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MENTAL HEALTH

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Articles

Welcoming places: Perspectives of individuals with mental illnesses

Author(s): Snethen, Gretchen; Jeffries, Victoria; Thomas, Elizabeth; Salzer, Mark

Source: American Journal of Orthopsychiatry; 2021; vol. 91 (no. 1); p. 76-85

Available at The American journal of orthopsychiatry - from ProQuest PsycARTICLES - NHS

Abstract: There are many factors that influence community participation of individuals with serious mental illnesses. Research often focuses on barriers to participation. This study, however, takes a different approach, by exploring features of community locations considered welcoming by individuals with serious mental illnesses. This is important because welcoming environments are more likely to promote community participation. Using a survey approach, 75 participants were asked to identify and describe locations where they felt welcomed as a person with a mental illness. Our findings suggest that there are a number of places within the general community individuals with serious mental illnesses perceive as welcoming. Participants described religious communities, restaurants/cafés shops, parks, libraries, and cultural centers. Welcoming places were often perceived as architecturally open, featuring natural light and plants. Places provided opportunities for individuals to engage in a number of activities (e.g., socializing, entertainment, improving health, among others); data suggest welcoming places facilitated reciprocal relationships. We link these findings to a number of key recovery principles and make recommendation for multilevel interventions. This study may facilitate conversations with mainstream community organizations about inclusion and strategies to create welcoming environments and with mental health providers to consider strategies to encourage participation in welcoming places.

Impact statementPublic Policy Relevance Statement: Community participation, an important determinant of health, is more likely to occur in settings in which individuals feel welcomed and included. Local policies should consider initiatives that establish criteria and certification for welcoming places including the sensory, physical, social, activity, and behavioral environments. These practices could increase the potential of communities to contribute to the inclusion, participation, and wellness of people with serious mental illnesses.

Applying emotion-focused therapy to work with the "anorexic voice" within anorexia nervosa: A brief intervention

Author(s): Hibbs, Rebecca; Pugh, Mathew; Fox, John R. E.

Source: Journal of Psychotherapy Integration; Dec 2020

Abstract: Existent treatments for anorexia nervosa (AN) have produced dissatisfactory outcomes. Research suggests that many people with AN experience an internal "voice" that is related to eating disorder symptoms and relapse. This study was designed to consider the feasibility and acceptability of a new emotion-focused therapy (EFT) of AN, which is designed to work directly with the anorexic voice (AV; EFT-AV). Six adult clients diagnosed with AN who were experiencing an AV and awaiting psychological treatment were recruited from an adult

outpatient service. Informed by EFT and previous AV research, the intervention involved six weekly individual sessions that focused on transforming AV experiences and promoting self-compassion. Participants completed standardized measures of eating disorder symptoms, relating to the AV, illness beliefs, motivation to change, and hope of recovery. Participants were also interviewed at the conclusion of the intervention to ascertain their views of on its acceptability. Findings suggested good recruitment, retention, and treatment adherence, which supported the feasibility of the EFT-AV intervention. Thematic analysis of participant interviews indicated the intervention was acceptable and tolerable. Future directions for the treatment of AN, including the potential value of EFT-AV as an adjunct to existing therapies, are discussed.

Posttraumatic growth as an integrative therapeutic philosophy

Author(s): Tedeschi, Richard G.; Moore, Bret A.

Source: Journal of Psychotherapy Integration; Dec 2020

Abstract: This article provides a summary of the concept of posttraumatic growth (PTG) and how it is applied to psychotherapeutic intervention. We briefly discuss the concept of PTG and empirical research that has identified 5 PTG outcomes and the processes that lead to these outcomes in the aftermath of trauma. We consider a PTG-based model of intervention that integrates elements of cognitive–behavioral, narrative, interpersonal, and existential therapies while emphasizing the importance of the therapy relationship in an approach called "expert companionship." Finally, we describe PTG-based interventions in individual psychotherapy and in other forms of intervention with trauma survivors and offer a case example.

Threat, fundamentalism, and Islamophobia: Assessing the factors associated with negative attitudes toward Muslims

Author(s): Pal, Sukhmani; Wellman, Joseph D.

Source: Psychology of Religion and Spirituality; Dec 2020

Abstract: Prejudice toward Muslims has been longstanding and has been on the rise in the U.S. To address Islamophobia, it is important to understand the associated underlying motivations. Intergroup Threat Theory (ITT) suggests that prejudice is motivated by the perceived symbolic and/or realistic threat a group represents. To date, the relationship between threat and Islamophobia has primarily been examined correlationally rather than experimentally. The current study aims to provide an initial experimental test of ITT to understand Islamophobia among U.S. Christians. Christian participants (N = 267) in the U.S. were randomly exposed to one of three news articles that elicited either realistic threat, symbolic threat, or no threat (control). Participants answered questions assessing Islamophobia and religious fundamentalism (RF). Results indicate that high levels of RF predict Islamophobia most strongly when realistic threat is salient. These results shed light onto the predisposing factors associated with Islamophobic attitudes and highlight the role of RF and perceived threat.

Potentially traumatic experiences and behavioural symptoms in adults with autism and intellectual disability referred for psychiatric assessment

Author(s): Kildahl A.N.; Oddli H.W.; Helverschou S.B.

Available at Research in Developmental Disabilities - from Unpaywall

Abstract: Background: Individuals with autism spectrum disorder (ASD) and intellectual disability (ID) more frequently experience potentially traumatic events (PTEs), and may be more vulnerable to trauma-related symptoms. However, it is unclear how such symptoms are captured on tools used for behavioural and psychiatric assessment in this population. Aim(s): To explore whether and how PTEs are associated with symptom reports in adults with ASD and ID. Methods and procedures: Associations and group differences for death of a close relative and serious disease/injury in a close relative/caregiver/friend were explored in a clinical sample of 171 adults with ASD and ID referred for psychiatric assessment. Symptoms were measured using Aberrant Behavior Checklist (ABC) and Psychopathology in Autism Checklist (PAC). Outcomes and results: Disease/injury was associated with higher scores on ABC irritability, ABC hyperactivity and self-injurious behaviour. Death was associated with lower scores on ABC lethargy and ABC stereotypic behaviour. Some associations reached significance only when controlling for ASD, ID, or verbal language skills, but the identified associations were not robust. No associations were found for PAC. Conclusions and implications: There is a risk of under-appreciating the impact of PTEs in this population unless ASD, ID and verbal language skills are taken into account.

Acute exacerbation of OCD symptoms precipitated by media reports of COVID-19

Author(s): French I.; Lyne J.

Available at Irish Journal of Psychological Medicine - from Unpaywall

Abstract: The emergence of COVID-19 has recently dominated public discourse given its serious impact on vulnerable patient groups. Advice in relation to reducing risk of contamination has justifiably been circulated widely during the COVID-19 crisis. Contamination fear is a common obsessional theme in patients with obsessive-compulsive disorder (OCD), and there is a need for increased research on how infectious disease epidemics affect patients with OCD. We present the case of a lady in her 30s with a history of well-controlled contamination OCD who presented acutely with a significant exacerbation of OCD symptoms precipitated by media reports of COVID-19. The case highlights the potential psychological impacts of infectious disease epidemics on individuals with mental illness. We also highlight some of the risks posed to such patients in response to epidemics such as the COVID-19 crisis.

The experiences of the community pharmacy team in supporting people with dementia and family carers with medication management during the COVID-19 pandemic

Author(s): Lim, Rosemary HM.; Shalhoub, Reem; Sridharan, Barati Keshine

Source: Research in Social & Administrative Pharmacy; Jan 2021; vol. 17 (no. 1); p. 1825-1831

Available at Research in Social and Administrative Pharmacy - from Unpaywall

Abstract:Background: The novel coronavirus COVID-19 pandemic has changed the lives of people across the globe in significant and long-lasting ways. People with dementia were significantly and disproportionally affected at the height of the pandemic in England. Community pharmacies in England continued to operate during the pandemic but had to adjust the way they provided key healthcare services. The impact of these changes on the provision of medication services to people with dementia is underexplored. Objective: To explore the experiences of the community pharmacy team in supporting people with dementia and their family carers with the management of medications during the COVID-19 pandemic. Methods: An interpretivist/constructivist research paradigm was used; semi-structured one-to-one telephone interviews were conducted with any member of the community pharmacy team who had been involved in providing medication services to people with dementia in England before and during the COVID-19 pandemic. Recruitment took place between July and August 2020. Interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis. Results: Fourteen participants were interviewed with equal numbers of qualified pharmacists and non-pharmacist staff. Participants were in their role for an average of 4.5 years. The analysis of interviews generated three themes: 1) key interactions curtailed due to COVID-19 restrictions, 2) utilising resources within and outside of the pharmacy to provide tailored services for people with dementia, and 3) the interplay between professional duty and personal values underpinned decisions to provide medication services. Conclusions: The study provided a unique and important first insights to our understanding of how the community pharmacy team in England supported people with dementia and their family carers during the COVID-19 pandemic. These insights provide opportunities for reflection by individuals, healthcare teams, healthcare organisations, policy makers and the public, in an international context, to enable long-term planning, investment and implementation of strategies beyond the current pandemic.

Effectiveness of three brief treatments for recent traumatic events in a low-SES community setting

Author(s): Ironson, Gail; Hylton, Emily; Gonzalez, Brian; Small, Brent; Freund, Blanche; Gerstein, Myriam; Thurston, Fabian; Bira, Lindsay

Source: Psychological Trauma: Theory, Research, Practice, and Policy; Jan 2021; vol. 13 (no. 1); p. 123-132

Available at Psychological trauma : theory, research, practice and policy - from ProQuest PsycARTICLES - NHS

Abstract:Objective: To determine whether brief treatments provide psychological relief after traumatic events in low-resource communities. Method: Participants (n = 105) who had experienced a traumatic event within the past 6 months were randomly assigned to 1 of 3 4-session treatments: individual eye movement desensitization and reprocessing (EMDR), group-administered stress management with a trauma focus (SMT), or group-administered

psychological first aid (PFA). Measures administered pretreatment and at 1-, 3-, and 6-month posttreatment included posttraumatic stress disorder (PTSD) symptoms, posttraumatic cognitions (PTCI), and depressive symptoms (BDI). Results: The 3 treatment groups all showed significant declines in PTSD, PTCI, and BDI symptoms over time with large prepost effect sizes (median 1-month: 0.96, 3-month: 1.38, 6-month: 1.10). However, the treatment groups showed significantly different rates of decline, with the EMDR group showing the fastest declines— interaction PTCI: $F(1, 237) = 5.85$, $p = .016$; depression:, $F(1, 239) = 4.90$, $p = .028$—followed by the SMT and then PFA group. While there were significant differences between the EMDR and PFA groups at the 1- and 3-month follow-ups, there were no significant differences in any of the 3 outcome measures at the 6-month follow-up, nor were there significant differences between groups on PTSD symptoms, $F(1, 239) = 2.30$, $p = .131$. Conclusion: This study provides preliminary evidence that any of these 3 approaches may be useful in low-resource community settings. Because it gives the quickest relief, EMDR is the preferred approach, followed by SMT, due its ease of administration. PFA provides a reasonable alternative. Where possible, booster sessions should be planned.

Impact statementClinical Impact Statement—This study demonstrates that brief treatments may provide psychological relief after traumatic events in low-resource communities. We observed reductions in posttraumatic stress disorder (PTSD) symptoms, posttraumatic cognitions, and depression, after four sessions of either individual eye movement desensitization and reprocessing (EMDR), group-administered stress management with a trauma focus (SMT), or group-administered psychological first aid (PFA). This study provides preliminary evidence that any of three approaches may be efficacious in resource-limited settings, or where immediate relief is desired. As EMDR gives the fastest relief, it would be the preferred approach, followed by SMT, which was group-administered and therefore more cost-effective.

"We Die 25 Years Sooner:" Addressing Physical Health Among Persons with Serious Mental Illness in Supportive Housing

Author(s): Stefancic A.; Bochicchio L.; Svehaug K.; Alvi T.; Cabassa L.J.

Abstract: People diagnosed with serious mental illness (SMI) experience significant health disparities, including high rates of premature mortality. Supportive housing may serve as a critical service setting for addressing physical health, but comprehensive health-related services within these programs remain an exception. This study sought to identify barriers, and potential solutions, to addressing the physical health needs of people with SMI within supportive housing. Semi-structured interviews and focus groups were conducted with multiple stakeholders (clients, peer specialists, non-peer staff, leadership) across three supportive housing agencies. There was general consensus regarding multiple barriers at the individual, organizational, policy/system, and community levels. Nevertheless, stakeholders also identified strategies in domains such as staffing, organizational culture, partnerships, communication, and infrastructure for addressing barriers. These findings can inform planning for implementation of health initiatives within supportive housing while also highlighting the need for broader community, systems, and policy change.

Evidence-Based Treatment of Young Adults With Substance Use Disorders

Author(s): Hadland S.E.; Hallett E.; Silverstein M.; Bagley S.M.; Yule A.M.; Levy S.J.

Source: Pediatrics; Jan 2021; vol. 147

Abstract: In summarizing the proceedings of a longitudinal meeting of experts in substance use disorders (SUDs) among adolescents and young adults, in this special article, we review principles of care related to SUD treatment of young adults. SUDs are most commonly diagnosed during young adulthood, but most of the evidence guiding the treatment of this population has been obtained from older adult study participants. Extrapolating evidence from older populations, the expert group asserted the following principles for SUD treatment: It is important that clinicians who work with young adults effectively identify and address SUD to avert long-term addiction and its associated adverse health outcomes. Young adults receiving addiction treatment should have access to a broad range of evidence-based assessment, psychosocial and pharmacologic treatments, harm reduction interventions, and recovery services. These evidence-based approaches should be tailored to young adults' needs and provided in the least restrictive environment possible. Young adults should enter care voluntarily; civil commitment to treatment should be a last resort. In many settings, compulsory treatment does not use evidence-based approaches; thus, when treatment is involuntary, it should reflect recognized standards of care. Continuous engagement with young adults, particularly during periods of relapse, should be considered a goal of treatment and can be supported by care that is patient-centered and focused on the young adult's goals. Lastly, substance use treatments for young adults should be held to the same evidence and quality standards as those for other chronic health conditions.

Cochrane Reviews

Interventions for improving medical students' interpersonal communication in medical consultations
https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012418.pub2/full

Video games for people with schizophrenia
https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012844.pub2/full

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Journal of Neurology, Neurosurgery & Psychiatry	Athens password required
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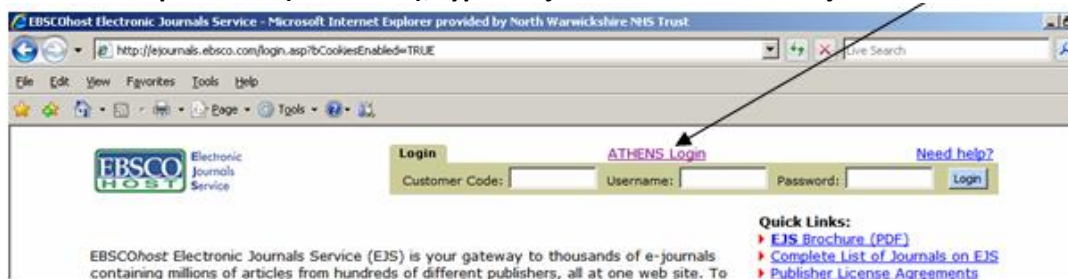
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