OCTET study, in that patients selected for randomisation may not have been suitable for community treatment order (CTO) placement in the first place. In his conclusions he suggests there may be a small subgroup of patients for whom CTOs are enormously beneficial. Perhaps clinicians need more clarity of the characteristics of the 'revolving door' patient better to assess suitability for supervised community treatment. There remains the outstanding question of who belongs to the elusive group of patients for which CTOs are effective, if indeed this group exists. This study provides insight into the demographic and historical factors that are influencing clinicians' decisions to implement CTOs. There is no proof so far that CTOs are effective in their aims. Perhaps we need to look again at who the truly 'revolving door' patients are and take this objective evidence into consideration at the point of deciding whether to initiate supervised community treatment. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
William Rhys Jones	William Rhys Jones, Usha Narayana, Sarah Howarth, Joanna Shinnars and Qadeer Nazar.	Dec-14	Cardiovascular monitoring in patients prescribed clozapine.	The Psychiatric Bulletin, June 2014, vol./is. 38/3(140), 2053-4868;2053-4876 (Jun 2014)	English	Comments on an article by Sam Wilson et al.(see record 2013-35228-002). Wilson et al highlight the ongoing issue of poor physical health monitoring in patients prescribed clozapine. Moreover, cardiovascular monitoring was poor with only 30% of patients having had a baseline electrocardiogram prior to initiation of clozapine. Similarly, only 28% had yearly electrocardiogram monitoring performed once clozapine therapy had been established. In response to these findings the authors have introduced a system whereby initiation of clozapine therapy and its continued prescription by our pharmacy department is contingent on evidence of baseline and continued cardiovascular monitoring. The authors have also developed a shared care pathway with our local cardiology department ensuring that cardiac monitoring is optimised in this vulnerable patient group and that management of sustained tachycardia is jointly managed by both psychiatric and cardiology services. Information on this shared care pathway is available from the corresponding author. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
James Johnston	Jessica Yakeley, Rob Hale, James Johnston, Gabriel Kirtchuk and Peter Shoenberg.	Dec-14	Psychiatry, subjectivity and emotion-Deepening the medical model.	The Psychiatric Bulletin, June 2014, vol./is. 38/3(97-101), 2053-4868;2053-4876 (Jun 2014)	English	Morale among psychiatrists continues to be seriously challenged in the face of recruitment difficulties, unfilled posts, diagnostic controversies, service reconfigurations and public criticism of psychiatric care, in addition to other difficulties. In this article, we argue that the positivist paradigm that continues to dominate British psychiatry has led to an undervaluing of subjectivity and of the role of emotions within psychiatric training and practice. Reintegrating the subjective perspective and promoting emotional awareness and reflection may go some way towards restoring faith in the psychiatric specialty. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
Paul Blenkiron and David Protheroe	Michelle Collinson, David Owens, Paul Blenkiron, Kayleigh Burton, Liz Graham, Simon Hatcher, Allan House, Katie Martin, Louise Pembroke, David Protheroe, Sandy Tubeuf and Amanda Farrin	Dec-14	MIDSHIPS: Multicentre intervention designed for self-harm using interpersonal problem-solving: Protocol for a randomised controlled feasibility study	Trials, May 2014, vol./is. 15/1, 1745-6215 (10 May 2014)	English	Background: Around 150,000 people each year attend hospitals in England due to self-harm, many of them more than once. Over 5,000 people die by suicide each year in the UK, a quarter of them having attended hospital in the previous year because of self-harm. Self-harm is a major identifiable risk factor for suicide. People receive variable care at hospital; many are not assessed for their psychological needs and little psychological therapy is offered. Despite its frequent occurrence, we have no clear research evidence about how to reduce the repetition of self-harm. Some people who have self-harmed show less active ways of solving problems, and brief problem-solving therapies are considered the most promising psychological treatments. Methods/Design: This is a pragmatic, individually randomised, controlled, feasibility study comparing interpersonal problem-solving therapy plus treatment-as-usual with treatment-as-usual alone, for adults attending a general hospital following self-harm. A total of 60 participants will be randomised equally between the treatment arms, which will be balanced with respect to the type of most recent self-harm event, number of previous self-harm events, gender and age. Feasibility objectives are as follows: a) To establish and field test procedures for implementing the problem-solving intervention; b) To determine the feasibility and best method of participant recruitment and follow up; c) To assess therapeutic delivery; d) To assess the feasibility of obtaining the definitive trial's primary and secondary outcomes; e) To assess the perceived burden and acceptability of obtaining the trial's self-reported outcome data; f) To inform the sample size calculation for the definitive trial. Discussion: The results of this feasibility study will be used to determine the appropriateness of proceeding to a definitive trial and will allow us to design an achievable trial of interpersonal problem-solving therapy for adults who self-harm. Trial registration: Current Controlled Trials (ISRCTN54036115). 2014 Collinson et al.; licensee BioMed Central Ltd.	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>

Saeideh Saeidi	Vanessa Huke, Jeremy Turk, Saeideh Saeidi, Andrew Kent and John F Morgan.	Dec-13	The Clinical Implications of High Levels of Autism Spectrum Disorder Features in Anorexia Nervosa: A Pilot Study	European Eating Disorders Review, March 2014, Volume 22, Issue 2 Pages 116-121	English	<p>Objective: This study examined autism spectrum disorder (ASD) features in relation to treatment completion and eating disorder psychopathology in anorexia nervosa (AN).</p> <p>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.</p> <p>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.</p>	Journal Article		<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
	Hannah Jones, Clive Adams, Andrew Clifton, Patrick Callaghan, Peter Liddle, Heather Buchanan and Vishal Aggarwal	Dec-13	A pragmatic cluster randomised controlled trial of an oral health intervention for people with serious mental illness (three shires early intervention dental trial)		English	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Journal Article	BMC Psychiatry (online)	<a href="http://www.biomedcentral.com">Available from BioMed Central (www.biomedcentral.com)</a>
David Yeomans	Pat Bracken, Philip Thomas, Sami Timimi, Eia Asen, Graham Behr, Calr Beuster, Seth Bhunnoo, Ivor Browne, Navjyoat Chhina, Duncan Double, Simon Downer, Chris Evans, Suman Fernando, Malcom Garland, William Hopkins, Rhodi Huws, Bob Johnson, Brian Martindale, Hugh Middleton, Daniel Moldavsky, Joanna Moncrieff, Simon Mullins, Julia Nelki, Matteo Pizzo, James Rodger, Marcellino Smyth, Derek Summerfield	Dec-13	Psychiatry beyond the current paradigm.	<p>Acta Psiquiatrica y Psicologica de America Latina, September 2013, vol./is. 59/3(186-195), 0001-6896 (Sep 2013)</p> <p>Psicoterapia e Scienze Umane, 2013, vol./is. 47/1(9-22), 0394-2864;1972-5043 (2013)</p>	<p>Spanish</p> <p>Italian</p>	<p>A series of editorials in this journal have argued that psychiatry is in the midst of a crisis. The various solutions proposed would all involve a strengthening of psychiatry's identity as essentially "applied neuroscience". While not discounting the importance of the brain sciences and psychopharmacology, we argue that psychiatry needs to move beyond the dominance of the current, technological paradigm. This would be more in keeping with the evidence about how positive outcomes are achieved and could also serve to foster more meaningful collaboration with the growing service-user movement. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>

Duncan Raistrick	Duncan Raistrick.	Dec-13	Too many rating scales: Not enough validation.	Addiction, January 2013, vol./is. 108/1(11-12), 0965-2140;1360-0443 (Jan 2013)	English	Comments on an article by Udi E. Ghitza et al. (see record 2012-35058-002). Ghitza et al. set out to generate debate on what screening and initial assessment tools should be used in primary care to detect substance misuse disorders. There is a long tradition in the addictions field of bringing together expert groups to find a consensus on some aspect of data collection and, invariably, the conclusion is that there should be a variety of measures available to suit different needs. Ghitza et al. present work tailored to the demands of Medicare and Medicaid services in the USA with barely a hint at its relevance to other countries. The method described by Ghitza et al. for building their consensus is an example, it is understandable, but strangely unscientific. A systematic review would have strengthened the starting position but herein lies a second reason the lack of validation studies for reaching, at best, only tentative or preliminary conclusions and, at worst, compromised or misleading ones. Happily, there is no need for an expert group to consider what criteria constitute a truly robust validation. Wherever possible it makes sense to use assessment measures that will also be outcome measures. The government has encouraged the use of patient reported outcome measures (PROMs) not least as a means of determining levels of payment to treatment providers. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Adejoke Obirejeyi Oluyase, Duncan Raistrick, Yasir Abbasi, Veronica Dale and Charlie Lloyd.	Dec-13	A study of the psychotropic prescriptions of people attending an addiction service in England	Advances in Dual Diagnosis, Vol. 6 Iss: 2, pp.54 - 65	English	<p><b>Purpose</b> 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.</p> <p><b>Design/methodology/approach</b> 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.</p> <p><b>Findings</b> More than half (56.1 percent) of people attending the service were taking prescribed antidepressants and anxiolytics at their first episode of treatment whilst 15.2 percent of people were taking prescribed antipsychotics. Alcohol and opioids were the primary referral substances for 77.4 percent and 15.2 percent of people respectively. People referred for "other" substances (cannabis, stimulants, sedatives, hallucinogens, solvents and polydrug use) made up the remaining 7.5 percent and had the highest percentage of prescribed psychotropics (antipsychotics=47 percent, antidepressants and anxiolytics=64.3 percent) compared to those referred for alcohol and opioids (p&lt;0.0005).</p> <p><b>Originality/value</b> To the best of the authors' knowledge, this is the first study of psychotropic prescribing among people with a range of SUD in the UK. The high prevalence of psychotropic prescribing raises questions about the appropriateness of these prescriptions and calls for scrutiny of prescribing practice in this group of people.</p>	Journal Article	Advances in Dual Diagnosis	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Mahbub Khan	Mahbub Khan and Nigel Beal	Dec-13	Service user satisfaction with individual psychotherapy for people with intellectual disabilities.	Advances in Mental Health and Intellectual Disabilities, 2013, vol./is. 7/5(277-283), 2044-1282;2044-1290 (2013)	English	<p><b>Purpose:</b> 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. <b>Design/methodology/approach:</b> In total, 20 recipients of psychological therapy completed the Satisfaction with Therapy and Therapist Scale-Revised (STTS-R; Oei and Shuttleword, 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. <b>Findings:</b> Generally, recipients were highly satisfied with their therapist and the therapy they received. <b>Originality/value:</b> 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)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
William Rhys Jones and John F Morgan	William Rhys Jones, John F Morgan and Jon Arcelus.	Dec-13	Managing physical risk in anorexia nervosa	Advances in Psychiatric Treatment, May 2013, vol./is. 19/3(201-202), 1355-5146;1472-1481 (May 2013)	English	<p>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.</p> <p>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 care may at times need to be provided by the community mental health team and general psychiatrist, who must monitor the patient's physical and mental health and try to support both patients and their families. This is alarming when one considers that many general psychiatrists report a lack of training in eating disorders and are not always confident in managing these conditions in non-specialist settings (Jones 2012a). Here, we remind the general psychiatrist of how to assess and manage physical risk in patients with anorexia nervosa.</p>	Journal Article	EMBASE	<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>

Barry Wright	Barry Wright, Naomi Hooke, Stephan Neupert, Chan Nyein and Suzy Ker.	Dec-13	Young people who cut themselves: Can understanding the reasons guide the treatment?	Advances in Psychiatric Treatment, November 2013, vol./is. 19/6(446-456), 1355-5146;1472-1481 (November 2013)	English	Young people who cut themselves may do so for reasons that go beyond diagnosis. Relevant processes include responses to trauma, coping, emotion regulation and cultural identification. Some clinicians regard those who self-harm negatively or consider one therapeutic approach to be suitable for all. This article explores the possible mechanisms involved when young people cut themselves and discusses therapeutic approaches in the light of these. Clinicians and researchers are encouraged to refine, develop and research interventions for young people who self-harm by cutting.	Journal Article	EMBASE	<a href="#">Available from BJPsych Advances (apt.rcpsych.org)</a>
Gillian Tober	Gillian Tober.	Dec-13	Review of Motivational interviewing: Helping people change.	Alcohol and Alcoholism, May 2013, vol./is. 48/3(376-377), 0735-0414;1464-3502 (May-Jun 2013)	English	Reviews the book, Motivational Interviewing: Helping People Change by William R. Miller and Stephen Rollnick (see record 2012-17300-000). This third edition elaborates on the method described in the two previous editions, but without the assistance of contributing authors and with the change of the sub-title to 'Helping People Change'. This book covers a lot of ground. Three hundred pages describe MI at various stages of change; another 50 pages focus on the doing of it: something called experiencing it, which is different from learning, applying and integrating it. The third edition of Motivational Interviewing is full of useful material, some of it backed up by evidence and much detail that makes good sense to people versed in the literature of effective counseling skills. The book offers examples of dialogue clearly set apart from the explanatory text, it has key learning points, albeit ones that are rather general and evangelical; many do not apply to MI in particular but are good-practice principles. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Book Review	PsycINFO	<a href="#">Available from Oxford Academic (academic.oup.com)</a>
Tom Hughes	R Hamish McAllister-Williams, Smith, Eleanor Smith, Ian M Anderson, Jane Barnes, Peter Gallagher, Heinz C Grunze, Peter M Haddad, Allan O House, Tom Hughes, Adrian J Lloyd, Elaine M McColl, Simon H Pearce, Najma Siddiqi, Baxi Sinha, Chris Speed, Nick I Steen, June Wainwright, Stuart Watson, Fiona H Winter and Nicol I Ferrier	Dec-13	Study protocol for the randomised controlled trial: Antiglucocorticoid augmentation of anti-depressants in Depression (The ADD Study).	BMC Psychiatry, August 2013, vol./is. 13/, 1471-244X (Aug 3, 2013)	English	Background: Some patients with depression do not respond to first and second line conventional antidepressants and are therefore characterised as suffering from treatment refractory depression (TRD). On-going psychosocial stress and dysfunction of the hypothalamic-pituitary-adrenal axis are both associated with an attenuated clinical response to antidepressants. Preclinical data shows that co-administration of corticosteroids leads to a reduction in the ability of selective serotonin reuptake inhibitors to increase forebrain 5-hydroxytryptamine, while co-administration of antiglucocorticoids has the opposite effect. A Cochrane review suggests that antiglucocorticoid augmentation of antidepressants may be effective in treating TRD and includes a pilot study of the cortisol synthesis inhibitor, metyrapone. The Antiglucocorticoid augmentation of anti-Depressants in Depression (The ADD Study) is a multicentre randomised placebo controlled trial of metyrapone augmentation of serotonergic antidepressants in a large population of patients with TRD in the UK National Health Service. Methods/design: Patients with moderate to severe treatment refractory Major Depression aged 18 to 65 will be randomised to metyrapone 500 mg twice daily or placebo for three 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. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Saeideh Saeidi	Elizabeth Goddard, Rebecca Hibbs, Simone Raenker, Laura Salerno, Jon Arcelus, Nicky Boughton, Frances Connan, Ken Goss, Bert Laszlo, John F Morgan, Kim Moore, David Robertson, Saeidi S, Christa Schreiber-Kounine, Sonu Sharma, Linette Whitehead, Ulrike Schmidt and Janet Treasure.	Dec-13	A multi-centre cohort study of short term outcomes of hospital treatment for anorexia nervosa in the UK.	BMC Psychiatry, November 2013, vol./is. 13/, 1471-244X (Nov 7, 2013)	English	Background: Individual, family and service level characteristics and outcomes are described for adult and adolescent patients receiving specialist inpatient or day patient treatment for anorexia nervosa (AN). Potential predictors of treatment outcome are explored. Method: Admission and discharge data were collected from patients admitted at 14 UK hospital treatment units for AN over a period of three years (adult units N = 12; adolescent N = 2) (patients N = 177). Results: One hundred and seventy-seven patients with a severe and enduring illness with wide functional impairment took part in the study. Following inpatient care, physical improvement was moderate/good with a large increase in BMI, although most patients continued to have a clinical level of eating disorder symptoms at discharge. The potentially modifiable predictors of outcome included confidence to change, social functioning and carer expressed emotion and control. Conclusions: Overall, the response to inpatient treatment was modest particularly in the group with a severe enduring form of illness. Adolescents had a better response. Although inpatient treatment produces an improvement in physical health there was less improvement in other eating disorder and mood symptoms. As predicted by the carer interpersonal maintenance model, carer behaviour may influence the response to inpatient care, as may improved social functioning and confidence to change. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>

John F Morgan	John F Morgan.	Dec-13	Does the emphasis on risk in psychiatry serve the interests of patients or the public? Yes.	BMJ, 2013, vol./is. 346/(f902), 0959-535X;1756-1833 (2013)	English	Identifying patients who are likely to harm themselves or others has become central to psychiatry. John Morgan argues that though the methods are flawed, identifying risk is essential, but Matthew Large (doi:10.1136/bmj.f857) thinks we should focus on the wider harms that patients may experience ...	Journal Article	MEDLINE	<a href="http://www.bmj.com">Available from the BMJ (www.bmj.com)</a>
Conor Davidson	Conor Davidson	Dec-13	Too many psychiatric beds have been lost.	BMJ, 2013, vol./is. 347/(f5596), 0959-535X;1756-1833 (2013)	English	That MPs are calling for an investigation into how psychiatric patients are detained doesn't surprise me in the slightest. It is an open secret among general adult psychiatrists that there is a national bed ...	Comment, Letter	MEDLINE	<a href="http://www.bmj.com">Available from the BMJ (www.bmj.com)</a>
Meghana Mothi	Meghana Mothi and Stephanie Sampson.	Dec-13	Pimozide for schizophrenia or related psychoses.	Cochrane Database of Systematic Reviews, 2013, vol./is. 11/(CD001949), 1361-6137;1469-493X (2013)	English	BACKGROUND: Pimozide, formulated in the 1960s, continues to be marketed for the care of people with schizophrenia or related psychoses such as delusional disorder. It has been associated with cardiotoxicity and sudden unexplained death. Electrocardiogram monitoring is now required before and during use. OBJECTIVES: To review the effects of pimozide for people with schizophrenia or related psychoses in comparison with placebo, no treatment or other antipsychotic medication. A secondary objective was to examine the effects of pimozide for people with delusional disorder. SEARCH METHODS: We searched the Cochrane Schizophrenia Group's Register (28 January 2013). SELECTION CRITERIA: We sought all relevant randomised clinical trials (RCTs) comparing pimozide with other treatments. DATA COLLECTION AND ANALYSIS: Working independently, we inspected citations, ordered papers and then re-inspected and assessed the quality of the studies and of extracted data. For homogeneous dichotomous data, we calculated the relative risk (RR), the 95% confidence interval (CI) and mean differences (MDs) for continuous data. We excluded data if loss to follow-up was greater than 50%. We assessed risk of bias for included studies and used GRADE to rate the quality of the evidence. MAIN RESULTS: We included 32 studies in total: Among the five studies that compared pimozide versus placebo, only one study provided data for global state relapse, for which no difference between groups was noted at medium term (1 RCT n = 20, RR 0.22 CI 0.03 to 1.78, very low quality of evidence). None of the five studies provided data for no improvement or first-rank symptoms in mental state. Data for extrapyramidal symptoms demonstrate no difference between groups for Parkinsonism (rigidity) at short term (1 RCT, n = 19, RR 5.50 CI 0.30 to 101.28, very low quality of evidence) or at medium term (1 RCT n = 25, RR 1.33 CI 0.14 to 12.82, very low quality of evidence), or for Parkinsonism (tremor) at medium term (1 RCT n = 25, RR 1 CI 0.2 to 4.95, very low quality of evidence). No data were reported for quality of life at medium term. Of the 26 studies comparing pimozide versus any antipsychotic, seven studies provided data for global state relapse at medium term, for which no difference was noted (7 RCTs n = 227, RR 0.82 CI 0.57 to 1.17, moderate quality of evidence). Data from one study demonstrated no difference in mental state (no improvement) at medium term (1 RCT n = 23, RR 1.09 CI 0.08 to 15.41, very low quality evidence); another study demonstrated no difference in the presence of first-rank symptoms at medium term (1 RCT n = 44, RR 0.53 CI 0.25 to 1.11, low quality of evidence). Data for extrapyramidal symptoms demonstrate no difference between groups for Parkinsonism (rigidity) at short term (6 RCTs n = 186, RR 1.21 CI 0.71 to 2.05, low quality of evidence) or medium term (5 RCTs n = 219, RR 1.12 CI 0.24 to 5.25, low quality of evidence), or for Parkinsonism (tremor) at medium term (4 RCTs n = 174, RR 1.46 CI 0.68 to 3.11, very low quality of evidence). No data were reported for quality of life at medium term.	Journal article, meta-analysis, research support, non-U.S. government review	MEDLINE	<a href="http://www.cochranelibrary.com">Available from the Cochrane Library (www.cochranelibrary.com)</a>
Helen Crosby, Duncan Raistrick and Jennifer Sweetman	Jennifer Sweetman, Duncan Raistrick, Noreen Mdege and Helen Crosby.	Dec-13	A systematic review of substance misuse assessment packages.	Drug and Alcohol Review, July 2013, vol./is. 32/4(347-355), 0959-5236;1465-3362 (Jul 2013)	English	Issues: Health-care systems globally are moving away from process measures of performance to payments for outcomes achieved. It follows that there is a need for a selection of proven quality tools that are suitable for undertaking comprehensive assessments and outcomes assessments. This review aimed to identify and evaluate existing comprehensive assessment packages. The work is part of a national program in the UK, Collaborations in Leadership of Applied Health Research and Care. Approach: Systematic searches were carried out across major databases to identify instruments designed to assess substance misuse. For those instruments identified, searches were carried out using the Cochrane Library, Embase, Ovid MEDLINE and PsychINFO to identify articles reporting psychometric data. Key Findings: From 595 instruments, six met the inclusion criteria: Addiction Severity Index; Chemical Use, Abuse and Dependence Scale; Form 90; Maudsley Addiction Profile; Measurements in the Addictions for Triage and Evaluation; and Substance Abuse Outcomes Module. The most common reasons for exclusion were that instruments were: (i) designed for a specific substance (239); (ii) not designed for use in addiction settings (136); (iii) not providing comprehensive assessment (89); and (iv) not suitable as an outcome measure (20). Implications: The six packages are very different and suited to different uses. No package had adequate evaluation of their properties and so the emphasis should be on refining a small number of tools with very general application rather than creating new ones. An alternative to using 'off-the-shelf' packages is to create bespoke packages from well-validated, single-construct scales. (PsychINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Gillian Tober, Duncan Raistrick, Helen Crosby, Jennifer Sweetman and Sally Unsworth	Gillian Tober, Duncan Raistrick, Helen Crosby, Jennifer Sweetman, Sally Unsworth, Leah Suna and Alex Copello.	Dec-13	Co-producing addiction aftercare.	Drugs and Alcohol Today, 01 December 2013, vol./is. 13/4(225-233), 17459265	English	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.	Journal Article	CINAHL	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>
Katrina Rumball and Gillian Tober	Katrina Rumball and Gillian Tober.	Dec-13	Modification of a traditional motivational interviewing-based brief intervention training for hospital staff: The approach and refer method.	Drugs: Education, Prevention and Policy, October 2013, vol./is. 20/5(417-424), 0968-7637;1465-3370 (Oct 2013)	English	Aims: To provide a general hospital training programme that enhances the likelihood of identifying and approaching patients with alcohol-related problems upon which interventions and referrals to specialist addiction in-reach nurses would impact. Delivery of training: Twenty wards were identified as having a high rate of admissions for alcohol-related disorders, and a brief mandatory training session with follow-up supervision was provided in collaboration with senior hospital and ward management. Training content: Feedback during training and follow-ups was used to develop the Approach and Refer method, a more succinct intervention with fewer formal elements. Following modification, less resistance to delivering the intervention was expressed. Attendance: A total of 561 nursing staff were identified as potential recipients of training, 75% (n = 421) attended and 135 (32% of 421) had followup supervisions, some of whom received repeat supervisions with 187 follow-ups provided in total. A further 142 staff from other wards or professional groups attended training. Conclusions: Duration of training, proximity to wards and mandatory designation were important elements in the successful delivery of the programme. Pre- and post-training evaluation is underway and will inform future training plans. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
John F Morgan	Richard Sly, Joh F Morgan, Victoria Mountford and Hubert John Lacey.	Dec-13	Predicting premature termination of hospitalised treatment for anorexia nervosa: The roles of therapeutic alliance, motivation, and behaviour change.	Eating Behaviors, April 2013, vol./is. 14/2(119-123), 1471-0153 (Apr 2013)	English	Objectives: This study aims to investigate treatment drop-out, and the associated roles of motivation, alliance, and behaviour change exhibited over the first four weeks of hospitalised treatment for anorexia. Methods: 90 participants meeting DSM-IV criteria for anorexia nervosa completed questionnaires at admission, and four weeks into treatment. Weight data was collected over this same time period. At the end of treatment, participants were categorised into completer or premature termination groups. Results: The overall rate of premature termination was 57.8%. Those who prematurely terminated treatment demonstrated lower discharge BMI (p < .0005), and weight gain (p < .0005) than those who completed. Therapeutic alliance proved significantly different between outcome groups at admission (p = .004). Discussion: End-of-treatment outcomes for those who do not complete treatment are invariably poor. Therapeutic alliance appears to be a particularly important factor in this area. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
William Rhys Jones, Saeideh Saeidi and John F Morgan	William Rhys Jones, Saeideh Saeidi and John F Morgan.	Dec-13	Knowledge and attitudes of psychiatrists towards Eating Disorders.	European Eating Disorder Review. 21(1):84-8.	English	OBJECTIVE: This study examined the eating disorder mental health literacy of psychiatrists. METHOD: A sample of psychiatrists completed a questionnaire measuring knowledge of and attitudes towards eating disorders. Knowledge questions were based on the academic literature, standard diagnostic criteria and national guidelines on the management of eating disorders. Attitude items covered beliefs about the aetiology and treatment of eating disorders, confidence levels in diagnosis and management and the use of compulsory measures in anorexia nervosa. RESULTS: Psychiatrists' knowledge of eating disorders was variable with specific gaps in both diagnosis and management. Psychiatrists felt more confident in diagnosing eating disorders than managing these conditions. Attitudes towards eating disorders were less stigmatizing than those seen in other health professionals. DISCUSSION: There is a clear need for greater education of psychiatrists regarding the diagnosis and management of eating disorders. Implementing training programmes and making information readily available could contribute to addressing these issues.			<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Vanessa Huke, Saeideh Saeidi and John F Morgan	Vanessa Huke, Jeremy Turk, Saeideh Saeidi, Andrew Kent and John F Morgan.	Dec-13	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)	English	Objective: Empirical research addressing cognitive processing deficits in eating disorders has noted an overlap with autism spectrum disorders. We conducted a systematic review investigating the prevalence of autism spectrum disorder in its entirety in 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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Tariq Mahmood	Tariq Mahmood, Alastair Cardno, Qadeer Nazar, Steven Clapcote and Chris F Inglehearn.	Dec-13	Consanguinity multiplex and schizophrenia-the royal road to genes of major effect.	European Psychiatry Volume 28, Supplement 1, 2013, Pages 1	English	<p>Introduction: Multi-factorial aetiology of schizophrenia has an undeniably large genetic component. Attempts to elucidate its genetics with large case control studies have met with limited success and other approaches are warranted.</p> <p>Method and results: In an extended family (pedigree 1) in which two sets of siblings - children of a brother and sister - are intermarried; six members with DSM-IV schizophrenia share a 6MB region of homozygosity on chromosome 13q. One out of twelve genes at this locus shows a sequence change in its promoter region.</p> <p>[Pedigree 1] Figure options: Another family (pedigree 2) with two affected brothers has revealed two loci of homozygosity on chromosomes 5 and 9.</p> <p>[Pedigree 2] Figure options: A third family with nine cases of psychosis is being investigated.</p> <p>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.</p>	Journal Article	European Psychiatry	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Helen Crosby and Gillian Tober	Judith M Watson, Helen Crosby, Veronica M Dale, Gillian Tober, Q Wu, J Lang, R McGovern, D Newbury-Birch, Steve Parrott, J M Bland, C Drummond, Christine Godfrey, E Kaner and Simon Coulton.	Dec-13	AESOPS: A randomised controlled trial of the clinical effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care	Health Technology Assessment, 2013, vol./is. 17/25(1-157), 1366-5278;2046-4924 (2013)	English	<p>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 &gt; 55 years scoring &gt; 8 on the Alcohol Use Disorders Identification Test (10-item) (AUDIT) were eligible. In total, 529 patients were randomised in the study. Interventions: The minimal intervention group received a 5-minute brief advice intervention with the practice or research nurse involving feedback of the screening results and discussion regarding the health consequences of continued hazardous alcohol consumption. Those in the stepped care arm initially received a 20-minute session of behavioural change counselling, with referral to step 2 (motivational enhancement therapy) and step 3 (local specialist alcohol services) if indicated. Sessions were recorded and rated to ensure treatment fidelity. Main outcome measures: The primary outcome was average drinks per day (ADD) derived from extended AUDIT-Consumption (3-item) (AUDIT-C) at 12 months. Secondary outcomes were AUDIT-C score at 6 and 12 months; alcohol-related problems assessed using the Drinking Problems Index (DPI) at 6 and 12 months; health-related quality of life assessed using the Short Form Questionnaire-12 items (SF-12) at 6 and 12 months; ADD at 6 months; quality-adjusted life-years (QALYs) (for cost-utility analysis derived from European Quality of Life-5 Dimensions); and health and social care resource use associated with the two groups. Results: Both groups reduced alcohol consumption between baseline and 12 months. The difference between groups in log-transformed ADD at 12 months was very small, at 0.025 [95% confidence interval (CI)-0.060 to 0.119], and not statistically significant. At month 6 the stepped care group had a lower ADD but again the difference was not statistically significant. At months 6 and 12 the stepped care group had a</p>	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	Elizabeth Goddard, Laura Salerno, Rebecca Hibbs, Simone Raenker, Ulrike Naumann, Jon Arcelus, Agnes Ayton, Nicky Boughton, Frances Connan, Ken Goss, Hubert John Lacey, Bert Lazlo, John F Morgan, Kim Moore, David Robertson, Christa Schreiber-Kounine, Sonu Sharma, Linette Whitehead, Ulrike Schmidt and Janet Treasure.	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	<p>Objective: A cognitive interpersonal maintenance model of anorexia nervosa (AN) was first proposed in 2006 and updated in 2013 (Schmidt and Treasure, J Br J Clin Psychol, 45, 343-366, 2006; Treasure and Schmidt, J Eat Disorders, in press.). The aim of this study was to test the interpersonal component of this model in people with AN requiring intensive hospital treatment (inpatient/daypatient). Method: On admission to hospital women with AN or eating disorder not otherwise specified (AN subtype; n = 152; P) and their primary carers (n = 152; C) completed questionnaires on eating symptoms (P), depression and anxiety (P, C), accommodation and enabling (C), and psychological control (C). Structural equation modeling was used to examine relationships among these components. Results: Carers' expressed emotion and level of psychological control were significantly related to carers' distress, which in turn, was related to patients' distress. This pathway significantly predicted eating symptoms in patients. Discussion: The cognitive interpersonal maintenance model of eating disorders (EDs) was confirmed in part and suggests that interventions targeting interpersonal maintaining factors such as carer distress might impact on patient outcomes. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>

John F Morgan	Simone Raenker, Rebecca Hibbs, Elizabeth Goddard, Ulrike Naumann, Jon Arcelus, Agnes Ayton, Bryony Bamford, Nicky Boughton, Frances Connan, Ken Goss, Bert Lazlo, John F Morgan, Kim Moore, David Robertson, Christa Schreiber-Kounine, Sonu Sharma, Linette Whitehead, Jennifer Beecham, Ulrike Schmidt and Janet Treasure.	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 = 28) 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 minimal support from others, and we found similar levels of burden and distress for mothers and partners. Discussion: The data indicate that professional and social support alleviates carer distress and may be of particular value for partners who are more isolated than parents. The data also suggest that time spent with practical support may be of more value than emotional support. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Elizabeth Edginton	Elizabeth Edginton	Dec-13	Between the woods and frozen lake': a child psychotherapist's experiences of developing a grant application for an RCT feasibility study	Journal of Child Psychotherapy, Volume 39, Issue 3, 2013, DOI:10.1080/0075417X.2013.846575	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.	Journal Article	Journal of Child Psychotherapy	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Graham Firth, Charlotte Poyser and Nicola Guthrie	Graham Firth, Charlotte Poyser and Nicola Guthrie.	Dec-13	Training care staff in intensive interactions.	Learning Disability Practice, 01 December 2013, vol./is. 16/10(14-19), 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.	Journal Article	CINAHL	<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>
Graham Paley	Graham Paley, Amy Danks, Keeley Edwards, Catherine Reid, Miriam Fearon, Inga Janmere and Helen Rawse.	Dec-13	Organising an inpatient psychotherapy group.	Mental Health Practice, 01 April 2013, vol./is. 16/7(10-15), 14658720	English	Psychotherapy groups can be established on acute inpatient wards to benefit clients and contribute to staff development. A communication group has been running for more than three and a half years in Leeds and is now part of the weekly routine on the ward. Full support of the ward team and management, and protected time have ensured success and reduced workload pressures.	Journal Article	CINAHL	<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>
Ged Bergin	Rob Allison and Ged Bergin.	Dec-13	A flexible and integrated approach to family interventions.	Mental Health Practice, 01 May 2013, vol./is. 16/8(18-23), 14658720	English	This article focuses on a case study of family interventions using a co-working model, and showing a flexible, integrative approach to helping families experiencing psychosis. The authors emphasise use of cognitive behaviour and cognitive interactional models to consider the appraisals and interactional processes relating to family distress. By formulating their difficulties and mapping typical scenarios, the family reappraised thoughts and responses to reconsider more useful, alternative approaches.	Journal Article	CINAHL	<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>
Saeideh Saeidi and John F Morgan	Saeideh Saeidi, G Fieldsend and John F Morgan.	Dec-13	Managing eating disorders in the community	Nursing Times, August 2013, vol./is. 109/33-34(12-14), 0954-7762 (21 Aug 2013)	English	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.	Trade Journal: Article	EMBASE	<a href="http://www.nursingtimes.net">Available from the Nursing Times (www.nursingtimes.net)</a>
Victoria Betton	Victoria Betton and Victoria Tomlinson.	Dec-13	Benefits of social media for nurses and service users.	Nursing Times, June 2013, vol./is. 109/24(20-1), 0954-7762;0954-7762 (2013 Jun 19-25)	English	People with mental health problems are increasingly using social media channels as part of their recovery and to improve their lives. This article discusses social media and how it can be used to complement healthcare, offers useful tips on using social media, and explores case studies for nurses to use in clinical practice.	Journal Article	MEDLINE	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>

Saeideh Saeidi	Saeideh Saeidi, Mark Johnson and Pinki Sahota.	Dec-13	The management of obesity in primary care: a pilot study.	Practice Nursing, 01 October 2013, vol./is. 24/10(510-514), 09649271	English	Background: Obesity is recognized as a global public health issue, with prevalence in the UK increasing sharply during the 1990s and early 2000s. The National Institute for Health and Care Excellence (2006) recommends that 'managers and health professionals in all primary care settings should ensure that preventing and managing obesity is a priority, at both strategic and delivery levels'. The aim of this study was to develop and evaluate a facilitated self-help weight-management intervention for obese adults attending general practice.	Journal Article	CINAHL	<a href="http://www.magonlinelibrary.com">Available from Practice Nursing (magonlinelibrary.com)</a>
Barry Wright	Barry Wright, Ben Alderson-Day, Gareth Prendergast, Juliette Kennedy, Sophie Bennett, Mary Docherty, Claire Whitton, Laura Manea, Andre Gouws, Heather Tomlinson and Gary Green.	Dec-13	Neural correlation of successful cognitive behaviour therapy for spider phobia: A magnetoencephalography study.	Psychiatry Research: Neuroimaging, December 2013, vol./is. 214/3(444-451), 0925-4927 (Dec 30, 2013)	English	Cognitive behavioural therapy (CBT) can be an effective treatment for spider phobia, but the underlying neural correlates of therapeutic change are yet to be specified. The present study used magnetoencephalography (MEG) to study responses within the first half second, to phobogenic stimuli in a group of individuals with spider phobia prior to treatment (n = 12) and then in nine of them following successful CBT (where they could touch and manage live large common house spiders) at least 9 months later. We also compared responses to a group of age-matched healthy control participants (n = 11). Participants viewed static photographs of real spiders, other fear-inducing images (e.g. snakes, sharks) and neutral stimuli (e.g. kittens). Beamforming methods were used to localise sources of significant power changes in response to stimuli. Prior to treatment, participants with spider phobia showed a significant maximum response in the right frontal pole when viewing images of real spiders specifically. No significant frontal response was observed for either control participants or participants with spider phobia post-treatment. In addition, participants' subjective ratings of spider stimuli significantly predicted peak responses in right frontal regions. The implications for understanding brain-based effects of cognitive therapies are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
James Johnston and Graham Paley	James Johnston and Graham Paley.	Dec-13	Mirror mirror on the ward: Who is the unfairest of them all? Reflections on reflective practice groups in acute psychiatric settings.	Psychoanalytic Psychotherapy, June 2013, vol./is. 27/2(170-186), 0266-8734;1474-9734 (Jun 2013)	English	Consultant psychiatrists in medical psychotherapy, adult psychotherapists, child and adolescent psychotherapists and clinical psychologists increasingly complement their direct therapeutic activity with applications of their psychotherapeutic thinking in acute mental health work through facilitating reflective practice groups for staff working in mental health teams. The authors offer their reflections on facilitating National Health Service reflective practice groups using the metaphor of a mirrored dialogue between patient and professional, and professional and institution as a basis for informing the development of reflective practice for colleagues. Their reflections are based on working on three acute in-patient wards, in a crisis resolution team and in community mental health teams. They describe the practicalities of setting up and facilitating reflective practice groups, and offer insights into some of the issues that arise in reflective practice groups. They conclude that these groups are mutually beneficial in forging links between psychotherapy professionals and professionals working in other disciplines and areas of mental health. Facilitating these groups often requires a challenging adaptation of technique, which will not suit all psychotherapists, as well as a wider understanding of organisational dynamics and the interplay between clinicians and management. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Sandip Deshpandem, Sandra Coburn and Peter Trigwell	Sandip Deshpandem, Mirjam Meyer, Ashish Rana, Andrew Yates, Sandra Coburn and Peter Trigwell.	Dec-13	The Leeds Psychosocial Medicine Service: Evaluation of an NHS service for sexual dysfunction.	Sexual and Relationship Therapy, August 2013, vol./is. 28/3(272-282), 1468-1994;1468-1749 (Aug 2013)	English	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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Hilary Lewis	Hilary Lewis	Dec-13	An exploratory study of primary-care therapists' perceived competence in providing cognitive behavioural therapy to people with medically unexplained symptoms.	the Cognitive Behaviour Therapist, November 2013, vol./is. 6/, 1754-470X (Nov 27, 2013)	English	The scope of the Improving Access to Psychological Therapies (IAPT) initiative has been extended to include the treatment of medically unexplained symptoms (MUS). However, MUS was not one of the original common mental health problems that the therapists were trained to treat. No studies have explored whether primary-care cognitive behavioural therapists feel competent to treat people with MUS. This paper aimed to explore and gain an understanding of primary-care therapists' perceived competence in providing cognitive behavioural therapy (CBT) to people with MUS. Eight CBT therapists working in primary care participated in semi-structured interviews; the Framework approach was used to analyse the data. Five themes were generated by the data analysis, regarding the therapists' perceived competence. The therapists described unfamiliarity with MUS. They also described some issues in engaging clients in therapy and that progress in therapy could sometimes be slow. Participants often used more general CBT skills and techniques, rather than models and interventions designed specifically for MUS. They had a number of different emotional reactions to this work. CBT therapists in primary care described unfamiliarity with MUS, in comparison to common mental health problems. They identified some difficulties in treatment, but most did not see this group as being more complex to treat. All were interested in receiving training about this client group. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>

Gillian Tober, Duncan Raistrick and Helen Crosby	Judith Watson, Gillian Tober, Duncan Raistrick, Noreen Mdege, Veronica Dale, Helen Crosby, Christine Godfrey, Charlie Lloyd, Paul Toner, Steve Parrott and the ARIAS Research Group.	Dec-13	An alcohol-focused intervention versus a healthy living intervention for problem drinkers identified in a general hospital setting (ADAPTA): study protocol for a randomized, controlled pilot trial	Trials, 2013, vol./is. 14/, 1745-6215 (2013)	English	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 the components and processes of the design. Qualitative research will be undertaken to explore acceptability and the impact of the approach, assessment, recruitment and intervention on trial participants and non-participants. The effectiveness of the two treatments will be compared at 6 months using AUDIT scores as the primary outcome measure. There will be additional economic, qualitative and secondary outcome measurements. Development of the study was a collaboration between academics, commissioners and clinicians in general hospital and addiction services, made possible by the Collaboration in Leadership in Applied Health Research and Care (CLAHRC) program of research. CLAHRC was a necessary vehicle for overcoming the barriers to answering an important NHS question--how better to engage problem drinkers in a hospital setting. ISRCTN47728072.	Journal Article	EMBASE	<a href="http://www.biomedcentral.com">Available from BioMed Central (www.biomedcentral.com)</a>
John F Morgan	John F Morgan.	Dec-12	Male eating disorders.	A collaborative approach to eating disorders., 2012(272-278) (2012)	English	(from the chapter) This chapter focuses on eating disorders in men. The causes and treatments of eating disorders in men and women have more similarities than differences, and the greatest challenge for men with eating disorders is to access local, evidence-based treatment despite personal and societal stigma. Men with eating disorders are particularly driven to a body image ideal combining leanness with muscularity, with compulsive over-exercise a common route into male eating disorders. Societal pressures on younger men in general appear to be growing, and young boys are under ever-increasing pressure to conform to an impossible body image ideal. Eventually the same processes that would have aided a woman in the same predicament will help men: evidence-based psychological therapy combined with nutritional rehabilitation, and a gradual return to healthy exercise. However, barriers to recovery for men are multiple. While at least one in ten cases of eating disorders are male, a far smaller proportion access treatment. All eating disorder services must consider why they are failing to reflect the gender diversity of the populations which they serve, and public health must embrace the fact that fat is more than a feminist issue. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.
John F Morgan	Kate Webb, Hubert John Lacey and John F Morgan.	Dec-12	Physical consequences of Eating Disorders.	AGRAWAL N., et al.(eds.) Current Themes in Psychiatry in Theory and Practice, Palgrave Macmillan, pp. 185-204	English	This volume provides an authoritative up-to-date overview of a range of carefully selected topics, covering issues of contemporary concern, the interface of medicine and psychiatry, and therapeutic challenges in clinical psychiatry. With contributions from distinguished psychiatrists, the chapters cover a wide range of psychiatric sub-specialties and will not only prove to be a useful resource for a busy psychiatrist in day-to-day clinical practice, but will also help to shape the clinical practice of psychiatry trainees and allied mental health professionals worldwide.	Book chapter		<a href="http://www.palgrave.com">Available from Palgrave Macmillan (www.palgrave.com)</a>
Alastair Cardno	Alastair G Cardno, Frühling V Rijdsdijk, Robert M West, Irving I Gottesman, Nick Craddock, Robin M Murray and Peter McGuffin.	Dec-12	A twin study of schizoaffective-manias, schizoaffective-depression and other psychotic syndromes.	American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, 159B:172-182.	English	The nosological status of schizoaffective disorders remains controversial. Twin studies are potentially valuable for investigating relationships between schizoaffective-manias, schizoaffective-depression, and other psychotic syndromes, but no such study has yet been reported. We ascertained 224 probandwise twin pairs [106 monozygotic (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-manias, 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-manias 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-manias 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.	Journal Article		<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>

Mahesh Jayaram	Jasvinder Singh, Kamalpreet Kour and Mahesh Jayaram	Dec-12	Acetylcholinesterase inhibitors for schizophrenia	Cochrane Database of Systematic Reviews, 1, Art. No.: CD007967. DOI:10.1002/14651858.CD007967.pub2.	English	Background - Antipsychotic medication remains the mainstay of treatment for schizophrenia and has been in use for a long time. As evidenced by ongoing research and partial effectiveness of the antipsychotics on cognitive and negative symptoms, the search is on for drugs that may improve these domains of functioning for someone suffering from schizophrenia. Acetylcholinesterase inhibitors have long been in use for treating cognitive symptoms of dementia. Objectives - The aim of the review was to evaluate the clinical effects, safety and cost effectiveness of acetylcholinesterase inhibitors for treating people with schizophrenia Search methods - We searched the Cochrane Schizophrenia Group's Register (February 2009), and inspected the references of all identified studies for further trials. Selection criteria - We included all clinical randomised trials comparing acetylcholinesterase inhibitors with antipsychotics or placebo either alone, or in combination, for schizophrenia and schizophrenia-like psychoses. Data collection and analysis - We extracted data independently. For dichotomous data, we calculated risk ratios (RR) and their 95% confidence intervals (CI) on an intention-to-treat (ITT) basis based on a random-effects model. For continuous data, we calculated mean differences (MD), again based on a random-effects model. Main results - The acetylcholinesterase inhibitor plus antipsychotic showed benefit over antipsychotic and placebo in the following outcomes. 1. Mental state - PANSS negative symptoms average end point score (2 RCTs, n = 31, MD -1.69 95% CI -2.80 to -0.57), PANSS General Psychopathology average end point score (2 RCTs, n = 31, MD -3.86 95% CI -5.40 to -2.32), and improvement in depressive symptoms showed at least by one short-term study as measured by CDS scale (data skewed). 2. Cognitive domains - attention, (1 RCT, n = 73, MD 1.20 95% CI 0.14 to 2.26), visual memory (2 RCTs, n = 48, MD 1.90 95% CI 0.52 to 3.28), verbal memory and language (3 RCTs, n = 42, MD 3.46 95% CI 0.67 to 6.26) and executive functioning (1 RCT, n = 24, MD 17.10 95% CI 0.70 to 33.50). 3. Tolerability - EPSE: AIMS, (1 RCT, n = 35, MD 1.50 95% CI 1.04 to 1.96). No difference was noted between the two arms in other outcomes. The overall rate of participants leaving studies early was low (13.6 %) and showed no clear difference between the two groups. Authors' conclusions - The results seem to favour the use of acetylcholinesterase inhibitors in combination with antipsychotics on a few domains of mental state and cognition, but because of the various limitations in the studies as mentioned in the main text, the evidence is weak. This review highlights the need for large, independent, well designed, conducted and reported pragmatic randomised studies.	Journal Article		<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
John F Morgan	John F Morgan.	Dec-12	Weight and Eating-Related Issues In Liaison Psychiatry.	GUTHRIE, E. et al. (eds.) Seminars in Liaison Psychiatry. Royal College of Psychiatrists, pp. 240-253.	English	Seminars in Liaison Psychiatry provides an up-to-date review of this important psychiatric specialty. Packed with practical advice for clinicians carrying out psychiatric assessment and treatment in the general hospital setting, the second edition has been expanded to cover a wide range of common clinical areas at the interface between physical and psychological health. There are new chapters on alcohol and substance misuse in the general hospital, HIV and liaison psychiatry, palliative care, disaster management and psychosexual problems. For liaison psychiatrists involved in developing new services, there are chapters on service development and management, while trainees about to sit the MRCPsych examinations can test themselves using the multiple-choice questions (MCQs) and extended matching items (EMIs) provided.	Book entry		<a href="http://www.rcpsych.ac.uk">Available from Royal College of Psychiatrist (www.rcpsych.ac.uk)</a>
Barry Wright	Barry Wright.	Dec-12	Research Priorities in Deaf Child Mental Health.	International Journal on Mental Health and Deafness, (1), 1-3.	English	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 this is associated with many additional neurological, physical and mental health problems.	Journal Article		<a href="http://www.ijmhd.org">Available from International Journal on Mental Health and Deafness (www.ijmhd.org)</a>
Barry Wright	Barry Wright and P Oakes	Dec-12	Does socio-emotional developmental delay masquerade as autism in some deaf children?	International Journal on Mental Health and Deafness, 2(1), 45-51.	English	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 should distinguish between autism and socio-emotional developmental delay in deaf children, and lead to appropriate differential interventions.			<a href="http://www.ijmhd.org">Available from International Journal on Mental Health And Deafness (www.ijmhd.org)</a>
Saeideh Saeidi and John F Morgan	Lot Sternheim, Helen Startup, Saeideh Saeidi, John F Morgan, Phillipa Hugo, Alice Russell, and Ulrike Schmidt.	Dec-12	Understanding catastrophic worry in eating disorders: Process and content characteristics.	Journal of Behavior Therapy and Experimental Psychiatry, December 2012, vol./is. 43/4(1095-1103), 0005-7916 (Dec 2012)	English	Background and objectives: The majority of people with eating disorders (ED) experience high levels of comorbid anxiety and depression, yet the maintenance processes of these in ED remain largely unknown. Worry, a defining cognitive feature and important maintenance factor of anxiety, has not been well-studied amongst people with ED. This is the first study to explore both the process and content characteristics of catastrophic worry in ED. Methods: Twenty-nine patients with anorexia nervosa (AN), 15 patients with bulimia nervosa (BN) and 37 healthy controls (HC) completed measures assessing anxiety, depression, worry and eating disorder pathology. Catastrophic worry was assessed using the Catastrophizing Interview and catastrophic worry content was explored using qualitative Thematic Analysis. Results: Compared to HCs, ED groups had higher levels of anxiety, depression and worry and they generated a greater number of catastrophic worry steps. Worry was further found associated with depressive symptomatology in those with ED. Worry content for the ED groups included ED themes, but also themes reflecting broader inter and intrapersonal concerns. Limitations: The degree to which worry is driven by depressive versus anxious symptomatology remains unclear. The current study does not include an anxious or depressed control group, and results should be considered in the light of relatively small samples sizes. Conclusion: Findings indicate that interventions that target worry processes may be a useful adjunct to treatment for those ED patients with clinical worry levels. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://kclpure.kcl.ac.uk/portal/en/publications/search.html">Available from King's College London Research Outputs (kclpure.kcl.ac.uk/portal/en/publications/search.html)</a>

	Anne R Lingford-Hughes, S Welch, L Peters, D J Nutt and the British Association for Psychopharmacology expert reviewers group.	Dec-12	BAP updated guidelines: evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity: recommendations from BAP.	Journal of Psychopharmacology, 26, 7: 899-952	English	The British Association for Psychopharmacology guidelines for the treatment 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.	Journal Article		<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Barry Wright	Barry Wright, Ben Alderson-Day, Gareth Prendergast, Sophie Bennett, Jo Jordan, Clare Whitton, Andre Gouws, Nick Jones, Ram Attur, Heather Tomlinson and Gary Green.	Dec-12	Gamma activation in young people with autism spectrum disorders and typically-developing controls when viewing emotions on faces.	PLoS ONE [Electronic Resource], 2012, vol./is. 7/7(e41326), 1932-6203;1932-6203 (2012)	English	Background: Behavioural studies have highlighted irregularities in recognition of facial affect in children and young people with autism spectrum disorders (ASDs). Recent findings from studies utilising electroencephalography (EEG) and magnetoencephalography (MEG) have identified abnormal activation and irregular maintenance of gamma (>30 Hz) range oscillations when ASD individuals attempt basic visual and auditory tasks. Methodology/Principal Findings: The pilot study reported here is the first study to use spatial filtering techniques in MEG to explore face processing in children with ASD. We set out to examine theoretical suggestions that gamma activation underlying face processing may be different in a group of children and young people with ASD (n = 13) compared to typically developing (TD) age, gender and IQ matched controls. Beamforming and virtual electrode techniques were used to assess spatially localised induced and evoked activity. While lower-band (3-30 Hz) responses to faces were similar between groups, the ASD gamma response in occipital areas was observed to be largely absent when viewing emotions on faces. Virtual electrode analysis indicated the presence of intact evoked responses but abnormal induced activity in ASD participants. Conclusions/Significance: These findings lend weight to previous suggestions that specific components of the early visual response to emotional faces is abnormal in ASD. Elucidation of the nature and specificity of these findings is worthy of further research. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.plos.org/plosone">Available from Plos One (journals.plos.org/plosone)</a>
P Sivaraman and Mahesh B Jayaram	P Sivaraman, R D Rattehalli and Mahesh B Jayaram.	Dec-12	Levo mepromazine for schizophrenia.	Schizophrenia Bulletin, 38 (2): 219-220.doi: 10.1093.	English	Background: Levomepromazine is an 'older' typical antipsychotic medication licensed for use in schizophrenia but sparingly prescribed in the United Kingdom. Objectives: To determine the clinical effects and safety of levomepromazine compared with placebo or antipsychotic medications for schizophrenia and schizophreniform psychoses. Search methods: We searched the Cochrane Schizophrenia Group's Register (December 2008) which is based on regular searches of, amongst others, BIOSIS, CENTRAL CINAHL, EMBASE, MEDLINE and PsycINFO. References of all identified studies were inspected for further trials. We also contacted relevant pharmaceutical companies for additional information. Selection criteria - All randomised trials comparing levomepromazine with placebo or other antipsychotics for schizophrenia and schizophreniform psychoses were included. Data collection and analysis: Data were extracted independently. For dichotomous outcomes, we calculated relative risk (RR) (random-effects model), 95% confidence intervals (CI) and, where appropriate, number needed to treat (NNT) was calculated. We avoided the use of number needed to harm (NNH), as an alternative we used number needed to treat for an additional beneficial outcome (NNTB) and number needed to treat for an additional harmful outcome (NNTH) to indicate the direction of effect. For continuous outcomes, we calculated weighted mean differences (WMD). Main results: The review currently includes 4 RCTs with 192 participants. For our primary outcome of leaving the study early, levomepromazine was not significantly different compared with other antipsychotics. The levomepromazine arm was significantly better on CGI severity compared with chlorpromazine (n=38, 1 RCT, WMD -0.80 CI -1.51 to -0.09). Risperidone was better for CGI endpoint scores (n=42, 1 RCT, RR 2.33 CI 1.11 to 4.89, NNT 3 CI 2 to 10) compared with levomepromazine. Recipients given levomepromazine had a better BPRS endpoint score (n=38, 1 RCT, WMD -9.00, CI -17.46 to -0.54) and PANSS total score (n=38, 1 RCT, WMD -15.90, CI -30.30 to -1.50) than chlorpromazine. Risperidone recipients noticed a significant difference for the outcome 'at least 20% reduction' on BPRS endpoint score (n=42, 1 RCT, RR 3.33 CI 1.07 to 10.42, NNT 3 CI 2 to 14) compared with levomepromazine. Levomepromazine caused less tremor (n=41, 1 RCT RR 0.12 CI 0.02 to 0.87 NNTB 3 CI 2 to 8), less antiparkinsonian medication administration (n=79, 2 RCTs, RR 0.39 CI 0.17 to 0.90, NNTB 5, CI 2 to 21) compared with haloperidol. Levomepromazine caused less akathisia compared with chlorpromazine, but more hypotension compared with risperidone (n=42, 1 RCT, RR 2.50 CI 1.21 to 5.18, NNTH 3, CI 2 to 7). Dizziness was common with levomepromazine compared with other antipsychotic medications.			<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Mahesh Jayaram and Ranganath D Rattehalli	Mahesh Jayaram, Ranganath D Rattehalli and Clive E Adams.	Dec-12	Where Does Evidence from New Trials for Schizophrenia Fit with the Existing Evidence: A Case of the Emperor's New Clothes?.	Schizophrenia Research and Treatment Print, 2012, vol./is. 2012/(625738), 2090-2093;2090-2093 (2012)	English	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 (CUtLASS), 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 CUtLASS and added data from CATIE and CUtLASS to the pool for a "before and after" comparison. Addition of CATIE and CUtLASS 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 CUtLASS when pooled with the already existing data showed us that we had chosen to turn a blind eye to findings that already existed. This leads clinicians to question as to whether, in future, we need to feel less guilty about crying out early on that the emperor has no clothes on.	Journal Article	MEDLINE	<a href="http://www.hindawi.com">Available from Hindawi (www.hindawi.com)</a>

Peter Trigwell	Peter Trigwell.	Dec-12	Sexual Dysfunction.	Seminars in Liaison Psychiatry (2nd edition). Guthrie, E., Rao, S. and Temple, M. (Eds). Gaskell: London.	English	Seminars in Liaison Psychiatry provide an up-to-date review of this important psychiatric specialty. Packed with practical advice for clinicians carrying out psychiatric assessment and treatment in the general hospital setting, the second edition has been expanded to cover a wide range of common clinical areas at the interface between physical and psychological health. There are new chapters on alcohol and substance misuse in the general hospital, HIV and liaison psychiatry, palliative care, disaster management and psychosexual problems. For liaison psychiatrists involved in developing new services, there are chapters on service development and management, while trainees about to sit the MRCPsych examinations can test themselves using the multiple-choice questions (MCQs) and extended matching items (EMIs) provided.	Book entry		<a href="http://www.rcpsych.ac.uk">Available from Royal College of Psychiatrist (www.rcpsych.ac.uk)</a>
David Yeomans	Pat Bracken, Philip Thomas, Sami Timimi, Eia Asen, Graham Behr, Carl Beuster, Seth Bhunoo, Ivor Browne, Navjoat Chhina, Duncan Double, Simon Downer, Chris Evans, Suman Fernando, Malcolm R. Garland, William Hopkins, Rhodri Huws, Bob Johnson, Brian Martindale, Hugh Middleton, Daniel Moldavsky, Joanna Moncrieff, Simon Mullins, Julia Nelki, Matteo Pizzo, James Rodger, Marcellino Smyth, Derek	Dec-12	Psychiatry beyond the current paradigm.	The British Journal of Psychiatry, December 2012, vol./is. 201/6(430-434), 0007-1250;1472-1465 (Dec 1, 2012)	English	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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://bjp.rcpsych.org">Available from BJPsych (bjp.rcpsych.org)</a>
Vishal Sharma and Graham Firth	Vishal Sharma and Graham Firth.	Nov-12	Effective engagement through intensive interaction.	Learning Disability Practice, 01 November 2012, vol./is. 15/9(20-23), 14658712	English	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.	Journal Article	CINAHL	<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>
Vishal Sharma and Graham Firth	Vishal Sharma and Graham Firth.	Nov-12	Effective engagement through intensive interaction	Learning Disability Practice, November 2012, Volume 15, Number 9	English	Abstract 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.	Peer review		<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>
Wright, Barry	Barry Wright, Rob Walker, Andy Holwell, Nicoletta Gentili, Mandy Barker, Sara Rhys-Jones, Valerie Leach, Peter Hindley, Maria Gascon-Ramos and Kate Moore.	Oct-12	A new dedicated mental health service for deaf children and adolescents.	Advances in Mental Health, October 2012, vol./is. 11/1(95-105), 1837-4905 (Oct 2012)	English	A National Deaf Child and Adolescent Mental Health Service (CAMHS) was launched in England in October 2009. This new service commissioned by the National Commissioning Group was centrally funded after a successful pilot between 2004 and 2009 that was evaluated positively by the Social Policy Research Unit at York University in England using both qualitative and quantitative research. The new service has four main centres in London, York, Dudley and Taunton. Staff from these centres work into six additional local CAMHS centres to give good geographical coverage. These are based in: Newcastle; Manchester; Cambridge; Maidstone; Oxford; and Nottingham. The service provides assessment and interventions for severe to profoundly deaf children and young people with serious 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. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

Stephen Wright	N Johnson and S Wright.	Oct-12	A cohort study comparing voice hearers and non-voice hearers referred to an early intervention in psychosis service	Early Intervention in Psychiatry, October 2012, vol./is. 6/(57), 1751-7885 (October 2012)	English	Background: Auditory vocal hallucinations, or 'voice hearing' experiences are a common trigger for referral into Early Intervention in Psychosis (EIP) teams. Their aetiology and significance is poorly understood. The aim of this study was to determine whether there was a difference in the presence of various clinical and environmental factors in those assessed by EIP teams when comparing those with and without auditory vocal hallucinations. Method: The assessment data of 109 consecutive new referrals to Leeds EIP service was analysed. The presence or absence of any auditory vocal hallucinatory experiences was recorded, along with a variety of other clinical symptoms and environmental factors. Results: Of 109 referrals, 88 (89%) received an assessment. 48 (55%) had current or previous voice hearing experiences. 37 (77%) of the voice hearers were taken on to caseload compared to 28 (70%) of the non voice hearers. Chi Squared analysis revealed that voice hearing tended to predict more psychiatric symptoms, although this didn't always reach statistical significance. voice hearers were significantly more likely to have experienced another hallucination other than voices (P = 0.043), delusions (P = 0.047) and a serious life event in childhood (P = 0.047) than non voice hearers. Conclusions: Voice hearing experiences may represent part of a broader 'altered perceptual state' which includes other hallucinations, and compensatory thoughts and behaviours. Life events may play an important role in their aetiology.	Journal: Conference Abstract	EMBASE	Not available
Gillian Tober	Susan Michie, Craig Whittington, Zainab Hamoudi, Feri Zamani, Gillian Tober and Robert West	Aug-12	Identification of behaviour change techniques to reduce excessive alcohol consumption.	Addiction, August 2012, vol./is. 107/8(1431-1440), 0965-2140;1360-0443 (Aug 2012)	English	Background: Interventions to reduce excessive alcohol consumption have a small but important effect, but a better understanding is needed of their 'active ingredients'. Aims: This study aimed to (i) develop a reliable taxonomy of behaviour change techniques (BCTs) used in interventions to reduce excessive alcohol consumption (not to treat alcohol dependence) and (ii) to assess whether use of specific BCTs in brief interventions might be associated with improved effectiveness. Methods: A selection of guidance documents and treatment manuals, identified via expert consultation, were analysed into BCTs by two coders. The resulting taxonomy of BCTs was applied to the Cochrane Review of brief alcohol interventions, and the associations between the BCTs and effectiveness were investigated using meta-regression. Findings: Forty-two BCTs were identified, 34 from guidance documents and an additional eight from treatment manuals, with average inter-rater agreement of 80%. Analyses revealed that brief interventions that included the BCT 'prompt self-recording' (P = 0.002) were associated with larger effect sizes. Conclusions: It is possible to identify specific behaviour change techniques reliably in manuals and guidelines for interventions to reduce excessive alcohol consumption. In brief interventions, promoting self-monitoring is associated with improved outcomes. More research is needed to identify other behaviour change techniques or groupings of behaviour change techniques that can produce optimal results in brief interventions and to extend the method to more intensive interventions and treatment of alcohol dependence. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Rebecca West	Rebecca West and Anita Savage Grainge	Jun-12	A team approach to promoting recovery in assertive outreach.	Mental Health Practice, 01 June 2012, vol./is. 15/9(20-24), 14658720	English	A team approach has been identified as integral to working with an assertive outreach client group. The authors discuss the dilemmas and challenges experienced by an assertive outreach team in York offering recovery-focused intervention. They examine how the team adapted its practice to incorporate new ways of working to deliver targeted recovery work without compromising the benefits of using a team approach.	Journal Article	CINAHL	<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>
Barry Wright	Barry Wright and David Beverley	Apr-12	Pervasive refusal syndrome.	Clinical Child Psychology and Psychiatry, April 2012, vol./is. 17/2(221-228), 1359-1045;1461-7021 (Apr 2012)	English	We report here on a case of severe pervasive refusal syndrome. This is of interest for three reasons. Firstly, most reported cases are adolescent girls; our case is regarding an adolescent boy. Secondly, he was successfully treated at home and thirdly, the serology showed an apparent infective pre-cursor to the illness with evidence of possible autoimmune serology. A 14-year old boy deteriorated from a picture where diagnosed CFS/ME developed into Pervasive Refusal Syndrome. This included the inability to move or speak, with closed eyes, multiple tics, facial grimacing, heightened sensitivity to noise (hyperacusis) and touch (hyperaesthesia), and inability or unwillingness to eat anything except small amounts of sloppy food. Successful rehabilitation is reported. Finally the issue of nomenclature is discussed, raising the question whether Pervasive Refusal Syndrome would be better renamed in a way that does not imply that the condition is always volitional and oppositional, as this can distract focus away from an alliance between family and clinicians. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Vikram Luthra, Duncan Raistrick and Rashmi Yadav	Ashish Rana, Vikram Luthra, Muhammad Wazir, Khan Noman, Rashmi Yadav and Duncan Raistrick.	Apr-12	Audit of alcohol detoxification at Leeds Addiction Unit.	Drugs and Alcohol Today, 01 April 2012, vol./is. 12/1(45-50), 17459265	English	Purpose -- At any one time, 76 million people have an alcohol use disorder . Detoxification is a common intervention for alcohol dependence. There is a need regularly to assess and evaluate detoxification practice. The aim and objective of this paper is to describe the findings of audits which assessed the quality and safety of the detoxification experience and to implement changes to improve practice. Design/methodology/approach -- All community detoxifications in March 2009 and 2010 were included for the successive audits. Notes were inspected retrospectively three months post completion of detoxification using the audit standard. Findings -- A total of 50 and 59 people were eligible in respective audits. At 3months post-detoxification 23 per cent of patients had dropped out of treatment compared to 15 per cent in the re-audit. In 2009, 31 per cent of patients remained completely abstinent and 10 per cent were drinking within safe limits but in 2010 figures improved to 36 per cent and 22 per cent, respectively. Disulfiram was continued by 66 per cent of abstinent patients in the initial audit and 89 per cent in the reaudit. Improved follow-up protocol, regular advice and monitoring of disulfiram resulted in better abstinence and reduced drop out rates over successive years. Social and Behavioral Network Therapy and disulfiram taken under medical supervision after detoxification play a pivotal role in relapse prevention. Originality/value -- The study considers the importance of the post-detoxification period, in terms of maintaining a patient's abstinence from alcohol.	Journal Article	CINAHL	<a href="http://www.emeraldinsight.com">Available from Emerald Insight (www.emeraldinsight.com)</a>

William Rhys Jones and John F Morgan	William Rhys Jones and John F Morgan.	Mar-12	Erectophilia in bulimia nervosa: A clinical feature.	International Journal of Eating Disorders, March 2012, vol./is. 45/2(298-301), 0276-3478;1098-108X (Mar 2012)	English	This report offers the first detailed description of repetitive eructation (belching) in a patient with bulimia nervosa. The case was a man in his 30's with bulimia nervosa characterized by daily bingeing and purging behavior. Detailed assessment revealed repetitive eructation which was construed as a learned behavior precipitated and maintained by aerophagia (air swallowing) secondary to regular binge-eating. Eructation was associated with a strong sense of "relief" that shared a common phenomenology with other purging behaviors. Repetitive eructation was addressed as part of outpatient treatment using a cognitive-therapy approach. Eructation became less frequent during outpatient treatment but the patient disengaged after six sessions. We define a new term "eructophilia" where repetitive eructation takes on an ego-syntonic, self-contained, and autonomous quality which serves as a reinforcing stimulus in itself. Issues of phenomenology and motivating factors are further discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Barry Wright	Barry Wright, Helen Pearce, Victoria Allgar, Jeremy Miles, Clare Whitton, Irene Leon, Jenny Jardine, Nicola McCaffrey, Rob Smith, Ian Holbrook, John Lewis, David Goodall, Ben Alderson-Day	Feb-12	A comparison of urinary mercury between children with autism spectrum disorders and control children.	PLoS ONE, February 2012, vol./is. 7/2, 1932-6203 (Feb 15, 2012)	English	Background: Urinary mercury concentrations are used in research exploring mercury exposure. Some theorists have proposed that autism is caused by mercury toxicity. We set out to test whether mercury concentrations in the urine of children with autism were significantly increased or decreased compared to controls or siblings. Methods: Blinded cohort analyses were carried out on the urine of 56 children with autism spectrum disorders (ASD) compared to their siblings (n = 42) and a control sample of children without ASD in mainstream (n = 121) and special schools (n = 34). Results: There were no statistically significant differences in creatinine levels, in uncorrected urinary mercury levels or in levels of mercury corrected for creatinine, whether or not the analysis is controlled for age, gender and amalgam fillings. Conclusions: This study lends no support for the hypothesis of differences in urinary mercury excretion in children with autism compared to other groups. Some of the results, however, do suggest further research in the area may be warranted to replicate this in a larger group and with clear measurement of potential confounding factors. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.plos.org/plosone">Available from Plos One (journals.plos.org/plosone)</a>
David Yeomans	David Yeomans.	Feb-12	Care clusters and mental health payment by results [2]	The British Journal of Psychiatry, February 2012, vol./is. 200/2(161-162), 0007-1250;1472-1465 (Feb 2012)	English	Comments on an article by Macdonald 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 create new challenges, for example the apparent ability to compare the effectiveness of teams and individual practitioners. For some, this could be intensely motivating or intimidating. The introduction of standard outcome measures should be done thoughtfully with ongoing input from service users, practitioners, managers and academics; or as Macdonald and Elphick put it: well. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	EMBASE	<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>
Paul Blenkiron	Paul Blenkiron	Jan-12	The emperor's NICE new clothes	BMJ: British Medical Journal (Overseas and Retired Doctors Edition), 14 January 2012, vol./is. 344/7839(27-27), 09598146	English	Spence is right: all doctors should challenge conventional wisdom to secure the best evidence based care for their patients.1 But attacking the National Institute for Health and Clinical Excellence (NICE) is unlikely to achieve this goal. Far from being an "opaque" ...	Journal Article	BMJ	<a href="http://www.bmj.com">Available from the BMJ (www.bmj.com)</a>
William Rhys Jones and John F Morgan	William Rhys Jones, Monique Schelhase and John F Morgan.	Jan-12	Eating disorders: Clinical features and the role of the general psychiatrist	Advances in Psychiatric Treatment, January 2012, vol./is. 18/1(34-43), 1355-5146;1472-1481 (January 2012)	English	Although most patients with severe eating disorders are treated in specialist eating disorder services, general psychiatrists are often responsible for the care of many with mild to moderate disorder. Treating and supporting these patients in a non-specialist setting can sometimes be challenging but this need not be the case. Having a clear understanding of the clinical features of these conditions forms the foundation on which a comprehensive assessment and management plan can be made. We summarise the clinical features of eating disorders and explore the unique role of the general psychiatrist in identifying people with these conditions, supporting them and directing them into evidence-based treatments.	Journal: Review	EMBASE	<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>

Jenny Lang	Noreen D Mdege and Jenny Lang	Dec-11	Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: A systematic review.	Addictive Behaviors, 36, 1111-1119	English	<p>Aim: To identify and describe screening instruments for detecting illicit drug use/abuse that are appropriate for use in general hospital wards and review evidence for reliability, validity, feasibility and acceptability.</p> <p>Methods: Instruments were identified from a number of screening instrument databases/libraries and Google Scholar. They were independently assessed for eligibility by two reviewers. MEDLINE, EMBASE, PSYCINFO, and Cochrane Library were searched for articles published up to February 2010. Two reviewers independently assessed the identified articles for eligibility and extracted data from the eligible studies.</p> <p>Results: 13 instruments, ASSIST, CAGE-AID, DAST, DHQ/PDHQ, DUDIT, DUS, NMASIST, SIP-AD, SDS, SMAST-AID, SSI-SA, TICS and UNCOPE were included in the review. They had 2 to 28 items and took less than 10 min to administer and score. Evidence on validity, reliability, acceptability and feasibility of instruments in adult patients not known to have a substance abuse problem was scarce. Of the 21 studies included in the review, only one included participants from general hospital wards. Reported sensitivity, specificity and predictive values varied widely both between studies of the same instrument and also between different instruments. No study was identified comparing two or more of the included instruments.</p> <p>Conclusion: The review identified and described 13 instruments that could be useful in general hospital wards. There is however lack of evaluation of illicit drug use screening instruments in general hospital wards. Currently clinicians or researchers searching for a simple, reliable, general screening instrument for current drug use to guide practice or research in general hospital wards do not have enough comparative evidence to choose between the available measures.</p>	Journal Article	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
John F Morgan	John F Morgan, Aimee Liu, Diane Mickley and Samantha Steiber	Dec-11	The Role of Spirituality in recovery from eating disorders.	Restoring Our Bodies, Reclaiming Our Lives: Guidance and Reflections on Recovery from Eating Disorders, Boston and London, chapter 4.	English	<p>Full recovery from an eating disorder is possible. Despite what you may have been led to believe, most people with anorexia, bulimia, or binge eating disorder are able to completely restore their health and well-being. But how does this happen? Author Aimee Liu has woven together dozens of first-person accounts of recovery to create a break-through roadmap for healing from an eating disorder. Restoring Our Bodies, Reclaiming Our Lives answers key questions including: How does healing begin? What does it feel like? What supports and accelerates it? Will I ever be free of worry about a relapse? Throughout the book are informative sidebars written by leading professionals in the field, addressing essential topics such as finding the right therapist, the use of medications, exploring complementary treatments, and how family members can help.</p>	Book chapter	<a href="https://www.shambhala.com">Available from Shambala Publications (https://www.shambhala.com)</a>
Alastair Cardno	Frühling V Rijdsdijk, Irving I Gottesman, Peter McGuffin and Alastair G Cardno	Dec-11	Heritability estimates for psychotic symptom dimensions in twins with psychotic disorders.	American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, 156:89-98.	English	<p>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 monozygotic, 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 (<math>h^2 = 90\%</math>, 95%CI 68–94%) and the disorganized symptom dimension (<math>h^2 = 84\%</math>, 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.</p>	Journal article	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>

Alastair Cardno	Marian Lindsay Hamshere, Peter Alan Holmans, Geraldine McCarthy, Lisa Jones, Kieran C Murphy, Robert D Sanders, Marion Y Gray, Stanley Zammit, Nigel Melville Williams, Nadine Norton, Hywel John Williams, Peter McGuffin, Michael Conlon O'Donovan, Nicholas John Craddock, Michael John Owen and Alastair G Cardno.	Dec-11	Phenotype evaluation and genomewide linkage study of clinical variables in schizophrenia.	American Journal of Medical Genetics Part B: Neuropsychiatric Genetics, 156:929-940.	English	Genetic factors are likely to influence clinical variation in schizophrenia, but it is unclear which variables are most suitable as phenotypes and which molecular genetic loci are involved. We evaluated clinical variable phenotypes and applied suitable phenotypes in genome-wide covariate linkage analysis. We ascertained 170 affected relative pairs (168 sibling-pairs and two avuncular pairs) with DSM-IV schizophrenia or schizoaffective disorder from the United Kingdom. We defined psychotic symptom dimensions, age at onset (AAO), and illness course using the OPCRIT checklist. We evaluated phenotypes using within sibling-pair correlations and applied suitable phenotypes in multipoint covariate linkage analysis based on 372 microsatellite markers at ~10 cM intervals. The statistical significance of linkage results was assessed by simulation. The positive and disorganized symptom dimensions, AAO, and illness course qualified as suitable phenotypes. There were no genome-wide significant linkage results. There was suggestive evidence of linkage for the positive dimension on chromosomes 2q32, 10q26, and 20q12; the disorganized dimension on 8p21 and 17q21; and illness course on 2q33 and 22q11. The linkage peak for disorganization on 17q21 remained suggestive after correction for multiple testing. To our knowledge, this is the first study to integrate phenotype evaluation and genome-wide covariate linkage analysis for symptom dimensions and illness history variables in sibling-pairs with schizophrenia. The significant within-pair correlations strengthen the evidence that some clinical variables within schizophrenia are suitable phenotypes for molecular genetic investigations. At present there are no genome-wide significant linkage results for these phenotypes, but a number of suggestive findings warrant further investigation.	Journal		<a href="#">Available from Cardiff University - Orca Online Research (orca.cf.ac.uk)</a>
Rebecca Savage and Mahesh B Jayaram	Rebecca Savage, Jasvinder Singh, Suresh U Bhoskar and Mahesh B Jayaram	Dec-11	Enhanced crisis planning for serious mental illness (Protocol).	Cochrane Database of Systematic Reviews, 12. Art. No.: CD009482. DOI: 10.1002/14651858.CD009482.	English	This is the protocol for a review and there is no abstract. The main objective of this review is to evaluate the effectiveness of crisis planning in reducing/preventing relapse and readmission to psychiatric hospital services.	Journal article		<a href="#">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Carol Martin	Carol Martin, Mary Godfrey, Bonnie Meekums and Anna Madill	Dec-11	Managing boundaries under pressure: A qualitative study of therapists' experiences of sexual attraction in therapy.	Counselling and Psychotherapy Research, December 2011, vol./is. 11/4(248-256), 1473-3145 (Dec 2011)	English	Aim: To identify therapists' views on sexual boundaries and the strategies they employ to manage them in therapeutic practice. Method: In-depth qualitative interviews were conducted with a sample of 13 accredited, experienced practitioners of psychotherapy or counselling. A grounded theory approach, informed by principles from Free Association Narrative methodology, was employed, in which team members used debriefing sessions for extending depth of understanding of the interviews. Findings: There is consensus about boundaries at the extremes, but variability about fantasy, flirtation and touch. A core process was generated from accounts of successful management of sexual attraction. We identified four problematic ways of reacting to boundary pressure, each with potential to harm clients and therapy. Discussion: A participant-observer stance was conceptualised as essential for managing threats to boundaries, consistent with the empathic stance. Minor boundary crossings were viewed by interviewees as both potential precursors of more serious transgressions, and as opportunities for understanding the client's difficulties. Implications for practice: These span training, accrediting organisations, supervision and therapy practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from Wiley online library (onlinelibrary.wiley.com)</a>
C Place	C Place, R Foxcroft and J Shaw.	Nov-11	Telling stories and hearing voices: narrative work with voice hearers in acute care.	Journal of Psychiatric and Mental Health Nursing, 01 November 2011, vol./is. 18/9(837-842), 13510126	English	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.	Journal Article		<a href="#">Available from ResearchGate (www.researchgate.net)</a>

Duncan Raistrick and Gillian Tober	Veronica Dale, Simon Coulton, Christine Godfrey, Alex Copello, Ray Hodgson, Nick Heather, Jim Orford, Duncan Raistrick, Gary Slegg, Gillian Tober and the United Kingdom Alcohol Treatment Trial Research team	Sep-11	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).	Alcohol and Alcoholism, September 2011, vol./is. 46/5(592-599), 0735-0414;1464-3502 (Sep-Oct 2011)	English	Aims: To identify client characteristics that predict attendance at treatment sessions and to investigate the effect of attendance on outcomes using data from the UK Alcohol Treatment Trial. Methods: Logistic regression was used to determine whether there were characteristics that could predict attendance and then continuation in treatment. Linear regression was used to explore the effects of treatment attendance on outcomes. Results: There were significant positive relationships between treatment attendance and outcomes at Month 3. At Month 12, these relationships were only significant for dependence and alcohol problems for those randomized to motivational enhancement therapy (MET). There were significant differences between groups in attendance, with MET clients more likely to attend than clients allocated to social behaviour and network therapy (SBNT). MET clients were also more likely to attend all sessions (three sessions) compared with SBNT (eight sessions). MET clients with larger social networks and those with confidence in their ability not to drink excessively were more likely to attend. SBNT clients with greater motivation to change and those with more negative short-term alcohol outcome expectancies were more likely to attend. No significant predictors were found for retention in treatment for MET. For those receiving SBNT, fewer alcohol problems were associated with continuation in treatment. Conclusion: Attending more sessions was associated with better outcomes. An interpretation of these findings is that, to improve outcomes, methods should be developed and used to increase attendance rates. Different characteristics were identified that predicted attendance and continuation in treatment for MET and SBNT. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Sophie Bennett	Sharon Geva, Sophie Bennett, Elizabeth A Warburton and Karalyn Patterson	Mar-11	Discrepancy between inner and overt speech: Implications for post-stroke aphasia and normal language processing.	Aphasiology, March 2011, vol./is. 25/3(323-343), 0268-7038;1464-5041 (Mar 2011)	English	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 abilities related to both inner and overt speech. For most patients, performance levels of inner and overt speech were similar. However, some patients had relatively better-preserved inner speech with a marked deficit in overt speech, while in others the opposite pattern was observed. Conclusions: The results are discussed within the framework of current models of language, and their implications for language therapy and aphasia diagnosis are outlined. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal		<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Wright, Barry	Barry Wright and Greg Richardson	Mar-11	How 'Together We Stand' transformed the local delivery of mental health services	Health Service Journal, (published online 31 March 2011)	English	In 1995, following years of disjointed organisation and inequality in delivery, Together We Stand laid out a strategy to improve mental health services for children, young people and families. Adopting the strategy's key principles transformed the York, Selby and Ealingwold CAMHS, as Barry Wright and Greg Richardson explain	Journal article		<a href="http://www.hsj.co.uk">Available from HSJ (www.hsj.co.uk)</a>
Donna Kemp	Donna Kemp	Feb-11	Protecting children and supporting parents	Mental Health Nursing (Online); London volume 31 issue 1 (Feb 2011): page 22	English	There has been progress in legislation and practice guidance, but high-profile cases such as Baby Peter continue to present and have reinforced the need for collaborative multiagency working; for better communication and information sharing; and for proactive, preventative strategies to support families. The indirect impacts of mental health problems on the family need to be considered, such as financial problems, poor housing and social exclusion.	Journal	Mental Health Nursing	<a href="http://search.proquest.com">Available from ProQuest Search (search.proquest.com)</a>
Barry Wright	Barry Wright, David Sims, Siobhan Smart, Ahmed Alwazeer, Ben Alderson-Day, Victoria Allgar, Clare Whitton, Heather Tomlinson, Sophie Bennett, Jenny Jardine, Nicola McCaffrey, Charlotte Leyland, Christine Jakeman and Jeremy Miles	Feb-11	Melatonin versus placebo in children with autism spectrum conditions and severe sleep problems not amenable to behaviour management strategies: A randomised controlled crossover trial.	Journal of Autism and Developmental Disorders, February 2011, vol./is. 41/2(175-184), 0162-3257;1573-3432 (Feb 2011)	English	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 awakenings. The side effect profile was low and not significantly different between the two arms. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://link.springer.com">Available from Springer Link (link.springer.com)</a>
Lee Marklew	Lee Marklew	Feb-11	How my research makes a difference to clients' lives	Nursing Standard, 16 February 2011, vol./is. 25/24(63-63), 00296570	English	Not available	Journal article	Nursing Standard	<a href="http://journals.rcni.com">Available from RCNi (journals.rcni.com)</a>

Barry Wright	Mini Pillay, Ben Alderson-Day, Barry Wright, Chris Williams and Bron Urwin	Jan-11	Autism Spectrum Conditions-Enhancing Nurture and Development (ASCEND): An evaluation of intervention support groups for parents.	Clinical Child Psychology and Psychiatry, January 2011, vol./is. 16/1(5-20), 1359-1045;1461-7021 (Jan 2011)	English	There is relatively little evidence about the effectiveness of parent-training programmes for children with autism spectrum conditions (ASCs). Here we evaluate a programme developed to fill a gap in the provision of parent interventions after EarlyBird, which is only available for parents of pre-school ASC children. This programme (ASCEND) has now been running for five years. Questionnaires were used to evaluate seven consecutive 11-session programmes from 2004 to 2007, involving 79 parents representing 58 children. We measured satisfaction ratings in all seven groups; the latter five groups (59 parents representing 44 children) were given Developmental Behaviour Checklists (DBC) 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 perceived changes in child behaviour, although further independent analysis is required in the form of a randomized controlled trial. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
John F Morgan	John F Morgan.	Jan-11	Review of Eating disorders: A guide to medical care and complications (2nd edn).	European Eating Disorders Review, January 2011, vol./is. 19/1(85-86), 1072-4133;1099-0968 (Jan-Feb 2011)	English	Reviews the book, Eating disorders: A guide to medical care and complications (2nd edn) by P. S. Mehler and A. E. Andersen (see 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 way that the book could be assimilated by all involved professionals, regardless of medical training. The use of case histories as well as pithy summaries brings to life issues that for non-medics can sometimes seem obtuse. There are many strengths to this book, and the chapters are clear and focused. Finally, bioethical principles of caring for anorexia are laid out with clarity. This book is a deceptively easy read and will allow practitioners to approach medical risk management with confidence, understanding and balance. It is a fine achievement for two such experts to deliver their knowledge with such simplicity. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book Review	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Tom Hughes, Federica Marino-Francis and Alice Locker	Tom Hughes, Alastair Cardno, Robert West, Federica Marino-Francis, Imogen Featherstone, Keeley Rolling, Alice Locker, Kate McLintock and Allan House	Jan-11	The prevalence and importance of unrecognised bipolar disorder among patients prescribed antidepressant medication in UK General Practice [PAPPA].	National Institute for Health Research MHRN Scientific Meeting.	English	Background - Depression is a common problem presenting in primary care. Research from the USA suggests that 21-26 per cent of those who receive a diagnosis of depressive disorder in primary care actually have bipolar disorder. Research questions - 1.What is the prevalence of undiagnosed bipolar disorder among people being treated in UK primary care with antidepressants for depressive or anxiety disorder?; 2. Do patients with undiagnosed bipolar disorder have more severe illnesses than people being treated for depressive or anxiety disorder who do not have undiagnosed bipolar disorder?; 3.What is the accuracy of the Mood Disorder Questionnaire as a means of identifying bipolar disorder in UK primary care? Method - Cross-sectional sample of 348 patients aged between 16 and 40, registered with general practices in West Yorkshire and prescribed antidepressant medication, excluding certain conditions. Measures - A brief screening questionnaire for bipolar disorder, the Mood Disorder Questionnaire; a standardised psychiatric interview, the Schedules for Clinical Assessment in Neuropsychiatry; a Health Related Quality of Life measure (SF-36). Primary and, where relevant, secondary care records will be examined. The accuracy of the screening questionnaire (MDQ) will be examined using the diagnostic interview as the validating criterion. Progress - Recruitment began in December 2010 and is now 15 per cent of the required sample.	Presentation		Not available
Charlotte Heaps	Charlotte Heaps, Emily Bowen E, Cooper N	Dec-10	A review of the clinical and legal issues surrounding refusal of treatment following overdose.	Acute Medicine, 2010, vol./is. 9/2(66-9), 1747-4884;1747-4892 (2010)	English	This article reviews the clinical and legal issues involved in dealing with patients who refuse medical treatment following an overdose. We first describe a real case that has been made anonymous, before discussing a general approach to 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.	Journal Article	MEDLINE	<a href="http://acutemedjournal.co.uk">Available from the Acute Medicine Journal (acutemedjournal.co.uk)</a>
Peter Trigwell	Peter Trigwell and S Jawad.	Dec-10	Psychological support and care for young people with diabetes in the 'transition' period	Diabetic Medicine, volume 28 page 178 Practical Diabetes International, volume 27 issue 4 pages 145-148 Diabetic Medicine, volume 27 issue 2 page 175	English	The aim of this survey was to determine the availability of psychological support and care for young people with diabetes in secondary care services in the Yorkshire and Humber NHS Region during the transition period (i.e. ages 16-25 years). The survey was developed in line with both National Institute for Health and Clinical Excellence (NICE) guidance and National Service Framework (NSF) standards specific to children and young people with diabetes. It was distributed to the diabetes services in all 20 centres within the Yorkshire and Humber NHS Region. The response rate for this survey was 100%. All centres were aware that children and young people with type 1 diabetes may develop anxiety and/or depression, and all (100%) 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 service elements, or indeed any plans to introduce them. The findings of this study are of national significance given the nature and size of the region studied and the likelihood that the national picture is similar to this. There is a general sense of awareness among diabetes services and teams regarding the need for psychological support and care for young people with diabetes in the transition period. Despite this, multiple gaps exist in services in relation to the already existing requirements and standards. The implications, including those for service commissioners, are discussed. Copyright 2010 John Wiley and Sons.	Journal Article	EMBASE	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>

Marcella Sykes	Marcella Sykes	Dec-10	Delivering a support group for siblings of children with learning disabilities.	Nursing Times, October 2010, vol./is. 106/40(15-6), 0954-7762;0954-7762 (2010 Oct 12-18)	English	This article describes the development of a group for siblings of children with learning disabilities. It looks at issues relating to setting up and running the group and gives examples of the problems that maybe encountered by the children.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
David Yeomans	David Yeomans.	Dec-10	Making a noise	Psychiatrist, December 2010, vol./is. 34/12(537), 1758-3209;1758-3217 (December 2010)	English	Tom Burns <sup>1</sup> rightly draws our attention to the quiet revolution that removed continuity of care from consultant psychiatrists with the 'functional split' between in-patient and community services. Despite my initial vocal resistance to the model, now that it is established in my place of work, I would not want to go back to being the prime focus for hundreds of patients throughout their mental healthcare journey. Since the functional model was introduced, I have felt more able to do a good job. Service users may be less worried about this change than many service providers. <sup>2</sup> ...	Correspondence	EMBASE	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Duncan Raistrick and Gillian Tober	Duncan Raistrick, Gillian Tober, Christine Godfrey and Steve Parrott.	Dec-10	Treatment as usual'	Responding to drug misuse: Research and policy priorities in health and social care., 2010(40-52) (2010)	English	(from the chapter) This chapter focuses on best practices or models of drug misuse treatments. The authors state that unsurprisingly, these opinions differ widely and range through '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 found in 2006. The authors discuss the thinking behind the design of the study and the issues raised later in this chapter but first give some background on how policy has moved the authors towards thinking in terms of this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.
William Rhys Jones and John F Morgan	William Rhys Jones and John F Morgan.	Nov-10	Reproductive and sexual health needs of women with eating disorders	Advances in Psychiatric Treatment, November 2010, vol./is. 16/6(476), 1355-5146 (November 2010)	English	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 ...	Correspondence	EMBASE	<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>
William Rhys Jones and John F Morgan	William Rhys Jones and John F Morgan.	Oct-10	Obesity surgery: Psychiatric needs must be considered	BMJ (Online), October 2010, vol./is. 341/7775(685), 1756-1833 (02 Oct 2010)	English	Increasing bariatric surgery for appropriate candidates could be cost effective and save the NHS and the wider community millions of pounds a year. <sup>1</sup> However, such an increase may exacerbate the existing difficulties of obesity services in addressing the preoperative and postoperative psychiatric needs of patients having such surgery ...	Correspondence	EMBASE	<a href="http://www.bmj.com">Available from the BMJ (www.bmj.com)</a>
Anjula Gupta	V Jackson and Anjula Gupta.	Aug-10	The home based model of family intervention in early psychosis	the Association for Family Therapy and Systemic Practicehttp: Context, August 2010, Issue 110, pages 39-43	English	Not available	Journal Article		<a href="http://www.aft.org.uk">Magazine available for purchase from the Association for Family Therapy and Systemic Practicehttp (www.aft.org.uk)</a>
Gillian Tober	Gillian Tober.	Aug-10	Commentary on Witkiewitz et al. (2010): Evidence for matching-At last.	Addiction, August 2010, vol./is. 105/8(1414-1415), 0965-2140;1360-0443 (Aug 2010)	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 to change. 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)	Journal Review	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>

William Rhys Jones and John F Morgan	William Rhys Jones and John F Morgan.	Jun-10	Eating disorders in men: A review of the literature.	Journal of Public Mental Health, June 2010, vol./is. 9/2(23-31), 1746-5729;2042-8731 (Jun 2010)	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 are associated with homosexuality, when male body image objectification and body dissatisfaction are also widespread in younger heterosexual men who are being increasingly confronted with the same impossible body image ideals that already challenge women and gay men. The stigma of being a man with an eating disorder continues, and we persist in attempting to fit men with eating disorders into a theoretical and clinical framework largely focused on the physical, psychological, and emotional development of women. This article reviews the literature on eating disorders in men and explores the factors that may explain this gender discrepancy. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://search.proquest.com">Available from ProQuest Search (search.proquest.com)</a>
John F Morgan	Laura S Hill, Fiona D A Reid, John F Morgan and Hubert John Lacey	May-10	SCOFF, the development of an Eating Disorder Screening Questionnaire.	International Journal of Eating Disorders, May 2010, vol./is. 43/4(344-351), 0276-3478;1098-108X (May 2010)	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 written and verbal 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, appears highly effective as a screening instrument and has been widely adopted to raise the index of suspicion of an eating disorder. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Barry Wright	Barry Wright, Chris Williams and Marcella Sykes	May-10	A child and adolescent mental health service for children with intellectual disabilities- 8 years on.	The Psychiatrist, May 2010, vol./is. 34/5(195-199), 1758-3209;1758-3217 (May 2010)	English	This paper reports on the last 8 years in the development of a child mental health learning disability service. The growth, challenges and pitfalls faced by the service are charted here. The paper also shows how a service can cope with rising demand without the development of waiting lists and how a specialist service can be embedded within a generic child and adolescent mental health service (CAMHS) as a tier 3 team, thus creating synergies and commonalities of purpose, while avoiding service gaps that inevitably arise from separate services with specific referral criteria. This is a healthy service model that meets the needs of local children with moderate to severe intellectual disabilities and concomitant child mental health problems. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
David Yeomans	David Yeomans, Mark Taylor, Alan Currie, Richard Whale, Keith Ford, Chris Fear, Joanne Hynes, Gary Sullivan, Bruce Moore and Tom Burns	Mar-10	Resolution and remission in schizophrenia: Getting well and staying well	Advances in Psychiatric Treatment, March 2010, vol./is. 16/2(86-95), 1355-5146 (March 2010)	English	Remission is a new research outcome indicating long-term wellness. Remission not only sets a standard for minimal 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.	Journal: Review	EMBASE	<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>
Duncan Raistrick	Nick Heather, Simon J Adamson, Duncan Raistrick, Gary Slegg and the United Kingdom Alcohol Treatment Trial Research team	Mar-10	Initial preference for drinking goal in the treatment of alcohol problems: I. Baseline differences between abstinence and non-abstinence groups.	Alcoholism, March 2010, vol./is. 45/2(128-135), 0735-0414;1464-3502 (Mar-Apr 2010)	English	Aims: To compare baseline characteristics of clients initially preferring abstinence with those preferring non-abstinence at the screening stage of a randomized controlled trial of treatment for alcohol problems (UKATT) and to identify predictors of goal preference from client characteristics present before the preference was stated. Methods: From discussions with clients entering the trial (N = 742), screeners noted whether clients were aiming for abstinence 'probably yes' or 'probably no'. Differences between the two groups thus formed were explored by univariate comparisons among client characteristics recorded at baseline assessment and by logistic regression analysis with pre-existing characteristics as independent variables. Results: Across all UKATT sites, 54.3% of clients expressed a preference for abstinence and 45.7% for non-abstinence. In univariate comparisons, clients preferring abstinence were significantly (P < 0.01) more likely to: (i) be female, (ii) be unemployed, (iii) report drinking more heavily but less frequently, (iv) have been detoxified in the 2 weeks prior to assessment, (v) report more alcohol problems, (vi) be in the action stage of change, (vii) report greater negative expectancies of drinking, (viii) report greater mental and physical ill-health, (ix) report less social support for drinking and (x) be more confident of their ability to resist heavy drinking in tempting situations. In the logistic regression model, the strongest predictors of goal preference were gender, drinking pattern, recent detoxification and social support for drinking. Conclusion: The implications of these findings for service delivery are 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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>

Duncan Raistrick	Nick Heather, Simon J Adamson, Duncan Raistrick, Gary Slegg and the United Kingdom Alcohol Treatment Trial Research team	Mar-10	Initial preference for drinking goal in the treatment of alcohol problems: II. Treatment outcomes.	Alcohol and Alcoholism, March 2010, vol./is. 45/2(136-142), 0735-0414;1464-3502 (Mar-Apr 2010)	English	Aims: To compare treatment outcomes between clients preferring abstinence and those preferring non-abstinence at the screening stage of a randomized controlled trial of treatment for alcohol problems (the United Kingdom Alcohol Treatment Trial) and to interpret any differential outcome in light of baseline differences between goal preference groups outlined in an accompanying paper. Methods: Outcomes at 3 and 12 months' follow-up were recorded both in categorical terms (abstinence/non-problem drinking/much improved/somewhat improved/same/worse) and on continuous measures (percent days abstinent, drinks per drinking day/dependence score). Results: Clients initially stating a preference for abstinence showed a better outcome than those stating a preference for nonabstinence. This superior outcome was clearer at 3 months' follow-up but still evident at 12 months' follow-up. The better outcome consisted almost entirely in a greater frequency of abstinent days, with only a modest benefit in drinking intensity for goal abstainers that disappeared when baseline covariates of goal preference were controlled for. Type of successful outcome (abstinence/non-problem drinking) was related to initial goal preference, with clients preferring abstinence more likely to obtain an abstinent outcome and those preferring non-abstinence a non-problem drinking outcome. Conclusion: The client's personal drinking goals should be discussed in assessment at treatment entry and as a basis for negotiation. Clinicians should be prepared to identify and support goal change as an unexceptional part of the treatment process that need not jeopardize good outcome. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
John F Morgan	John F Morgan, Patience Ahene and Hubert John Lacey.	Mar-10	Salinophagia in anorexia nervosa: case reports	International Journal of Eating Disorders, 01 March 2010, vol./is. 43/2(190-192), 02763478	English	We report two cases of pathological ingestion of salt as a feature of anorexia nervosa, which we have previously termed "salinophagia." Both cases were young women with anorexia nervosa of the purging subtype and of sufficient severity to necessitate inpatient treatment. In both instances, excessive quantities of salt were ingested in the context of treatment programs requiring nutritional rehabilitation, and motivated by a wish to despoil the food and render it distasteful, to rob its ingestion of any hedonic qualities. In one instance, this behavior pattern was imitated by other patients on the unit. Having first briefly described salinophagia in 1999, the first author has received considerable correspondence from other specialists suggesting that this is not an isolated phenomenon. The issues of <b>phenomenology and treatment are further discussed.</b>	Journal Article	PubMed	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	Rano Bhadoria, Kate Webb and John F Morgan.	Feb-10	Treating eating disorders: A review of the evidence	Evidence-Based Mental Health, February 2010, vol./is. 13/1(1-4), 1362-0347 (February 2010)	English	The assessment and management of patients with eating disorders can cause significant anxiety for all involved in their care, particularly as many patients are ambivalent about treatment and may develop concerning physical complications. Anorexia nervosa has the highest standardised mortality rate of any psychiatric disorder and all eating disorders cause significant short and long term psychological and physical morbidity. In this article, we provide an overview of the current psychological, pharmacological and physical evidence based management of patients with eating disorders.	Journal Article	EMBASE	<a href="http://www.bmj.com">Available from BMJ Journals Evidence Based Mental Health (ebmh.bmj.com)</a>
Gillian Tober	C Seeling, C King, E Metcalfe, Gillian Tober and S Bates.	Dec-09	Arrest Referral - a proactive multi-agency approach	Drugs: Education, Prevention and Policy Volume 8, 2001 - Issue 4	English	A multi-agency approach to arrest referral is described. While such schemes are now widely accepted within a range of measures designed to break the drug/crime link, there exists great variation in terms of the type of scheme, the setting, management and resourcing. The Leeds Arrest Referral Scheme is part of a multi-agency initiative designed to provide access to treatment for individuals detained in police custody with the ultimate goal of reducing drug-related harm and drug-related offending. Three arrest referral addiction therapists work in six police divisions and have direct contact with arrestees. They are able to refer directly into drug and alcohol services, including detoxification services, in the city. Monitoring and evaluation procedures provide measures of effectiveness. In the year ending April 2000, 66.3% of individuals seen were referred into treatment and 34.7% attended for initial appointment. The scheme meets Home Office recommendations and Drug Prevention Advisory Service (DPAS) guidelines for arrest referral schemes.	Journal Article		<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
David Yeomans	Christopher Fear, David Yeomans, Bryan Moore, Mark Taylor, Keith Ford, Alan Currie, Joanne Hynes, Gary Sullivan, Richard Whale and Tom Burns.	Dec-09	Managing schizophrenia in primary care: The utility of remission criteria as outcome indicators	Mental Health in Family Medicine, 2009, vol./is. 6/2(107-112), 1756-834X (2009)	English	The shared management of patients with schizophrenia in primary care can only succeed if underpinned by valid, easily administered and clinically relevant outcome measures. While conditions such as depression and anxiety lend themselves to this approach through the development, over a number of years, of patient- and observer-rated scales, schizophrenia still lacks the capacity for meaningful outcome measures. Recently, two international working groups have developed the concept of remission in schizophrenia and recommended a simple, brief and clinically valid measure based upon improvement in key symptoms over a specified time period. The authors consider this concept and its application to primary care both as a commissioning tool and to facilitate shared care of this chronic medical condition. 2009 Radcliffe Publishing.	Journal: Review	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
Gillian Tober	Alex Copello, Jim Orford, Ray Hodgson and Gillian Tober	Dec-09	Social behaviour and network therapy for alcohol problems.	Social behaviour and network therapy for alcohol problems., 2009 (2009)	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 ideas, the book is guided by a key principle: the development of social support for a positive change in drinking behaviour. The book is divided into three parts including the following topics : (1) an introduction to the evidence base underpinning SBNT (2) core components of the treatment; and (3) common questions asked about the intervention. Featuring a series of practical handouts, this book is intended for clinicians, counsellors, nurses, psychologists and all those involved in the treatment of alcohol misuse and dependence. The appendices of this book contain worksheets that can be downloaded to purchasers of the print version. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book Author	PsycINFO	Book available for purchase.

John F Morgan	John F Morgan and Jon Arcelus	Nov-09	Body image in gay and straight men: A qualitative study.	European Eating Disorders Review, November 2009, vol./is. 17/6(435-443), 1072-4133;1099-0968 (Nov-Dec 2009)	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. Method: Qualitative study using a sample of gay and straight male university students, applying audiotaped and transcribed depth interview subjected to interpretative phenomenological analysis. Results: Fifteen young men (18-24) with a spectrum of sexual orientation (gay, straight and bisexual) agreed to participate. Five dominant categories emerged: body image ideal, external influences, perception of body image, dieting, mechanisms for modification (diet, exercise, cosmetics) and sexual orientation. Conclusion: Health and aesthetic ideals appear less divorced for young men than women, offering some degree of protection from eating disorders. Nonetheless there is widespread body dissatisfaction. Media and social influences are powerful, particularly for single gay men, but the study suggests fewer differences than similarities between gay and straight men. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Wright, Barry	R A Smith, H Farnworth, Barry Wright and Victoria Allgar.	Jul-09	Are there more bowel symptoms in children with autism compared to normal children and children with other developmental and neurological disorders? A case control study.	Autism, July 2009, vol./is. 13/4(343-355), 1362-3613;1461-7005 (Jul 2009)	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	PsycINFO	<a href="https://pure.york.ac.uk">Available from University of York (https://pure.york.ac.uk)</a>
John F Morgan	Samantha Scholtz and John F Morgan.	Jun-09	Obesity and psychiatry	Psychiatry, June 2009, vol./is. 8/6(198-202), 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 recognized as the only treatment to bring about sustained weight loss, whilst also significantly reducing physical and psychiatric co-morbidity, 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	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Peter Trigwell	Timothy Nicholson, John Paul Taylor, C Gosden, Peter Trigwell and Khalida Ismail	Apr-09	National guidelines for psychological care in diabetes: How mindful have we been?	Diabetic Medicine, April 2009, vol./is. 26/4(447-450), 0742-3071;1464-5491 (April 2009)	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 = 0.02). Over two-thirds (n = 182) of centres had not implemented the majority of national guidelines and only 2.6% met all guidelines. Psychological input into teams was associated with improved training in psychological issues for team members (P < 0.001), perception of better skills in managing more complex psychological issues (P < 0.01) and increased likelihood of having psychological care pathways (P < 0.05). Most (81%) expert providers interviewed by telephone were under-resourced to meet the psychological needs of their population. Conclusions Expert psychological support is not available to the majority of diabetes centres and significant geographical variation indicates inequity of service provision. Only a minority of centres meet national guidelines. Skills and services within diabetes teams vary widely and are positively influenced by the presence of expert providers of psychological care. Lack of resources are a barrier to service provision. 2009 Diabetes UK.	Journal Article	EMBASE	<a href="http://kclpure.kcl.ac.uk/portal/en/publications/search.html">Available from King's College London Research Outputs (kclpure.kcl.ac.uk/portal/en/publications/search.html)</a>
Barry Wright	Barry Wright, J Aldridge, K Wurr, T Sloper, H Tomlinson and M Miller.	Apr-09	Clinical dilemmas in children with life-limiting illnesses: decision making and the law.	Palliative Medicine, April 2009, vol./is. 23/3(238-47), 0269-2163;1477-030X (2009 Apr)	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 systems) can best support young people and families with and without recourse to the law.	Journal Article	MEDLINE	<a href="https://pure.york.ac.uk">Available from University of York (https://pure.york.ac.uk)</a>
Peter Trigwell	Ashish Rana and Peter Trigwell.	Apr-09	Diabetes and liaison psychiatry: What about transition?	Psychiatric Bulletin, April 2009, vol./is. 33/4(154), 0955-6036 (April 2009)	English	There are very few diabetes centres in the UK with a psychiatrist as part of the team (Dalvi et al, 2008). Our service in Leeds is one of those few and has been in existence since 1998. Prompted by the Dalvi 12-month case-note review describing a service in London (Chelsea and Westminster) (Dalvi et al, 2008), we compared it with our service (for 2008) ...	Journal: Letter	EMBASE	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>

John F Morgan	Kate Webb, John F Morgan and Hubert John Lacey	Jan-09	Cerebral palsy and anorexia nervosa.	International Journal of Eating Disorders, January 2009, vol./is. 42/1(87-89), 0276-3478;1098-108X (Jan 2009)	English	Objective: To describe the management of a woman with cerebral palsy and anorexia nervosa. Method: We carried out a literature search and gained consent and a history from the patient. We explored the etiological and ethical issues raised in this case. Results: Etiological issues are raised, looking at the interaction between physical disability and self-image. Clinical and practical difficulties of caring for a patient with physical disability properly on an eating disorder unit are discussed, as well as ethical issues concerning mental capacity and the use of the mental health act in anorexia nervosa. Conclusion: This case reminds us again that we can learn much from listening to patients. In this instance, service and operational policies on managing disabilities on the unit, were shaped by her input. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Peter Trigwell	Peter Trigwell, John-Paul Taylor, Khalida Ismail, Tim Nicholson, Mustansir Alibhai, Charlotte Gosden, Pauline Proud and Bridget Turner.	Dec-08	Minding the gap: the provision of psychological support and care for people with diabetes in the UK.		English	Diabetes is a lifelong condition that now affects more than two million people in the UK, a number which is rising unrelentingly. It is associated with much morbidity and premature mortality, through its microvascular and macrovascular complications.  Diabetes is a complex disease which places high behavioural demands on the person living with the illness on a daily basis. While access to well trained healthcare professionals is a key component of diabetes care, most of the burden of care remains with the individual with diabetes as they live their lives for more than 99% of their time away from contact with their diabetes team. While many people with diabetes cope well with their illness, it is perhaps small wonder that the rates of psychological problems and poor quality of life are much higher in those with diabetes than in the general population ...		HMIC	<a href="http://www.diabetes.org.uk">Available from Diabetes UK (www.diabetes.org.uk)</a>
Duncan Raistrick	Duncan Raistrick.	Dec-08	Management of comorbidity.	Addiction and the medical complications of drug abuse., 2008(39-42) (2008)	English	(from the chapter) Comorbidity is defined as the coexistence of two or more psychiatric or psychological conditions; for the purposes of this chapter, one of these conditions will be substance misuse or substance dependence. For many people who suffer from psychiatric or psychological disorders, substance use and misuse has utility. It is often the case that traditional medicine has less to offer than the patient's own self-medication regimen and that social rather than pharmacological interventions are really what is needed. It is particularly important for doctors to be clear about the purpose of their prescribing and to monitor its effectiveness. Where substance misuse and psychiatric disorder coexist, the case for not prescribing, even for psychiatric illness, should always be vigorously explored. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.
David Yeomans	David Yeomans and Frances Drake.	Dec-08	Public psychiatry': A challenge for the profession?	Advances in Psychiatric Treatment, 2008, vol./is. 14/5(347-349), 1355-5146 (2008)	English	Michael Smith's article on 'public psychiatry' states that few people save psychiatrists care about psychiatry (Smith, 2008, this issue). There has been an active anti-psychiatry movement since the 1960s and there are critical psychiatry and post-psychiatry movements today (Bracken and Thomas, 2005) It is important to recognise the conversation that these parties have had with psychiatry. They challenge traditional technological and psychological psychiatry. Smith recommends that a mix of public education and public engagement would constitute 'public psychiatry' and improve the health of patients and the standing of psychiatry. However, research in other domains of public understanding suggests that it is hard to generate a conversation with the public, let alone one that is that is sympathetic to the experts' views (O'Neill, 2001). Such a conversation may ask psychiatry to reduce its role, power and status ...	Journal Article	EMBASE	<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>
Peter Trigwell	Shakeeb A Khan,Christine A Davey, Shamsul A Khan, Peter J Trigwell and Srinivas Chintapatla.	Dec-08	Munchausen's syndrome presenting as rectal foreign body insertion: a case report.	Cases journal, 2008, vol./is. 1/1(243), 1757-1626;1757-1626 (2008)	English	BACKGROUND: This case report shows that Munchausen's syndrome can present as rectal foreign body insertion. Although the presentation of rectal foreign bodies has frequently been described in the medical literature, the insertion of foreign bodies into the rectum for reasons other than sexual gratification has rarely been considered.CASE PRESENTATION: A 30 year old, unmarried Caucasian male presented with a history of having been sexually assaulted five days earlier in a nearby city by a group of unknown males. He reported that during the assault a glass bottle was forcibly inserted into his rectum and the bottle neck broke. On examination, there was no evidence of external injury to the patient. Further assessment lead to a diagnosis of Munchausen's syndrome. The rationale for this is explained. A description and summary of current knowledge about the condition is also provided, including appropriate treatment approaches.CONCLUSION: This case report is important because assumptions regarding the motivation for insertion of foreign bodies into the rectum may lead to the diagnosis of Munchausen's syndrome being missed. This would result in the appropriate course of action, with regard to treatment, not being followed. It is suggested that clinicians consider the specific motivation for the behaviour in all cases of rectal foreign body insertion, including the possibility of factitious disorder such as Munchausen's syndrome, and avoid any assumption that it has been carried out for the purpose of sexual gratification. Early involvement of psychiatrists is recommended. Cases of Munchausen's syndrome presenting as rectal foreign body insertion may be identified and addressed more effectively using the approach described.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
David Yeomans	David Yeomans.	Dec-08	Wake up call for British psychiatry: Response.	The British Journal of Psychiatry, December 2008, vol./is. 193/6(510-511), 0007-1250;1472-1465 (Dec 2008)	English	Comments on an article by Nick Craddock et al. (see record 2008-09305-004). The paper by Craddock et al. and the subsequent eLetters illustrate the variety of opinions that attracted me to psychiatry. In our service we share responsibilities. I have noticed that some of my psychiatric colleagues (and myself at times) shy away from precise diagnosis, acutely aware of how diagnoses are deliberately used to stigmatise people by individuals outside mental health services (as well as within). If psychiatrists step back from diagnosis, then diagnosis may change from a clinical concept with an associated evidence base, to a financial planning tool. There are other drivers of change too. In the prevalent atmosphere of anxiety and blame, risk assessment, not diagnosis, is now arguably the main gateway into acute mental health services. This means that some very ill people may have to wait for treatment, while people who seem to be at acute risk are attended to first. Times change and if psychiatrists of any persuasion want to retain some influence they have to put up, not shut up; so well done for making the biomedical case. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://bjp.rcpsych.org">Available from BJPsych (bjp.rcpsych.org)</a>

Duncan Raistrick and Gillian Tober	Simon Coulton, Judith Watson, Martin Bland, Colin Drummond, Eileen Kaner, Christine Godfrey, Alan Hassey, Mary Dale, Steve Parrott, Thomas Phillips, Duncan Raistrick, Daphne Rumball and Gillian Tober.	Dec-08	The effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care (AESOPS) - A randomised control trial protocol	BMC Health Services Research, 2008, vol./is. 8/, 1472-6963 (2008)	English	Background. There is a wealth of evidence regarding the detrimental impact of excessive alcohol consumption. In older populations excessive alcohol consumption is associated with increased risk of coronary heart disease, hypertension, stroke and a range of cancers. Alcohol consumption is also associated with an increased risk of falls, early onset of dementia and other cognitive deficits. Physiological changes that occur as part of the ageing process mean that older people experience alcohol related problems at lower consumption levels. There is a strong evidence base for the effectiveness of brief psychosocial interventions in reducing alcohol consumption in populations identified opportunistically in primary care settings. Stepped care interventions involve the delivery of more intensive interventions only to those in the population who fail to respond to less intensive interventions and provide a potentially resource efficient means of meeting the needs of this population. Methods/design. The study design is a pragmatic prospective multi-centre two arm randomised controlled trial. The primary hypothesis is that stepped care interventions for older hazardous alcohol users reduce alcohol consumption compared with a minimal intervention at 12 months post randomisation. Potential participants are identified using the AUDIT questionnaire. Eligible and consenting participants are randomised with equal probability to either a minimal intervention or a three step treatment approach. The step treatment approach incorporates as step 1 behavioural change counselling, step 2 three sessions of motivational enhancement therapy and step 3 referral to specialist services. The primary outcome is measured using average standard drinks per day and secondary outcome measures include the Drinking Problems Index, health related quality of life and health utility. The study incorporates a comprehensive economic analysis to assess the relative cost-effectiveness of the interventions. Discussion. The paper presents a protocol for the first pragmatic randomised controlled trial evaluating the effectiveness and cost-effectiveness of stepped care interventions for older hazardous alcohol users in primary care. Trial registration. ISRCTN52557360. 2008 Coulton et al; licensee BioMed Central Ltd.	Journal Article	EMBASE	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
John F Morgan	John F Morgan.	Dec-08	The invisible man: A self-help guide for men with eating disorders, compulsive exercise and bigorexia.	The invisible man: A self-help guide for men with eating disorders, compulsive exercise and bigorexia., 2008 (2008)	English	(from the preface) "The Invisible Man" is a self-help guide for men with eating disorders, compulsive exercise, and bigorexia, written in four parts. Part I paints a picture of the wider context in which men suffer body image problems. It looks at the detailed 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)	Book Author	PsycINFO	Book available for purchase.
Duncan Raistrick	Duncan Raistrick.	Dec-08	The principles of addiction medicine.	Addiction and the medical complications of drug abuse., 2008(1-7) (2008)	English	(from the chapter) Many doctors involved with addiction problems will see themselves as having only a prescribing role whereas specialists in the field will, in addition, require a repertoire of psychotherapy skills. Prescribing for patients who may have a dependence on a number of drugs, who may wish to conceal the extent of their substance use, and who may have a marked tolerance to some classes of 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)	Book, Edited Book	PsycINFO	Book available for purchase.
Duncan Raistrick	Duncan Raistrick.	Dec-08	Management of Comorbidity	Steven B. Karch (Editor in Chief) Drug Abuse Handbook, Chapter 7.5, 584-586 (Boca Raton, CRC Press)	English	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 <i>American Diagnostic and Statistical Manual</i> , 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 ...	Book entry		Book available for purchase.
Barry Wright	Barry Wright, Natalie Clarke, Jo Jordan, Andrew W. Young, Paula Clarke, Jeremy Miles, Kate Nation, Leesa Clarke and Christine Williams	Nov-08	Emotion recognition in faces and the use of visual context in young people with high-functioning autism spectrum disorders.	Autism, November 2008, vol./is. 12/6(607-626), 1362-3613;1461-7005 (Nov 2008)	English	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 using visual context. The ability to recognize emotions in faces (with or without context) and the ability to identify occupations from context was positively correlated with both increasing age and IQ score. Neither a diagnosis of ASD nor a measure of severity (Autism Quotient score) affected these abilities, except that the participants with ASD were significantly worse at recognizing angry and happy facial expressions. Unlike the control group, most participants with ASD mirrored the facial expression before interpreting it. Test conditions may lead to results different from everyday life. Alternatively, deficits in emotion recognition in high-functioning ASD may be less marked than previously thought. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
John F Morgan	Martin Schmidt, John F Morgan and Farida Yousaf.	Nov-08	Treatment adherence and the care programme approach in individuals with eating disorders.	Psychiatric Bulletin, November 2008, vol./is. 32/11(426-430), 0955-6036;1472-1473 (Nov 2008)	English	Aims and method: To examine service-level variables predicting treatment adherence in a specialist eating disorder unit. We analysed a sample of 157 individuals consecutively referred to the unit over an 18-month period. Associations were determined using odds ratios. Results: Individuals with a formal care programme at the point of referral were more likely to stay in treatment. Treatment adherence was not predicted by illness severity or waiting time. Follow-up by a dietician and acceptance of referral to a support group predicted better treatment outcomes. Clinical Implication: Although the standard care programme approach may be relinquished in the UK, we recommend that this approach or its equivalent be used in specialist eating disorder services to improve treatment adherence. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>

Gillian Tober	Gillian Tober, Wendy Clyne, Olwyn Finnegan, Amanda Farrin, Ian Russell and UKATT Research Team	Nov-08	Validation of a scale for rating the delivery of psycho-social treatments for alcohol dependence and misuse: The UKATT Process Rating Scale (PRS).	Alcohol and Alcoholism, November 2008, vol./is. 43/6(675-682), 0735-0414;1464-3502 (Nov-Dec 2008)	English	Aim: The aim of this study was to describe the development and validation of the UK Alcohol Treatment Trial Process Rating Scale (UKATT PRS), a manual based method for monitoring and rating the delivery of psychosocial treatments of alcohol dependence and misuse. Methods: Following adaptation and further development of a validated rating scale, the ability of the UKATT PRS to rate the delivery of video-recorded treatment in the UK Alcohol Treatment Trial (UKATT) was tested. Results: Tests of the validity and reliability of the UKATT PRS show that it is valid and reliably able to detect the two treatments for which it was designed and to discriminate between them. Conclusions: The UKATT PRS is a valid and reliable method of rating the frequency and quality of therapeutic style and content in the delivery of two psycho-social treatments of alcohol use and dependence. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Carol Martin	Rebecca Harding, Carol Martin and John Holmes.	Sep-08	Dazed and confused: Making sense of delirium after hip fracture.	International Journal of Geriatric Psychiatry, September 2008, vol./is. 23/9(984-986), 0885-6230;1099-1166 (Sep 2008)	English	Delirium is a common complication in general hospitals associated with negative outcomes. To better understand the experience of delirium, the study interviewed older people, recruited from two orthopaedic trauma wards in a large general hospital, who had become delirious after reparative hip surgery. A semi-structured interview schedule covered 'unusual' experiences, explanations for these experiences and discussing unusual experiences. Nine participants gave informed consent and described delirious experiences following surgery. The study allowed an in-depth analysis of the experiences and concerns of participants. All participants seemed to struggle to make sense of their delirium, and seven used strategies which discouraged discussion of their symptoms. The difficulty that participants demonstrated in incorporating their delirious experiences into existing schemata may partially explain the adoption of anxiety-management strategies. Several participants expressed concerns about their mental state and how others would perceive it, which may also have contributed to their anxiety. The study recommends providing information for patients and relatives to help them understand delirium and training healthcare staff to help them facilitate open discussions with patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
John F Morgan	John F Morgan.	Sep-08	Review of Psychological responses to eating disorders and obesity.	European Eating Disorders Review, September 2008, vol./is. 16/5(409), 1072-4133;1099-0968 (Sep-Oct 2008)	English	Reviews the book: Psychological responses to eating disorders and obesity edited by Julia Buckroyd and Sharon Rother (2008). 'Psychological Responses to Eating Disorders and Obesity' represents an attempt to synthesise psychological treatment approaches to both eating disorders and obesity. It provides an appropriately idiosyncratic amalgam of different therapeutic approaches. This eclectic, pragmatic perspective accords with best practice itself, in which unifactorial dogma is less convincing than focusing on 'whatworks'. This is reflected in the Introduction's endorsement of 'integrated treatment' and the call for 'the developing rapport between modalities and an end to the antagonisms which have stood in the way of patient benefit'.	Book Review	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Barry Wright	Claire Whitton, Chris Williams, Barry Wright, Jenny Jardine and Anne Hunt.	Sep-08	The role of evaluation in the development of a service for children with life-limiting conditions in the community.	Child: Care, Health and Development, September 2008, vol./is. 34/5(576-583), 0305-1862;1365-2214 (Sep 2008)	English	Background: Much of the care for children and young people with life-limiting conditions is now delivered in the home and new services have developed to support families in this setting. It is essential to monitor and evaluate whether these services are meeting the needs of families. Aims: To evaluate a new rural community palliative care service for children according to the perceptions of families and service providers, to make changes suggested by families and to re-evaluate 1 year later. Method: In 2005, 2 years after the onset of the service, 24 families were sent postal questionnaires, including the Measure of Process of Care (MPOC-UK). Changes suggested by families were then implemented. In 2006, all of the families receiving care from the service (n = 27) were given the option of completing the questionnaire independently or with the support of an impartial researcher. Two families also completed qualitative interviews about their experience of the service with an impartial researcher. In both years, the service providers, (n = 12 and n = 15, respectively) were asked to complete the Measure of Process of Care for Service Providers (MPOC-SP). The service providers were the clinicians providing direct care (paediatrician, community nurses, dietician, psychologist, occupational therapist, physiotherapist, and speech and language therapist). Results: Seven (29%) of families completed the survey in 2005. Families rated 'respectful and supportive care' as the highest domain in the MPOC-UK and 'providing general information' as the lowest. Particular emphasis was placed on improving provision of information during the following year. Fourteen (52%) families completed the survey in 2006. Scores increased across all domains in the second survey. The largest increase was 'providing general information'. Conclusion: The results from both of the MPOC tools were extremely useful in helping providers to identify aspects of the service in need of improvement and hence implement valued changes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal	PsycINFO	<a href="http://clock.uclan.ac.uk">Available from University of Central Lancashire (http://clock.uclan.ac.uk)</a>

David Yeomans	David Yeomans.	Aug-08	Prolactin variations during screening for hyperprolactinaemia in patients taking antipsychotic medication	European Neuropsychopharmacology, August 2008, vol./is. 18/S4(S407), 0924-977X (August 2008)	English	Purpose of the study: s [2]. 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. Conclusions: This study reveals heterogeneity over time for prolactin results in a clinical sample of people taking risperidone for severe mental illness. Patients with a normal initial prolactin were less likely to have measures repeated. Patients with repeated testing were more likely to display hyperprolactinaemia (5/8) than those with a single test (1/5). This suggests that repeat testing of prolactin may be necessary to identify all patients with hyperprolactinaemia. Early morning samples prior to medication and with minimum stress from the sampling procedure may produce more consistent results. However, variations of up to 300% in 2 hours have been found in hyperprolactinaemic patients [2]. Compliance might be considered to be important too, but 2 patients known to be compliant with depot Consta also showed variation between hyperprolactinaemia and normal results. Medication induced hyperprolactinaemia has been reported as a risk factor in sexual dysfunction, osteoporosis and breast cancer. A single prolactin result is insufficient to help clinicians assess the individual risk of hyperprolactinaemia in patients and repeated testing is more likely to represent the existence and degree of medication-induced hyperprolactinaemia. The variation in prolactin over time may be relevant to the	Journal: Conference Abstract	EMBASE	Not available
David Protheroe and Peter Trigwell	Muthukumar Kannabiran, Sandip Deshpande, A Walling, J Alagarsamy, David Protheroe and Peter Trigwell.	Aug-08	Cross-sectional survey of disturbed behaviour in patients in general hospitals in Leeds	Postgraduate Medical Journal, August 2008, vol./is. 84/994(428-431), 0032-5473 (August 2008)	English	Aim: To describe the prevalence and nature of disturbed behaviour, in the general hospital setting. Method: A cross-sectional survey was conducted, from July to October 2006, in all adult inpatient wards within the six general hospitals in Leeds of patients presenting with disturbed behaviour in the preceding 7 days. Disturbed behaviour was defined as behaviour interfering with care of the patient or with that of other patients, or behaviour that placed the patient, the staff or others at risk. Anonymised data were collected using a semistructured questionnaire. Results: All of the 87 hospital wards were studied, containing a total of 1773 beds. 42 male and 26 female patients (n = 68) were identified by nursing staff as patients with disturbed behaviour in the time period covered, with 33 patients being < 65 years of age and 35 being elderly (>65 years of age). An almost equal proportion of the younger and older patient groups placed themselves or others at risk. In the majority of cases, aggressive behaviour by patients was directed towards staff rather than other patients. 60 patients required additional staff time due to the disturbed behaviour, 34 required additional medication, and 22 patients were referred to liaison psychiatry. Conclusions: Disturbed behaviour presents in the general hospital in less than 4% of patients, both above and below the age of 65 years, but consumes a disproportionate amount of resources. Responses required to manage this include additional medication, additional staff time or other interventions. The quantity and nature of disturbed behaviour in the general hospital have implications for effective service provision and development.	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Barry Wright	Barry Wright.	Jul-08	Development in deaf and blind children	Psychiatry, July 2008, vol./is. 7/7(286-289), 1476-1793 (July 2008)	English	Having different levels of sight or hearing leads to different childhood developmental pathways. This article briefly describes these pathways and the research evidence currently available. Approximately 1 in 10,000 children are born blind and 11 in 10,000 are born deaf. The main cause of developmental delay in these children is usually to do with co-morbidities such as other neurological problems or syndromes. The second mechanism relates to different experiences of the world, which in turn are mediated by how the family and environment supports and interacts with the child. The corollary of this is that professionals and family have an important role to play in creating the conditions in which children can thrive. 2008 Elsevier Ltd. All rights reserved.	Review article	EMBASE	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
John F Morgan	John F Morgan, Samantha Scholtz, Hubert John Lacey and Gerard Conway.	Jul-08	The prevalence of eating disorders in women with facial hirsutism: An epidemiological cohort study.	International Journal of Eating Disorders, July 2008, vol./is. 41/5(427-431), 0276-3478;1098-108X (Jul 2008)	English	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 Evaluation (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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Tariq Mahmood	M A Franks, K A N Macritchie, Tariq Mahmood and A H Young.	Jun-08	Bouncing back: Is the bipolar rebound phenomenon peculiar to lithium? A retrospective naturalistic study.	Journal of Psychopharmacology, June 2008, vol./is. 22/4(452-456), 0269-8811;1461-7285 (Jun 2008)	English	In bipolar disorder the discontinuation of lithium prophylaxis is associated with early episode precipitation. Is this 'rebound' phenomenon peculiar to lithium? This naturalistic retrospective case note review investigated the frequency of immediate recurrence after discontinuation of any prophylactic treatment. Bipolar patients who stopped at least one medication after at least 6 months of remission were studied. A total of 310 case notes were examined in a systematic search. A total of 53 cases of discontinuation in 48 subjects were found. Discontinued medications included lithium, valproate, carbamazepine, typical and atypical antipsychotics and antidepressants. Recurrence occurred within 3 months of medication withdrawal in 39 cases (74%). Over half of the discontinuation episodes involved lithium: recurrence occurred in 86% of these cases. In the groups stopping other prophylactic agents, a majority of subjects suffered recurrence: anticonvulsants (89%), antipsychotics (64%) and antidepressants (58%). However, these groups were small and the clarity of the data was undermined by the simultaneous withdrawal of other agents. Manic and hypomanic episodes were the most common form of recurrences. Depressive episodes occurred proportionately most frequently following antidepressant withdrawal. More than half of recurrences required hospital admission. This study provides preliminary naturalistic evidence that early episode recurrence in bipolar disorder is not peculiar to lithium withdrawal but may occur following withdrawal of medication from all classes recommended in prophylaxis. These findings, if replicated, have important implications for clinical practice and for research. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	Jonathan Mond, Tricia C Myers, Ross D Crosby, Phillipa J Hay, Bryan Rodgers, John F Morgan, Hubert John Lacey and James E Mitchell.	May-08	Screening for eating disorders in primary care: EDE-Q versus SCOFF.	Behaviour Research and Therapy, May 2008, vol./is. 46/5(612-622), 0005-7967 (May 2008)	English	Objective and Methods: The comparative validity of the Eating Disorder Examination Questionnaire (EDE-Q) (22 items) and SCOFF (five items) in screening for cases of the more commonly occurring eating disorders was examined in a primary care sample of young adult women (n = 257). Diagnoses were confirmed in a sub-group of interviewed participants (n = 147). Results: Twenty-five cases, primarily variants of bulimia nervosa (BN) not meeting formal diagnostic criteria, were identified in the interviewed sample. An EDE-Q global score of >2.80 yielded the optimal trade-off between sensitivity (Se) (0.80) and specificity (Sp) (0.80) (positive predictive value (PPV) = 0.44), whereas a score of two or more positive responses on the SCOFF was optimal (Se = 0.72, Sp = 0.73, 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)	Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	John F Morgan.	Apr-08	Binge eating: ADHD, borderline personality disorder, and obesity	Psychiatry, April 2008, vol./is. 7/4(188-190), 1476-1793 (April 2008)	English	Recent research in genomics, attention deficit/hyperactivity disorder (ADHD), autistic spectrum disorders (ASDs), and cognitive processing deficits has advanced our understanding of the relevance of personality, neurodevelopment, and binge eating to the 'eating disorder spectrum'. Causal relations between eating disorders and personality disorders remain unclear. Family studies suggest an increase in 'cluster B' personality disorders in bulimia nervosa. Treatment models for bulimia and co-morbid borderline personality disorder (BPD) address the problem of 'symptom substitution' of bulimia with self-harm or addiction. Cognitive processing deficits link both conditions, and may be helped by cognitive remediation therapy and problem-solving therapy. ADHD and ASD are common neurodevelopmental disorders affecting impulse control and interpersonal relations. Preliminary studies suggest that 23% of patients with an eating disorder show features of ASD, and 17% have ADHD, although this may be a reflection of nutritional status. If confirmed, these findings have clinical implications and may explain treatment resistance. A mediating role for ADHD should be considered as a differential diagnosis in co-morbid BPD. Binge eating disorder (BED) may affect one in four obese patients, with a distinction between obesity and purging bulimia nervosa. Family studies suggest some shared vulnerability factors for obesity and BED, including genotype, but also divergence. National Institute for Health and Clinical Excellence guidelines on bariatric surgery for obesity require eating disorders to be addressed, and research indicates that eating disorders may predict the outcome of surgery. Research into cognitive processing, impulsivity, neurodevelopmental disorders, and genomics may help us better to match treatment to the patient. 2008 Elsevier Ltd. All rights reserved.	Journal: Review	EMBASE	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Graham Firth	Graham Firth	Mar-08	A Dual Aspect Process Model of Intensive Interaction	British Journal of Learning Disabilities, Volume 37, Issue , March 2009 Pages 43-49	English	Intensive Interaction is an empirically researched approach to developing fundamental communication and sociability for people with severe and profound learning disabilities and/or autism. However, it is the author's contention that certain aspects of Intensive Interaction are not universally conceptualised in a uniform manner, and that there are two general process models that are used to describe the approach by an increasing number of multi-disciplinary practitioners and advocates. Firstly, there is a 'Social Inclusion Process Model' of Intensive Interaction, with practitioners using the approach with the primary aim of inclusively responding to the communication of a person with learning disability, however it is expressed. Secondly, there is a 'Developmental Process Model', with practitioners having identifiably educative or developmental goals, rather than the approach being viewed simply as a means of contemporaneous social inclusion. In an attempt to clarify this position, this paper makes the case for a 'Dual Aspect Process Model' of Intensive Interaction.	Journal Article		<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

David Yeomans	Chris Bushe, David Yeomans, Tamsin Floyd and Shubulade M Smith	Mar-08	Categorical prevalence and severity of hyperprolactinaemia in two UK cohorts of patients with severe mental illness during treatment with antipsychotics.	Journal of Psychopharmacology, March 2008, vol./is. 22/2, Suppl(56-62), 0269-8811;1461-7285 (Mar 2008)	English	Hyperprolactinaemia may be associated with hidden longer-term consequences, such as osteoporosis, bone fractures, pituitary tumours and breast cancer. Prolactin data from clinical trials is not always reported in a categorical manner and does not always allow the risk of hyperprolactinaemia to be evaluated for specific patient cohorts. Patients participating in a physical health management programme in the UK for severe mental illness patients-the Well-being Support Programme-had prolactin measurements made regardless of symptoms. Prolactin data from the complete cohort of 178 patients receiving antipsychotics in Leeds and London are reported. Hyperprolactinaemia was measured in 33.1% but more commonly in females than males (47.3% and 17.6%) and was associated with all antipsychotics except clozapine. The highest prevalence rates were found in amisulpride (n = 20) 89%, risperidone long-acting intramuscular injection (LAIM) 67% (n = 6) and risperidone (n = 30) 55% used as antipsychotic monotherapy. Clinically Significant hyperprolactinaemia (>1000 mIU/L ~47 ng/ml) was measured in 15.8% of patients, predominantly in females. Levels >2000 mIU/L ~95 ng/ml in 6.2% of the complete cohort. Clinicians may wish to add prolactin measurement to the routine laboratory parameters currently measured for some antipsychotics and should be advised of the potential longer-term consequences of hidden hyperprolactinaemia. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
David Yeomans	Robert C Peveler, David Branford, Leslie Citrome, Peter Fitzgerald, Philip W Harvey, Richard I Holt, Louise Howard, Dora Kohen, Ian Jones, Veronica O'Keane, Carmine M Pariente, John Pendlebury, Shubulade M Smith and David Yeomans.	Mar-08	Antipsychotics and hyperprolactinaemia: Clinical recommendations.	Journal of Psychopharmacology, March 2008, vol./is. 22/2, Suppl(98-103), 0269-8811;1461-7285 (Mar 2008)	English	A group of international experts in psychiatry, medicine, toxicology and pharmacy assembled to undertake a critical examination of the currently available clinical guidance on hyperprolactinaemia. This paper summarises the group's collective views and provides a summary of the recommendations agreed by the consensus group to assist clinicians in the recognition, clinical assessment, investigation and management of elevated plasma prolactin levels in patients being treated for severe mental illness. It also deals with the special problems of particular populations, gives advice about information that should be provided to patients, and suggests a strategy for routine monitoring of prolactin. The recommendations are based upon the evidence contained in the supplement 'Hyperprolactinaemia in schizophrenia and bipolar disorder: Clinical Implications' (2008). The guidance contained in this article is not intended to replace national guidance (such as that of the National Institute of Clinical Excellence), however, it does provide additional detail that is unlikely to be covered in existing guidelines, and focuses on areas of uncertainty and disagreement. We hope it will add to the debate about this topic. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Tariq Mahmood	Pala J Valappil, Sangeetha Sankarnarayanan and Tariq Mahmood	Mar-08	Polydipsia in psychiatric patients.	Psychiatric Bulletin, March 2008, vol./is. 32/3(116-117), 0955-6036;1472-1473 (Mar 2008)	English	Comments on an article by Helen Smith and Tom White (see record 2007-17844-005), who assessed the feasibility of using a structured risk assessment tool (Historical Clinical Risk 20-Item (HCR--20) Scale) in general adult psychiatry admissions. The current author states that Smith and White showed it was feasible to complete HCR--20 ratings on most patients within 48 hours of admission to their general psychiatric wards, but did not demonstrate that this approach was likely to be valid or useful. It is suggested that the HCR--20 is an appropriate tool for forensic patients, but the MacArthur Classification of Violence Risk (COVR) is more valid for general psychiatry. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Correspondence	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Barry Wright	Barry Wright, Chris Williams and Greg Richardson.	Mar-08	Services for children with learning disabilities.	Psychiatric Bulletin, March 2008, vol./is. 32/3(81-84), 0955-6036;1472-1473 (Mar 2008)	English	There is a large body of research showing that there is a much higher prevalence of psychiatric disorders in children and adolescents with learning disabilities than in those without (Dykens, 2000; Stromme 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) ...	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Duncan Raistrick and Gillian Tober	Duncan Raistrick, D Russell, Gillian Tober and A Tindale.	Feb-08	A survey of substance use by health care professionals and their attitudes to substance misuse patients (NHS Staff Survey).	Journal of Substance Use, February 2008, vol./is. 13/1(57-69), 1465-9891;1475-9942 (Feb 2008)	English	Objective and design: To survey NHS staff in one NHS Region to determine (i) the extent of substance use and related problems, (ii) therapeutic attitudes towards people with substance misuse problems. A single phase cross-sectional survey of health care professionals across six health authorities in the Yorkshire and Humberside region of England. Fifteen service areas were randomly selected from general psychiatry, accident and emergency, general medicine, including liver and obstetric units. Data were collected by means of an anonymous self-completion questionnaire. Results and conclusion: Forty-two per cent of questionnaires were returned. NHS staff reported similar rates of drinking, smoking and illicit drug use to those of the same age and sex in the general population. Doctors smoke less and use fewer illicit drugs, health care assistants smoke more and nurses use more illicit drugs. In contrast to surveys in primary care, this survey found that specialists scored low on role legitimacy of working with substance misusers. There is a logic as to why this might be the case, however, there needs to be a review of how best to deliver the government strategies for alcohol misuse, smoking and illicit drug use. In secondary care there is a case for substance misuse interventions by professionals who are not integral to the specialist team. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	Available from EBSCOhost in Journal of Substance Use

Duncan Raistrick and Gillian Tober	Nick Heather, Alex Copello, Christine Godfrey, Ray Hodgson, Jim Orford, Duncan Raistrick, Ian Russell and Gillian Tober.	Feb-08	UK Alcohol Treatment Trial: Client-treatment matching effects	Addiction, February 2008, vol./is. 103/2(228-238), 0965-2140;1360-0443 (February 2008)	English	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 treatment for alcohol problems in the United Kingdom. 2007 The Authors.	Journal Article	EMBASE	<a href="http://nrl.northumbria.ac.uk">Available from Northumbria Research Link (nrl.northumbria.ac.uk)</a>
John F Morgan	Pilar Muro-Sans, Juan Antonio Amador-Campos and John F Morgan.	Jan-08	The SCOFF-c: Psychometric properties of the Catalan version in a Spanish adolescent sample.	Journal of Psychosomatic Research, January 2008, vol./is. 64/1(81-86), 0022-3999 (Jan 2008)	English	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 gender and school grades. The SCOFF best cutoff point was 2 (sensitivity = 73.08%; specificity = 77.74%). Concurrent validity with the EDI-2 varied between low and moderate. The reliability of the SCOFF questionnaire was moderate. Exploratory factor analysis of the SCOFF questionnaire showed a two-factor structure for the total sample and for girls, and one factor for boys. Conclusion: The best cutoff point for this community sample is 2. The data suggest that the SCOFF questionnaire could be a useful screening questionnaire to enable the detection of groups possibly at risk for eating disorders among adolescent Spanish community samples. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	Jon Arcelus, Walter P Bouman and John F Morgan	Jan-08	Treating young people with eating disorders: Transition from Child Mental Health to Specialist Adult Eating Disorder Services.	European Eating Disorders Review, January 2008, vol./is. 16/1(30-36), 1072-4133;1099-0968 (Jan-Feb 2008)	English	Background: The transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) of young people with eating disorders may pose a number of difficulties, including an inconsistent referral process and age boundaries. Methods: We compared young adults referred to a specialist Adult Eating Disorders Service (AEDS) who had previous involvement with CAMHS for the treatment of their eating disorder with those who did not. Information regarding the socio-demographic characteristics and eating disorders symptomatology of patients assessed by an AEDS over a 4-year period was collected. Results: Patients who had previous involvement with CAMHS (particularly the ones treated as in-patients) presented with a lower self-esteem and more maturity fears (MF) than those without previous involvement. Conclusions: This study discusses the implication of these results in transitional arrangements between CAMHS and Adult services. It also highlights the need for heightened awareness of particular issues of self-esteem and maturation in these patients moving between services. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Graham Firth	Graham Firth, Helen Elford, Catherine Leeming and Marion Crabb	Dec-07	Intensive Interaction as a Novel Approach in Social Care: Care Staff's Views on the Practice Change Process	Journal of applied Research in Intellectual Disabilities, Volume 21, Issue 1, Pages 58-69	English	Background: Intensive Interaction is an approach to developing the pre-verbal communication and sociability of people with severe or profound and multiple learning disabilities and autism. Previous research has indicated many potential benefits; however, the approach is not consistently used in social care.  Aim: To report on the significant and influential issues for care staff when adopting Intensive Interaction as a novel approach in the social care setting for clients with profound and multiple learning disabilities.  Materials and Methods: Twenty-nine care staff from four residential settings were trained and supported in the use of Intensive Interaction over a 6-month period. Interviews with staff members and researcher field-notes were analysed using a Grounded Theory methodology.  Results and Conclusions: Increased and novel client responses were reported which were consistent with previous research. However, some practical and philosophical difficulties were highlighted by staff regarding their adoption of the approach. Consideration of care staff's experiences and perspective could enable future Intensive Interaction interventions to be more successfully planned and supported.	Journal Article		<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
David Yeomans	Shubulade Smith, David Yeomans, Chris J P Bushe, Cecilia Eriksson, Tom Harrison, Rbert Holmes, Laurence Mynors-Wallis, Healen Oatway and Gary Sullivan.	Dec-07	A well-being programme in severe mental illness. Baseline findings in a UK cohort	International Journal of Clinical Practice, December 2007, vol./is. 61/12(1971-1978), 1368-5031;1742-1241 (December 2007)	English	Introduction: Patients with severe mental illness (SMI) have higher rates of cardiovascular disease (CVD) morbidity and mortality than the general population. In the UK, data were limited regarding the known prevalence of physical health screening of SMI patients. Aims: A total of 966 patients with SMI from seven geographically varied regions in the UK agreed to participate in a 2-year nurse-led intervention (Well-being Support Programme), designed to improve their overall physical health by providing basic physical health checks, health promotion advice, weight management and physical activity groups in secondary care. Results: At baseline, only 31% of participants had undergone a recent physical health check. There were high rates of obesity (BMI > 30 in 49%), glucose abnormalities (12.4%), hypertension/prehypertension (50%), hyperlipidaemia (71%), poor diet (32%), low exercise levels (37.4%) and smoking (50%). Conclusions: Patients with SMI where healthcare professionals have concerns regarding their physical health, have potentially modifiable risk factors for CVD, which remain undiagnosed. Programmes designed to address the physical health problems in SMI need to be implemented and evaluated in this already marginalised group of people. 2007 The Authors.	Journal Article	EMBASE	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>

Duncan Raistrick	Kim Wolff (editor), Duncan Raistrick, Nick Lintzeris and Joanna Banbery.	Dec-07	Addiction medicine.	Drug abuse handbook (2nd ed.), 2007(559-595) (2007)	English	(from the chapter) Substance misuse is often considered to be an unpopular subject with many doctors, partly because of the frequent relapse experienced by addicts and partly because of the behavioral problems that can occur when drug users interact with substance misuse treatment services. Many clinical drug treatment services are dominated by the prescribing of methadone to those dependent on heroin (diacetylmorphine). Methadone maintenance treatment (MMT) has been the most rapidly expanded treatment for heroin dependence over the last 30 years with increasingly large numbers of countries providing such treatment for extensive treatment populations. Even more recently buprenorphine, a partial agonist, has been introduced into drug treatment services and has provided an alternative to methadone. Many doctors involved with addiction problems will see themselves as having only a prescribing role whereas specialists in the field will, in addition, require a repertoire of psychotherapy skills. Prescribing for patients who may have a dependence on a number of drugs, who may wish to conceal the extent of their substance use, and who may have a marked tolerance to some classes of drug is discussed in order to help inform the practitioner. This chapter is divided into six sections, mainly intended to provide an overview for the nonspecialist. The first section explains the psychology of addiction, as opposed to the neurochemistry of addiction discussed in Chapter 6. Overviews are provided of substitute prescribing, an increasingly accepted practice. Considerable discussion is devoted to the identification and management of withdrawal syndromes, whether sedative or stimulant. The final section briefly discusses toxicological testing, primarily for the purpose of assessing compliance. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.
Tariq Mahmood	Joseph I Tracy, Cynthia Lippincott, Tariq Mahmood, Brigid Waldron, Kevin Kanauss, David Glosser and Michael R Sperling	Dec-07	Are depression and cognitive performance related in temporal lobe epilepsy?	Epilepsia, December 2007, vol./is. 48/12(2327-2335), 0013-9580;1528-1167 (Dec 2007)	English	Purpose: The degree to which depression interacts with the cognitive deficits of epilepsy to alter cognitive skill and general functioning is unknown. Depression has significant negative effects on adaptive functioning including cognitive skills. Temporal lobe epilepsy (TLE) patients are known to possess cognitive dysfunction. Thus, TLE patients who are depressed may suffer a double burden of cognitive deficits. Methods: We examined whether depressed patients show increased cognitive deficits relative to nondepressed TLE patients (n = 59). We then sought to determine if this effect varied for left versus right TLE patients utilizing preoperative depression and neuropsychological data. To accurately study the lateralization of any observed effects, we selected only patients with definitive evidence of unilateral pathology and seizure focus and utilized a two-year seizure-free postsurgical outcome to capture this. Results: The data suggested that cognitive performance was not related to depression, and that depression did not reliably mediate the cognitive presentation of either our left or right TL patients. The notion of a double burden on cognition did not receive support from our data. The data did produce the expected advantage on verbal memory measures for right TLE patients. Conclusions: The reasons for the limited statistical effects are discussed and issues in unraveling the causal relationships between depression, cognition, and TLE are considered. We discussed the potential role depression may play in the cognitive skills of TLE patients, but the major implication is that depression and neurocognitive performance appear to bear a limited relationship in the context of TLE. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Gillian Tober	Steve Lui, Mishka Terplan and Gillian Tober	Dec-07	Review of Psychosocial interventions for women enrolled in alcohol treatment during pregnancy	Cochrane Database of Systematic Reviews, 2007, vol./is. /4, 1469-493X (2007)	English	This is the protocol for a review and there is no abstract. The objectives are as follows:  This review will examine all randomised controlled trials which determine the effectiveness of psychosocial interventions in pregnant women who are enrolled in alcohol treatment programmes when compared to other psychosocial interventions, placebo, non-intervention, pharmacological treatment and pharmacological treatment in association with psychosocial treatment on improving birth and neonatal outcomes as well as maternal and neonatal alcohol abstinence and on treatment retention and alcohol reduction.	Journal Review	EMBASE	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Gillian Tober and Duncan Raistrick	Gillian Tober and Duncan Raistrick	Dec-07	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice.	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007 (2007)	English	(from the book) Motivational Dialogue explores the application of motivational interviewing in various contexts, with a view to enhancing understanding and improving practice. The book describes the research and practice of motivational interviewing as a stand alone intervention, as an adjunct to further treatment, and as a style of delivery of social and behavioural interventions. The contributors draw on their expertise and experience as researchers, teachers and practitioners to encourage the reader to appreciate the broad applicability of motivational dialogue. The book is divided into 5 sections, which cover: reflections and a model; the evidence base; learning and practice; four studies of motivational therapy in practice; and, motivational dialogue and stepped care. Motivational Dialogue will be of great interest to psychiatrists, clinical psychologists and anyone in the social and health care professions who is involved in assisting people to challenge addictive behaviours. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.
Gillian Tober	Gillian Tober.	Dec-07	Motivational enhancement therapy in the UK Alcohol Treatment Trial.	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(163-173) (2007)	English	(create) Growing numbers of practitioners in the UK who offer treatment to people with alcohol, drug and smoking dependence and related disorders have been trained to deliver motivational interviewing as a treatment. Motivational interviewing grew in popularity for a number of reasons: it was consistent in principle with the 'person-centered' style of counseling taught on many British counseling courses, it suited the more liberal approach to client self-determination of goals that had become standard practice with the widespread acceptance of controlled drinking and harm reduction as legitimate aims of treatment and, probably more universally, it relieved practitioners of the frequently experienced problem of getting into conflict with clients over drinking or drug using self-report and intention to change which, as described in Chapter 1, is likely to be the product of a more confrontational approach. However, by the 1990s there was still no study demonstrating the quality and outcome of motivational interviewing practice in the UK compared to other approaches. This chapter begins by looking at the evidence base in the UK. It then discusses training staff to practice Motivational Enhancement Therapy (MET). The remainder of this chapter deals with training for the MET arm of the UK Alcohol Treatment Trial. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.

Duncan Raistrick	Duncan Raistrick.	Dec-07	Motivation and barriers to change.	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(16-33) (2007)	English	(from the chapter) This chapter is concerned with understanding possible limitations to motivational therapies and indeed motivational dialogue in general. The results of motivational interviewing studies have been mixed which is an indication of the complexity of interactions involved in building motivation and progressing to actual behaviour change (see Chapter 3) but also a caution that motivational therapies have their limitations. In a systematic review of 29 studies using motivational interviewing for the treatment of a variety of conditions, Dunn et al. (2001) found that three-quarters of the substance misuse studies had significant effect sizes, ranging from 0.30 to 0.95; treatments directed at weight reduction were most effective while those for smoking cessation were least effective. In the detail of some of these studies there is evidence that people not yet ready to change and those with a moderate severity of dependence benefit most from motivational interventions. It makes sense that people who are severely dependent on a substance may need more than motivation in order to change and that those who are already motivated do not need motivational therapies at all. This is the starting point for this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.
Gillian Tober	Susi Harris and Gillian Tober	Dec-07	Motivational enhancement therapy for smoking cessation in primary care: A case study.	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(174-183) (2007)	English	(from the chapter) Motivational interviewing has been practised in the UK primary care setting over many years; a popular intervention because it enables the primary care doctor to address questions of behaviour change in a nonconfrontational manner, exploring the reasons for change, eliciting and exploring concerns with the aim of creating a desire to change based upon confidence and optimism in its results. It departs from the practice of persuading the patient of the benefits of and need to change and has been applied to problems that require behavioural change in order to bring about improvements in health. Smoking cessation interventions in the primary care and specialist setting in the UK have been based primarily upon motivational interviewing and behavioural interventions. Effects found in two studies (Butler et al. 1999; Colby et al. 1998) have been described as 'small but significant' and 'encouraging' (Dunn et al. 2001). In this chapter we document a single session, part of a three session structured Motivational Enhancement Therapy (MET) delivered by a primary care doctor to a patient for smoking cessation. This session follows the protocol for MET as delivered in the UK Alcohol Treatment Trial and described in Chapter 10. The transcript is a verbatim account derived from a video-recorded session and the patient gave written informed consent for use of the video content as a contribution to this book. In the transcript, T denotes the therapist, in this case a primary care physician and P is the patient. The doctor begins with a summary of the current situation and the patient's previously completed decisional balance (describing the pros and cons of smoking). The commentary and description is provided at the end of the transcript of the dialogue, in order to avoid breaking up the flow. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.
Gillian Tober and Duncan Raistrick	Gillian Tober and Duncan Raistrick	Dec-07	Motivational dialogue 1--Core interventions.	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(187-209) (2007)	English	(from the chapter) In this chapter we propose a protocol for integrating motivational dialogue into routine treatment of alcohol and drug dependence using a stepped care approach. In earlier chapters we have explored the evidence for using a motivational style of counselling problem drinkers as compared with a confrontational approach (see Chapter 1) and with a non-directive approach (see Chapter 8). In Chapter 5, Kadden and colleagues reviewed the evidence for using motivational interviewing as a stand-alone treatment with different substance problems in different permutations and as a treatment combined with other treatments. In this chapter we suggest a further integration whereby all interventions are delivered using a stepped care framework starting with assessment and simple advice and working up through increasingly intensive interventions. The point of this book, and the two final chapters in particular, is to demonstrate the potential benefits and the feasibility of delivering all these interventions in the style of motivational dialogue. It is a way of putting together all the evidence we have assembled into a logical interpretation and then into practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.
Gillian Tober and Duncan Raistrick	Gillian Tober and Duncan Raistrick	Dec-07	Motivational dialogue 2--Special treatment situations.	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(210-226) (2007)	English	(create) This chapter follows from Chapter 12; the reader will benefit from reading Chapter 12 before tackling this one. Here we are going to illustrate motivational dialogue applied to three particular treatment situations that commonly arise within the context of core stepped care interventions as described in the previous chapter: Prescribing; Investigations; and, Comorbidity. Case examples are provided throughout this chapter. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.
Gillian Tober and Duncan Raistrick	Gillian Tober, Duncan Raistrick and Belinda Scrivings.	Dec-07	What is motivational dialogue?	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(3-15) (2007)	English	(create) This chapter begins by providing an introduction to the book. It then makes some terminological considerations. A brief and selective history of motivational interviewing is presented to highlight the simple, first and central principles of the approach, which have been elaborated over the years into a complex web of strategies, tactics, micro-skills, clinical principles, and numerous definitions of sub categories of each of these. The chapter then discusses the scope of the book. It also includes an account of the everyday use of motivational dialogue which illustrates our point about its utility in day-to-day interactions. An example is given by a primary care physician, who attended training in motivational interviewing and decided to see what would come of a little homework. She applied what she had learned to a domestic situation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.

Duncan Raistrick and Gillian Tober	Ian Russell, Duncan Raistrick and Gillian Tober.	Dec-07	Towards evidence-based practice through pragmatic trials: Challenges in research and implementation.	Motivational dialogue: Preparing addiction professionals for motivational interviewing practice., 2007(55-68) (2007)	English	(from the chapter) Why has it proved difficult to find the best psychological treatment for substance misuse problems or dependence? Project MATCH and the UK Alcohol Treatment Trial are examples of large studies which found close similarity between different treatments. These findings were not entirely unexpected since researchers are bound to compare the most promising treatments available to them. Moreover the outcomes of psychological interventions are influenced by the therapeutic alliance between therapist and client as well as by the intrinsic effectiveness of those interventions. In the face of these challenges there is concern that previous policy and purchasing decisions for substance misuse treatment have been based upon sub-optimal research designs. This chapter discusses the methodological issues behind the choice of research design in this field. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.
Barry Wright	Barry Wright and Chris Williams.	Nov-07	Intervention and support for parents and carers of children and young people on the autism spectrum: A resource for trainers.	Child and Adolescent Mental Health, Nov 2008, vol. 13, no. 4, p. 210., 1475-357X (Nov 2008)	English	The needs of parents and carers of children on the autism spectrum are not met by conventional parenting strategies. This resource for trainers and facilitators offers the best available knowledge and theories to help them develop an understanding of how their child perceives the world and ultimately improve their family life.  The manual is divided into ten sessions that introduce a topic related to autism and Asperger Syndrome, for example, 'mindblindness' and the social world, and strategies to manage individual behaviour. During each session parents are introduced to a new topic and are invited to participate in exercises and group discussions that serve to reinforce the key messages discussed earlier. Each session closes with recommended reading and 'homework'.  This manual is a valuable resource for professionals working with parents of children and young people with autism and Asperger Syndrome and is an effective complement to How to Live with Autism and Asperger Syndrome: Practical Strategies for Parents and Professionals published by Jessica Kingsley Publishers, which is referenced throughout the resource.	Book Author	PsycINFO	Book available for purchase.
David Yeomans	Shubulade Smith, David Yeomans, Chris J P Bushe, Cecilia Eriksson, Tom Harrison, Rbert Holmes, Laurence Mynors-Wallis, Healen Oatway and Gary Sullivan.	Oct-07	A well-being programme in severe mental illness. Reducing risk for physical ill-health: A post-programme service evaluation at 2 years.	European Psychiatry, October 2007, vol./is. 22/7(413-418), 0924-9338 (Oct 2007)	English	Introduction: Cardiovascular disease is more prevalent in patients with severe mental illness (SMI) than in the general population. Method: Seven geographically diverse centres were assigned a nurse to monitor the physical health of SMI patients in secondary care over a 2-year period in the "Well-being Support Programme" (WSP). A physical health screen was performed and patients were given individual weight and lifestyle advice including smoking cessation to reduce cardiovascular risk. Results: Nine hundred and sixty-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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	Samantha Scholtz, Louise Bidlake, John F Morgan, Alberic Fiennes, Ashraf El-Etar, Hubert John Lacey and Sara McCluskey.	Sep-07	Long-term outcomes following laparoscopic adjustable gastric banding: Postoperative psychological sequelae predict outcome at 5-year follow-up	Obesity Surgery, September 2007, vol./is. 17/9(1220-1225), 0960-8923 (September 2007)	English	Background: NICE guidelines state that patients with psychological contra-indications should not be considered for bariatric surgery, including Laparoscopic Adjustable Gastric Banding (LAGB) surgery as treatment of morbid obesity, although no consistent correlation between psychiatric illness and long-term outcome in LAGB has been established. This is to our knowledge the first study to evaluate long-term outcomes in LAGB for a full range of DSM-IV defined psychiatric and eating disorders, and forms part of a research portfolio developed by the authors aimed at defining psychological predictors of bariatric surgery in the short-, medium- and long-term<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 outcome and those considered to have a good outcome in terms of psychiatric profile. Results: In this group of mainly female, Caucasian subjects, ranging in age from 27 to 60 years, one-third were diagnosed with a mental disorder according to DSM-IV criteria. The development of postoperative DSM-IV defined binge eating disorder (BED) or depression strongly predicted poor surgical outcome, but pre-surgical psychiatric factors alone did not. Conclusion: Although pre-surgical psychiatric assessment alone cannot predict outcome, an absence of preoperative psychiatric illness should not reassure surgeons who should be mindful of postoperative psychiatric sequelae, particularly BED. The importance of providing an integrated biopsychosocial model of care in bariatric teams is highlighted. 2007 Springer Science + Business Media B.V.	Journal Article	EMBASE	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Duncan Raistrick and Gillian Tober	Duncan Raistrick, Gillian Tober, Nick Heatherward and Jennifer A Clark	Sep-07	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)	English	Aims and Method: To develop a scale to measure social satisfaction in people with substance use disorders and to test its psychometric properties. The rationale is that social satisfaction is more universal and relevant to treatment planning than assessing social problems. The new Social Satisfaction Questionnaire (SSQ) was derived from an existing social problems questionnaire and validation was undertaken on two large clinic populations. Results: An eight-item SSQ was tested and found to have good psychometric properties in terms of test-retest reliability, internal consistency, distribution of responses and concurrent validity. Clinical Implications: The SSQ is suitable for use as the social domain element of an outcome measures package. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>

David Yeomans	David Yeomans.	Jul-07	Take your partners please. Invited commentary on: Partnership working	Advances in Psychiatric Treatment, July 2007, vol./is. 13/4(272-275), 1355-5146 (July 2007)	English	Partnership working with the voluntary sector is developing across mental health services. Such partnerships have the support of the Royal College of Psychiatrists and the Department of Health. Setting up a partnership requires enthusiastic psychiatrists who are willing to work in new ways. These psychiatrists will face issues of personal and clinical responsibility, confidentiality and fairness. They will also have to deal with continuing changes that could unsettle a new and developing 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.	Article	EMBASE	<a href="#">Available from BJPsych Advances (apt.rcpsych.org)</a>
Tom Isherwood	Tom Isherwood, Mick Burns, Mark Naylor and Stephen Read	Jun-07	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(221-234), 1478-9949;1478-9957 (Jun 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 offending is understood through both nomothetic and idiographic research paradigms. Findings such as these are useful when considering prevention and intervention. IPA was a constructive tool with which to explore these issues with men with learning disabilities. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Duncan Raistrick	Duncan Raistrick.	May-07	Review of Cognition + addiction.	The British Journal of Psychiatry, May 2007, vol./is. 190/(453), 0007-1250;1472-1465 (May 2007)	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 behavior, of which social learning theory is a prime example, fail to take account of automatic cognitions and, therefore, fail to account adequately for relapse situations. The essential proposition running throughout the book is that psychological theories of addiction need to take account of automatic cognitive processes, that is processes that are both uncontrollable and mainly unconscious. If there is a weakness, it is that the clinician will be left uncertain of the implications for day-to-day practice. The authors of the final chapters make a good attempt at answering this but, in truth, the point of the book is as much about laying down a challenge for practitioners as providing answers. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from BJPsych (bjp.rcpsych.org)</a>
Barry Wright	David Goodall, Ana Soria, Julie C Wilson and Barry Wright.	Mar-07	Data processing in metabolic fingerprinting by CE-UV: Application to urine samples from autistics children	Electrophoresis, March 2007, vol./is. 28/6(950-964), 0173-0835;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 nontargeted 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 and Co. KGaA, Weinheim.	Journal Article	EMBASE	<a href="#">Available from University of York (https://pure.york.ac.uk)</a>
John F Morgan	Patricia Marsden, Efthalia Karagianni and John F Morgan.	Jan-07	Spirituality and clinical care in eating disorders: A qualitative study.	International Journal of Eating Disorders, January 2007, vol./is. 40/1(7-12), 0276-3478;1098-108X (Jan 2007)	English	Objective: Historical and contemporary research has posited links between eating disorders and religious asceticism. This study aimed to examine relationships between eating disorders, religion, and treatment. Method: Qualitative study using purposeful sampling, applying audiotaped 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. Appetitive control held moral connotations. Negative self-image was common, based more on sin than body-image. Medical treatment could be seen as salvation, with religious conversion manifesting a quest for healing, but treatment failure threatened faith. Beliefs matured during treatment, with prayer, providing a healing relationship. Conclusion: Religious beliefs 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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Gillian Tober and Duncan Raistrick	Gillian Tober and Duncan Raistrick	Jan-07	Psychosocial interventions	Psychiatry, January 2007, vol./is. 6/1(1-4), 1476-1793 (January 2007)	English	There is strong evidence for the effectiveness of psychosocial treatments for addiction disorders and it follows that psychiatrists should ensure competence to deliver these treatments as part of their repertoire of knowledge and skills. Specific protocol-based structured treatments have been demonstrated to be delivered effectively by therapists from across the spectrum of disciplines, including psychiatry. Many service users move out of problem substance use without recourse to professional help. For help-seekers, the specific intervention delivered is important, but equally important are therapist characteristics, social stability, psychological morbidity and the occurrence of positive life events after treatment. This contribution reviews the evidence base for some psychosocial interventions suitable for use by psychiatrists. The evidence supports the use of motivational, coping and social network therapies. Different treatments are likely to be most beneficial at different stages in the process of change - the nature of the interventions and when to use them are both covered here. Finally, there is some discussion of what constitutes effective therapy and how outcomes might be measured. It is concluded that psychosocial interventions should be the basis of bringing about change in substance use behaviour and that these may be enhanced by pharmacotherapies. 2006.	Journal: Review	EMBASE	<a href="#">Available from Science Direct (www.sciencedirect.com)</a>

Duncan Raistrick	Duncan Raistrick, Nick Heather and Christine Godfrey	Dec-06	Review of the effectiveness of treatment for alcohol problems,		English	<p>The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England.</p> <p>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.</p> <p>The overall purpose of the NTA is to:</p> <ul style="list-style-type: none"> <li>• Double the number of people in effective, well-managed treatment between 1998 and 2008</li> <li>• Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.</li> </ul> <p>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).</p>	Critical appraisal		<a href="http://www.nta.nhs.uk">Available from National Treatment Agency (www.nta.nhs.uk)</a>
Sumir Punnoose	Sumir Punnoose and Madhvi R Belgamwar.	Dec-06	Nicotine for schizophrenia.	Cochrane Database of Systematic Reviews, 2006, vol./is. /1(CD004838), 1361-6137;1469-493X (2006)	English	<p>BACKGROUND: The proportion of people with schizophrenia who smoke is very high, and as a rule, they tend to be heavier smokers when compared to the general population and those with other psychiatric disorders. Nicotine, the psychoactive component in tobacco, is thought to produce psychological effects that help to alleviate psychotic symptoms. OBJECTIVES: To examine the effects of nicotine and related products in the treatment of schizophrenia. SEARCH STRATEGY: We electronically searched the Cochrane Schizophrenia Group's Register (April 2005), supplemented with manually inspecting references of all identified studies and by contacting authors of studies where required. SELECTION CRITERIA: We included all randomised clinical trials comparing nicotine or related products as a sole or adjunctive treatment for people with schizophrenia or other similar serious, non-affective psychotic illness. DATA COLLECTION AND ANALYSIS: Citations and, where possible, abstracts were independently inspected by reviewers and the papers ordered were scrutinised and quality assessed. We extracted and evaluated data independently and analysed on an intention to treat basis. We would have calculated fixed effect relative risk (RR), number needed to treat/harm (NNT/H) and their 95% confidence intervals (CI) for binary outcomes and for continuous non-skewed data we would have calculated weighted mean differences. We would have excluded data if loss to follow-up had been greater than 50% and inspected the data for heterogeneity. MAIN RESULTS: We did not find any trials that met the inclusion criteria. AUTHORS' CONCLUSIONS: There ought to be further research of nicotine for schizophrenia by parallel group design randomised controlled trials investigating the effects of nicotine on symptoms of schizophrenia as well as on side effects of antipsychotic drugs. We further note that authors and journals should conform to the CONSORT guidelines when publishing the research articles, especially when disclosing all the data available from a particular study.</p>	Journal article, review	MEDLINE	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Tariq Mahmood	Sigmund Jenssen, Edward Gracely, Tariq Mahmood, Joseph I Tracy and Michael R Sperling	Dec-06	Subjective somnolence relates mainly to depression among patients in a tertiary care epilepsy center.	Epilepsy and Behavior, December 2006, vol./is. 9/4(632-635), 1525-5050 (Dec 2006)	English	<p>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 prominent and that it relates mainly to depression, less to obstructive sleep apnea, and not to the other variables. Further investigation is needed into the relationship between depression and subjective somnolence in patients with epilepsy. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Barry Wright	Kate Nation, Paula Clarke, Barry Wright and Christine Williams	Oct-06	Patterns of Reading Ability in Children with Autism Spectrum Disorder.	Journal of Autism and Developmental Disorders, October 2006, vol./is. 36/7(911-919), 0162-3257;1573-3432 (Oct 2006)	English	<p>This study investigated reading skills in 41 children with autism spectrum disorder. Four components of reading skill were assessed: word recognition, nonword decoding, text reading accuracy and text comprehension. Overall, levels of word and nonword reading and text reading accuracy fell within average range although reading comprehension was impaired. However, there was considerable variability across the sample with performance on most tests ranging from floor to ceiling levels. Some children read accurately but showed very poor comprehension, consistent with a hyperlexia reading profile; some children were poor at reading words and nonwords whereas others were unable to decode nonwords, despite a reasonable level of word reading skill. These findings demonstrate the heterogeneous nature of reading skills in children with ASD. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Peter Trigwell	Joyce E Reed and Peter Trigwell	Oct-06	Treatments recommended by health shops for symptoms of depression.	Psychiatric Bulletin, October 2006, vol./is. 30/10(365-368), 0955-6036;1472-1473 (Oct 2006)	English	<p>Aims and Method: We assessed the appropriateness of treatments recommended by health shop staff for symptoms of mild-to-moderate depression using participant observation with ten members of staff from ten different health shops selling herbal medicinal preparations. Results: A wide range of treatment options were suggested by health shop staff when presented with common symptoms of depression. The majority have no firm evidence base, with the exception of St John's wort (<i>Hypericum perforatum</i>). Clinical Implications: Most alternative treatments recommended by health shops for the treatment of depression have a poor evidence base. Implications for training and communication between agencies are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>

John F Morgan	Helen C Murphy and John F Morgan.	Sep-06	Society's advice on low weight and IVF was ignored by media [9]	British Medical Journal, September 2006, vol./is. 333/7569(654), 0959-8146 (23 Sep 2006)	English	In his report on the guidance issued by the British Fertility Society, O'Dowd says that the society recommended obese women should be denied fertility treatment.1 In this, he shows the same bias as much of the rest of the media. The guidance issued by the BFS actually states that women at both extremes of weight (BMI < 19 or > 29) should be referred for dietetic advice, warned of pregnancy risks and, if appropriate, provided with access to further interventions including psychological ...	Journal: Letter	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	John F Morgan, Hubert John Lacey and Elaine Chung.	May-06	Risk of Postnatal Depression, Miscarriage, and Preterm Birth in Bulimia Nervosa: Retrospective Controlled Study.	Psychosomatic Medicine, May 2006, vol./is. 68/3(487-492), 0033-3174;1534-7796 (May-Jun 2006)	English	Objective: Bulimia nervosa is common and treatable. An association between bulimia and obstetric complications has been suggested, but sample size and absence of control have limited previous studies. Our aim was to determine if active bulimia nervosa affects obstetric outcome. Methods: This was a retrospective case-control comparison of obstetric complications in primigravidae previously treated for bulimia in a specialist eating disorder service. A cohort of 122 women with active bulimia during pregnancy was contrasted against 82 with quiescent bulimia, using structured interviews comprising the Eating Disorders Examination, Structured Clinical Interview for DSM-III-R, and systematic questions addressing obstetric complications. Results: Odds ratios (ORs) for postnatal depression, miscarriage, and preterm delivery were 2.8 (95% confidence interval [CI], 1.2-6.2), 2.6 (95% CI, 1.2-5.6) and 3.3 (95% CI, 1.3-8.8) respectively. Risk of unplanned pregnancy was markedly elevated (OR, 30.0; 95% CI, 12.8-68.7). Risk estimates were not explained by differences in adiposity, demographics, alcohol/substance/laxative misuse, smoking, or year of birth, but relative contributions of bulimic behaviors were not discerned. Conclusions: Active bulimia during pregnancy is associated with postnatal depression, miscarriage, and preterm delivery. Bulimia may be a treatable cause of adverse obstetric outcome. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Tom Isherwood	Tom Isherwood, Mick Burns and Giles Rigby	Apr-06	A qualitative analysis of the 'management of schizophrenia' within a medium-secure service for men with learning disabilities.	Journal of Psychiatric and Mental Health Nursing, April 2006, vol./is. 13/2(148-156), 1351-0126;1365-2850 (Apr 2006)	English	Within secure psychiatric services, nurses trained to work with people with learning disabilities are often called upon to deal with those experiencing psychosis; a role that they are not routinely prepared for in generic learning disability nurse training. Psycho-social interventions (PSI) are recommended as an adjunct to routine pharmacological treatment for people experiencing psychosis. There is a small literature that suggests that PSI has utility with people with learning disabilities. As part of a wider evaluation of the introduction of a PSI framework to a 10-bedded medium-secure unit for men with learning disabilities and mental health problems, 13 members of nursing staff completed the 'Management of Schizophrenic Patients Checklist'. The responses were analysed using a grounded theory approach. Principle themes identified are described. The therapy vs. security quandary frequently reported in forensic psychiatry was evident in responses. The findings are guiding a programme of training and ongoing supervision within the service and are discussed in the context of wider therapeutic issues and institutional environment. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Barry Wright	Bernadette Ashby, Barry Wright and Jo Jordan.	Feb-06	Chronic Fatigue Syndrome: An Evaluation of a Community Based Management Programme for Adolescents and their Families.	Child and Adolescent Mental Health, February 2006, vol./is. 11/1(13-18), 1475-357X;1475-3588 (Feb 2006)	English	Background: Young people with chronic fatigue syndrome (CFS), families and clinicians may differ in their attributions about CFS and consequently in their approach to treatment. Research that clarifies the best treatment approaches is clearly needed. We have sought to develop a model that engages young people and their families in a collaborative way. The approach adopts an optimistic and holistic stance using an active rehabilitation model paying attention to the integrated nature of the physiological and psychological aspects of the illness. Method: This small study set out to evaluate this approach from a service user perspective. Semistructured interviews were carried out with young people and their parents separately in order to elicit their views on key treatment elements and their perceived degree of recovery. Results: Improvements are indicated in all key areas addressed and qualitative information suggests that families value this approach. Conclusion: Further research is needed to address treatment issues for families who choose not to opt into the service model. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Duncan Raistrick, David West, Olwyn Finnegan, Gill Thistlethwaite, Roger Brearley and Jo Banbery	Dec-05	A comparison of buprenorphine and lofexidine for community opiate detoxification: Results from a randomized controlled trial.	Addiction, December 2005, vol./is. 100/12(1860-1867), 0965-2140;1360-0443 (Dec 2005)	English	Objective: To investigate whether a buprenorphine opiate detoxification regimen can be considered to be at least as clinically effective as a 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; 271 individuals who opted not to be allocated randomly and instead chose one of the two treatments produced similar results. Conclusions: Buprenorphine is at least as effective as lofexidine detoxification treatment. Whether or not individuals were randomized to, or chose, a treatment appeared not to affect the study's outcome. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

John Holmes	A M Winrow and John Holmes.	Dec-05	Old age medical patients screening positive for depression	Irish Journal of Psychological Medicine, December 2005, vol./is. 22/4(124-127), 0790-9667;0790-9667 (December 2005)	English	Objective: The aim was to observe whether medical inpatients screening positive for depression using the Geriatric Depression Scale (GDS) continue to screen positive following hospital discharge. Method: Participants aged 65 or over, were recruited from consecutive admissions to a city teaching hospital. Subjects had an Abbreviated Mental Test Score (AMTS) of seven or above and a GDS-15 score of five or above. Information was collected on past psychiatric history and living arrangements. Subjects were followed-up three months later and the GDS repeated. Results: Thirty subjects were recruited and 26 (87%) followed-up. Ten (38%) no longer scored positive on the GDS, and overall the mean GDS score decreased by two points ( $Z = 2.235$ $p < 0.05$ ). Patients with a past psychiatric history or living alone were more likely to be depressed at follow-up. No participants were referred to the psychiatric service or started on antidepressant medication during the course of the study. Conclusion: Depressive symptoms are likely to persist following hospital discharge, especially in those patients with a past psychiatric history. An understanding of the risk factors associated with persistent depressive symptoms is necessary if the patients appropriate for treatment are to be identified.	Journal Article	EMBASE	<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
Duncan Raistrick	Kim Wolff, Annabel Boys, Amin Rostami-Hodjegan, Alastair W M Hay and Duncan Raistrick	Nov-05	Changes to methadone clearance during pregnancy	European Journal of Clinical Pharmacology, November 2005, vol./is. 61/10(763-768), 0031-6970 (November 2005)	English	Objective: Measurement of plasma methadone concentration to investigate the rate of clearance of methadone prescribed for heroin dependence in the first, second and third trimesters of pregnancy. A secondary objective was to evaluate the outcome of pregnancy. Methods: Longitudinal within subject study of nine pregnant opioid dependent subjects prescribed methadone at the Leeds Addiction Unit, an outpatient community based treatment centre. Plasma concentration versus time data for methadone was collected during each trimester and post-partum for our subjects. Data was available for the first and second trimesters for 4/9 cases. All but one of the subjects provided data during the third trimester and data post-partum was collected from three respondents. Measurements of methadone levels in plasma were carried out using high performance liquid chromatography (HPLC). Results: Trough mean plasma methadone concentrations reduced as the pregnancies progressed from 0.12 mg/L (first trimester) to 0.07 mg/L (third trimester). The weight-adjusted clearance rates gradually increased from a mean of 0.17 to 0.21 L/hr/kg during pregnancy, although patterns differed substantially between the nine women. An assessment of relative clearance of methadone using two patients for whom we have had all three CL values (trimester 1-3) demonstrated notable change of CL ( $P=0.056$ ) over time. Eight of our subjects delivered (3 males), within two weeks of their due date the ninth (male) was premature (21 days). The mean length of gestation was 39.7 weeks ( $SD=10$ days) and none of the neonates met criterion for 'low birth weight' mean 3094, $SD$ 368 g). Five neonates spent time (0.5-28 days) in a special care baby unit (SCUBU) and 4 of these displayed signs of methadone withdrawal. Conclusions: General Practitioners and hospital doctors should recognise the significant benefits of prescribing methadone for heroin-dependent women during pregnancy. We recommend that if a pregnant opioid user complains of methadone withdrawal symptoms (i.e. that the methadone dose does not "hold" them) the prescribing clinician takes this observation seriously and considers a more detailed assessment. Further work on key factors undergoing changes during pregnancy accounting for differences in methadone metabolism in the mother, fetus and neonate are required. Springer-Verlag 2005.	Journal Article	EMBASE	<a href="http://link.springer.com">Available from Springer Link (link.springer.com)</a>
John Holmes and Carol Martin	Kris Atkin, John Holmes and Carol Martin	Nov-05	Provision of care for older people with co-morbid mental illness in general hospitals: General nurses' perceptions of their training needs.	International Journal of Geriatric Psychiatry, November 2005, vol./is. 20/11(1081-1083), 0885-6230;1099-1166 (Nov 2005)	English	Introduction: There are high levels of co-morbid mental illness amongst older people in general hospitals; this study explored the training needs of general nurses to care for this group. Method: Focus groups with general nurses were analysed using framework analysis. Findings and Conclusion: Nurses wanted training, but did not believe that training alone was sufficient to improve care, expressing that more integrated working between acute and mental health services was also needed. Liaison mental health services provide a way to deliver both training and a more integrated service. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
David Yeomans	Leslie Citrome and David Yeomans	Nov-05	Do guidelines for severe mental illness promote physical health and well-being?	Journal of Psychopharmacology, November 2005, vol./is. 19/6,Suppl(102-109), 0269-8811;1461-7285 (Nov 2005)	English	The effective management of individuals with severe mental illnesses (SMIs) requires an holistic approach that offers reliable symptom control, but also addresses other clinical, emotional and social needs. The physical health of individuals with an SMI is often poor, with many being overweight or obese, having hypertension, diabetes or dyslipidaemia, and at significant risk of developing cardiovascular disease or other comorbidities. We have recently reviewed current UK and US guidelines for the management of individuals with schizophrenia and bipolar disorder, and found very different approaches to the holistic care of people with SMIs, especially in relation to the management of physical health and cardiovascular risk. UK guidelines acknowledge the high risk of physical morbidity and mortality in individuals with an SMI, but fail to address in detail the specifics of physical health monitoring and lifestyle management. US guidelines are more descriptive in terms of the type and extent of monitoring recommended, but there are inconsistencies between the guidelines produced by different organizations, and studies in the field suggest that none of them is being adequately implemented. Clear and consistent recommendations on how and when to monitor weight, cardiovascular function, and metabolic parameters and, importantly, what to do with the results, would support clinicians wishing to integrate physical and mental healthcare. Publication of specific recommendations on evidence-based physical health interventions that can work for people with SMIs would also help primary care and mental health services improve general well-being in their patients with severe mental illnesses. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.semanticscholar.org">Available from Semantic Scholar (www.semanticscholar.org)</a>

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.	The British Journal of Psychiatry, November 2005, vol./is. 187/5(470-475), 0007-1250;1472-1465 (Nov 2005)	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'. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://bjp.rcpsych.org">Available from BJPsych (bjp.rcpsych.org)</a>
Gillian Tober	Gillian Tober, Christine Godfrey, Steve Parrott, Alex Copello, Amanda J Farrin, Ray Hodgson, Robert Kenyon, V Morton, Jim Orford, Ian Russell and Gary Slegg On behalf of the Ukatt Research Team	Oct-05	Setting standards for training and competence: The UK alcohol treatment trial.	Alcohol and Alcoholism, September 2005, vol./is. 40/5(413-418), 0735-0414;1464-3502 (Sep-Oct 2005)	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 practise one or other type of therapy. To ensure standardisation and consistent delivery of treatment in the trial, the trial training centre trained and supervised all therapists. Results: Of 76 therapists recruited and randomised, 72 commenced training and 52 achieved competence to practise in the trial. Length of prior experience did not predict completion of training. However, therapists with a university higher qualification, and medical practitioners compared to other professionals, were more likely to complete. The average number of clients needed to be treated before the trainee achieved competence was greater for MET than SENT, and there was a longer duration of training for MET. Conclusions: Training therapists of differing professional backgrounds, randomised to provide a specific therapy type, is feasible. Supervision after initial training is important, and adds to the training costs. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Duncan Raistrick	Duncan Raistrick.	Sep-05	The United Kingdom: Alcohol today.	Addiction, September 2005, vol./is. 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 industry from imposing limits on the availability of alcohol: treatment will be directed at binge drinking individuals. There are some 800 substance misuse treatment agencies in the United Kingdom, most of which are combined alcohol and illicit drug services. Performance management of these services against centrally set targets is omnipresent, as are the enforcement agencies: the Department of Health, the National Treatment Agency, Drug Action Teams, Strategic Health Authorities and the Government Office. Provider agencies experience scant opportunity for independent thought. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
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./is. 90/4(369-72), 0003-9888;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 term school non-attendance. Most reported studies are not randomised, are from a variety of different clinical settings, and show variable outcomes: 5-20% being seriously incapacitated in the longer term, with larger numbers having residual symptoms.	Clinical Trial, Comparative Study, Journal Article, Randomized Controlled Trial	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
Barry Wright	Barry Wright, Andrzej Mare Brzozowski, Elizabeth Calvert, Helen Farnworth, David M Goodall, Ian Holbrook, Gregg Imrie, Jo Jordan, Anne Kelly, Jeremy Miles, Rob Smith and Joel M Town.	Mar-05	Is the presence of urinary indolyl-3-acryloylglycine associated with autism spectrum disorder?	Developmental Medicine and Child Neurology, March 2005, vol./is. 47/3(190-192), 0012-1622;1469-8749 (Mar 2005)	English	To test whether the presence of indolyl-3-acryloylglycine (IAG) is associated with autism, we analyzed urine from population-based, blinded cohorts. All children in York, UK with autism spectrum disorders (ASDs), diagnosed using ICD-10 research diagnostic criteria, were invited to participate. Fifty-six children on the autism spectrum (mean age 9y 8mo, SD 3y 8mo; 79% male) agreed to participate, as did 155 children without ASDs (mean age 10y, SD 3y 2mo; 54% male) in mainstream and special schools (56 of whom were age-, sex-, and school-matched to children with ASDs). IAG was found at similar levels in the urine of all children, whether IAG concentrations or IAG:creatinine ratios were compared. There was no significant difference between the ASD and the comparison group, and no difference between children at mainstream schools and those at special schools. There is no association between presence of IAG in urine and autism; therefore, it is unlikely to be of help either diagnostically or as a basis for recommending therapeutic intervention with dietary manipulation. The significance of the presence of IAG in urine has yet to be determined. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>

Tariq Mahmood	Rob Waller, Tariq Mahmood, Robert Gandhi, Sally Delves, 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?	British Journal of Guidance and Counselling, February 2005, vol./is. 33/1(117-128), 0306-9885;1469-3534 (Feb 2005)	English	Student psychiatric morbidity is rising. Whilst the influence of university counselling services is widely reported, NHS involvement by psychiatrists and general practitioners is not so well described. Counselling and mental health service providers for students at the University of Leeds were approached for numerical data and a university Group on Student Mental Health discussed the findings. The Student Counselling Centre, the University Medical Practice and a dedicated student psychiatric clinic have all seen a rise in referral rates. The University Medical Practice has also seen a rise in the prescribing of psychoactive medication. Collaborative links at the University of Leeds are explored and options for the future discussed. These include self-help over the Internet, a research project to assess student mental health needs and the provision of a dedicated NHS psychiatric team for the university. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
John F Morgan	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	British Medical Journal, February 2005, vol./is. 330/7487(340-341), 0959-8146 (12 Feb 2005)	English	Management of conditions associated with intersex, such as congenital adrenal hyperplasia, is controversial. A recent editorial in the BMJ called for long term studies of outcome. Females (genotype XX) with congenital adrenal hyperplasia are born with ambiguous genitalia, have feminising genitoplasty soon after birth, and often have repeated genital surgery and genital examinations in adolescence. This has raised fears that the condition and its management adversely affect psychosexual development or psychosocial adjustment. The "serious deficiency of any evidence base" on long term outcome prompted us to investigate the hypothesis that psychiatric morbidity is increased and that social and psychological adjustment is impaired in women with congenital adrenal hyperplasia	Journal: Review	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
John F Morgan	A Poole, Ashraf Al Atar, Dammayanthi Kuhanendran, Louise Bidlake, Alberic Fiennes, Sara McCluskey, Stephen Nussey, Gal Bano and John F Morgan	Feb-05	Compliance with surgical after-care following bariatric surgery for morbid obesity: A retrospective study	Obesity Surgery, February 2005, vol./is. 15/2(261-265), 0960-8923 (February 2005)	English	Background: Non-compliant patients fail to match their behavior to the clinical prescription. Laparoscopic adjustable gastric banding requires strict compliance with surgical and dietary advice. Failure to attend follow-up appointments and the persistent consumption of calorie-dense liquid foods are associated with poor weight loss and postoperative complications. Prediction of "poor compliers" would enhance candidate selection and enable specific interventions to be targeted. Methods: 9 poor compliers were identified and compared with 9 fully compliant controls. Case-notes were analyzed retrospectively. Results: Cases were found to graze on foods and eat more in response to negative affects. They were reluctant to undergo psychiatric assessment, viewed the band as responsible for weight loss, and aroused caution in the psychiatric evaluator. Poor compliance was not associated with binge eating, purging, impulsivity or psychiatric illness. Conclusions: Unrealistic expectations and anxiety are known to predict non-adherence. Constant negative affects may be self-modulated by grazing. The results are explored in the context of Self-efficacy Theory, a socio-cognitive account of illness behavior. FD-Communications Inc.	Journal Article	EMBASE	<a href="http://link.springer.com">Available from Springer Link (link.springer.com)</a>
Louise Bergin	Louise Bergin and S Walsh.	Jan-05	The role of hope in psychotherapy with older adults.	Aging and Mental Health, January 2005, vol./is. 9/1(7-15), 1360-7863;1364-6915 (Jan 2005)	English	The positive impact of psychotherapy upon the mental health problems of older people is increasingly accepted. However little attention has been paid to the role of hope in working therapeutically with older adults. Three relevant bodies of literature, namely adult psychotherapy, hope in older adulthood, and coping with chronic and terminal illness, provide a starting point for examining the therapeutic uses of hope. However, it is argued that these literatures cannot provide a sufficiently comprehensive conceptualisation of hope in psychotherapy with elders. Firstly, it is considered that hope in therapy is directly affected by key experiences of ageing, namely: facing physical and/or cognitive deterioration and facing death. Also, these three bodies of literature have tended to dichotomise hope as either beneficial and adaptive or dysfunctional and maladaptive. A developmental perspective is used to critique this dichotomy and a clinical framework is provided which examines the role and utility of hope in older adult psychotherapy from a more integrated viewpoint embedded in the client's life history. The framework is comprised of three types of 'hope work': 'facilitating realistic hope,' 'the work of despair' and 'surviving not thriving'. Suggestions are made about how this work may be carried out and with whom. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Tariq Mahmood	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.	Journal of Psychopharmacology, January 2005, vol./is. 19/1(109-110), 0269-8811;1461-7285 (Jan 2005)	English	In patients with bipolar disorder whose first episode was mania, studies have reported that recurrences tend to begin with a manic episode (Perugi et al., 2000) and, conversely, in bipolar patients whose first episode was depressive, subsequent episodes are more likely to begin with depression (Turvey et al., 1999; Raymont et al., 2003). These patterns of polarity appear to carry prognostic significance because patients in whom illness progresses from mania to depression do better, and have a more satisfactory response to lithium prophylaxis, than those in whom the polarity sequence is the other way round (Kukopulos et al., 1980; Grof et al., 1987; Hagg et al., 1987; Maj et al., 1989; Faedda et al., 1991). As far as we can ascertain, there have been no published reports of studies designed to investigate whether patients whose first episode was manic differ in any biological way from those patients whose first episode was depressive. The authors examined this question in an investigation into the role of serotonin in the pathogenesis of bipolar disorder in patients with, or without, a predisposition to migraine (Mahmood et al., 2002). The Ss were 18 euthymic bipolar patients on maintenance treatment (9 whose first episode was manic and 9 whose first episode was depressive). (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Duncan Raistrick	Michael Farrell and Duncan Raistrick.	Dec-04	The coming of age of oral methadone maintenance treatment in the UK in the 1990s	Heroin Addiction and The British System Michael Gossop and John Strang Dec 2004, Chapter 9	English	Not available	Book chapter		Book available for purchase.

Tom Hughes	Tom Hughes, H F Ross, Richard Mindham and E G S Spokes.	Dec-04	Mortality in Parkinson's disease and its association with dementia and depression.	Acta Neurologica Scandinavica, August 2004, vol./is. 110/2(118-123), 0001-6314;1600-0404 (Aug 2004)	English	Objective: To compare the mortality rate in Parkinson's disease (PD) with a control group without PD, and to assess the relationship between mortality and features of PD. Material and methods: Ninety PD patients and 50 controls, mortality ascertained at 11 years follow-up. Results: The hazard ratio (HR) for mortality in PD patients compared with controls was 1.64 (95% CI: 1.21-2.23). Multivariate analysis showed age, dementia and depression were independent predictors of mortality but age at onset of PD and severity of neurological symptoms were not. The HR for age was 1.09 (95% CI: 1.05-1.13), for dementia 1.94 (95% CI: 1.26-2.99), and for depression 2.66 (95% CI: 1.59-4.44). Conclusion: Mortality in PD is increased compared with controls. Psychological variables are important predictors of mortality in PD. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)	Journal Article	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Gillian Tober and Duncan Raistrick	Gillian Tober and Duncan Raistrick	Dec-04	Commentary on Untreated heavy drinkers: A qualitative and quantitative study of dependence and readiness to change.	Addiction Research and Theory, April 2004, vol./is. 12/2(189-190), 1606-6359;1476-7392 (Apr 2004)	English	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) 2012 APA, all rights reserved)	Journal Review	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Gillian Tober	Gillian Tober.	Dec-04	The Society for the Study of Addiction (SSA).	Addiction, June 2004, vol./is. 99/6(677-685), 0965-2140;1360-0443 (Jun 2004)	English	The Society for the Study of Addiction (SSA) is a learned society which is a company limited by guarantee with charitable status, an independent organization promoting the cause of research, public policy and treatment of addiction. Founded in London in 1884 with the aim of promoting a research-based understanding of inebriety, it is the oldest society of its kind. The pursuit and enhancement of evidence-based policy and treatment informed its work in the early days and has remained its organizing principle throughout its history. Led initially by medical political interests, the Society has grown to encompass a broader disciplinary base, reflecting the expansion of interest in addiction from biological, psychological and social science into nursing, social work, probation, other arms of criminal justice work and voluntary sector professionals. Today its membership is made up of researchers, practitioners and policy makers from all these disciplines, the majority of whom reside and work in the United Kingdom; its international membership makes up nearly one-third of the total membership and there are current endeavours to expand collaboration with other national societies in the field. Its activities are focused upon the Society journals, Addiction and Addiction Biology, other publishing activities, the annual symposium and a number of policy initiatives. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal Article	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Tariq Mahmood	J Robinson and Tariq Mahmood.	Dec-04	Compulsory community treatment and admission rates [3] (multiple letters)	British Journal of Psychiatry, December 2004, vol./is. 185/DEC.(519-520), 0007-1250 (December 2004)	English	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).	Journal: Letter	EMBASE	<a href="http://bjp.rcpsych.org">Available from BJPsych (bjp.rcpsych.org)</a>
Barry Wright	Barry Wright, Geraldine Casswell, David White and Ian Partridge	Dec-04	Family Work in Adolescent Psychosis: The Need for More Research.	Clinical Child Psychology and Psychiatry, January 2004, vol./is. 9/1(61-74), 1359-1045;1461-7021 (Jan 2004)	English	Family work is often provided when young people present with psychotic illness, either on an inpatient basis or before or after admission. Whilst it seems intuitively sensible, for example, to provide information, support for the family and plan family-based support on return home, there is little evidence base for such work in adolescents. The largely adult-based literature is the main source of published work. There is a paucity of randomized controlled research on family work in adolescent psychosis. This article reviews the literature in the light of the practice of one such unit that has for some years routinely embarked upon family work with psychotic young people. It sets out some of the goals of this work and the evidence (or lack of it) supporting those goals. By so doing it highlights the need for more research in this area. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Tariq Mahmood	Mihaela Bucur and Tariq Mahmood	Dec-04	Olanzapine-induced clitoral priapism.	Journal of Clinical Psychopharmacology, October 2004, vol./is. 24/5(572-573), 0271-0749;1533-712X (Oct 2004)	English	Priapism, an infrequent side effect of psychotropic medication, occurs predominantly in males; however, very rarely it can occur in females. We report, to our knowledge, the first case of female priapism associated with olanzapine. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.lww.com/psychopharmacology">Available from the Journal of Clinical Psychopharmacology (journals.lww.com/psychopharmacology)</a>

John F Morgan	Norman Poole, Ashraf Al Atar, Louise Bidlake, Alberic Fienness, Sara McCluskey, S Nussey, Gal Bano and John F Morgan	Dec-04	Pouch dilatation following laparoscopic adjustable gastric banding: Psychobehavioral factors (can psychiatrists predict pouch dilatation?)	Obesity Surgery, June 2004, vol./is. 14/6(798-801), 0960-8923 (June/July 2004)	English	Background: Laparoscopic adjustable gastric banding is increasingly being performed in morbidly obese individuals for weight loss. Some patients develop pouch dilatation as a postoperative complication that limits the utility of the procedure. Surgical variables are poor predictors of this complication. 5 patients from a series of 157 who underwent LAGB at a single center developed the condition. Methods: Psychiatric and surgical case-notes were analyzed retrospectively for the presence of operationally defined psychiatric disorders and compared to 10 controls from the same population. Results: Cases were significantly more 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 can be an attempt to modulate negative emotions. Pouch dilatation may be a consequence of this eating behavior	Journal Article	EMBASE	<a href="#">Available from Springer Link (link.springer.com)</a>
Duncan Raistrick	John Strang and Duncan Raistrick.	Dec-04	Alcohol and Drugs Policy: why the clinician is important to public policy	Psychiatry Volume 3, Issue 1, 1 January 2004, Pages 65-67	English	Abstract Historically, doctors have had a profound influence on public policy, both for alcohol and drug misuse. However, many powerful voices from a wide variety of stakeholders can be identified around the table of policy debate, including the alcoholic beverage and pharmaceutical industries, private health care and non-government organizations, as well as the medical profession. There are diverse perspectives fuelling the debate: public health, libertarian, health economic and free market, to name some.  So to what extent should public policy about alcohol and illicit drugs be a subject of interest to the clinician? Who is responsible for making policy about alcohol and drug use in society? What difference does such public policy make to the extent of use, the extent of problems or the nature of the treatment response?	Book entry		<a href="#">Available from Science Direct (www.sciencedirect.com)</a>
Tariq Mahmood	Tariq Mahmood and Trevor Silverstone	Dec-04	Bipolar Disorder, Migraine and 5-HT.	Trends in bipolar disorder research., 2004(65-79) (2004)	English	(create) Ancient Greeks believed that migraine was caused by psychological dysfunction, and in more recent times Freud and Breuer considered headache to be a manifestation of neurotic conflict (Roy 1984). Clinical descriptions of affective changes in association with migraine started to appear in the late nineteenth century (Lieving 1873). An association between migraine and affective disorders was increasingly recognised (Wolff 1937, Alvarez 1947, Cassidy 1957, Markush et al 1975). Substantial evidence now exists to corroborate early anecdotal reports (Sandier et al 1990, Merikangas 1995). Although migraine is primarily a neurological condition, Lishman (1983) estimated that 10% of migraine patients who consulted a doctor complained of mood changes related to the migraine attack. Harvey and Hay (1983) in a small prospective study reported an overall improvement in mood on preheadache days and worsening on days with headache in 8 out of 10 migraine patients. The premonitory symptoms of migraine, which are reported the night before by 25% of those affected with migraine, often include mood changes in the form of transient depression, or, occasionally elation (Harrigan et al 1984); however, the pathogenesis of these perturbations has not been well studied. Furthermore, headache is often a symptom of mood disorders particularly depression. The authors conducted a placebo controlled study where the serotonin precursor tryptophan was given intravenously to 11 remitted bipolar patients and 14 controls over a 20-minute period in the afternoon. Cortisol and ACTH release was significantly lower in bipolar patients (Nurnberger et al 1990). They found that growth hormone response after the administration of sumatriptan was blunted in euthymic bipolar patients with migraine, but not in those with bipolar disorder alone. Nor was it blunted in patients with migraine. Their findings, albeit in a subset of bipolar patients, are consistent with Thakore et al (1996) and Nurnberger et al (1990) who reported sub-sensitivity of central serotonergic system in manic patients. The results suggest the possibility that bipolar patients with migraine represent a variant of bipolar disorder with an abnormal 5-HT1+ receptor function, and this abnormality is a trait rather than state marker. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.
Allan House	David Owens, Allan House and Isaura Gairin.	Dec-03	Authors reply	The British Journal of Psychiatry, December 2003, Volume 183, Issue 6, Page 562	English	Authors' reply: We think that Appleby and colleagues have misunderstood what we are saying. Of course we are aware of the methods of case ascertainment used by the National Confidential Inquiry. Our main point is exactly that made by Appleby and colleagues – that the Inquiry is not set up in a way that enables it to identify suicides following attendances at accident and emergency departments. This is because specialist mental health services in the UK do not provide comprehensive monitoring of self-harm attendances, even of those referred for a specialist opinion, and yet the Inquiry does not seek evidence directly from accident and emergency departments about attendances following self-harm. ...	Correspondence		
Duncan Raistrick and Gillian Tober	Duncan Raistrick and Gillian Tober	Dec-03	Much more than outcomes	Drug and Alcohol Findings, 2003, vol./is. /8, AAAA-0004 (Spr 2003)	English	It records agency activity as well as outcomes, is suitable for drugs or alcohol, can be customised, and outputs to the national drug monitoring database - it's RESULT, a new treatment monitoring system developed in Leeds. Cites seventeen references. [Journal abstract]	Journal Article	HMIC	<a href="#">Available from Drug and Alcohol Findings (findings.org.uk)</a>
Paul Blenkiron	Paul Blenkiron and D Milnes.	Dec-03	Do we manage deliberate self-harm appropriately? Characteristics of general hospital patients who are offered psychiatric aftercare.	International Journal of Psychiatry in Clinical Practice, 2003, vol./is. 7/1(27-32), 1365-1501;1365-1501 (2003)	English	BACKGROUND The appropriateness of psychiatric management decisions following an episode of deliberate self-harm is under-researched. AIM To determine whether the offer of follow-up or psychiatric admission by psychiatric doctors is related to known predictors of repetition of self-harm or completed suicide, and recognition of a depressive disorder. METHODS Prospective survey of 158 adult self-harm referrals from the general hospital. RESULTS Offer of aftercare was significantly associated with a definite wish to die at the time of the attempt (P<0.001), Beck's Suicide Intent score (P=0.001), Beck's Hopelessness score (P=0.001), age (P<0.01) and an ICD-10 diagnosis of depression (P<0.001). Psychiatric admission was more likely for men (P=0.01) and accommodation problems (P=0.04) and less likely for relationship problems (P=0.01). CONCLUSIONS Psychiatrists are selectively admitting or following up patients from established high-risk groups. Given the limitations of suicide prevention and mental health resources, their management is appropriate.	Journal Article	MEDLINE	<a href="#">Available from Taylor and Francis Online (www.tandfonline.com)</a>

Paul Blenkiron	Paul Blenkiron	Dec-03	The timing of deliberate self harm behaviour	Irish Journal of Psychological Medicine, December 2003, vol./is. 20/4(126-131), 0790-9667 (December 2003)	English	Objectives: To critically review the scientific literature relating to the timing of deliberate self harm behaviour and completed suicide. Method: A literature search of the Medline and CINAHL databases from 1970-2002 was performed, using deliberate self harm, overdose, self poisoning, suicide, parasuicide, and time, timing, day, week, month and season as key words. Relevant secondary references were retrieved and hand searching of important journals was done. Results: The time of day of non-fatal self harm shows a marked diurnal variation, with an evening peak that is related to non-violent episodes, concomitant alcohol use, and a younger age. It is not conclusively linked to the degree of suicidal intent or particular psychiatric diagnoses. Completed suicides more commonly occur earlier in the day, at the beginning of the week and during springtime, but show no overall increase during many national events and holidays. Conclusions: Circadian biological mechanisms involving the serotonin-melatonin axis, cortisol secretion and sleep abnormalities appear to be implicated. Psychosocial explanations for these epidemiological findings include alcohol use, a sense of personal isolation and the 'broken promise' effect.	Journal Review	EMBASE	<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
David Protheroe	Richard Hardern and David Protheroe.	Sep-03	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. 96/9(474), 0141-0768 (September 2003)	English	A survey by Jackson and Warner <sup>1</sup> pointed to large deficiencies in doctors' knowledge about consent. Ignorance of the law on capacity to consent to medical treatment could result in inappropriate use of the Mental Health Act (1983). We have audited the use of the Mental Health Act on a medical admissions unit. The unit admits patients with a wide range of acute medical conditions including patients requiring medical management of drug overdose or alcohol withdrawal. It treats more patients with delirium and acute psychiatric problems than most other medical wards ...	Journal: Letter	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
Peter Trigwell	David Cavan and Peter Trigwell.	Jun-03	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)	English	This issue of Practical Diabetes International sees the publication of a summary of the proceedings of the 2002 joint Diabetes UK/Royal College of Psychiatrists meeting, held in Bournemouth last November. The meeting took its theme from the Standards set out in the National Service Framework for Diabetes, which were published in late 2001. Rather than being yet another 'NSF meeting', the conference aimed specifically to address the psychosocial perspectives of those standards, which have to be implemented over the next 10 years. The meeting broke new ground by including a live 'focus group' of people with diabetes and poster presentations by people delivering psychologically orientated services ...	Journal: Editorial	EMBASE	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
John F Morgan	Amy J Luck, John F Morgan, Fiona Reid and Stephen A Wilson.	May-03	A simple 5 item questionnaire accurately detected eating disorders in women in primary care	Evidence-Based Medicine, May 2003, vol./is. 8/3(90), 1356-5524 (May/June 2003)	English	Design: Blinded comparison of the SCOFF questionnaire and a clinical diagnostic interview based on DSM-IV criteria. Setting: 2 general practices in southwest London, UK. Patients: 341 sequential women (18-50 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 possible eating disorder was set at ≥ 2 positive responses out of 5. The sensitivity, specificity, and likelihood ratios for the SCOFF questionnaire are shown in the table. Of 328 women who did not have an eating disorder, 34 had a false positive result. Conclusion: The 5 item SCOFF questionnaire detected most cases of eating disorder in women in a primary care setting, although the number of false positive results may be quite high	Journal: Short Survey	EMBASE	<a href="http://ebm.bmj.com">Available from BMJ Journals Evidence Based Medicine (ebm.bmj.com)</a>
Gillian Tober	John Strang and Gillian Tober.	Apr-03	Methadone Matters: Evolving Community Methadone Treatment of Opiate Addiction	CRC Press; 1 edition (3 April 2003) (ISBN-10: 1841841595)	English	Methadone heals, but methadone kills. Methadone is a life-saving treatment, but methadone is also a life-threatening poison. The challenge is how to confer the benefit without incurring the harm. And that is what this book is all about. Methadone is by far the most widely prescribed drug in the treatment of heroin addiction, and yet, all too often, we are clumsy in our use of this powerful drug. So how much of the observed benefit is to do with methadone itself? Does dose matter? How important is the psychosocial component of care? How can problems of poor compliance be addressed? Is supervised consumption feasible, and, if so, is it justifiable and beneficial? And what is injectable methadone all about? When is it ever prescribed, and for whom, and how? And what about the dangers? Methadone itself can be the actual drug of overdose. How successful have efforts been made to re-structure methadone treatment to prevent overdose deaths? and how can the problems of diversion to the illicit market be kept to a minimum? This multi-authored book, comprising chapters from the best of clinicians, researchers and policymakers, is the essential guide to increasing the relevance and effectiveness of methadone treatment. Like it or loathe it, Methadone Matters.	Book Author		Book available for purchase.
Gillian Tober	Gillian Tober.	Dec-02	Evidence based practice- still a bridge too far for addiction counsellors?	Drugs: Education, Prevention and Policy Volume 9, 2002 - Issue 1, Pages 17-20	English	The requirement for evidence based practice would seem to be one of the less controversial demands on addiction or any other health or social care service. Evidence of the effectiveness of interventions must be a source of reassurance to addiction agency clients in suggesting that the treatment they received is not wholly dependant on the whim or intuition of the particular practitioner they end up seeing. One of the questions in the debate about evidence based practice in the addictions is whether the Model of Change and stage matched interventions are capable of yielding evidence upon which to plan the provision of treatment and to make individual treatment plans. To date, few stage of change matched interventions have produced evidence for the effectiveness of this approach.	Journal Article		<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

John F Morgan	John F Morgan, Sara E McCluskey, Joan N Brunton and Hubert John Lacey.	Dec-02	Polycystic ovarian morphology and bulimia nervosa: A 9-year follow-up study	Fertility and Sterility, 2002, vol./is. 77/5(928-931), 0015-0282 (2002)	English	Objective: To examine long-term changes in polycystic ovarian morphology in women with polycystic ovaries and bulimia nervosa after treatment of the latter condition. Design: Longitudinal follow-up study. Setting: Eating disorder unit of a university hospital. Patient(s): Eight women originally treated for bulimia nervosa ( $T_{<sub>0</sub>}$ ) who underwent ultrasonography up to 2 years after treatment ( $T_{<sub>1</sub>}$ ) and had a second ultrasonographic scan 9 years later ( $T_{<sub>2</sub>}$ ). Intervention(s): Treatment of bulimia nervosa that combined cognitive behavioral therapy with insight-orientated psychotherapy. Main Outcome Measure(s): Ovarian morphology evaluated by ultrasonography, using the criteria of Adams to define polycystic ovaries; Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnosis of eating disorders. Result(s): At $T_{<sub>1</sub>}$ , 7 women had recent bulimia and 1 was quiescent. The woman with quiescent disease had normal ovaries. Of the 7 bulimic women, 6 had polycystic ovaries and 1 had multifollicular morphology. At $T_{<sub>2</sub>}$ , 5 women were bulimic, all of whom had polycystic ovaries. Three women had normal eating patterns and normal ovarian morphology. Conclusion(s): This study clearly shows a strong association between resolution of bulimia and changes in ovarian morphology, suggesting that changes in the former mirror changes in the latter. It also demonstrates normalization of ovarian morphology in previously polycystic ovaries. 2002 by American Society for Reproductive Medicine.	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Tariq Mahmood	Tariq Mahmood, Trevor Silverstone, R Connor and P Herbison.	Dec-02	Sumatriptan challenge in bipolar patients with and without migraine: A neuroendocrine study of 5-HT <sub>1D</sub> receptor function	International Clinical Psychopharmacology, 2002, vol./is. 17/1(33-36), 0268-1315 (2002)	English	An association between bipolar disorder and migraine has been lately recognized and an abnormality of central serotonergic function is suggested as the underlying neurophysiological disturbance. To examine the role of serotonin in bipolar disorder and migraine, we used the neuroendocrine challenge paradigm, and we chose sumatriptan, a 5HT <sub>1D</sub> agonist, as the pharmacological probe. We studied nine bipolar patients with migraine, nine bipolar patients without it, seven migraine patients, and nine matched normal controls. A post-hoc analysis showed 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.	Journal Article	EMBASE	<a href="http://online.library.wiley.com">Available from Wiley online library (online.library.wiley.com)</a>
John F Morgan	Lin Perry, John F Morgan, Fiona Reid, Joan Brunton, Aileen O'Brien, Amy Luck and Hubert John Lacey	Dec-02	Screening for symptoms of eating disorders: Reliability of the SCOFF Screening tool with written compared to oral delivery.	International Journal of Eating Disorders, December 2002, vol./is. 32/4(466-472), 0276-3478;1098-108X (Dec 2002)	English	Notes that the validity of the SCOFF delivered orally as a screening tool for eating disorders has previously been established, but clinical screening for eating disorders also occurs via written format, for example, in occupational health settings. This study compared responses to the SCOFF between verbal and written administration. The SCOFF was delivered orally at interview and via written questionnaire to 327 nursing and midwifery students (mean age 26.7 yrs). Order was allocated randomly with repeat administration interrupted by distraction questions. Results show overall agreement in the scores of 157 subjects (Ss), with agreement in prediction of eating disorder for 167. It is concluded that the SCOFF demonstrated overall good replicability of the SCOFF administered as a written questionnaire compared to oral interview. Two trends were noted. The 1st was towards higher scores with written versus oral delivery irrespective of order, possibly indicating enhanced disclosure via written format. The 2nd was of less consistency where verbal preceded written responses. Altogether findings support use of the SCOFF where a concise, valid and reliable screening for eating disorders is required in written form. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
	Rebekah Proctor, Carol Martin and Jenny Hewison.	Dec-02	When a little knowledge is a dangerous thing...: A study of carers' knowledge about dementia, preferred coping style and psychological distress.	International Journal of Geriatric Psychiatry, December 2002, vol./is. 17/12(1133-1139), 0885-6230;1099-1166 (Dec 2002)	English	The aim of this study was to improve understanding of the relationship between carers' existing knowledge about dementia, their coping style and psychological morbidity. Fifty carers (23 males and 27 females; aged 39-87 yrs) and 50 patients (16 males and 34 females; aged 66-95 yrs) attending day services were recruited. Carers were given questionnaires to assess knowledge of dementia, preferred coping style, anxiety, depression and strain. The results indicated that carers who demonstrated more knowledge about the biomedical aspects of dementia were more anxious. Furthermore, carers who had a preferred coping style of monitoring for threat relevant information were more anxious. Understanding more about those factors that are associated with knowledge about dementia will help to identify profiles of carers who are in need of education and in matching individually tailored interventions to carers with specific learning needs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://online.library.wiley.com">Available from Wiley online library (online.library.wiley.com)</a>
Gillian Tober	Gillian Tober and Jon Somerton	Dec-02	The search for evidence-based addiction practice in the United Kingdom.	Journal of Social Work Practice in the Addictions, 2002, vol./is. 2/2(3-13), 1533-256X;1533-2578 (2002)	English	This paper examines the case for evidence-based practice and its application to social work. Developments in evidence-based practice in the field of substance misuse treatment that are of particular interest to social workers, such as Motivational Enhancement Therapy (MET), Community Reinforcement Approach (CRA), and Social Behavior and Network Therapy (SBNT) are described. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
John Holmes	John Holmes, Jon Millard and Susie Waddingham	Nov-02	A new opportunity: Three tales of training in liaison psychiatry of old age.	Psychiatric Bulletin, November 2002, vol./is. 26/11(433-435), 0955-6036;1472-1473 (Nov 2002)	English	Discusses the experiences of training in liaison psychiatry of old age from the perspectives of a basic trainee, a higher trainee, and a trainer. The basic trainee author perceived gaining a longitudinal picture of patients, and the chance to develop communication skills. The higher trainee author perceived that the training allowed greater understanding of the practical problems faced by staff and patients and increased awareness of the need for compromise and flexibility in management strategies, though the experience gained was restricted to patients within the general hospital setting. The trainer author perceived that both levels of training improved understanding of the complexities presented by psychiatric illnesses in general hospital settings, and development of skills necessary to address this complexity. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://bulletin.pb.rcpsych.org">Available from BJPsych Bulletin (bulletin.pb.rcpsych.org)</a>

John F Morgan	Amy J Luck, John F Morgan, Fioan Reid, Aileen O'Brien, Joan Brunton, Claire Price, Lin Perry and Hubert John Lacey.	Oct-02	The SCOFF questionnaire and clinical interview for eating disorders in general practice: Comparative study.	BMJ: British Medical Journal, October 2002, vol./is. 325/7367(755-756), 0959-8138 (Oct 2002)	English	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. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal article	PsycINFO	<a href="http://www.bmj.com">Available from the BMJ (www.bmj.com)</a>
John F Morgan	John F Morgan.	Aug-02	Review: psychological treatment is as effective as antidepressants for bulimia nervosa, but a combination is best.	Evidence Based Mental Health, 01 August 2002, vol./is. 5/3(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 disorder., Data extraction, 2 reviewers assessed the quality of studies and extracted data on patients, study characteristics, interventions, and outcomes (including remission [100% reduction in binge or purge episodes], clinical improvement [ $\geq$ 50% reduction in binge or purge episodes], and dropouts)., Main results, 5 RCTs (237 patients) compared antidepressants with PT Groups did not differ significantly for remission (5RCTs); only 1RCT reported on clinical improvement. More dropouts occurred in the antidepressant group than in the PT group (4 RCTs) (table). 5 RCTs (247 patients) compared combination and single interventions., Antidepressants v combination: more patients in the combination group than in the antidepressant alone group had remission (4 RCTs) (table); only 1 RCT reported on clinical improvement. Groups did not differ for dropout rates (4 RCTs)., PT v combination: more patients in the combination group than in the PT alone group had remission (6 RCTs); fewer patients in the PT alone group than in the combination group dropped out (6 RCTs) (table). Groups did not differ for clinical improvement (2 RCTs) (table)., Conclusions, In patients with bulimia nervosa, psychological treatment (PT) and antidepressants do not differ in remission rates but dropout rates are lower with PT A combination of antidepressants and PT is best for increasing remission.	Journal Article	CINAHL	<a href="http://www.bmj.com">Available from BMJ Journals Evidence Based Mental Health (ebmh.bmj.com)</a>
Gillian Tober and Duncan Raistrick	Gillian Tober and Duncan Raistrick	Jul-02	Organisation of services - putting it all together	Working with Substance Misusers: A Guide to Theory and Practice Paperback – 25 Jul 2002 pages 244-252	English	Not available	Book entry		Book available for purchase.
Hiroko Akagi	Hiroko Akagi and T Manoj Kumar.	Jun-02	Lesson of the week: Akathisia: overlooked at a cost.	BMJ, June 2002, vol./is. 324/7352(1506-7), 0959-535X;1756-1833 (2002 Jun 22)	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 ...	Case report	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
John F Morgan	John F Morgan.	May-02	Review of antidepressants increase remission and clinical improvement in bulimia nervosa.	ACP Journal Club, 01 May 2002, vol./is. 136/3(106-107), 10568751  Evidence Based Mental Health, 01 August 2002, vol./is. 5/3(74-74), 13620347	English	The reviews by Bacaltchuk and colleagues are laudable for the rigor of the data analyses, but they rightly generate more questions than answers. Bacaltchuk and Hay have comprehensively reviewed 16 published RCTs of antidepressant treatments for BN. Although modest effectiveness is shown, high dropout rates among patients limit the clinical application of these data, and the authors comment on the need for more studies of tolerability and cost-effectiveness. The studies included were generally of short duration in young adult women who did not have any substantial psychiatric comorbid conditions. The results therefore cannot be generalized to the substantial minority of bulimic patients with comorbid "multi-impulsive" personality characteristics (1) or substance abuse or to adolescents.	Journal Article	CINAHL	<a href="http://www.acpjournals.org">Available from ACP Journals Club (acpjournals.org)</a>
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	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

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. 6/1(71-91), 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	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Saeideh Saeidi	Sue Clegg, Jon Tan and Saeideh Saeidi	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 have implications for the design of CPD for higher education lecturers. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Barry Wright	Lesley Hewson and Barry Wright	Jan-02	Joint trainers and trainees forum - A collaborative approach to higher specialist training.	Psychiatric Bulletin, January 2002, vol./is. 26/1(33-35), 0955-6036;1472-1473 (Jan 2002)	English	Discusses the establishment of a joint trainers and trainees forum for the Yorkshire Specialist Registrar Training Programme for Child and Adolescent Psychiatry. Aims and topics of the forum, as well as outcomes are discussed. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Gillian Tober	Alex Copello, Christine Godfrey, Nick Heather, Jim Orford, Ian Russell, Gillian Tober, Gary Slegg, T Alwyn, C Kerr, Gill Thistlethwaite, Clive Barrett, Robert Kenyon, K Carlyle, R Gillam, L Handforth, Ray Hodgson, B John, M Smith, Simon Coulton, Amanda J Farrin, Steve Parrott, P Chalk, J Champney-Smith, I Crome, R Emlyn-Jones, A Fleming, A Kahn, A McBride, S Parkes, Duncan Raistrick, Z Summers, P Williams	Dec-01	United Kingdom Alcohol Treatment Trial (UKATT): Hypotheses, design and methods	Alcohol and Alcoholism, 2001, vol./is. 36/1(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 (SBNT); (2) more intensive, socially based treatment (SBNT) is as cost-effective as less intensive, motivationally based treatment (MET). A number of subsidiary hypotheses regarding client-treatment interactions and therapist effects will also be tested. The article describes general features of the trial that investigators considered desirable, namely that it should: (1) be a pragmatic, rather than an explanatory, trial; (2) be an effectiveness trial based on 'real-world' conditions of treatment delivery; (3) incorporate high standards of training, supervision and quality control of treatment delivery; (4) pay close attention to treatment process as well as treatment outcome; (5) build economic evaluation into the design at the outset. First results from UKATT are expected in 2002 and the main results in 2003.	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Duncan Raistrick	Duncan Raistrick.	Dec-01	Alcohol withdrawal and detoxification.	International handbook of alcohol dependence and problems., 2001(523-539) (2001)	English	(from the chapter) Detoxification services are generally seen to be an important component of any alcohol treatment system. The purpose of detoxification is to minimize the severity of the withdrawal symptoms that occur when alcohol consumption is abruptly stopped or markedly reduced. Detoxification is not as straightforward or mundane a procedure as it may appear at first sight; however, it is not so much the management of withdrawal that has excited controversy but, rather, the meaning of withdrawal in understanding dependence. After nearly 50 years of scientific investigation, the understanding of alcohol tolerance and withdrawal has reached maturity, so that their final resting place in the whole spectrum of alcohol problem drinking is closer to being settled. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book, Edited Book	PsycINFO	Book available for purchase.

Duncan Raistrick	Robert Kenyon, Duncan Raistrick, D West and P Hatton.	Dec-01	General practitioner satisfaction with 'shared care' working	Journal of Substance Use, 2001, vol./is. 6/1(36-39), 1465-9891 (2001)	English	Introduction: 'Shared care' is a key element of the 10 year national strategy on drug misuse. Implementation of such schemes is patchy across the country and general practitioners have traditionally been reluctant to participate in them. This paper is an evaluation of general practitioner satisfaction of shared care in Leeds. Methods: All 50 participating general practitioners were surveyed by anonymous postal questionnaire. Results: Ninety-six per cent of questionnaires were accounted for. Few respondents reported experiences of barriers to treatment and most reported satisfaction with the structure of the service and specialist support. Ninety-one per cent were satisfied that the scheme was an appropriate service to offer. Discussion: It is thought that the success of the scheme can be attributed to fast assessments, clear protocols, good communication and access to a consultant-led specialist unit for backup. Conclusion: Developing schemes which are in line with usual NHS structures is likely to be attractive to general practitioners and may encourage their participation.	Journal Article	EMBASE	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Peter Trigwell	David Cavan, Jackie Fosbury and Peter Trigwell	Dec-01	Psychology in diabetes - Why bother?	Practical Diabetes International, 2001, vol./is. 18/7(228-229), 1357-8170 (2001)	English	Not available	Journal: Editorial	EMBASE	Book available for purchase.
Duncan Raistrick	Duncan Raistrick.	Dec-01	A national alcohol strategy for England	Psychiatric Bulletin, 2001, vol./is. 25/6(201-203), 0955-6036 (2001)	English	Addiction psychiatry is at an interesting stage of development and seems to be set on a path that will part company from general psychiatry. As the NHS enters a period of unprecedented growth linked to modernisation, then so specialisation will slowly become the norm ...	Journal: Editorial	EMBASE	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Duncan Raistrick and Peter Trigwell	Gill Kirk, Duncan Raistrick and Peter Trigwell.	Nov-01	Driving and substance misuse.	Psychiatric Bulletin, November 2001, vol./is. 25/11(452), 0955-6036;1472-1473 (Nov 2001)	English	Comments on the article by T. Bradbeer et al (see record 2001-07825-004) which discussed driving habits and attitudes about substance abuse and driving. The current authors agree with Bradbeer et al that imparting information to patients about DVLA fitness to drive regulations is important. They also agree that "the regularly demonstrated poor retention of information following clinical interviews" may be particularly important if a clinician was ever challenged to demonstrate that he or she had informed the patient but had not documented this formally. In addition, however, the authors feel that it is important to point out to patients the insurance implications of their substance misuse. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Tariq Mahmood and Trevor Silverstone	Tariq Mahmood and Trevor Silverstone.	Sep-01	Serotonin and bipolar disorder.	Journal of Affective Disorders, September 2001, vol./is. 66/1(1-11), 0165-0327 (Sep 2001)	English	With the emergence of specific pharmacological probes for various serotonin (5-HT) receptors and radio-ligands for central 5-HT, it has now become possible to investigate its role in the pathogenesis of bipolar disorder more closely. This paper critically reviews the scientific literature regarding the relationship between bipolar disorder and serotonergic systems. A number of direct and indirect approaches were examined, including brain studies, CSF studies, neuroendocrine studies, genetics, platelet studies, and psychopharmacological studies. The evidence suggests that central serotonergic activity is reduced in the depressive phase of bipolar disorder. Similar findings have been reported in bipolar patients when euthymic, indicating that that lower 5-HT activity could be a trait marker for bipolar disorder. Findings reported in the manic phase of this illness are inconsistent. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Barry Wright	Kath Green, Chris Williams, Ian Partridge and Barry Wright.	Jul-01	Developing a child and adolescent mental health service for children with learning disabilities.	Psychiatric Bulletin, July 2001, vol./is. 25/7(264-267), 0955-6036;1472-1473 (Jul 2001)	English	Discusses the development of a service for children with learning disabilities within a child and adolescent mental health team using the Health Advisory Service Together We Stand tier system. The paper also includes an audit of the service 8 mo after it was started. The authors present a model of service that has proved successful to date. They give details from the audit of the service, its aims, funding, referral numbers, sources, types and criteria. Data were collected from 111 children (mean age 9 yrs) with learning disabilities. The audit suggests that the aims of the service are being achieved but given the fact that the numbers of new referrals significantly outweigh the discharge rate, it is concluded that a greater emphasis is placed on liaison, consultation and joint working with other agencies. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>

Crystal-Bella Romain Hooper and Dr Tom Hughes	Simon Gilbody, Emily Peckham, Della Bailey, Catherine Arundel, Paul Heron, Suzanne Crosland, Caroline Fairhurst, Catherine Hewitt, Jinshuo Li, Steve Parrott, Tim Bradshaw, Michelle Horspool, Elizabeth Hughes, Tom Hughes, Suzy Ker, Moira Leahy, Tayla McCloud, David Osborn, Joe Reilly, Thomas Steare, Emma Ballantyne, Polly Bidwell, Sue Bonner, Diane Brennan, Tracy Callen, Alex Carey, Charlotte	May-01	Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial	The Lancet Psychiatry , Volume 6, Issue 5, P379-390, May 01 2019	English	The SCIMITAR+ trial which was designed to test a bespoke smoking cessation intervention for patients with SMI compared to standard NHS care. SCIMITAR+ is the largest trial of its kind ever undertaken. Participants were heavy smokers that said they would like to cut down or quit smoking. Those allocated to the bespoke smoking cessation intervention received support to help them quit from a mental health professional who had undergone brief but rigorous training. This support was based on National Centre for Smoking cessation and Training level 2 training with enhanced levels of contact and support. People in usual care were signposted to local smoking services. People were followed up six and 12 months later where they completed questionnaires that asked about their smoking status as well as giving a carbon monoxide breath measure to verify this.	Journal Article		<a href="http://www.thelancet.com/journals">Available from The Lancet Journals (www.thelancet.com/journals)</a>
Duncan Raistrick and Gillian Tober	Nick Heather, Duncan Raistrick, Gillian Tober, Christine Godfrey and Steve Parrott.	May-01	Leeds Dependence Questionnaire: New data from a large sample of clinic attenders.	Addiction Research and Theory, May 2001, vol./is. 9/3(253-269), 1606-6359;1476-7392 (May 2001)	English	Examined the psychometric properties of the Leeds Dependence Questionnaire (LDQ) in a different and larger sample from that on which the instrument was developed. Data were taken from routine intake assessments of 1,681 referrals to 2 UK addiction treatment services during an 18 mo period. Principal components analyses for the total sample and for 3 substance category subsamples (alcohol, opioids, "other drugs") each yielded a single, major component on which all LDQ items loaded highly and positively. The LDQ had high internal consistency in the total sample and in the substance category subsamples. In a multiple regression analysis in the total sample, age (younger), gender (male), higher score on the General Health Questionnaire and substance category (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 clinic attenders. The LDQ is appended. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
Gillian Tober and Duncan Raistrick	Gillian Tober, Roger Brearley, Robert Kenyon, Duncan Raistrick and Stephen Morley	Apr-01	Measuring outcomes in a health service addiction clinic.	Addiction Research, April 2000, vol./is. 8/2(169-182), 1058-6989 (Apr 2000)	English	Identified a method for the routine monitoring of outcomes in a busy city center health service addiction clinic. The setting for the study was a health service addiction clinic serving a population of 750,000 people. Study Ss were 230 consecutive attenders (aged 15-80 yrs) for treatment of alcohol and heroin dependence and misuse. A brief interview to obtain demographic and use data and a short battery of self completed questionnaires measuring dependence, psychological health and social satisfaction were administered at 3 data collection points. Different methods of follow-up were explored. The instruments used were capable of measuring change in levels of consumption, degrees of dependence, psychological health and social satisfaction over a 3 mo period in over 65% of the original sample while over 80% of the original sample were accounted for. It is concluded that routine monitoring of outcomes of a busy National Health Service can provide meaningful clinical data for an acceptable sample of patients within a realistic resource limit. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
John F Morgan	John F Morgan.	Jan-01	Polycystic ovary syndrome.	British Journal of Hospital Medicine, January 2001, vol./is. 57/4(172), 0007-1064;0007-1064 (1997 Feb 19-Mar 4)	English		Comment, Letter, Research Support, Non-U.S. Gov't	MEDLINE	Not available

Duncan Raistrick	Kim Wolff, Amin Rostami-Hodjegan, Alastair W M Hay, Duncan Raistrick and Geoff Tucker.	Dec-00	Population-based pharmacokinetic approach for methadone monitoring of opiate addicts: Potential clinical utility.	Addiction, December 2000, vol./is. 95/12(1771-1783), 0965-2140;1360-0443 (Dec 2000)	English	Investigated a population-based pharmacokinetic (POP-PK) approach for monitoring plasma methadone concentrations in opioid addicts. Oral doses of rac-methadone were given to 35 17-36 yr old male and female addicts attending a community treatment center. Results show that auto-induction of methadone metabolism was demonstrated, and clearance of methadone was significantly lower in addicts at the start of treatment (median elimination half-life, 128 hrs) than in those who had reached steady-state (median elimination half-life, 48 hrs). The authors conclude that using plasma monitoring in combination with Bayesian forecasting makes it possible to predict trough levels of methadone during daily dosing. The POP-PK model is able to utilize sparse sampling, and 2 blood samples should be sufficient to define patient compliance. Random samples during treatment could be used to assess methadone dosing by comparing predicted with observed measurements for each individual. The POP-PK model could therefore help to detect both incomplete and poor compliance as well as therapeutic failure due to drug-drug interactions. Targeting resources in this way could be a cost-effective tool for supervision of methadone dosing. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Duncan Raistrick	Duncan Raistrick.	Dec-00	The Management of Alcohol Detoxification	Advances in Psychiatric Treatment, 6, 348-355	English	The huge majority of people with an alcohol dependence problem that is uncomplicated by serious mental illness or social chaos receive treatment in the community. Tackling Alcohol Together: The Evidence Base of a UK Alcohol Policy (Raistrick et al, 1999, chapter 9) provides strong evidence supporting the move towards briefer and community-based treatments, while at the same time recognising the need for intensive and inpatient treatments for people with more complicated problems. It follows that the traditional sequencing of care, which might be characterised as having four phases – assessing and engaging patients, detoxification, specific therapy and aftercare – is less tidy than it used to be. Detoxification is seen much more as a standalone procedure that should be undertaken when the patient is ready, rather than as a prerequisite of starting treatment. Of course, there are also instances where detoxification may be required as an expedience, for example during an unplanned admission into hospital, or where regular high levels of intoxication are a barrier to treatment. Equally, where the focus of treatment is on mental illness rather than alcohol dependence, then detoxification may well be viewed as a necessary first step.	Journal Article		<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>
David Yeomans	David Yeomans and JJ Sanford.	Dec-00	Assessing aggression in psychiatric inpatients [6] (multiple letters)	British Medical Journal, 2000, vol./is. 321/7261(636), 0959-8146 (2000)	English	... I have been treated to demonstrations of knives, scissors, a machete, and a (replica) gun. In most cases I had arranged for others to be present before asking about weapons, and the situations were managed safely. Not all my colleagues have been so fortunate. The staff of psychiatric wards usually have training and experience in the management of violence. They can also respond quickly to an emergency involving a weapon on the ward. Doctors and nurses who see patients at home or in clinics rarely have such support available unless they have made specific arrangements in advance. It is therefore advisable to organise support before asking about weapons. This support could be a visit with a colleague, or a safer venue such as the ward in preference to a clinic. With good back up and an understanding of the patient's mental state, a handover of most weapons can be instigated with minimal risk to all concerned.	Journal: Letter	EMBASE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>
Barry Wright	R J McGuire, I Berg, I McKenzie, Barry Wright, D Foreman and K Chandiramani.	Dec-00	Have the Cross-Informant Syndromes of the CBCL any practical value in identifying grouped ICD10 diagnoses?	European Child and Adolescent Psychiatry, 2000, vol./is. 9/4(263-270), 1018-8827 (2000)	English	120 children referred to a child and adolescent psychiatric service in a university clinic were studied with the aim of deriving predictors for grouped ICD10 diagnoses using the CBCL Cross-Informant-Syndromes (CISs). CIS7 (Delinquent Behaviour) and CIS8 (Aggressive Behaviour) were shown to significantly separate Disruptive Behaviour Disorders from all other disorders. As cross-validation, a separate clinical sample of 118 children from a similar service in another part of the country was used to see to what extent the CIS predictors from the first sample held up in the second sample. Positive and Negative Predictive Powers, all corrected for chance, confirmed that the Disruptive Behaviour Disorder group could be usefully separated from all other disorders using the Delinquent Behaviour and the Aggressive Behaviour Cross-Informant Syndrome scores. There was no good evidence that Emotional (Anxiety-Mood) Disturbance could be usefully separated in the same way using the Anxious-Depressed Syndrome (CIS3) or any other syndrome. Discriminant Function Analysis showed that there was no significant improvement in prediction when more elaborate linear combinations of the syndromes were used.	Journal Article	EMBASE	<a href="http://link.springer.com">Available from Springer Link (link.springer.com)</a>
John F Morgan	John F Morgan, Patricia Marsden and Hubert John Lacey	Dec-00	Spiritual starvation?: A case series concerning Christianity and eating disorders.	International Journal of Eating Disorders, December 2000, vol./is. 28/4(476-480), 0276-3478;1098-108X (Dec 2000)	English	Describes the cases of 4 female patients with eating disorders in whom complex interactions occurred among religious faith, pathogenesis of the eating disorder, and clinical management. The results show that in some of the cases, religious beliefs seemed to provide a containment of maladaptive behaviors, partly through prayer and through a sense of belonging to the religious community. In other cases, it proved difficult to separate the concept of a punitive God from the illness process. The cases are discussed with reference to a limited empirical literature. Similarities are noted between some religious institutions and eating disorder treatment regimes. This paper explores management issues, including the use of pastoral counseling and the ethics of addressing religious beliefs in therapy. The authors note the benefits of a rapprochement between psychiatry and religion. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	D Gordon, Duncan Raistrick and Joanna Banbery.	Dec-00	Detoxification from heroin with buprenorphine	Psychiatric Bulletin, 2000, vol./is. 24/11(433), 0955-6036 (2000)	English	Sir: There are a number of options available for detoxification from heroin, including methadone tapering regimes, dihydrocodeine reduction, lofexidine, and ultra-rapid naltrexone assisted detoxification under general anaesthetic (Sievewright, 2000). Buprenorphine has recently been licenced in the UK for the treatment of opiate dependence and offers an alternative method of withdrawal from heroin; it has proven efficacy for out-patient detoxification (O'Connor et al, 1997) but has been little used in the UK. Here we present the results of a pilot study of 30 consecutive out-patient detoxifications with patients who were using low-dose heroin (£20 approximately 0.2 g daily) using buprenorphine with a standard treatment protocol lasting 7 days ....	Letter	EMBASE	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>

Tariq Mahmood	Tariq Mahmood and Trevor Silverstone.	Dec-00	Twin concordance for bipolar disorder and migraines.	The American Journal of Psychiatry, December 2000, vol./is. 157/12(2057), 0002-953X;1535-7228 (Dec 2000)	English	Reports on a pair of 29-yr-old female monozygotic twins concordant for bipolar disorder and migraines who were successfully treated with carbamazepine. The response of both conditions to carbamazepine treatment supports a possible common pathogenesis for the illnesses. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://ajp.psychiatryonline.org">Available from the American Journal of Psychology (ajp.psychiatryonline.org)</a>
Barry Wright	Barry Wright, Ian Partridge and Christine Williams.	Oct-00	Evidence and attribution: Reflections upon the management of attention deficit hyperactivity disorder.	Clinical Child Psychology and Psychiatry, October 2000, vol./is. 5/4(626-636), 1359-1045;1461-7021 (Oct 2000)	English	Discusses the diagnosis and therapeutic response to attention deficit hyperactivity disorder (ADHD). The authors contend that arguments about the "content" of ADHD as a diagnostic or therapeutic challenge tend to overlook the relevance of the "process". By process, the authors mean the way in which professionals, parents and children perceive and interpret the behavior, information and evidence available to them, and how this drives and influences diagnosis or management. Five attributional scenarios are examined that could influence the development trajectory of the child and discuss them in the context of the research literature. Alternative attributions are suggested. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Duncan Raistrick	Joanna Banbery, Kim Wolff and Duncan Raistrick.	Oct-00	Dihydrocodeine: A useful tool in the detoxification of methadone-maintained patients.	Journal of Substance Abuse Treatment, October 2000, vol./is. 19/3(301-305), 0740-5472 (Oct 2000)	English	Investigated the merit of dihydrocodeine tartrate for withdrawal in detoxifying 20 methadone-maintained former opiate abuse patients (aged 17-35 yrs) presenting for treatment at the Leeds Addiction Unit. 13 Ss successfully completed methadone detoxification and were abstinent from both methadone and opiate-type drugs at the end of the 2-wk program. On completion, 3 Ss began treatment with naltrexone, and another was abstinent at a follow-up appointment, 1 wk later. A further S relapsed back to heroin use but remained in contact with the addiction unit. The remaining 6 Ss dropped out of the detoxification program between Days 3 and 11 of the dihydrocodeine cross-over period. Dihydrocodeine may have advantages in detoxifying methadone-maintained patients. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal Article	PsycINFO	<a href="http://www.journalofsubstanceabusetreatment.com">Available from the Journal of Substance Abuse Treatment (www.journalofsubstanceabusetreatment.com)</a>
John F Morgan	John F Morgan.	Oct-00	From charles atlas to Adonis complex - Fat is more than a feminist issue	Lancet, October 2000, vol./is. 356/9239(1372-1373), 0140-6736 (21 Oct 2000)	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 Barbie responded responsibly in 1998 by giving her less make-up and changing her body shape, with a smaller bust and mouth, thicker waist, and more proportionate hips. Meanwhile studies of action toys show that the physique of the characters grows ever more muscular with time, exceeding the muscularity of the biggest human body-builders, though Barbie's boyfriend, Ken, has been spared that indignity ...	Note	EMBASE	<a href="http://www.thelancet.com/journals">Available from The Lancet Journals (www.thelancet.com/journals)</a>
Barry Wright	Wright, Barry, Williams, Christine, Partridge, Ian	Jun-00	Re: Chronic fatigue syndrome.	Irish Journal of Psychological Medicine, June 2000, vol./is. 17/2(77), 0790-9667 (Jun 2000)	English	Replies to comments by E. Goudsmit (see record 200008316-009) on the article by B. Wright et al (see record 199903021-008) that raises concerns about the accuracy of information available to parents on the internet on the management and treatment of chronic fatigue syndrome (CFS) in children. Wright et al agree with Goudsmit's comment that more research needs to be done in the area of CFS in children and suggest that any review or interpretation of the literature is limited by the availability of research and the absence of randomized controlled trials. The current authors also agree with Goudsmit's statement that children with CFS probably represent a heterogeneous group and that generalizing results from studies including patients with different patterns of morbidity makes interpretation difficult. In conclusion, the authors state that their paper merely sought to systematically delineate the available information on the internet and then challenge it against what available research had been published. They do however recognize that the limited published research may appear to make this process unbalanced. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Journal Article	PsycINFO	<a href="http://www.childrensdatabase.ie">Available from Irish Child Health Database - Peer Reviewed Papers (www.childrensdatabase.ie)</a>
John F Morgan	John F Morgan.	May-00	Season of birth and bulimia nervosa	International Journal of Eating Disorders, May 2000, vol./is. 27/4(452-458), 0276-3478 (May 2000)	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 bulimics (p > .30), contrasting with studies of other eating disorders. With a history of anorexia nervosa (n = 227), peak season of birth was in March (p < .05). This is consistent with previous studies and also with seasonal birth variation for psychoses. Discussion: Overall, we find no evidence of season of birth variation in bulimia nervosa, and suggest any positive findings be treated with caution. We discuss a number of confounding influences and argue that one explanation remains shared trait vulnerability between anorexia nervosa and psychoses. (C) 2000 by John Wiley and Sons, Inc.	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	John F Morgan and Hubert John Lacey.	May-00	Blood letting in anorexia nervosa: A case study.	International Journal of Eating Disorders, May 2000, vol./is. 27/4(483-485), 0276-3478 (May 2000)	English	Deliberate blood-letting has been characterized as an alternative to purging behavior in bulimia. The authors describe a 26-yr-old female healthcare worker with an 8-yr history of restrictive anorexia nervosa, who initially presented with anemia, using blood-letting, cold baths, and starvation to control her mental state. In contrast with the previous cases of bulimia, the aim of blood-letting in this case of anorexia nervosa was to achieve anemia. The S compared the psychic correlates of anemia to emaciation, rather than to deliberate self-harm or purging. The authors note that mainstream 19th century psychiatry prescribed "baths, blood-letting and diet" as a treatment of "madness." (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

John F Morgan	John F Morgan and Arthur H Crisp.	Apr-00	Use of leucotomy for intractable anorexia nervosa: A long-term follow-up study	International Journal of Eating Disorders, April 2000, vol./is. 27/3(249-258), 0276-3478 (April 2000)	English	Objective: We studied the long-term outcomes of intractable anorexia nervosa treated with leucotomy and specialized psychotherapy over 20 years ago. Method: All traceable subjects were interviewed using the Eating Disorders Examination (EDE) and the Structured Clinical Interview for DSM- III-R (SCID). They also completed questionnaires. Detailed histories were taken. Results: Four of five female subjects were traced. Their cases had been severe, with failure of previous intensive psychotherapy and now with high risk of death from terminal inanition. One patient had committed suicide, whereas the others enjoyed a reasonable quality of life. Persistent core psychopathology was evident, but patients had not succumbed to weight loss. All suffered depression and anxiety-related disorders, but endorsed their treatment, which had allowed sustained weight gain by release of appetitive behavior, provision of a license to change, and alleviation of phobic anxiety, allowing psychotherapeutic engagement. Discussion: We argue that these outcomes are relatively favorable and would not have been possible without this latter engagement in specialist psychotherapy to address burgeoning panic at unavoidable weight gain. (C) 2000 by John Wiley and Sons, Inc	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	John F Morgan.	Mar-00	Maternal eating disorder and mother-child conflict.	The British Journal of Psychiatry, March 2000, vol./is. 176/3 (298), 0007-1250;1472-1465 (Mar 2000)	English	Comments on the article by A. Stein et al (see record 1999-15711-012) that examined the antecedents and interactive processes involved in the development of mealtime conflict between infants and mothers with eating disorders. The present author notes that homogeneity between eating disorders is not apparent but is treated as such by Stein et al. Areas of further investigation are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://bjp.rcpsych.org">Available from BJPsych (bjp.rcpsych.org)</a>
John F Morgan	John F Morgan, Fiona Reid, and Hubert John Lacey	Mar-00	The SCOFF questionnaire: assessment of a new screening tool for eating disorders.	WJM: Western Journal of Medicine, 01 March 2000, vol./is. 172/3(164-165), 00930415  BMJ, December 1999, vol./is. 319/7223(1467-8), 0959-8138;0959-535X (1999 Dec 4)	English	Eating disorders are among the most common psychiatric disorders in young women. Early detection and treatment improve the prognosis, but the presentation of eating disorders is often cryptic—for example, via physical symptoms in primary care. The ability to diagnose the condition varies and can be inadequate, <sup>1</sup> and existing questionnaires for detection <sup>2,3</sup> are lengthy and may require specialist interpretation. No simple, memorable screening instruments are available for nonspecialists. In alcohol misuse, the CAGE questionnaire (questions about Cutting down, Annoyance with criticism, Guilty feelings, and Eye-openers) <sup>4</sup> has proved popular with clinicians because of its simplicity. We developed and tested a similar tool for eating disorders, with questions designed to raise the suspicion that an eating disorder might exist before rigorous clinical assessment ...	Journal Article	CINAHL	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
Duncan Raistrick	Edwards Griffith, C D H Parry, N Seivewright, N Giesbrecht, Duncan Raistrick, A Romelsjo and L San.	Dec-99	Comments on Drug Misuse and the Environment: A recent British report	Addiction, 1999, vol./is. 94/9(1299-1309), 0965-2140 (1999)	English	Not available	Note	EMBASE	Journal available for purchase
Duncan Raistrick	Duncan Raistrick.	Dec-99	Advisory groups need to have bite	Addiction, 1999, vol./is. 94/9(1304-1306), 0965-2140 (1999)	English	Not available	Book entry		Journal available for purchase
Duncan Raistrick	Amin Rostami-Hodjegan, Kim Wolff, Alastair W M Hay, Duncan Raistrick, Robert Calvert and Geoff Tucker.	Dec-99	Population pharmacokinetics of methadone in opiate users: Characterization of time-dependent changes	British Journal of Clinical Pharmacology, 1999, vol./is. 48/1(43-52), 0306-5251 (1999)	English	Aims. Although methadone is widely used to treat opiate dependence, guidelines for its dosage are poorly defined. There is increasing evidence to suggest that a strategy based on plasma drug monitoring may be useful to detect non-compliance. Therefore, we have developed a population-based pharmacokinetic (POP-PK) model that characterises adaptive changes in methadone kinetics. Methods. Sparse plasma rac-methadone concentrations measured in 35 opiate-users were assessed using the P-Pharm software. The final structural model comprised a biexponential function with first-order input and allowance for time-dependent change in both clearance (CL) and initial volume of distribution (V). Values of these parameters were allowed to increase or decrease exponentially to an asymptotic value. Results. Increase in individual values of CL and increase or decrease in individual values of V with time was observed in applying the model to the experimental data. Conclusions. A time-dependent increase in the clearance of methadone is consistent with auto-induction of CYP3A4, the enzyme responsible for much of the metabolism of the drug. The changes in V with time might reflect both up- and downregulation of alpha<sub>1</sub>-acid glycoprotein, the major plasma binding site for methadone. By accounting for adaptive kinetic changes, the POP-PK model provides an improved basis for forecasting plasma methadone concentrations to predict and adjust dosage of the drug and to monitor compliance in opiate-users on maintenance treatment.	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Barry Wright	Barry Wright, Chris Williams and Ian Partridge.	Dec-99	Management advice for children with chronic fatigue syndrome: A systematic study of information from the internet	Irish Journal of Psychological Medicine, 1999, vol./is. 16/2(67-71), 0790-9667 (1999)	English	Objectives: Parents often present practising clinicians who see children with chronic fatigue syndrome with printouts from the internet. These are then brought into the discussion about the management and aetiology of this debilitating condition. We set out to systematically study the information on the internet on this subject and to explore the diversity of advice in relation to current research knowledge. Method: Systematic search by means of the internet browser Netscape Navigator and search engines Alta Vista and Yahoo! Advice about levels of rest, exercise, medication, psychological interventions and suggestions about return to school is critically compared with current research evidence. Results: Thirteen websites were accessed. All have some treatment advice. Six offer conflicting advice about levels of rest, with two suggesting large amounts of rest, two suggesting some rest and two suggesting graded exercise. Nine suggest medications (with a wide variety of pharmacological activities) despite the lack of research evidence showing a significant contribution from medication. Four suggest psychological treatments but some advise that it is unnecessary despite the established evidence in chronic fatigue (and other chronic illnesses) that appropriate psychological treatments are helpful. There are a wide variety of differing diets recommended. Conclusions: Few websites provide useful management advice. Advice offered is often in conflict. Some of the advice is either contrary to current research evidence or not supported by it. This raises concerns about inaccurate information reaching families who have a child with chronic fatigue syndrome, with potentially damaging consequences. This suggests a need for a debate about the availability and validation of health related information on the internet.	Journal Article	EMBASE	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Allan House	Christopher J Williams, Allan House, John Holmes and Andrew Stewart	Dec-99	Heavy general hospital case notes: A simple case-finding method for psychiatric problems	Irish Journal of Psychological Medicine, 1999, vol./is. 16/4(123-126), 0790-9667 (1999)	English	Objectives: To identify whether a simple marker of non-psychiatric health service contact (weight of general hospital case notes) is helpful in identifying patients with evidence of psychiatric disorder in a medical and surgical population. Method: Hospital case note review identifying evidence of past and current psychiatric disorder in patients with heavy, medium and low weight case notes. Responses to letters to general practitioners and review of local psychiatric hospital records were used to validate findings. Setting: A large general teaching hospital in the centre of Leeds, UK. Subjects: Random sample of 240 patients aged 16-65 attending general hospital medical or surgical teams as an inpatient or day patient between April 1, 1991 and March 31, 1992. Patients whose index admission was to the gynaecology or obstetrics unit were excluded. Main outcomes: Non-psychiatric service contact was measured by case note weight and thickness, lifetime admissions and number of consultants seen. Psychiatric disorder was identified using global judgements based on a standardised assessment of the case notes, and also general practitioner statements of current or past psychiatric disorder and record of contact with psychiatric services. Results: In a detailed examination of 75 cases, 92% of patients with lightweight notes had solely physical factors to account for their presentations, compared to 88% in the middleweight group and 64% in the heavyweight group. Heavier case notes more often contained comments about psychiatric problems affecting the physical presentation (lightweight 8%; middleweight 20%; heavyweight 64%). Patients with heavy case notes more often had a history of contact with psychiatric services as confirmed by the GP or contact at local psychiatric hospitals (lightweight 28% middleweight 24% heavyweight 48%). Amongst the heaviest service users, patients with a psychiatric problem had seen a median of 12.0 lifetime consultants compared to 8.5 in those where a purely physical cause was present. Conclusions: Patients who have heavy hospital case notes are more likely to have evidence of psychiatric disorder than those with lower levels of hospital contact and this is more likely to have an impact on their physical presentation and clinical course as judged by case note review using structured assessment criteria.	Journal Article	EMBASE	<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
John F Morgan	John F Morgan.	Dec-99	Polycystic ovary syndrome, gestational diabetes, and bulimia nervosa [1]	Journal of Clinical Endocrinology and Metabolism, 1999, vol./is. 84/12(4746), 0021-972X (1999)	English	In the pages of this journal, Holte et al. (1) have recently reported an increase in clinical, endocrine, and ultrasonographic features of the polycystic ovary syndrome in women with a history of gestational diabetes mellitus (GDM). From this controlled study they suggested that women with a history of GDM have a disturbed balance between insulin sensitivity and $\beta$ -cell activity, but those with polycystic ovaries as well may be more prone to insulin resistance.  In a study examining the impact of pregnancy and bulimia nervosa (2), we found that 17% of pregnant women with active bulimia nervosa suffered from GDM, whereas McCluskey et al. (3) established that three quarters of 34 patients with bulimia nervosa had polycystic ovaries and approximately one third of 153 patients with polycystic ovarian syndrome had scores on the BITE (a self-rating scale for bulimia) that suggested the presence of bulimic eating patterns (4). From this it has been suggested that the polycystic ovarian syndrome may be phenotypically expressed via altered insulin resistance, resulting from gross fluctuations in carbohydrate intake, and that bulimic eating patterns need to be stabilized before recommending weight loss in women with polycystic ovary syndrome (5).  Given that there are demonstrable overlaps between the polycystic ovary syndrome, GDM, and bulimia nervosa, it could be argued that bulimia nervosa represents the "missing link" in understanding the findings of Holte et al. (1), although prospective studies would be required to establish the direction of casualty.	Journal: Letter	EMBASE	<a href="http://academic.oup.com">Available from Oxford Academia (academic.oup.com)</a>
Paul Blenkiron	Paul Blenkiron.	Dec-99	Primary care-based mental health promotion drop-in clinic [3]	Psychiatric Bulletin, 1999, vol./is. 23/1(53), 0955-6036 (1999)	English	Sir; It is difficult to agree with the conclusions of Gilleard and Lobo (Psychiatric Bulletin, September, 1998, 22, 559-562) that 'there is a viable role for mental health promotion' in the form of a drop-in clinic based in primary care. Only 55 contacts occurred in 11 months at a twice weekly clinic run by two members of the mental health team. This represents around one patient seen every 10 hours of professional time, which seems a rather expensive way of distributing information leaflets while informing patients and surgery staff about local non-NHS services. Most general practitioners would consider that a poster in the waiting room would achieve a similar objective and capture a much wider audience at a fraction of the cost.	Journal: Letter	EMBASE	<a href="http://pb.rcpsych.org">Available from BPSych Bulletin (pb.rcpsych.org)</a>

Duncan Raistrick	Duncan Raistrick, Ray Hodgson and Bruce Ritson.	Dec-99	Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy	Published by Free Association Books, United Kingdom, 1999 (ISBN 10: 1853434574)	English	Synopsis: Tackling Alcohol Together provides an authoritative, independent analysis of the British experience with alcohol. Written by a team of nationally and internationally distinguished experts the book examines alcohol problems, alcohol policy and makes specific policy recommendations. A wealth of data is provided on drinking, drinking problems and policy initiatives, all of which have been critically scrutinized and where appropriate, re-analyzed. This is an important book that will be essential reading for all who work in this area.	Book Author		Book available for purchase.
Peter Trigwell	Peter Trigwell.	Nov-99	Sexual dysfunction in women with diabetes mellitus: Addressing impaired arousal.	Sexual and Marital Therapy, November 1999, vol./is. 14/4(385-397), 0267-4653 (Nov 1999)	English	Sexual dysfunction in men with diabetes is well recognized and has been widely studied. In contrast, there is a striking lack of such study and knowledge regarding sexual dysfunction in women with diabetes. Some 50% of men with diabetes suffer erectile dysfunction, often largely as a result of the vascular and neurological sequelae of the diabetic disease process. Research has confirmed the anatomical and physiological similarities between male and female genitalia. This being the case, it may be reasonable to assume that a similarly large proportion of women with diabetes will also suffer disordered/impaired sexual arousal, in the form of reduced vaginal lubrication and 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 (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>
David Protheroe	David Protheroe, Kim Turvey, Kieran Horgan, Eddie Benson, David Bowers and Allan House	Oct-99	Stressful life events and difficulties and onset of breast cancer: case-control study.	BMJ, October 1999, vol./is. 319/7216(1027-30), 0959-8138;0959-535X (1999 Oct 16)	English	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=0.69); a 2 year severe non-personal health difficulty (0.53, 0.12 to 2.31; P=0.4); or a 2 year severe personal health difficulty (2.73, 0.68 to 10.93; P=0.16) than women diagnosed with a benign breast lump. CONCLUSION: These findings do not support the hypothesis that severe life events or difficulties are associated with onset of breast cancer.	Journal article, research support, non-U.S. government	MEDLINE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>
Barry Wright	Jennie Black, Barry Wright, Christine Williams and Rob Smith.	Sep-99	Paediatric liaison service.	Psychiatric Bulletin, September 1999, vol./is. 23/9(528-530), 0955-6036;1472-1473 (Sep 1999)	English	Discusses the working of a new pediatric liaison service, and reviews pediatric referral to a child and adolescent mental health service (CAMHS) 21 months before and 21 months after the establishment of this service. 183 children were discussed in the 21 months after the new service was set up. There was a rise in referral to CAMHS from 72 to 120. Non-attendance rates from pediatric referrals also rose. Likely reasons for these changes are discussed and include an increase in referrals of children with somatization. Interdisciplinary liaison appears to carry many advantages, but is likely to increase referral rates to the CAMHS. This has both clinical and resource implications. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Barry Wright	Chris Williams, Barry Wright and Ian Partridge.	Jul-99	Attention deficit hyperactivity disorder--a review.	British Journal of General Practice, July 1999, vol./is. 49/444(563-71), 0960-1643;0960-1643 (1999 Jul)	English	The topic of attention deficit hyperactivity disorder (ADHD) is fascinating and controversial. A variety of stances have been taken by different clinicians, support groups, and the media. A nature/nurture argument has developed that may have a tendency to polarize views. This review aims to present research findings that inform the debate. It deals with symptomatology, aetiology, and prevalence, with assessment for diagnosis, management, and outcome. The importance of comprehensive management taking into consideration not just attention abilities but a range of other factors that have an impact upon them is stressed. Management should be pragmatic, multifaceted, and based around the establishment of good working relationships with family and school.	Journal article, review	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pmc">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
Gillian Tober	Christine Franey and Gillian Tober.	Jul-99	Drug and alcohol education from a distance: A good reason for collaboration.	Drugs: Education, Prevention and Policy, July 1999, vol./is. 6/2(265-273), 0968-7637;1465-3370 (Jul 1999)	English	Examined the challenges faced by institutions offering distance-based courses. Specifically, the authors share their separate experiences of producing distance learning programmes for drug and alcohol workers. There are special complexities inherent in the design, delivery and operation of drugs courses by distance learning and these are examined. Parochial perspectives on drug issues assume less relevance as the target group for distance learning courses widens notably to include learners in other geographical areas and in other countries. The authors begin to explore the case for 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) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

John F Morgan	John F Morgan, Hubert John Lacey and Fiona Reid.	Jul-99	Anorexia nervosa: Changes in sexuality during weight restoration.	Psychosomatic Medicine, July 1999, vol./is. 61/4(541-545), 0033-3174;1534-7796 (Jul-Aug 1999)	English	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) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Barry Wright	Barry Wright, Christine Williams and Ian Partridge.	Jun-99	Management advice for children with chronic fatigue syndrome: A systematic study of information from the internet.	Irish Journal of Psychological Medicine, June 1999, vol./is. 16/2(67-71), 0790-9667 (Jun 1999)	English	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. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
John F Morgan	John F Morgan, Jim Bolton, Philip M Sedgwick, Sanjeev Patel and Hubert John Lacey.	Jun-99	Changes in plasma concentrations of leptin and body fat composition during weight restoration in anorexia nervosa.	Journal of Clinical Endocrinology and Metabolism, June 1999, vol./is. 84/6(2257), 0021-972X;0021-972X (1999 Jun)	English	Recently, Eckert et al. presented longitudinal data confirming previous cross-sectional reports that leptin concentrations in female anorexics 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 anorexics. 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 ...	Letter	MEDLINE	<a href="http://academic.oup.com">Available from Oxford Academic (academic.oup.com)</a>
John F Morgan	John F Morgan.	May-99	Eating disorders and reproduction.	Australian and New Zealand Journal of Obstetrics and Gynaecology, May 1999, vol./is. 39/2(167-73), 0004-8666;0004-8666 (1999 May)	English	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, ovarian 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.	Journal Article	MEDLINE	<a href="http://onlinelibrary.wiley.com">Available from Wiley online library (onlinelibrary.wiley.com)</a>
Barry Wright	Barry Wright and Ian Partridge.	Apr-99	Speaking ill of the dead: Parental suicide as child abuse.	Clinical Child Psychology and Psychiatry, April 1999, vol./is. 4/2(225-231), 1359-1045;1461-7021 (Apr 1999)	English	Argues that using the model of child abuse as well as traditionally used models of bereavement and trauma resulting from parental suicide may be helpful when understanding the child's predicament and planning therapeutic interventions. Two cases, involving 4 children (aged 6-11 yrs), illustrate this perspective. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>

John F Morgan	John F Morgan.	Mar-99	Eating disorders and gynecology: knowledge and attitudes among clinicians.	Acta Obstetrica et Gynecologica Scandinavica, March 1999, vol./is. 78/3(233-9), 0001-6349;0001-6349 (1999 Mar)	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 endocrinology and gynecological sequelae. For example, 79% underestimated amenorrhoea in anorexia nervosa by 25%, and 85% wrongly believed that regular menses was characteristic of bulimia nervosa at normal weight. Consultants demonstrated significantly more knowledge than junior grades. Thirty-one percent of respondents held pejorative attitudes to eating disorders, which over-represented men (p=0.045) who were also more likely than women to see bulimia nervosa as untreatable (p=0.01).CONCLUSION: The author suggests that these deficits might be addressed by development of simpler screening questionnaires for non-specialists, and elucidation of the interface between eating disorders and reproductive physiology.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	John F Morgan and Hubert John Lacey.	Mar-99	Scratching and fasting: a study of pruritus and anorexia nervosa.	British Journal of Dermatology, March 1999, vol./is. 140/3(453-6), 0007-0963;0007-0963 (1999 Mar)	English	An association between pruritus and eating disorders has been suggested. This study examined changes in pruritus during weight restoration in a homogeneous 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 variation, eczema and the role of central opioid and serotonergic activity. We argue that anorexia nervosa should be considered in all patients at low weight presenting with pruritus, and pruritus should be considered to be a physical symptom of anorexia nervosa.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
John F Morgan	John F Morgan and Hubert John Lacey.	Feb-99	Smoking, eating disorders, and weight control.	Postgraduate Medical Journal, February 1999, vol./is. 75/880(127), 0032-5473;0032-5473 (1999 Feb)	English	Sir, We read with interest the recent report of Crisp et al in the pages of this journal, concerning the association between smoking and pursuit of thinness among school girls. In particular, they found smoking was related to over-concern with body shape and weight, being 'overweight', and regular self-induced vomiting. We examined smoking and related behaviour among 542 women referred to the St George's Hospital Eating Disorder Unit for the treatment of bulimia nervosa between 1984 and 1994. All subjects fulfilled DSM-III-R criteria for bulimia nervosa at the time of referral. Subjects with a clear history of anorexia nervosa were also identified, which has previously been named 'Type II' bulimia ...	Letter	MEDLINE	<a href="http://journals.bmj.com">Available from BMJ Journals (journals.bmj.com)</a>
Barry Wright	Christine Williams, Barry Wright and Rob Smith.	Feb-99	CHEAF (Child Health and Education Assessment Forum): A multi-disciplinary powwow for children.	Psychiatric Bulletin, February 1999, vol./is. 23/2(104-106), 0955-6036;1472-1473 (Feb 1999)	English	Describes the purpose and operation of Child Health and Education Assessment Forum (CHEAF). The CHEAF participants developed a multi-disciplinary approach to treating children with a wide range of disorders and diseases. However the forum only focuses on those children with particularly complex problems requiring a high degree of cooperation and collaboration. The authors suggest that CHEAF is a discrete, integrated and accessible service designed to assist a range of professionals in handling the needs of children with complex disorders. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
John F Morgan	John F Morgan, Hubert John Lacey and Philip Sedgwick	Feb-99	Impact of pregnancy on bulimia nervosa.	The British Journal of Psychiatry, February 1999, vol./is. 174/(135-140), 0007-1250;1472-1465 (Feb 1999)	English	Examined the impact of pregnancy on symptoms of bulimia nervosa and associated psychopathology 94 women (aged 17-38 yrs) actively suffering from bulimia nervosa during pregnancy were interviewed using the eating disorder examination and structured clinical interview for Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R), with additional structured questions. Behaviours were recorded at conception, each trimester and postnatally. Relative risks were calculated for prognostic factors. Bulimic symptoms improved throughout pregnancy. After delivery, 57% had worse symptoms than pre-pregnancy, but 34% were no longer bulimic. Relapse was predicted by behavioural severity and persistence, previous anorexia nervosa (Type II bulimia), gestational diabetes and unplanned pregnancy. Unplanned pregnancies were the norm, usually resulting from mistaken beliefs about fertility. Postnatal depression was suggested in one-third of the sample, and in two-thirds of those with Type II bulimia, and was predicted by alcohol misuse, symptom severity and persistence. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
John F Morgan	John F Morgan.	Jan-99	Bulimic eating patterns should be stabilised in polycystic ovarian syndrome	BMJ (Clinical research ed.), January 1999, vol./is. 318/7179(328), 0959-8138 (30 Jan 1999)	English	... Hopkinson et al have highlighted the multiple benefits of weight reduction in the management of women with the polycystic ovarian syndrome. This, however, may simply amount to unsupervised dieting, which runs the risk of escalating cycles of binge eating and purging, potentially contributing to the pathogenesis of the syndrome and certainly contributing to the patient's distress ...	Note	EMBASE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>

Tariq Mahmood	Tariq Mahmood, Sarah Romans and Trevor Silverstone.	Jan-99	Prevalence of migraine in bipolar disorder.	Journal of Affective Disorders, January 1999, vol./is. 52/1-3(239-241), 0165-0327 (Jan-Mar 1999)	English	Estimated the prevalence of migraine in people suffering from bipolar affective disorder. A headache questionnaire incorporating the newly introduced International Headache Society criteria was given to 117 patients on the Dunedin Bipolar Research Register. A total of 81 (69%) completed the questionnaire, out of which 21 (25.9%) reported migraine headaches. 25% of bipolar men and 27% of bipolar women suffered from migraine. These rates are higher than those reported in the general population, with the rate for bipolar men being almost 5 times higher than expected. An increased risk of suffering from migraine was particularly noted in bipolar patients with an early onset of the disorder. This may represent a more severe form of bipolar affective disorder. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.jad-journal.com">Available from the Journal of Affective Disorders (www.jad-journal.com)</a>
Barry Wright	Barry Wright and David Beverley.	Dec-98	Chronic fatigue syndrome	Archives of Disease in Childhood, 1998, vol./is. 79/4(368-374), 0003-9888;1468-2044 (1998)	English	The media has shown some interest in children with chronic fatigue syndrome, although national coverage does not always accurately reflect the position of the current medical publications. For example, one television programme indicated that most adolescents with the illness might expect to be ill for at least four years, a suggestion that research papers do not confirm. It is thus prudent to consider what current research tells us, particularly when there is an apparent disparity of views about the illness between parents, support groups, and professionals.  An editorial in the British Medical Journal 1 and a report from the joint working group of the Royal Colleges of Physicians, Psychiatrists and General Practitioners 2 both called for more work to be carried out on the assessment and management of children and adolescents with chronic fatigue syndrome. This review seeks to delineate our knowledge from published work as it currently stands and suggests an important area of further work.	Journal Article	EMBASE	<a href="http://adc.bmj.com">Available from BMJ Journals Archives of Disease in Childhood (adc.bmj.com)</a>
Barry Wright	Barry Wright, Immanuel McKenzie, Joanna Stace and Ian Berg.	Dec-98	Adult criminality in previously hospitalized child psychiatric patients: With particular reference to girls and the use of ICD-10 diagnoses.	Criminal Behaviour and Mental Health, 1998, vol./is. 8/1(19-38), 0957-9664;1471-2857 (1998)	English	Examined which childhood factors were associated with adult criminality. 108 males and 63 females (aged 2-11 yrs) admitted to a psychiatric inpatient unit were examined using criminal offenses between age 17-25 yrs as the main studied outcome. A retrospective cohort analytic design was employed using current classification systems. Ss were followed up to the age of 25. The pro forma for diagnosis included a checklist from the Diagnostic Criteria for Research of World Health Organization International Classification of Diseases. About half of the males and a quarter of the females had received at least one standard list conviction by that time. Childhood variables which were predictive of adult criminality were explored. The important variables for boys were: large family size, parental criminality and a diagnosis of conduct disorder, and for girls were: having been in care prior to admission, parental criminality and a diagnosis of conduct disorder. Variables subjected to selection criteria are appended. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
David Milnes	Andrew Carroll and David Milnes	Dec-98	Unilateral auditory hallucinations in association with ear infection	Irish Journal of Psychological Medicine, 1998, vol./is. 15/1(31-32), 0790-9667 (1998)	English	We report the case of a patient with unilateral left-sided auditory hallucinations in association with a left middle ear infection, who in addition demonstrated a symptom of passivity, attributing the infection to the actions of a voice. The case demonstrates the potential for complex interplay between physical and mental pathology.	Journal Article	EMBASE	<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
Peter Elwood	Peter Elwood.	Dec-98	Driving, mental illness and the role of the psychiatrist	Irish Journal of Psychological Medicine, 1998, vol./is. 15/2(49-51), 0790-9667 (1998)	English	Objectives: Drivers with certain mental illnesses are obliged by the Driver and Vehicle Licensing Authority (DVLA) to stop driving and to report their condition. This study aims to quantify the number of psychiatric patients failing to meet the DVLA standards of 'fitness to drive' and to record how frequently psychiatrists failed to advise patients of these standards. Method: In this prospective descriptive study, 10 psychiatrists reported by questionnaire the diagnosis and driving status of all patients encountered over a four week period. They recorded their advice given to patients failing to meet the DVLA criteria of 'fitness to drive' and advice given when prescribing psychotropic medication. Results: Of 297 patients, 123 (41%) were drivers. 19/123 (13%) of drivers failed to meet the DVLA standards of 'fitness to drive'. In 9/19 of these cases the psychiatrist did not advise the patient in line with the DVLA guidelines. This was especially the case for alcohol related disorders. Of drivers 49% were prescribed psychotropic medication with potential adverse effects on driving. Conclusions: Driving amongst mentally ill patients appears commonplace. In this study, 13% of drivers were considered by the authorities to be unfit to drive. Psychiatrists frequently used their own judgement when advising patients regarding driving. This arguably contravenes doctors' responsibilities to patients and has potential legal implications for both the patient and psychiatrist.	Journal Article	EMBASE	<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
Gillian Tober	Gillian Tober.	Dec-98	Learning theory, addiction and counselling.	K. Cigno and D. Bourn (Eds) Cognitive Behavioural Social Work in Practice, Chapter 10 (Aldershot, Ashgate).	English	Chapter 10 describes a cognitive counselling style known as motivational interviewing. Based on the principles of self-management and conditioning, it is proving to be effective. The chapter reviews the condition of learning theory to the understand of addictions.	Book entry		Book available for purchase.
Tariq Mahmood	Kenneth C Kutner, Howard M Busch, Tariq Mahmood, Stanley P Racis and Phoebe R Krey.	Dec-98	Neuropsychological functioning in systemic lupus erythematosus.	Neuropsychology, 1988, vol./is. 2/3-4(119-126), 0894-4105;1931-1559 (1988)	English	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 factual 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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://psycnet.apa.org">Available from APA PsycNET (psycnet.apa.org)</a>

Paul Blenkiron	Paul Blenkiron.	Dec-98	Does the management of depression in general practice match current guidelines?	Primary Care Psychiatry, 1998, vol./is. 4/3(121-125), 1355-2570 (1998)	English	The aim of this study was to assess how general practitioners are managing depression in the wake of the Defeat Depression Campaign (1992-1996). It comprised an anonymous postal survey of all 153 GP principals in the York area in May 1997. The questionnaire incorporated points of good clinical management emphasized in the literature of the campaign and current consensus guidelines. The results indicate that GPs appear to achieve recommended standards for appropriate antidepressant prescribing, criteria for psychiatric referral and a philosophy of patient collaboration. However, many continue to be reluctant to prescribe for understandable depression (52/116 cases, 45%), use potentially sub-therapeutic doses of tricyclic drugs (31%), and stop medication within three months (66%). Less than one quarter use written information, diary keeping or activity scheduling. Younger doctors prescribe more often for depression with biological symptoms (P = 0.03). Those expressing a high degree of confidence in managing depression appear less likely to decide management in collaboration with the patient (P = 0.001), use problem-solving techniques (P = 0.0004), or perceive the campaign as having at least a moderate impact on their practice (P = 0.04). Of those who replied, 79% indicated that the campaign had little or no personal impact. Future educational initiatives should concentrate on ways of improving their influence upon the primary health care team in general and well-established GPs in particular.	Journal Article	EMBASE	Not available
John F Morgan	John F Morgan.	Nov-98	Genetic epidemiology of bingeing and vomiting.	British Journal of Psychiatry, November 1998, vol./is. 173/(439; author reply 439-40), 0007-1250;0007-1250 (1998 Nov)	English	Sir, Sullivan et al (1998) applied bivariate twin modelling to 1897 female twins born between 1934 and 1971, and appeared to demonstrate a strong association between bingeing and vomiting, with a high genetic correlation. This assumes a degree of temporal uniformity with regard to bulimia nervosa (i.e. that a subject bingeing or vomiting in the 1950s exemplifies the same phenotypic trait as a subject in th 1990s).	Letter	MEDLINE	<a href="http://bjp.rcpsych.org">Available from BJPsych (bjp.rcpsych.org)</a>
John F Morgan	John F Morgan and Hubert John Lacey.	Oct-98	Salinophagia in anorexia nervosa.	The British Journal of Psychiatry, October 1998, vol./is. 173/(352-353), 0007-1250;1472-1465 (Oct 1998)	English	Reports the case of female patient in her 30s with anorexia nervosa and pathological salt ingestion. During inpatient treatment, the patient admitted to intermittent pathological ingestion of table salt over a period of 2 yrs in the form of up to 20 packets (approximate 80 g) per day. The phenomenology of her behavior appeared to be a form of deliberate self-harm, ego-syntonic but self-punitive in nature. The author addressed the salt ingestion as a form of learned maladaptive behavior and combined cognitive-behavioral and psychodynamic techniques for treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Letter	PsycINFO	<a href="http://bjp.rcpsych.org">Available from BJPsych (bjp.rcpsych.org)</a>
John F Morgan	John F Morgan, Adrienne Key and Hubert John Lacey.	Jul-98	Gender issues in the management of multi-impulsive bulimia: A case study.	International Journal of Eating Disorders, July 1998, vol./is. 24/1(107-109), 0276-3478;1098-108X (Jul 1998)	English	Described the management of multi-impulsive bulimia nervosa (MIBN) in a 27-yr-old man. Inpatient treatment was attempted using a standardized focal-interpretative (psychodynamic) and cognitive-behavioral approach, with an emphasis on ward milieu. The value of this approach has been proved for female patients in the past. The usage of this approach for a male with MIBN, and the problems encountered highlight the impact of gender on behavioral symptoms, ward culture, and the predominantly female patient group. In the opinion of the authors, men presenting with MIBN have a core disorder which is distinct from the female equivalent. On the basis of experience with the male S, the authors conclude that inpatient management of men with MIBN in a treatment program with a feminist perspective would be contraindicated. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Peter Trigwell	Helen Ford, Peter Trigwell and Michael Johnson.	Jul-98	The nature of fatigue in multiple sclerosis.	Journal of Psychosomatic Research, July 1998, vol./is. 45/1(33-38), 0022-3999 (Jul 1998)	English	This cross-sectional descriptive study investigated whether people with multiple sclerosis (MS) 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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.jpsychores.com">Available from the Journal of Psychosomatic Research (www.jpsychores.com)</a>
Allan House	Navneet Kapur and Allan House.	Jul-98	Working patterns and the quality of training of medical house officers: evaluating the effect of the 'new deal'.	Medical Education, July 1998, vol./is. 32/4(432-8), 0308-0110;0308-0110 (1998 Jul)	English	The 'new deal' on junior doctors' hours of work has led to the widespread introduction of working patterns such as full shifts and partial shifts in the United Kingdom. The impact of these changes on the training of medical staff is unclear. The subjects of the current study were 36 pre-registration medical house officers working shift 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 they were associated with significantly lower training experience and training satisfaction scores for the house officers than were on-call systems (P < 0.01). Shift systems were unpopular among consultants and medical students but not nursing staff. Despite reducing excessive hours of work, shifts may be detrimental to the training of medical house officers. The further imposition of shift working should be suspended until such time as the impact of new working patterns on the training of medical staff has been determined.	Journal Article	MEDLINE	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>

David Yeomans	Paul Harwood and David Yeomans.	Jul-98	Inconsistencies in risk assessment.	Psychiatric Bulletin, July 1998, vol./is. 22/7(446-449), 0955-6036;1472-1473 (Jul 1998)	English	An audit of case notes and a survey of 12 inpatients was carried out to evaluate risk assessment on an inpatient ward. Considerable inconsistencies were found between the risk assessment records in medical and nursing notes. A systematic survey found higher levels of risk than either set of notes, but combining the notes improved the quality of risk assessment compared to the survey. Three key areas for action to improve risk assessment are suggested. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Allan House	Navneet Kapur, Allan House, F Creed, E Feldman, T Friedman and Elspeth Guthrie.	Mar-98	Management of deliberate self poisoning in adults in four teaching hospitals: descriptive study.	BMJ, March 1998, vol./is. 316/7134(831-2), 0959-8138;0959-535X (1998 Mar 14)	English	Deliberate self poisoning accounts for 100 000 hospital admissions in England and Wales every year, and its incidence is increasing.1 One per cent of patients kill themselves in the year following attendance.2 Good services to manage deliberate self poisoning in general hospitals might therefore help to achieve the targets set out by the Health of the Nation strategy to reduce suicide rates. Existing services have not been planned coherently; the care provided by hospitals varying greatly, even in the same region.3 We assessed the management of self poisoning in four teaching hospitals in England by using standardised methods of notification.	Journal article	MEDLINE	<a href="#">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc)</a>
Tom Hughes	Tom Hughes, Susan Hampshaw, Edward Renvoize and David Storer.	Feb-98	General hospital services for those who carry out deliberate self-harm.	Psychiatric Bulletin, February 1998, vol./is. 22/2(88-91), 0955-6036;1472-1473 (Feb 1998)	English	The Royal College of Psychiatrists has published national guidelines for services for those who carry out deliberate self-harm (1994). This study aimed to discover whether these recommendations are being followed. The authors conducted a semi-structured interview with professionals from the accident and emergency service and one from the specialist service at each of 16 hospitals in the former Yorkshire Regional Health Authority. The findings are that services are not adhering to the guidelines. The production of guidelines without an adequate implementation strategy is ineffective. According to the authors, the Department of Health should endorse the College guidelines, and produce an implementation strategy to secure the involvement of purchasers and providers. (PsycINFO Database Record (c) 2014 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
John F Morgan	John F Morgan and Hubert John Lacey.	Jan-98	HIV-1 seropositivity and eating disorders: A case report.	International Journal of Eating Disorders, January 1998, vol./is. 23/1(103-106), 0276-3478;1098-108X (Jan 1998)	English	Presents a case of bulimia nervosa in a 21-yr-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. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="#">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Douglas Coyle, Christine Godfrey, Geoffrey Hardman and Duncan Raistrick.	Dec-97	Costing substance misuse services.	Addiction, 1997, vol./is. 92/8(1007-1015), 0965-2140 (1997)	English	Aims. To develop a methodology for obtaining the detailed costs of different substance misuse services and illustrate some of the specific problems by means of a case study. Design. Data on the resources required, clinical activity, and patient characteristics for one year were combined to provide detailed costs for different types of clinical events and patients. Setting. The clinical services of a publicly funded addiction unit in a large industrial city in the UK. The unit provides for alcohol and other drug misusers mainly on an outpatient basis but with inpatient care. Participants. Over 1500 patients were included in the analysis with 75 per cent being male, and 80 per cent aged between 20 and 49. Nearly half of the clients had alcohol as their main drug of misuse with opiate users being the next largest group. Measurement. Detailed costing by event and patient was possible as the staff type and time taken for each event were routinely recorded. A cost for each individual event was estimated and summed for each individual patient to give a cost estimate by patient for the financial year 1992/3. Findings. Core treatment outpatient events had an average cost of 48, with new assessments costing 87 but these averages hid high variations. The average cost per year for those receiving only outpatient care was 358; it was 1857 for those receiving both outpatient and inpatient care. Opiate misusers were on average more costly than alcohol misusers. The costs were skewed with 10 per cent of patients accounting for 56 per cent of the total annual costs. Conclusions. Dealing with costs of non attendance, including all resource use, and coping with large individual variations in costs across individuals and intervention types are the main problems in devising cost figures. Cost data are useful but need to be combined with outcome data if they are to be used to improve patient services.	Journal Article	EMBASE	<a href="#">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>

Duncan Raistrick	Kim Wolff, Amin Rostami-Hodjegan, S Shires, Alastair W M Hay, Morgan Feely, Robert Calvert, Duncan Raistrick and Geoff Tucker.	Dec-97	The pharmacokinetics of methadone in healthy subjects and opiate users.	British Journal of Clinical Pharmacology, 1997, vol./is. 44/4(325-334), 0306-5251 (1997)	English	Aims - There is some evidence that monitoring methadone plasma concentration may be of benefit in dosage adjustment during methadone maintenance therapy for heroin (opiate) dependence. However, the kinetics of oral methadone are incompletely characterized. We attempted to describe the latter using a population approach combining intensive 57 h sampling data from healthy subjects with less intensive sparse 24 h data from opiate users. Methods - Single oral doses of rac-methadone were given to 13 drug-naive healthy subjects (7 men and 6 women) and 17 opiate users beginning methadone maintenance therapy (13 men and 4 women). Plasma methadone concentrations were measured by h.p.l.c. Kinetic analysis was performed using the P-Pharm software. Results - Comparison of kinetic models incorporating mono- or biexponential disposition functions indicated that the latter best represented the data. The improvement was statistically significant for the data from healthy subjects whether the full 57 h or truncated 24 h profiles were used ( $P < 0.031$ and $P < 0.024$ , respectively), while it was of borderline significance for the more variable data from opiate users ( $P = 0.057$ ) or for pooled (healthy subjects and opiate users) data ( $P = 0.066$ ). The population mean oral clearance of methadone was $6.9 \pm 1.5$ s.d. $1 \text{ h}^{-1}$ ( $5.3 \pm 1.2$ s.d. $1 \text{ h}^{-1}$ using 0-24 h data) in the healthy subjects. The results of separate analyses of the data from opiate users and healthy subjects were in contrast with those obtained from pooled data analysis. The former indicated a significantly lower clearance for opiate users ( $3.2 \pm 0.3$ s.d. $1 \text{ h}^{-1}$ , $P < 0.001$ ); 95% CI for the difference = -3 to -6 $1 \text{ h}^{-1}$ and no difference in the population mean values of V/F ( $212 \pm 27$ s.d. 1 and $239 \pm 121$ s.d. 1, $P = 0.15$ ), while according to the latter analysis addiction was a covariate for V/F but not for oral clearance. A slower absorption of methadone in opiate users was indicated from the analysis of both pooled and separate data. The median elimination half-life of methadone in healthy subjects was 33-46 h depending on the method used to calculate this parameter. Conclusions - Estimates of the long terminal elimination half-life of methadone (33-46 h in healthy subjects and, possibly, longer in opiate users) indicated that accurate measurement of this parameter requires a duration of sampling longer than that used in this study. Our analysis also suggested that parameters describing plasma concentrations of methadone after a single oral dose in healthy subjects may not be used for predicting and adjusting dosage in opiate users receiving methadone maintenance therapy unless coupled with feedback concentration monitoring techniques (for example Bayesian forecasting).	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pmc/">Available from PubMed Central (www.ncbi.nlm.nih.gov/pmc/)</a>
John F Morgan	A R Ness, J W Powles, John F Morgan, Timothy J A Key and Paul N Appleby.	Dec-97	Dietary habits and mortality in vegetarians and health conscious people (multiple letters) [9]	British Medical Journal, 1997, vol./is. 314/7074(148-149), 0959-8146 (1997)	English	Editor-We believe that some of the issues raised in Timothy J A Key and colleagues' study of dietary habits and mortality in 11 000 vegetarians and health conscious people <sup>1</sup> and in the accompanying commentary by Matthew W Gillman <sup>2</sup> deserve more attention ...	Journal: Letter	EMBASE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>
Duncan Raistrick	John Strang, William B Clee, Lawrence Gruer and Duncan Raistrick.	Dec-97	Why Britain's drug czar mustn't wage war on drugs. Aim for pragmatism, not dogma	British Medical Journal, 1997, vol./is. 315/7104(325-326), 0959-8146 (1997)	English	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. <sup>1</sup>  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.	Journal: Editorial	EMBASE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>

Peter Trigwell	Chris Williams, John Milton, Paul Strickland, Nick Ardagh-Walter, John Knapp, Simon Wilson, Peter Trigwell, E Feldman E and A C P Sims.	Dec-97	Impact of medical school teaching on preregistration house officers' confidence in assessing and managing common psychological morbidity: Three centre study	British Medical Journal, 1997, vol./is. 315/7113(917-918), 0959-8146 (1997)	English	<p>Introduction</p> <p>The psychiatric problems of inpatients in hospital are associated with distress and increased complexity of care.<sup>1</sup> The admission assessment by preregistration house officers provides an important opportunity to detect and treat these disorders.</p> <p>Subjects, methods, and results</p> <p>Questionnaires were given to all preregistration house officers during the third month of their first post (October 1994) at the two largest hospitals in three teaching centres. Each centre has a different style of teaching undergraduate psychiatry. In two centres (1 and 2) psychiatry is taught in one block in the fourth year. The third centre (3) offers an integrated course, with lectures in liaison psychiatry during all three clinical years and psychiatry in the fourth year; moreover, liaison psychiatry is part of the final examination. The survey was repeated during the second house job after different training interventions (a compulsory lecture in centre 1 and a voluntary, clinical, problem oriented teaching in centre 3); centre 2 (no intervention) acted as a control. Any differences in score in this assessment could result from the residual effects of medical school teaching, the impact of the training intervention (centres 1 and 3), plus additional effects of maturity, training, exposure to peers or senior staff, and the effects of doing the questionnaire during the first house job.</p> <p>The questionnaire used a system based, clinical checklist (respiratory, cardiovascular etc) to ask about questions that were routinely asked or considered when a new patient was admitted. In addition, three short clinical scenarios were used: a 50 year old woman who was depressed and weepy was used to assess house officers' confidence in assessing and treating depression; a 20 year old asthmatic patient repeatedly admitted with panic and hyperventilation was used for anxiety; and a 40 year old man with excessive alcohol intake for alcohol misuse.</p> <p>In all, 135 of 160 questionnaires (84%) were completed, with no differences in completion rates between sites (<math>\chi^2=0.15</math>, <math>df=2</math>, <math>P=0.93</math>). Questions on physical aspects such as the presence of coughs, angina, ankle swelling, and palpitations were routinely asked by over 90% of house officers, but questions on psychological state were rarely asked or even considered. <i>Preregistration house officers often believed they lacked the skills to assess and treat these three common</i></p>	Journal Article	EMBASE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>
Duncan Raistrick	Kim Wolff, Alastair W M Hay, Andrew Vail, Kevin Harrison and Duncan Raistrick	Nov-97	Non-prescribed drug use during methadone treatment by clinic- and community-based patients.	Addiction, November 1996, vol./is. 91/11(1699-1704), 0965-2140;1360-0443 (Nov 1996)	English	<p>Investigated the efficacy of methadone maintenance treatment in 10 clinic-based patients (aged 23-34 yrs) and 10 community-based patients (aged 26-60 yrs) by studying the relationships between dose, plasma concentrations of methadone, and non-prescribed drug-use using logistic regression. Clinic-based Ss had significantly reduced odds of having a urine sample test positive for illicit drugs when compared to community-based Ss. There was no relationship between either methadone 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 and odds of having a positive urine drug test in either clinic- or community-based Ss. (PsycINFO Database Record (c) 2013 APA, all rights reserved)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Duncan Raistrick.	Oct-97	Task force to review services for drug misusers.	Psychiatric Bulletin, October 1997, vol./is. 21/10(595-596), 0955-6036;1472-1473 (Oct 1997)	English	<p>Critiques the actions of the Drug Misuse task force that was organized by the Department of Health and Social Security of England to review the effectiveness of services. The author addresses the task force's involvement with such issues as the categorization of methadone programs and the role of the general psychiatrist. (PsycINFO Database Record (c) 2014 APA, all rights reserved)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Peter Trigwell	Peter Trigwell, Peter J Grant and Allan House.	Sep-97	Motivation and glycemic control in diabetes mellitus.	Journal of Psychosomatic Research, September 1997, vol./is. 43/3(307-315), 0022-3999 (Sep 1997)	English	<p>As a precursor to evaluating the place of a brief intervention (motivational interviewing) in the treatment of diabetes, this study investigated the relation between motivation and glycemic control in 361 diabetic out-patients (aged 17-85 yrs). Outcome measures were the Stages of Change Readiness and Treatment Eagerness Scale and HbA1C level, a measure of glycemic control. The majority of patients (86.7%) could be allocated to a single motivational stage, indicating that this concept is applicable in the study of diabetes. There were significant associations between HbA1C level and motivational stage, but not in the direction predicted. That is, patients at an earlier motivational stage had lower HbA1C levels than those at later stages. The results suggest that feedback of HbA1C level may partly determine the patient's motivation to control their diabetes, although the effect is quite weak. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://jpsychores.com">Available from the Journal of Psychosomatic Research (jpsychores.com)</a>
Tariq Mahmood	Tariq Mahmood, Mike Devlin and Trevor Silverstone.	Jun-97	Clozapine in the management of bipolar and schizoaffective manic episodes resistant to standard treatment.	Australian and New Zealand Journal of Psychiatry, June 1997, vol./is. 31/3(424-426), 0004-8674;1440-1614 (Jun 1997)	English	<p>Tested the efficacy of clozapine in treatment-resistant manic episodes. Ss were 3 adults, aged 28-51 yrs, 2 with bipolar disorder (manic) and 1 with schizoaffective disorder (manic), who were treated with clozapine after the failure of standard antipsychotics and mood stabilizers. All 3 cases were successfully treated, demonstrating the potential value of a controlled trial of clozapine in cases of bipolar and schizoaffective disorder refractory to standard treatment such as lithium, anticonvulsants, and antipsychotics. (PsycINFO Database Record (c) 2012 APA, all rights reserved)</p>	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>

Peter Trigwell	Peter Trigwell.	Mar-97	The use of CS spray in the mentally ill.	Journal of Clinical Forensic Medicine, March 1997, vol./is. 4/1(37-9), 1353-1131;1353-1131 (1997 Mar)	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	MEDLINE	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Allan House	Navneet Kapur and Allan House.	Mar-97	Job satisfaction and psychological morbidity in medical house officers.	Journal of the Royal College of Physicians of London, March 1997, vol./is. 31/2(162-7), 0035-8819;0035-8819 (1997 Mar-Apr)	English	The aim of this study was to examine levels of job satisfaction and psychological morbidity in preregistration house physicians working partial shift rotas, full shift rotas, or traditional on-call rotas. The study was carried out at two teaching hospitals in one city, and consisted of a prospective within-subject crossover study at hospital A and a parallel simple descriptive study at hospital B. Sixty preregistration house physicians were included in the study. At hospital A the house officers worked shifts for part of their post and traditional on-call rotas for the remainder. At hospital B the house officers worked a modified on-call rota throughout. The outcome measures used were the 30 item General Health Questionnaire and a self-report job satisfaction scale. Measures were administered at hospital A towards the end of each distinct rota period (on-call or shift) and simultaneously administered at hospital B. Results showed that full shifts were associated with greater psychological morbidity and lower job satisfaction than traditional on-call rotas. Partial shifts were rated more favourably but were nonetheless unpopular. There was a marked difference between hospitals. It would seem that some 'new deal' rotas may increase psychological morbidity and reduce job satisfaction.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Peter Trigwell	Peter Trigwell.	Feb-97	CS gas has been used as chemical restraint in mentally ill person.	BMJ, February 1997, vol./is. 314/7078(444), 0959-8138;0959-535X (1997 Feb 8)	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	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>
Peter Trigwell	R P Snaith, E Dove, J Marlowe, S Pemberton, D J Price, S Rawson, J F Wright, A Butler, A K Coughlan, M Hird and Peter Trigwell.	Feb-97	Psychosurgery: Description and outcome study of a regional service.	Psychiatric Bulletin, February 1997, vol./is. 21/2(105-109), 0955-6036;1472-1473 (Feb 1997)	English	Presents the audit of a consecutive series of patients who underwent psychosurgery at the Yorkshire Regional Psychosurgery Service over a 10-year period. Of 12 referrals, 7 patients (aged 21-66 yrs) were recommended for, and underwent, psychosurgery. Pre-surgical assessments included the Global Assessment of Function, the Comprehensive Psychiatric Rating Scale, and the Hospital Anxiety and Depression Scale. The results indicate that a satisfactory psychosurgical service may be organized on a regional basis and that there are advantages of this. They also indicate that psychosurgery retains a role in the management of some severe 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 Journal	PsycINFO	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Duncan Raistrick	Deborah J Garretty, Kim Wolff, Alastair W M Hay and Duncan Raistrick	Jan-97	Benzodiazepine misuse by drug addicts.	Annals of Clinical Biochemistry, January 1997, vol./is. 34/1(68-73), 0004-5632 (January 1997)	English	Using a high-performance liquid chromatography method, we measured seven commonly prescribed benzodiazepines (chlordiazepoxide, nitrazepam, nordiazepam, oxazepam, lorazepam, temazepam and diazepam) in 100 urine samples obtained from patients attending the Leeds Addiction Unit. All of the urines selected for investigation were positive for benzodiazepines using an EMIT (Enzyme Immunoassay) screen. Forty-four of the urines contained a range of benzodiazepines, none of which had been prescribed. Nitrazepam was detected most frequently (61 urine samples), but had not been prescribed to any of the patients in this study. Chlordiazepoxide was detected in 49 urine samples, although it had been prescribed to only five patients. Temazepam was detected in 28 urine samples. Fourteen patients providing 21 urine samples had been prescribed temazepam for treatment. However, temazepam was detected in only 14 of these samples. Multiple benzodiazepine abuse was evident from the high rate of detection of unrelated benzodiazepines.	Journal Article	EMBASE	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>
Duncan Raistrick	Duncan Raistrick, Alastair W M Hay and Kim Wolff.	Dec-96	Methadone maintenance and tuberculosis treatment	British Medical Journal, 1996, vol./is. 313/7062(925-926), 0959-8146 (1996)	English	Rifampicin is a potent inducer of hepatic microsomal enzymes. It increases drug clearance and reduces the half life of a wide range of drugs, including barbiturates, oral contraceptives, propranolol, sulphonylureas, and methadone. <sup>1</sup> Without a concomitant increase in methadone dose, patients also taking rifampicin are likely to experience opiate withdrawal symptoms and may stop their antituberculosis drugs or supplement their methadone prescription with illicitly obtained opiates. Failure to comply with antituberculosis treatment compromises recovery and increases the risk of secondary resistance. <sup>2</sup> The symptoms of methadone withdrawal usually occur only when intake is reduced and are not expected by a user starting rifampicin. Notifications of tuberculosis in the United Kingdom rose from a plateau of some 5100 in 1987 to over 5700 in 1994. Drug misusers account for only a small number of cases, but they share nationally identified risk factors <sup>3</sup> ; thus high rates of tuberculosis can be expected ...	Correspondence	EMBASE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>
Duncan Raistrick	Duncan Raistrick.	Dec-96	Prescrivere Metadone: i punti focali	G.P. Guelfi (ed) Metadone Le Ragioni per Luso (Italy, Pacini Editore)	English	Not available	Book entry		Book available for purchase.

Duncan Raistrick	K Wylie, Allan House, David Storer and Duncan Raistrick.	Dec-96	Deliberate self-harm and substance dependence: The management of patients seen in the general hospital.	Journal of Mental Health Administration, 1996, vol./is. 23/2(246-252), 0092-8623 (Spr, 1996)	English	Examined management decisions made at the time of assessment of an episode of deliberate self-harm seen in the general hospital for 1,285 patients referred for psychiatric assessment and the extent of referral to a specialized addiction unit. Factors involved in making a clinical decision regarding the appropriate management of self-harm cases when alcohol factors were identified are reviewed. Only 10 Ss (0.8% of the patients) who were not already known to the service were identified during psychiatric assessment, referred to the addiction unit, and attended the first appointment. Simply referring to the addiction unit was an unsatisfactory method of providing a comprehensive response to the comorbid substance misuse and deliberate self-harm. Motivational interviewing at assessment and posthospital discharge community follow up may increase the number of patients who go on to accept specialist care. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Tom Hughes	Allan House and Tom Hughes.	Dec-96	Depression in physical illness	Prescribers' Journal, 1996, vol./is. 36/4(222-228), 0032-7611 (1996)	English	Not available	Journal: Short Survey	EMBASE	Book available for purchase.
Allan House	Allan House.	Dec-96	Depression associated with stroke.	The Journal of Neuropsychiatry and Clinical Neurosciences, 1996, vol./is. 8/4(453-457), 0895-0172;1545-7222 (Fal, 1996)	English	Reviews the literature in an effort to determine if depression after stroke has a physiological association. It is concluded that as a clinical phenomenon, depression after stroke does not seem to differ greatly from depression encountered in other physically ill populations. Rates of major depression after stroke are probably about double the general population rate over the 1st 12-18 mo, but thereafter they return to population rates unless there is a new event. Also depression is not the only emotional complication of stroke, others include anxiety, irritability, emotionalism, and apathy. The etiology of depression is probably multifactorial. The location of the brain lesion may be one relevant factor. Depression in a clinical population is a complex phenomenon, and it is unlikely to be explained by a simple formula. Psychosocial factors, among others, are likely to be important. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://neuro.psychiatryonline.org">Available from The Journal of Neuropsychiatry and Clinical Neurosciences (neuro.psychiatryonline.org)</a>
John Holmes	John Holmes and Simon Gilbody.	Aug-96	Differences in use of abbreviated mental test score by geriatricians and psychiatrists.	BMJ, August 1996, vol./is. 313/7055(465), 0959-8138;0959-535X (1996 Aug 24)	English	Cognitive impairment is common in elderly people and is associated with increased morbidity and mortality, but confusion is often poorly recognised and documented by medical staff. Thus, routine cognitive screening of elderly patients in hospital has been recommended.  One validated and widely used screening instrument is the abbreviated mental test score, in which the maximum score is 10 and a score below 7 suggests cognitive impairment. It is widely used in clinical and research settings in Britain for detecting and monitoring cognitive impairment and is easily administered and well tolerated by raters and subjects. Inconsistencies in giving and scoring the test will affect its reliability, validity, and sensitivity in detecting change. We noticed differences between colleagues in the use and scoring of this test and investigated how it was applied in routine clinical practice.	Correspondence	MEDLINE	<a href="http://bmj.com">Available from the BMJ (bmj.com)</a>
Tom Hughes	Tom Hughes and David Owens	Aug-96	Management of suicidal risk	British Journal of Hospital Medicine, August 1996, vol./is. 56/4(151-154), 0007-1064 (1996 Aug 21-Sep 3)	English	Not available	Journal: Review	EMBASE	Not available
John Holmes	John Holmes.	Jul-96	Psychiatric illness and length of stay in elderly patients with hip fracture.	International Journal of Geriatric Psychiatry, July 1996, vol./is. 11/7(607-611), 0885-6230;1099-1166 (Jul 1996)	English	The prevalence of psychiatric illness in 50 consecutive elderly patients admitted with hip fracture was determined using the Geriatric Mental State in its community version, supplemented by the Standardized Mini Mental State Examination. Organic impairment was found in 52%, depression in 16% and obsessional neurosis in 2%. The presence of psychiatric illness significantly increased the length of stay. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Duncan Raistrick.	May-96	Management of Alcohol Misuse Within the Context of General Psychiatry	Advances in Psychiatric Treatment May 1996, 2 (3) 125-132; DOI: 10.1192/apt.2.3.125	English	The general psychiatrist and the addiction specialist have a shared agenda of concerns and interest about the misuse of alcohol. The task of this paper is to highlight and develop thoughts on items for inclusion on the shared agenda, rather than to define, or limit in any other way, how the generalist role might unfold in a particular place at a particular time. It is certain that the general psychiatrist will see a role that is more than just signposting their own specialist colleagues, local counselling services, or self-help groups such as Alcoholics anonymous, but opinion on just how broad that role could or should be will vary considerably ...	Journal Article		<a href="http://apt.rcpsych.org">Available from BJPsych Advances (apt.rcpsych.org)</a>
David Yeomans and Peter Trigwell	David Yeomans, Craig Williams and Peter Trigwell.	May-96	Pass the Royal College examinations: effective essay technique.	British Journal of Hospital Medicine, January 0001, vol./is. 55/10(623-5), 0007-1064;0007-1064 (1996 May 15-Jun 4)	English	Not available	Journal Article	MEDLINE	Not available

Peter Trigwell and David Yeomans	Craig Williams, Peter Trigwell and David Yeomans.	Apr-96	Pass the Royal College examinations. MCQ technique	British Journal of Hospital Medicine, April 1996, vol./is. 55/8(479-481), 0007-1064 (1996 Apr 17-30)	English	Trainee doctors can fail Royal College exams as a result of poor multiple choice question technique. On a negatively marked exam it is possible for candidate to know a subject well, answer 72% of the questions correctly, and yet still only obtain a mark of 44%. As a result, even some very good clinicians fail these exams.	Journal Article	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Barry Wright	Barry Wright, David West, Anne Worrall and Gillian Tagg.	Apr-96	Prevalence of confirmed child abuse and the use of resources in child psychiatric out-patients.	Psychiatric Bulletin, April 1996, vol./is. 20/4(207-209), 0955-6036;1472-1473 (Apr 1996)	English	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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>
Peter Trigwell and David Yeomans	Peter Trigwell, David Yeomans and Craig Williams.	Mar-96	The Royal College examinations: preparation and practice	British Journal of Hospital Medicine, March 1996, vol./is. 55/6(332-334), 0007-1064 (1996 Mar 20-Apr 2)	English	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.	Journal Article	EMBASE	Not available
John F Morgan	John F Morgan and Hubert John Lacey.	Mar-96	Anorexia nervosa and steroid withdrawal.	International Journal of Eating Disorders, March 1996, vol./is. 19/2(213-215), 0276-3478;1098-108X (Mar 1996)	English	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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Peter Trigwell and David Yeomans	Peter Trigwell, Craig Williams and David Yeomans.	Feb-96	MRCPsych examination technique: the short answer question paper.	British Journal of Hospital Medicine, February 1996, vol./is. 55/3(135-8), 0007-1064;0007-1064 (1996 Feb 7-20)	English	Many candidates expect to pass the short answer question paper of the MRCPsych Part II examination using a straightforward regurgitation of facts. They are surprised by the need for good technique in order to do well in this paper.	Journal Article	MEDLINE	Not available
David Protheroe	David Protheroe and Gerard Roney.	Feb-96	Assessing detainees' 'fitness to be interviewed': Implications for senior registrars' training.	Psychiatric Bulletin, February 1996, vol./is. 20/2(104-105), 0955-6036;1472-1473 (Feb 1996)	English	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)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Duncan Raistrick and Gillian Tober	Duncan Raistrick, Christine Godfrey, Alastair W M Hay, Matthew Sutton, Gillian Tober and Kim Wolf.	Dec-95	YARTIC Occasional Paper 7: Prescribing Methadone (Leeds, YARTIC)		English	Behind every prescribing decision there should be a clear understanding of how the chosen medication works and its expected efficacy. Writing a prescription for methadone demands the same clinical rigour as writing a prescription any other drug. There is, however, a problem in that the purpose of substitute prescribing is controversial and vigorously debated even within the addiction field: essentially the question is whether prescribing methadone is an act in support of social and public health policy, or, alternatively, a medical treatment for individual opiate users. Confusion, sometimes obfuscation, exists at both policy maker and practitioner levels ...		HMIC	<a href="http://york.ac.uk">Available from University of York (york.ac.uk)</a>

Duncan Raistrick	John Caplehorn, Wolfgang Poser, John Koc, Hannelore Ehrenreich, Kim Wolf, Alastair W M Hay, Duncan Raistrick, Steve Kempley, Frederick Meyers and N J Shaw	Dec-95	Methadone maintenance treatment. Treatment should be tailored for each patient.	British Medical Journal, 1995, vol./is. 310/6977(463-465), 0959-8146 (1995)	English	Various letters.	Letter	EMBASE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Peter Trigwell	Peter D Campion, Christopher F Dowrick, Richard H T Edwards, Charles Shepherd, Peter Trigwell, Simon Hatcher, Michael Johnson, Philip Stanley and Allan House	Dec-95	Illness behaviour in the chronic fatigue syndrome and multiple sclerosis [6]	British Medical Journal, 1995, vol./is. 311/7012(1092-1093), 0959-8146 (1995)	English	Various letters.	Letter	EMBASE	<a href="http://www.jstor.org">Available from JSTOR (jstor.org)</a>
Tom Hughes	Tom Hughes and David Owens.	Dec-95	Can attempted suicide (deliberate self-harm) be anticipated or prevented?	Current Opinion in Psychiatry, 1995, vol./is. 8/2(76-79), 0951-7367 (1995)	English	Accurate, current data on the clinical epidemiology of deliberate self-harm are not widely available. Predictive values of sociodemographic risk factors for repetition of deliberate self-harm are weak and more may be gained by further examination of clinical and psychological factors. Psychiatric intervention after deliberate self-harm is worthwhile but the evidence about prevention of repetition remains inconclusive for most patients. Assessment after deliberate self-harm is often inadequate; perhaps clearly defined service standards will help.	Journal: Short Survey	EMBASE	<a href="http://journals.lww.com">Available from Current Opinion in Psychiatry (journals.lww.com)</a>
Duncan Raistrick	Duncan Raistrick.	Dec-95	Alcoholism and drug addiction			This book examines drug and alcohol addiction from the perspectives of psychiatric and psychological practice. It describes the effects of the most commonly abused drugs and discusses the psychiatric disorders, which can be attributed to addiction. It also examines the social background to and the consequences of addiction as well as methods of treatment and prevention. Note: Includes bibliographies	Book	HMIC	Book available for purchase.
Duncan Raistrick	Duncan Raistrick.	Nov-95	The value of independence	Addiction (Abingdon, England), November 1995, vol./is. 90/11(1452-1453), 0965-2140 (Nov 1995)	English	<i>Alcohol Policy</i> and the <i>Public Good</i> is quickly recognisable as a landmark publication: it oozes scientific authority and yet is written in a style such that the understanding of key issues is accessible to the informed lay person. Thus the important goal of empowering policy makes is comfortable met. Throughout the report much is made of the "... tone within alcohol issues are discussed ...": <i>tone</i> seems to mean more than eliminating vested interest and emotional content from debate, but also having a "right-thinking" culture. One powerful influence on culture is the promotion of independent organisations, such as brewers and distillers, whose views should be expected to be articulated in a forceful but also open manner.	Journal Article	EMBASE	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Peter Trigwell	Peter Trigwell, Simon Hatcher, Michael Johnson, Philip Stanley and Allan House.	Jul-95	"Abnormal" illness behaviour in chronic fatigue syndrome and multiple sclerosis.	BMJ, July 1995, vol./is. 311/6996(15-8), 0959-8138;0959-535X (1995 Jul 1)	English	OBJECTIVE: To investigate the presence of abnormal illness behaviour in patients with a diagnosis of chronic fatigue syndrome. DESIGN: A cross sectional descriptive study using the illness behaviour questionnaire to compare illness behaviour scores and illness behaviour profiles of patients with chronic fatigue syndrome and patients with multiple sclerosis. SETTING: A multidisciplinary fatigue clinic and a teaching hospital neurology outpatient clinic. SUBJECTS: 98 patients satisfying the Oxford criteria for chronic fatigue syndrome and 78 patients with a diagnosis of multiple sclerosis. MAIN OUTCOME MEASURE: Responses to the 62 item illness behaviour questionnaire. RESULTS: 90 (92%) patients in the chronic fatigue syndrome group and 70 (90%) in the multiple sclerosis group completed the illness behaviour questionnaire. Both groups had significantly high scores on the general hypochondriasis and disease conviction subscales and significantly low scores on the psychological versus somatic concern subscale, as measured in relation to normative data. There were, however, no significant differences in the subscale scores between the two groups and the two groups had identical illness behaviour profiles. CONCLUSION: Scores on the illness behaviour questionnaire cannot be taken as evidence that chronic fatigue syndrome is a variety of abnormal illness behaviour, because the same profile occurs in multiple sclerosis. Neither can they be taken as evidence that chronic fatigue and multiple sclerosis share an aetiology. More needs to be known about the origins of illness beliefs in chronic fatigue syndrome, especially as they are important in determining outcome.	Journal Article	MEDLINE	<a href="http://www.ncbi.nlm.nih.gov/pubmed">Available from PubMed (www.ncbi.nlm.nih.gov/pubmed)</a>
Peter Trigwell	R P Snaith, M Hamilton, S Morley, A Humayan, D Hargreaves and Peter Trigwell.	Jul-95	A scale for the assessment of hedonic tone. The Snaith-Hamilton Pleasure Scale	The British Journal of Psychiatry, July 1995, vol./is. 167/1(99-103), 0007-1250;1472-1465 (Jul 1995)	English	Background. Hedonic tone and its absence, anhedonia, are important in psychopathological research, but instruments for their assessment are lengthy and probably culturally biased. Method. A new scale was constructed from the responses of a large sample of the general population to 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.	Journal Article	EMBASE	<a href="http://pb.rcpsych.org">Available from BJPsych Bulletin (pb.rcpsych.org)</a>

Peter Trigwell	Peter Trigwell, Stephen Curran, John Milton and Celli Rowe.	Jun-95	Training in psychodynamic psychotherapy: The psychiatric trainee's perspective.	Irish Journal of Psychological Medicine, June 1995, vol./is. 12/2(57-59), 0790-9667 (Jun 1995)	English	Discusses the subjective difficulties experienced by 3 junior psychiatry trainees in adjusting to formal psychodynamic psychotherapy (PDP) training. All 3 trainees experienced quite definite problems during the course, which consisted of group seminars and individual clinical supervision. One trainee was initially very keen on the idea of PDP but he became disillusioned with what he found. Another trainee began the course with negative ideas about PDP and found that his feelings had intensified 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 "therapeutic armamentarium." A comment from one of the organizers in the course which the trainees attended is included. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
Gillian Tober	Gillian Tober.	Apr-95	Drug taking in a northern UK city	Accident and emergency nursing, April 1994, vol./is. 2/2(70-78), 0965-2302 (Apr 1994)	English	Accurate information on illicit drug taking is notoriously difficult to obtain: drug users are not always keen to discuss their drug use unless rapport and trust have been established. Household surveys, able to identify behaviours such as drinking alcohol and smoking cigarettes that are common in the majority or a significant minority of the population, are less well able to pick up the illicit behaviour of what remains, in spite of considerable growth, a small minority of the general population. Official figures that exist offer a partial view. Thus to obtain an overall picture of drug taking it is necessary to examine several sources: direct indicators of drug use such as arrests for possession and supply and drug seizures; user reports; indirect measures such as the supply of needles and syringes by pharmacists and other outlets and an analysis of cultural and economic factors which may co-vary with drug taking trends. These sources and others will be examined in an attempt to construct an overview of patterns of drug use in a northern UK city, to discuss some problems arising from it and the response of the community to these problems.	Journal Article	EMBASE	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
Barry Wright	Barry Wright, Bridget Lunt, Stephen J Harris and Daphne Wallace.	Jan-95	A prospective study in three psychogeriatric day hospitals using administrative interventions to improve non-attendance.	International Journal of Geriatric Psychiatry, Jan 1995, vol. 10, no. 1, p. 55-61, 0885-6230 (Jan 1995)	English	The article reports a survey and a subsequent prospective intervention study. The survey was conducted in two psychogeriatric day hospitals to establish the extent of day-by-day non-attendance. In 1991, 23% of allocated places were not taken up and the reasons for 98% of these episodes are reported. Little attention has been paid to non-attendance rates in the literature. Their importance is discussed. The prospective intervention study was then conducted using information from the survey year. Administrative interventions, which sought to raise the awareness of patient non-attendance within the multidisciplinary team, were put into place in the two day hospitals. Non-attendance rates in a third day hospital, where no intervention was made, were used for comparative purposes. After a second year, non-attendance in the day hospital with no interventions had fallen by 3%. The other two had each reduced non-attendance rates by 18%. These reductions have clinical relevance, representing 380 patient days over the whole year in the two day hospitals.	Journal Article	Wiley Online Library	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Duncan Raistrick.	Dec-94	Report of advisory council on the misuse of drugs: AIDS and drug misuse update	Addiction, 1994, vol./is. 89/10(1211-1213), 0965-2140 (1994)	English	The Advisory Council and the Misuse of Drugs (ACMD) has a remit to advise government on drug misuse policy in the UK. In a series of reports going back to the early 1980s the ACMD has been the major influence on the pattern of drug misuse services. <i>AIDS and Drug Misuse Update</i> (1993) is the third report devoted to HIV and drug misuse. By pulling together current issues on preventing the spread of HIV among drug users, but stopping short of giving all the answers, <i>AIDS and Drug Misuse Update</i> is certain to elicit more varied reactions than previous guidance. Of course, there are no simple answers; rather, the report is part of the wider debate about responses to illicit drug use which is going on in western democracies.	Journal: Editorial	EMBASE	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Duncan Raistrick.	Dec-94	Alcohol, other drugs, and violence.	Violence in health care: A practical guide to coping with violence and caring for victims., 1994(43-62) (1994)	English	(from the chapter) both substance-misuse and violence are behaviours that attract negative responses: professionals and patients alike distance themselves from any stigma by making sense of the behaviours / the relationship between substance-misuse and violence, is . . . complex: the more illicit and more deviant addictive behaviours are associated with more violence, but each potentiates the other / the appropriate management of aggression depends upon an accurate assessment of its meaning / [suggests that] health-care workers need to be clear about which situations demand a response from the police and which demand medical interventions / health-care workers need to adapt general principles of managing violence to suit their particular work setting and professions the family setting / the cultural setting / the violence-forming potential of psychoactive substances [intoxication, tolerance, and withdrawal; method of use; the setting; dependence] / classification [stimulant drugs, depressant drugs, opiates, perception-altering drugs] / personal factors [personality, victims] / meaning and management (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.
Saeideh Saeidi	S Littlewood and Saeideh Saeidi.	Nov-94	Therapeutic mealtimes	Elderly care, November 1994, vol./is. 6/6(20-21), 1369-1856 (1994 Nov-Dec)	English	Not available	Journal Article	EMBASE	Not available
Susan Pemberton	Susan Pemberton, Simon Hatcher, Philip Stanley and Allan House	Oct-94	Chronic Fatigue Syndrome: A Way Forward.	British Journal of Occupational Therapy, 01 October 1994, vol./is. 57/10(381-383), 03080226	English	Abstract: Chronic fatigue syndrome (CFS) is a condition surrounded by uncertainty and controversy; for example, over whether its cause is physical, psychological or psychosomatic. No doubt this is one reason for the lack of simple rehabilitation programmes to help patients with the syndrome. This article outlines the approach to treating CFS which has been developed at the Fatigue Clinic in Leeds. It is not based upon a particular theory of CFS, but is designed to help patients overcome the common personal and social dysfunctions associated with their condition. As a result it should prove acceptable in wider use, regardless of patients' or therapists' views on the cause of CFS.	Journal Article	CINAHL	<a href="http://journals.sagepub.com">Available from Sage Journals (journals.sagepub.com)</a>

Carol Martin	John P Wattis, Alan Butler, Carol Martin and Ted Sumner	Oct-94	Outcome of admission to an acute psychiatric facility for older people: A pluralistic evaluation.	International Journal of Geriatric Psychiatry, October 1994, vol./is. 9/10(835-840), 0885-6230;1099-1166 (Oct 1994)	English	Assessed brief, usable, reliable, and valid measures of outcome from the viewpoints of patients, nurses, carers, consultants, and general practitioners for 24 depressed and 16 demented older adults admitted to the hospital with depression or dementia. For depressed patients, a nurse-rated change on the Montgomery Asberg Depression Rating Scale (MADRS) was used as the main outcome measure. There was a highly significant improvement in the depressed Ss on the MADRS. Factor analysis of the scales used produced 4 factors. The MADRS and the depression subscale of the Hospital Anxiety Depression Scale (HAD-D) were strongly weighted on the 1st factor, the GPs' linear analog scale on the 2nd, the Selfcare-D and HAD-D on the 3rd, and the anxiety subscale of the HAD on the 4th. The HAD and the GP linear analog are suggested for depressed elderly; for demented Ss, carer rating of resolution of perceived problems is suggested. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick and Gillian Tober	Duncan Raistrick, Jackie Bradshaw, Gillian Tober, Jeremy Weiner, Jeff Allison and Carolyn Healey.	May-94	Development of the Leeds Dependence Questionnaire (LDQ): A questionnaire to measure alcohol and opiate dependence in the context of a treatment evaluation package.	Addiction, May 1994, vol./is. 89/5(563-572), 0965-2140;1360-0443 (May 1994)	English	Describes the LDQ, a 10-item, self-completion questionnaire designed to measure substance dependence. The LDQ has been shown to be understood by users of alcohol and opiates; it was designed to be sensitive to change over time and to be sensitive through the range from mild to severe dependence. Follow-up data are insufficient to demonstrate change over time, but are encouraging. All items are scored 0-1-2-3; there are no normative data. Estimates of concurrent, discriminant, and convergent validities are thought to be satisfactory. A principal components analysis produced a single factor. Test-retest reliability was found to be 0.95. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Barry Wright	Barry Wright, Richard Mindham and Wendy Burn.	Mar-94	Canine Capgras.	Irish Journal of Psychological Medicine, March 1994, vol./is. 11/1(31-33), 0790-9667 (Mar 1994)	English	Reports 2 separate cases (a 76-yr-old woman and a 57-yr-old woman) in which the S believed that her pet dog had been replaced by an identical double. The psychodynamic issues that these cases raise are discussed. In the Capgras delusion the double is usually a key figure in the life of the patient. These reports highlight the fact that this key figure may be a domestic animal. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="https://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
Duncan Raistrick	Kim Wolff, Alastair W M Hay, Duncan Raistrick and Robert Calvert.	Dec-93	Steady-state pharmacokinetics of methadone in opioid addicts	European Journal of Clinical Pharmacology, 1993, vol./is. 44/2(189-194), 0031-6970 (1993)	English	Kinetic parameters were investigated in tolerant methadone maintenance patients. The disposition of methadone at steady-state was assessed on 8 occasions - in 5 opioid addicts prescribed wide ranging doses of methadone (10 mg to 60 mg per day)-providing unique pharmacokinetic data. Statistical analysis showed that the kinetics of oral methadone at steady were described using a single compartment model. Analysis of the plasma concentration-time curves gave estimates of the variance of methadone clearance and apparent volume of distribution, and indicate that methadone is rapidly absorbed (mean $K(a)$ , 1.7 h <sup>-1</sup> ) with a detectable increase in the plasma drug concentration 15 to 30 min after dosing. The elimination of methadone from plasma was found to occur slowly (mean $t(1/2)$ 26.8 h) beginning soon after the administration of the daily oral prescription. The apparent volume of distribution - assuming the oral bioavailability (f) of methadone to be 0.95 - was large (mean 6.71kg <sup>-1</sup> ). The slow clearance of this drug from the body (mean 3.1 mlmin <sup>-1</sup> kg <sup>-1</sup> ) confirms that daily dosing at steady-state is adequate to maintain effective plasma concentrations throughout the dosing interval.	Journal Article	EMBASE	<a href="https://kclpure.kcl.ac.uk/portal/en/publications/search.html">Available from King's College London Research Outputs (kclpure.kcl.ac.uk/portal/en/publications/search.html)</a>
Gillian Tober	Gillian Tober.	Dec-93	A Strategy for Social Work Training	Harrison, L, (Ed) Substance Misuse: Designing Social Work Training	English	Not available	Book entry		Book available for purchase.
Duncan Raistrick	Kim Wolff, Alastair W M Hay, Duncan Raistrick and Morgan Feely.	Dec-93	Use of 'very low-dose phenobarbital' to investigate compliance in patients on reducing doses of methadone (detoxification)	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.	Journal: Review	EMBASE	<a href="https://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
David Yeomans	Christopher Williams, David Yeomans, Stephen Curran and Gilbert Blackwood.	Jun-93	An association between functional psychosis and urinary incontinence.	Irish Journal of Psychological Medicine, June 1993, vol./is. 10/2(90-92), 0790-9667 (Jun 1993)	English	Describes the association between degree of incontinence and severity of mental illness in case reports of 3 patients (aged 23, 54, and 55 yrs) with functional psychosis of depression, mania, or schizophrenia. Organic predisposing factors for the development of urinary incontinence are noted. In all 3 cases urinary incontinence improved, seemingly due to successful treatment of the underlying psychosis. (PsycINFO Database Record (c) 2013 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="https://www.cambridge.org/Core">Available from Cambridge Core (www.cambridge.org/Core)</a>
Peter Trigwell	Peter Trigwell.	Mar-93	Iatrogenic needle phobia	British dental journal, March 1993, vol./is. 174/5(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.	Letter	EMBASE	Not available

Barry Wright	Barry Wright.	Dec-92	Exacerbation of akinetic seizures by atropine eye drops	British Journal of Ophthalmology, 1992, vol./is. 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 akinetic seizures. This increase was marked and observed during two separate courses of eye drops. This is discussed with reference to previous reports of central nervous toxicity after the use of topical atropine sulphate.	Journal Article	EMBASE	<a href="#">Available from BMJ Journals British Journal of Ophthalmology (bj.o.bmj.com)</a>
Duncan Raistrick	Kim Wolff, Alastair W M Hay and Duncan Raistrick.	Dec-92	Plasma methadone measurements and their role in methadone detoxification programs	Clinical Chemistry, 1992, vol./is. 38/3(420-425), 0009-9147 (1992)	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, relapsed, 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 off methadone: all left the methadone detoxification program before the completion of treatment. Two patients subsequently returned to a fixed methadone program elsewhere, and four relapsed and returned to illicit drug misuse. Plasma measurements may help clinicians assess patients during methadone detoxification.	Journal Article	EMBASE	<a href="#">Available from Clinical Chemistry (clinchem.aaccjnls.org)</a>
Gillian Tober	Gillian Tober.	Dec-92	What is dependence and why is it important?	Clinical Psychology Forum, 41, pp 14-16	English	Not available	Book entry		Book available for purchase.
Barry Wright	Barry Wright.	Dec-92	Chronic fatigue syndrome and heterogeneity [10]	Journal of the Royal Society of Medicine, 1992, vol./is. 85/9(588), 0141-0768 (1992)	English	One thing with hampers medical research is a frustrating tendency for researchers to conclude that heterogeneous groups are homogeneous. Several examples can be cited including research into sudden infant death syndrome. In his editorial on chronic fatigue syndrome (CFS) Wessely (April 1992 JRSJM, 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 ...	Letter	EMBASE	<a href="#">Available from National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)</a>
Allan House	Allan House.	Dec-92	Management of mood disorder in adults with brain damage: Can we improve what psychiatry has to offer?	Practical problems in clinical psychiatry., 1992(51-62) (1992)	English	(from the chapter) [discusses] various aspects of the treatment of emotional disorders in brain-damaged adults / outlines the areas in which [psychiatric] clinical practice could be improved, and indicates the treatments which deserve consideration because they might be effective [specifically, counseling, cognitive behavior therapy, family-based interventions, and physical methods of treatment] / none has been evaluated using rigorous research designs, but even so . . . there are reasonable grounds for recommending psychiatric involvement in the assessments and treatments suggested (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.
Duncan Raistrick	Kim Wolff, Marion Sanderson, Alastair W M Hay and Duncan Raistrick.	Dec-91	Methadone concentrations in plasma and their relationships to drug dosage	Clinical Chemistry, 1991, vol./is. 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.	Journal Article	EMBASE	<a href="#">Available from King's College London Research Outputs (kclpure.kcl.ac.uk/portal/en/publications/search.html)</a>
Duncan Raistrick	Kim Wolff, Alastair W M Hay and Duncan Raistrick.	Dec-91	High-dose methadone and the need for drug measurements in plasma	Clinical Chemistry, 1991, vol./is. 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.	Journal Article	EMBASE	<a href="#">Available from Clinical Chemistry (clinchem.aaccjnls.org)</a>
Duncan Raistrick	Kim Wolff, Alastair W M Hay, Duncan Raistrick, Robert Calvert and Morgan Feely.	Dec-91	Measuring compliance in methadone maintenance patients: Use of a pharmacologic indicator to 'estimate' methadone plasma levels	Clinical Pharmacology and Therapeutics, 1991, vol./is. 50/2(199-207), 0009-9236 (1991)	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 helped to identify the use of illicit methadone, as well as incorrect self-administration, such as the consumption of several days' dosage at one time.	Journal Article	EMBASE	<a href="#">Available from King's College London Research Outputs (kclpure.kcl.ac.uk/portal/en/publications/search.html)</a>
Gillian Tober	Gillian Tober.	Dec-91	Helping the pre-contemplator.	Counselling problem drinkers., 1991(21-38) (1991)	English	(from the chapter) people in pre-contemplation are those problem drinkers who say they don't have a problem with alcohol, or that they can't do anything about their drinking / the focus of this chapter is that group of people who actively make and remake the decision to carry on drinking in spite of the harm it may be doing to themselves and other people the variety of goals for work in pre-contemplation is described . . . and methods of intervention designed to meet one set of goals, namely damage limitation, are described in detail coping strategies with spouses / coping strategies with children (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.

Duncan Raistrick	Duncan Raistrick.	Dec-91	Helping those who want to change.	Counselling problem drinkers., 1991(58-72) (1991)	English	(from the chapter) when clients [with drinking problems] present to treatment agencies, counsellors are often tempted to presume them to be at the action stage; interventions appropriate to the action stage are perhaps those that are most developed and most attractive / two possible consequences flow from this: either clients are selected for treatment because they are indeed at the action stage (sometimes referred to as 'motivated') and the outcome from treatment will then be generally good / alternatively clients are given inappropriate treatment because they are incorrectly assumed to be at the action stage, in which case the outcome will generally be poor / the key feature of the action stage is the emergence of a good-quality decision to make [a] change this chapter includes some information on withdrawal drug regimes and the use of alcohol sensitizing agents / the emphasis is, however, on cognitive and behavioural interventions which can be used over a range of settings(create) This chapter helps counselors recognize the action stage in their alcoholic clients and plan an appropriate treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.
Duncan Raistrick	Duncan Raistrick.	Dec-91	Career and natural history	I.B.Glass (ed) The International Handbook of Addiction Behaviour. (London, Routledge)	English	Not available	Book entry		Book available for purchase.
Gillian Tober	Gillian Tober.	Dec-91	Motivational Interviewing with Young People	Miller, W and Rollnick, S, (Eds) Motivational Interviewing: Preparing People to Change, (New York, Guildford)	English	Not available	Book entry		Book available for purchase.
Duncan Raistrick	Griffith Edwards, Ilana Belle Glass, Colin Drummond, John Littleton, I P Stolerman, Robert West, Jonathan Gabe, Michael Bury, Duncan Raistrick, Adityanjee, Robin M Murray, Alan Maynard Section, Robert M Anthenelli, Marc A Schuckit, Jerome H Jaffe, A Johnson, John Strang, Harry Shapiro, Marian W Fischman, Richard W Foltin, Malcolm Lader et.al.	Dec-91	Scientific approaches to addiction.	The international handbook of addiction behaviour., 1991(5-54) (1991)	English	(from the book) [book section covering several chapters] "Dependence on Psychoactive Drugs: Finding a Common Language" / D. Colin Drummond / the dependence syndrome [increased tolerance to the drug, repeated withdrawal symptoms, subjective awareness of compulsion to take the drug, salience of drug-seeking behaviour, relief or avoidance of withdrawal symptoms, narrowing of the repertoire of drug taking, reinstatement following a period of abstinence, how do the symptoms of dependence relate to each other, how does dependence relate to other dimensions] / the clinical significance of the dependence concept [dependence as a common language, dependence as a predictor] "Drug Dependence as Pharmacological Adaptation" / John Littleton / different kinds of adaptation / which kind of adaptation / treatment of dependence "Behavioural Pharmacology of Addiction" / Ian P. Stolerman / implications of drugs as reinforcers / discriminative stimulus effects / importance of drug-associated stimuli / brain mechanisms of reinforcement "Psychological Theories of Addiction" / Robert West / withdrawal avoidance theories of addiction / appetitive theories of addiction / motivational distortion theories / individual differences in susceptibility to addiction "Drug Use and Dependence as a Social Problem: Sociological Approaches" / Jonathan Gabe and Michael Bury / theoretical approaches / functionalist approaches / conflict approaches / interactionist and constructionist approaches / the developmental perspective: a synthesis / the case study: tranquilizers as a social problem "Career and Natural History" / Duncan S. Raistrick / terminology / repertoire of behaviours: patterns of substance use / factors influencing the early development of careers / established careers [polydrug use, alcohol, heroin] "The Role of Genetic Predisposition in Alcoholism" / Adityanjee and Robin M. Murray / twin studies / studies of half-siblings and adoptees / alcoholic subtypes and gene environment interaction / neurophysiological markers / biochemical markers / molecular genetics / animal studies "Economic Aspects of the Markets for Alcohol, Tobacco and Illicit Drugs" / Alan Maynard / the nature of the market / the determinants of demand / the evaluation of policy interventions (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Book chapter	PsycINFO	Book available for purchase.
Duncan Raistrick	Kim Wolff, Alastair W M Hay and Duncan Raistrick.	Jul-91	Methadone in saliva	Clinical chemistry, July 1991, vol./is. 37/7(1297-1298), 0009-9147 (Jul 1991)	English	Past investigators suggested that considerable variation in plasma concentrations of methadone in individuals receiving the same dose ruled out plasma measurements as a means of monitoring drug consumption. However, in a recent study we showed that there is a good linear relationship between plasma methadone concentrations at steady-state and dose (mg/kg of body wt. per day) and that variation between and within patients was small. Using quantitative measurements of methadone in plasma, we were able to monitor compliance and highlight the use of illicit methadone, as well as the consumption of methadone in ways other than prescribed ...	Journal: Letter	EMBASE	<a href="http://clinchem.aaccjnl.org">Available from Clinical Chemistry (clinchem.aaccjnl.org)</a>
Tariq Mahmood	Tariq Mahmood.	Mar-91	Bromocriptine in catatonic stupor.	The British Journal of Psychiatry, March 1991, vol./is. 158/(437-438), 0007-1250;1472-1465 (Mar 1991)	English	Presents the case report of a 16-yr-old girl in which use of bromocriptine allowed clear differentiation of catatonic stupor from depressive stupor. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://psycnet.apa.org">Available from APA PsycNET (psycnet.apa.org)</a>

Gillian Tober and Duncan Raistrick	Gillian Tober and Duncan Raistrick.	Dec-90	Development of a district training strategy.	British Journal of Addiction, December 1990, vol./is. 85/12(1563-1570), 0952-0481 (Dec 1990)	English	Reiterates the need for training in addiction for primary care workers and proposes motivational and structural explanatory frameworks to further the understanding of the difficulties in recruitment of staff to substance misuse training. The basic tenets of a district training strategy are derived from this analysis. The strategy is based on identification of the specific occupational needs of each primary care worker group at each stage of his or her career and on the utilization of available resources to fulfill training needs. The approach taken by 2 district health authorities in formulating a strategy and implementing it through a local drug advisory committee is described. (French abstract) (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Gillian Tober	Gillian Tober.	Dec-90	Helping the pre-contemplator	Davidson, R J, McEwan, I and Rollnick, S, Counselling problem drinkers: A motivational approach to change, (London, Routledge).	English	Not available	Book entry		Book available for purchase.
Gillian Tober	Gillian Tober.	Dec-90	Measuring drug misuse: A little art, a little science and a lot of shoe leather	Hindmarch, I and Stonier, P D, (Eds) Human Psychopharmacology methods and measures, Vol III. (Chichester, John Wiley and Sons)	English	Not available	Book entry		Book available for purchase.
Gillian Tober	Gillian Tober.	Dec-89	Changing conceptions of the nature of drug abuse	Bennett, G, Treating Drug Abusers, 9-25, (Routledge, London).	English	Not available	Book entry		Book available for purchase.
Gillian Tober	Gillian Tober.	Dec-89	Dealing with Alcohol at Work	The Safety and Health Practitioner, 7, 11-13	English	Not available	Book entry		Book available for purchase.
Duncan Raistrick	Duncan Raistrick.	Dec-89	The 'Combined approach' - Still an important debate	British Journal of Addiction, 1988, vol./is. 83/8(867-869), 0952-0481 (1988)	English	Sir, The acid test of any style of service must be 'does it work?' Enthusiasts may be able favourable to influence an approach that would fail in uncommitted hands. It follows that the 'entusiast' explanation of successful combined alcohol and other drug services will be weakened in the face of simple numerical evidence that such Units do exist and do succeed. Dr Rathod's report not only adds to this body of evidence but does so in a particularly convincing way by openly discussing the clinical issues about a combined service whose longevity safely antedates recent funding initiatives. By 'safely' i mean safe from the contamination of political expedience.	Journal: Editorial	EMBASE	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Robin Davidson, Brendan Bunting and Duncan Raistrick.	Aug-89	The homogeneity of the alcohol dependence syndrome: A factorial analysis of the SADD questionnaire.	British Journal of Addiction, August 1989, vol./is. 84/8(907-915), 0952-0481 (Aug 1989)	English	The Severity of Alcohol Dependence Data (SADD) questionnaire (D. S. Raistrick et al; see record 1983-29367-001) was administered under different conditions to 3 groups of patients referred for addiction treatment. Group 1 (mean age 40.1 yrs) included 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. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Duncan Raistrick.	Apr-89	Substance problems: the future of specialist services	British journal of addiction, April 1988, vol./is. 83/4(349-350), 0952-0481 (Apr 1988)	English	It is in the nature of working for change to imply criticism of the past and present. The longevity of an idea is not necessarily that best indicator of its quality, rather account should be made of its accord with the knowledge of its day and its fits with the prevailing morality. In looking to the future we will always be richer for an understanding of the past and the lessons learned. Equally we will need to shake off our prejudice and bias towards the present.	Journal: Editorial	EMBASE	<a href="https://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Duncan Raistrick.	Mar-89	Making treatment decisions.	International Review of Psychiatry, March 1989, vol./is. 1/1-2(173-179), 0954-0261;1369-1627 (Mar 1989)	English	Examines the role of the nonspecialist, with particular reference to the general psychiatrist, in treating substance misuse problems. The model of change and the model of relapse prevention, both of which inform clinical treatment decision making, are described. Emphasis is given to nonspecialists combining existing skills with a knowledge of assessment technique to develop minimal interventions fitting their own style of practice. While psychopathology is a complicating factor in 30-60% of patients, it is not necessarily a reason to refer to a specialist. Training, information, consultancy, and support from the specialist unit should enable nonspecialists to take on more patients but work with them in a familiar and rewarding way. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="https://www.tandfonline.com">Available from Taylor and Francis Online (www.tandfonline.com)</a>

Duncan Raistrick	Duncan Raistrick and R J Davison.	Dec-87	Treatment and Change.	Heller, T, Gott, M, and Jeffrey, C. (eds.) Drug Use and misuse - Reader (Open University Reader), 145-154 (John Wiley, Chicester)	English	Not available	Book entry		Book available for purchase.
Duncan Raistrick	Ann C Evans and Duncan Raistrick.	Jun-87	Phenomenology of intoxication with toluene-based adhesives and butane gas.	The British Journal of Psychiatry, June 1987, vol./is. 150/(769-773), 0007-1250;1472-1465 (Jun 1987)	English	Investigated the phenomenology of solvent inhalation by comparing 31 Ss (mean age 16 yrs) who misused toluene with 12 Ss (mean age 15 yrs) misusing butane. Most Ss reported elevation of mood and hallucinations, but a variety of phenomena was elicited. Nearly 25% of the Ss had the potentially dangerous delusion of believing they were able to fly or swim. In the toluene group, thoughts were more likely to slow, time appeared to pass more quickly, and tactile hallucinations were more commonly reported than in the butane group. Withdrawal phenomena and tolerance were also examined. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.researchgate.net">Available from ResearchGate (www.researchgate.net)</a>
Duncan Raistrick	Ann C Evans and Duncan Raistrick.	Jun-87	Patterns of use and related harm with toluene-based adhesives and butane gas.	The British Journal of Psychiatry, June 1987, vol./is. 150/(773-776), 0007-1250;1472-1465 (Jun 1987)	English	Examined the patterns of use and related harm of solvent inhalation in 31 13-29 yr olds who misused toluene and 12 10-19 yr olds who misused butane. The 2 groups were similar in terms of patterns of use and solvent related harm. The toluene users were more likely to sniff only in a group setting and were more approving in their attitudes toward taking other drugs. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://bjp.rcpsych.org">Available from BJPsych (bjp.rcpsych.org)</a>
Duncan Raistrick	Duncan Raistrick.	Mar-87	Abstinence is Best but Resumed 'Normal Drinking Does Occur	British Journal of Addiction: Volume 82, Issue 3 March 1987 Pages 243-245	English	In his article 'Cracking an Old Chestnut: is controlled drinking possible for the person who has been severely alcohol dependent?' Tim Stockwell sets out some criteria for measuring severe alcohol dependence. What he seems to do here is make dependence synonymous with the actual experience, over a prolonged period, of withdrawal symptoms and relied drinking. In so doing he creates an unusual circumstance which may well a tendency to failure at 'controlled drinking' ...	Journal Article		<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Basem Farid, Mona El Sherbini and Duncan Raistrick.	Jun-86	Cognitive group therapy for wives of alcoholics: A pilot study.	Drug and Alcohol Dependence, July 1986, vol./is. 17/4(349-358), 0376-8716 (Jul 1986)	English	Reports on the results of group therapy for 6 wives (aged 30-54 yrs) of alcoholics where the alcoholics themselves were offered no treatment. The group was based on the idea that wives might seek help before their husbands, might attend sessions regularly, and might favorably influence their husbands' behavior by gaining knowledge about alcoholism and coping strategies. Six-month follow-up showed that coping styles were learned quickly and that the sessions provided support and friendship. Attendance at the group induced change, although not always positive, in all marriages. Five husbands reported a decline in alcohol intake. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://www.drugandalcoholdependence.com">Available from Drug and Alcohol Dependence Journal (www.drugandalcoholdependence.com)</a>
Duncan Raistrick	Robin Davidson and Duncan Raistrick.	Apr-86	The validity of the Short Alcohol Dependence Data (SADD) Questionnaire: A short self-report questionnaire for the assessment of alcohol dependence.	British Journal of Addiction, April 1986, vol./is. 81/2(217-222), 0952-0481 (Apr 1986)	English	Discusses evidence for the unitary nature of alcohol dependence and reviews the usefulness of existing instruments to measure dependence. Three studies, with 228 patients (aged 17-65 yrs) admitted to an addiction unit, were conducted and supported the validity of the SADD. Several measures of construct and concurrent validity were investigated, including comparison with the Severity of Alcohol Dependence Questionnaire (T. Stockwell et al; see record 1984-13924-001) and the Edinburgh Alcohol Dependence Scale (J. Chick, 1980). Attention is drawn to the discriminating characteristics of SADD in the mild-to-moderate dependence range. (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Duncan Raistrick, Geoff Dunbar and Robin Davidson.	Dec-83	Development of a questionnaire to measure Alcohol Dependence.	British Journal of Addiction, March 1983, vol./is. 78/1(89-95), 0952-0481 (Mar 1983)	English	Describes the development of Alcohol Dependence Data, a 15-item, self-completion questionnaire for measuring alcohol dependence. The questionnaire is designed to be sensitive across the full range of dependence and to changes over time, and it is relatively free of sociocultural influences. Some measures of reliability are also presented. (18 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved)	Journal, Peer Reviewed Journal	PsycINFO	<a href="http://onlinelibrary.wiley.com">Available from Wiley Online Library (onlinelibrary.wiley.com)</a>
Duncan Raistrick	Ian Davies and Duncan Raistrick.	Dec-81	Dealing with Drink	Dealing with Drink (ISBN 10: 0563164891) Crown Publications: 1981-10-01	English	Not available	Book		Book available for purchase.

Duncan Raistrick	Duncan Raistrick.	Dec-79	Alcoholism - a behavioural approach	Trends in Neurosciences, 1979, vol./is. 2/1(25-26), 0166-2236 (1979)	English	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.	Journal Article	EMBASE	<a href="http://www.sciencedirect.com">Available from Science Direct (www.sciencedirect.com)</a>
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