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Assessing the second-hand effects of a new no-smoking policy in an acute mental health trust

Perry B.I, Meehan K, Jainer A.K

BJPsych Bulletin (2017)

Published Online 26 October 2017

Abstract

Aims and method To examine whether a new no-smoking policy in an in-patient mental health setting had any effects outside of smoking cessation. Our hypothesis stated that a forced smoking ban for in-patients may result in an increased susceptibility for clinical incidents, aggression and lower admission rates. All patients admitted to adult in-patient mental health services in Coventry and Warwickshire Partnership NHS Trust were included in the analysis. Data 6 months post-implementation of the smoking policy (1 July 2015 to 1 January 2016) were compared with the same period 1 year prior (1 July 2014 to 1 January 2015). Patient demographics, admission rates, ward occupancy, average lengths of stay, numbers of reported incidents and use of the Mental Health Act 1983 (MHA) were compared.

Results We analysed 4223 admissions. We found a significantly increased number of admissions under the MHA ($P = 0.007$), a significantly greater number of reported

smoking-related incidents ($P < 0.001$) and aggression-related incidents in the psychiatric intensive care unit ($P < 0.001$). However, we found no significant difference in capacity of in-patient wards ($P = 0.39$), admission length ($P = 0.34$) or total aggression-related incidents ($P = 0.86$).

Clinical implications Although further comparisons over longer time periods are necessary, our results suggest that enforced smoking cessation on acutely unwell psychiatric patients admitted to the most restricted environments may have some negative effects. Nicotine replacement therapy should be offered to all patients to minimise the risk of clinical incident.

<http://pb.rcpsych.org/content/early/2017/10/17/pb.bp.116.055749>

Brief Report: Repetitive Behaviour Profiles in Williams syndrome: Cross Syndrome Comparisons with Prader–Willi and Down syndromes

Royston R, Oliver C, Moss J, Adams D, Berg K, Burbidge C, Howlin P, Nelson L, Stinton C, Waite J

Journal of Autism and Developmental Disorders

Published Online: 4 October 2017

Abstract

This study describes the profile of repetitive behaviour in individuals with Williams syndrome, utilising cross-syndrome comparisons with people with Prader–Willi and Down syndromes. The Repetitive Behaviour Questionnaire was administered to caregivers of adults with Williams ($n = 96$), Prader–Willi ($n = 103$) and Down ($n = 78$) syndromes. There were few group differences, although participants with Williams syndrome were more likely to show body stereotypies. Individuals with Williams syndrome also showed more hoarding and less tidying behaviours than those with Down syndrome. IQ and adaptive ability were negatively associated with repetitive questioning in people with Williams syndrome. The profile of repetitive behaviour amongst individuals with Williams syndrome was similar to the comparison syndromes. The cognitive mechanisms underlying these behaviours in genetic syndromes warrant further investigation.

British Thoracic Society quality standards for home oxygen use in adults

Suntharalingam J, Wilkinson T, Annandale J, Davey C, Fielding R, Freeman D, Gibbons M, Hardinge M, Hippolyte S, Knowles V, Lee C, MacNee W, Pollington J, Vora V, Watts T, Wijesinghe M

BMJ Open Respiratory Research

First Published 18 September 2017

Abstract

Introduction The purpose of the quality standards document is to provide healthcare professionals, commissioners, service providers and patients with a guide to standards of care that should be met for home oxygen provision in the UK, together with measurable markers of good practice. Quality statements are based on the British Thoracic Society (BTS) Guideline for Home Oxygen Use in Adults.

Methods Development of BTS Quality Standards follows the BTS process of quality standard production based on the National Institute for Health and Care Excellence process manual for the development of quality standards.

Results 10 quality statements have been developed, each describing a key marker of high-quality, cost-effective care for home oxygen use, and each statement is supported by quality measures that aim to improve the structure, process and outcomes of healthcare.

Discussion BTS Quality Standards for home oxygen use in adults form a key part of the range of supporting materials that the society produces to assist in the dissemination and implementation of a guideline's recommendations.

<http://bmjopenrespres.bmj.com/content/4/1/e000223.info>

Opening the Black Box of Cognitive-Behavioural Case Management in Ultra-High Risk for Psychosis Clients: A secondary analysis of the Neurapro study.

Yung A, Hartmann J, McGorry P, Schmidt S, Amminger P, Yuen HP, Markuley C, Berger G, Chen E, de Haan L, Hickie I, Lavoie, McHugh M, Mossaheb N, Nieman D, Nordentoft M, Riecher-Rössler A, Schäfer M, Schlögelhofer M, Smesny S, Thompson A, Verma S K, Nelson B

Psychotherapy and Psychosemantics (2017) Volume 86, Issue 5, Pages 292 - 299

Published: 14 September 2017

Abstract

Background Cognitive Behavioural Therapy (CBT) is the first-choice treatment in the ultra-high risk (UHR) for psychosis group. However, CBT is an umbrella term for a plethora of different strategies, and little is known about the association between intensity and content of CBT and severity of symptomatic outcome.

Methods A sample of 268 UHR participants received six months of cognitive behavioural therapy with case management (CBCM) in the context of the multi-centre Neurapro trial with monthly assessments of attenuated psychotic symptoms (APS). Using multilevel regressions and controlling for initial severity of APS, the association between (1) number of CBCM sessions received and severity of APS, and (2) specific CBCM components and severity of APS, were investigated.

Results In Month 1, a higher number of sessions and more assessment of symptoms predicted an increase of APS, while in Month 3, a higher number of sessions and more monitoring predicted a decrease in level of APS. More therapeutic focus on APS predicted an increase of APS overall.

Conclusions Our findings indicate that the association between intensity/content of CBCM and severity of APS in a sample of UHR participants depends on time in treatment. CBCM may positively impact severity of APS later in the course of treatment. Therefore, it would seem important to keep UHR young people engaged in treatment beyond this initial period. Regarding the specific content of CBCM, a therapeutic focus on APS may not necessarily be beneficial in reducing the severity of APS, a possibility in need of further investigation.

Architecture and functioning of child and adolescent mental health services: a 28-country survey in Europe

Signorini G, Singh S, Boricevic-Marsanic V, Dieleman G, Dodig-Ćurković K, Franic T, Gerritsen S, Griffin J, Maras A, McNicholas F, O'Hara L, Purper-Ouakil D, Paul M, Schulze U, Street C, Tremmery S, Tuomainen H, Verhulst F Warwick J, Girolamo G

The Lancet Psychiatry (2017) Volume 4, Issue 9, Pages 715 – 724

Published September 2017

Abstract

The WHO Child and Adolescent Mental Health Atlas, published in 2005, reported that child and adolescent mental health services (CAMHS) in Europe differed substantially in their architecture and functioning. We assessed the characteristics of national CAMHS across the European Union (EU), including legal aspects of adolescent care. Using an online mapping survey aimed at expert(s) in each country, we obtained data for all 28 countries in the EU. The characteristics and activities of CAMHS (ie, availability of services, inpatient beds, and clinicians and organisations, and delivery of specific CAMHS services and treatments) varied considerably between countries, as did funding sources and user access. Neurodevelopmental disorders were the most frequent diagnostic group (up to 81%) for people seen at

CAMHS (data available from only 13 [46%] countries). 20 (70%) countries reported having an official national child and adolescent mental health policy, covering young people until their official age of transition to adulthood. The heterogeneity in resource allocation did not seem to match epidemiological burden. Substantial improvements in the planning, monitoring, and delivery of mental health services for children and adolescents are needed.

Living with Obsessional personality

Rowland T

BJPsych Bulletin

Published Online 10 August 2017

No Abstract

<http://pb.rcpsych.org/content/living-obsessional-personality>

Perceptual abnormalities in an ultra-high risk for psychosis population relationship to trauma and co-morbid disorder

O' Connor K, Nelson B, Cannon M, Yung A, Thompson A

Early Intervention in Psychiatry

First Published Online 9 August (2017)

Abstract

Aims The aims of this study were 3-fold. We wished to investigate whether at baseline entry to an ultra-high risk (UHR) clinic whether: (1) perceptual abnormalities are more prevalent in those young people with co-morbid psychiatric diagnoses, (2) perceptual abnormalities are more prevalent in those young people with histories of childhood adversity (childhood trauma, bullying) and (3) perceptual abnormality type is associated with co-morbid psychiatric diagnoses or histories of childhood adversity.

Methods In a sample of 118 UHR patients we investigated the relationship between perceptual abnormalities and non-psychotic diagnoses and adverse life events at entry to a UHR clinic.

Results Depressive disorder at baseline was associated with increased odds of experiencing perceptual abnormalities (OR 3.59, $P = .004$), particularly visual perceptual abnormalities (OR 2.36, $P = .02$). Borderline personality disorder at baseline was associated with increased odds of any auditory perceptual abnormalities (OR 3.44, $P = .04$) and specifically second person perceptual

abnormalities (OR 2.69, $P = .04$). A history of childhood trauma and childhood bullying were both associated with increased odds of experiencing perceptual abnormalities at baseline (trauma OR 6.30, $P < .001$; bullying OR 5.00, $P = .01$).

Conclusions Our findings suggest that in the UHR population, certain types of perceptual abnormalities index risk for co-morbid non-psychotic disorder and indicate prior experience of childhood trauma. The use of detailed phenomenology of psychotic symptoms can help to shape our understanding of risk in UHR patients.

The NHS and Private Healthcare

Rowland T, Rao C

Introduction to Surgery for Students (2017) Pages 389 – 395

Published online 4 August 2017

Abstract

The National Health Service was founded in 1948 to provide free healthcare to all citizens, with the anticipation that this would improve the general health of the population, and thus ultimately reduce the cost of ill health on the economy. Unfortunately, healthcare costs have risen continually since the inception of the NHS due to an ageing population, increasing public expectations of the health service and advances in medical technology resulting in increasingly costly interventions. Despite continually rising costs and changes to the structure and management of the NHS, it remains a successful and effective system of healthcare.

Sixteen years of the Brooklands Thinking Skills Offender Programme

Hickman G, Thrift S, Dhaliwal R, Taylor C

Journal of Intellectual Disabilities and Offending Behaviour (2017) Volume 8 Issue 3, pages 132-143

Published 4 August 2017

Abstract

Purpose The purpose of this paper is to report on the Brooklands Thinking Skills Offender Programme (BTSOP), a social problem-solving skills group programme developed and provided to people with intellectual disabilities (IDs) detained in conditions of medium and low security. The programme has been running and evolving since 2001 and has undergone consistent development over this time. Within the past five years, there have been significant developments of the Secure

Service Treatment Pathway and the current paper describes the integration of the BTSOP within this new pathway model.

Design/methodology/approach The programme was evaluated over five years using self-report psychometric measures related to treatment targets. Evaluation data in relation to attrition rates, discharges, transfers, treatment engagement and recidivism are also provided from a 16-year period. The updated treatment pathway and a description of the programme are provided.

Findings Results showed statistically significant improvements in Rational Problem Solving, increased internal locus of control and decreased external locus of control. Reflection on the limitations and challenges to outcome assessment in this area is offered.

Originality/value This paper builds on the existing evidence base of interventions focused on developing social problem-solving skills in offenders and presents evidence of the effectiveness of such programmes with offenders with IDs.

<http://www.emeraldinsight.com/doi/abs/10.1108/JIDOB-03-2017-0002>

Definitions and Clinical Guidance on the Enteral Dependence Component of the Avoidant/Restrictive Food Intake Disorder Diagnostic Criteria in Children

Dovey T.M, Wilken M, Martin C, Meyer C,

Journal of Parenteral and Enteral Nutrition

First Published Online 20 July (2017)

Abstract

The aim of the current article is to offer definitive guidance on weaning children who are reliant on nasogastric/gastrostomy feeding tubes. To date, no internationally recognized definitions or principles for interventions exist, and clinics have been reliant on creating their own unique intervention criteria. To achieve the aim, 2 goals are set out within the current article. The first goal was to definitively define the process of tube weaning. To achieve this, both tube dependency and oral eating also required definitions. It is necessary for these 2 additional definitions to fully understand the process of tube weaning and the transition that the child is making within these clinical interventions. The second goal of this article was to propose a set of minimum measurement criteria within a tube weaning protocol so that different clinical practices and perspectives may be measured accurately. This would then allow outcomes from different clinical services to be compared for efficacy. The culmination of this article is a set of 5 core principles that should govern clinics that adhere to the auspices of evidence-based practice. These principles, if adopted, will provide the basis of a set of internationally recognized criteria within this field of pediatric gastroenterology.

Associated illness severity in schizophrenia and diabetes mellitus: A systematic review

Perry B, Salimkumar D, Green D, Meakin A, Gibson A, Mahajan D, Tahir T, Singh S

Psychiatry Research (2017), Volume 256 (October Issue), Pages 102 – 110

Published Online 13 June 2017

Abstract

Objective We aimed to elucidate whether schizophrenia and type II diabetes mellitus may present with associated illness severity, in light of accumulating evidence to suggest both conditions have important shared inflammatory components with many shared inflammatory genetic factors.

Methods We conducted a systematic review employing PRISMA criteria, searching EMBASE, Ovid MEDLINE, PsychInfo, Web of Science and Google Scholar to February 1st, 2017, for clinical studies assessing schizophrenia severity alongside dysglycaemia. A narrative synthesis was employed to discuss and compare findings between studies.

Results Eleven observational studies were included in the analysis. Ten presented evidence in support of an association between schizophrenia severity and dysglycaemia. This association appeared particularly strong regarding negative symptomatology and impaired cognitive function, between which there may be some overlap. Studies examining positive symptomatology returned mixed results.

Conclusion Whilst study design varied amongst the included studies, the results suggest that further work examining the effect of hyperglycaemia on schizophrenia severity may be relevant, particularly longitudinal studies assessing negative symptomatology and cognitive function. To the authors' knowledge, this is the first systematic review conducted to address this question.

<https://www.ncbi.nlm.nih.gov/pubmed/28628790>

How people with dementia and their carers adapt their homes. A qualitative study

Allen F, Cain R, Meyer C

Dementia

First Published Online 8 June (2017)

Abstract

The objective was to explore the ways in which people with dementia and their carers adapt their homes, including the barriers and use of available information. Semi-structured interviews were conducted with 10 people with dementia and their informal carer. The collected data were analysed using thematic analysis. Three core themes

emerged: *Maintaining familiarity and coping with change, Having knowledge and finding knowledge and Meeting challenges through home adaptation.* The most significant barriers to making home adaptations were lack of knowledge and maintaining familiarity. Having more information and making home modifications earlier might enable individuals with dementia to adjust to their adapted environment.

Audit of patients with intellectual disabilities accessing a specialist neuropsychiatry service for epilepsy management

Adetoki A

European Psychiatry (2017) Volume 41 Supplement, Page S352

Published April 2017

Abstract

Introduction Epilepsy is a frequent co-morbidity in patients with intellectual disabilities, some of whom require specialist services. The National institute for health and care excellence (NICE) has recommended that there should be equity of access to high quality of care regardless of the existence of a diagnosis of intellectual disability.

Objectives To observe current practice with regards to NICE guidelines for epilepsy care in patients with intellectual disability.

Aims To identify the level of compliance with NICE guidelines and provide evidence which may inform care planning processes.

Methods A retrospective review of the electronic and paper-based records of a total sample of intellectually disabled patients who accessed a specialist neuropsychiatry service for the management of epilepsy during a six-month period was carried out.

Results The records of 21 patients whose ages ranged from 20 to 58 years were audited. The waiting period ranged from 4 weeks to 46 weeks. There was evidence of Carer involvement in the management of 100% of the patients and seizure improvement since referral was documented in 66%. Non- medication treatment was offered in 67% of cases. Evidence of special considerations in view of patient's intellectual disability was recorded in 24%, best interest considerations in 24% and capacity assessment in 19%.

Conclusions There is a significant improvement in the symptoms of 66% of patients in this audit. However there is room for improvement and a more specific plan for patients with intellectual disabilities should facilitate this.

Transitioning from child and adolescent mental health services with attention-deficit hyperactivity disorder in Ireland: Case note review

Tatlow-Golden M, Gavin B, McNamara N, Singh S, Ford T, Paul M, Cullen W, McNicholas F

Early Intervention in Psychiatry (2017)

First Published April 2017

Abstract

In a context of international concern about early adult mental health service provision, this study identifies characteristics and service outcomes of young people with attention-deficit hyperactivity disorder (ADHD) reaching the child and adolescent mental health service (CAMHS) transition boundary (TB) in Ireland. The iTRACK study invited all 60 CAMHS teams in Ireland to participate; 8 teams retrospectively identified clinical case files for 62 eligible young people reaching the CAMHS TB in all 4 Health Service Executive Regions. A secondary case note analysis identified characteristics, co-morbidities, referral and service outcomes for iTRACK cases with ADHD (n = 20). Two-thirds of young people with ADHD were on psychotropic medication and half had mental health co-morbidities, yet none was directly transferred to public adult mental health services (AMHS) at the TB. Nearly half were retained in CAMHS, for an average of over a year; most either disengaged from services (40%) and/or actively refused transfer to AMHS (35%) at or after the TB. There was a perception by CAMHS clinicians that adult services did not accept ADHD cases or lacked relevant service/expertise. Despite high rates of medication use and co-morbid mental health difficulties, there appears to be a complete absence of referral to publicly available AMHS for ADHD youth transitioning from CAMHS in Ireland. More understanding of obstacles and optimum service configuration is essential to ensure that care is both available and accessible to young people with ADHD.

Recent Book and Chapter Publications

Adolescent Mental Health: The Public Health Response.

Singh, S. P, Winsper C.

In International Handbook on Adolescent Health and Development (pp. 93-114) (2017). Springer International Publishing.

Compiled by Wendy Townsend and Claire Bradley