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[Understanding the Relationship Between Sleep Problems in Early Childhood and Borderline Personality Disorder: A Narrative Review](#)

Authors: Morales-Munoz I, Durdurak BB, Bilgin A, Marwaha S, Winsper C
Dovepress; December 2021

Objective: Recent research indicates that sleep problems in childhood precede the development of borderline personality disorder (BPD) symptoms, but the mechanisms by which sleep problems associate with BPD are still unknown. This narrative review aims to provide some potential explanations for how early sleep problems might associate with BPD.

Methods: We used the biosocial developmental model of BPD as a framework to discuss how sleep problems may associate with BPD. Articles were identified via PubMed and Embase, and papers published between January 1991 and April 2021 were extracted. Authors made a series of literature searches using the following keywords: Sleep problems, Insomnia, Nightmares, Hypothalamic–Pituitary–Adrenal Axis (HPA), Prefrontal Cortex, Family Psychopathology, Disrupted Attachment, Child Maltreatment, Impulsivity, Emotion Regulation, Internalizing, Externalizing, Rumination, Childhood, Adolescence, Young people. The inclusion criteria were published in peer-reviewed journals; human studies or reviews; published in English. The exclusion criteria were commentaries; abstracts from conferences; studies with animal samples. A total of 96 articles were included for the purpose of this review.

Results: The evidence from this review suggests that some biological factors and core features of BPD act as potential mechanisms mediating the associations between early sleep and subsequent BPD, while some family-related factors might constitute common risk factors for sleep problems and BPD.

Conclusion: The biosocial developmental model of BPD provides a plausible characterization of how sleep disruption might lead to subsequent BPD. Further research on new developmental and early intervention approaches to understand how sleep in early stages associates with BPD could have significant clinical impact on these patients and could inform targeted therapeutic interventions.

[“I’m literally here to hear your story... let them know that”: Exploring Narrative Therapy Approaches with Victims of Child Trafficking, Exploitation & Slavery](#)

Dr. Romana Farooq; Chelsea Addy; Gavin Smyth; Afua Appiah

Journal of Modern Slavery, CHILD LABOUR Special Edition, Volume 6, Issue 4. 2021

Child trafficking is when “children and young people are tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold” (NSPCC, 2021). Child exploitation is “when an abuser takes advantage of a young person for their own personal gain... including sexual exploitation or forcing the child to commit crime” (Cambridgeshire Constabulary, 2021). Modern day slavery is “defined as the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation” (Public Health England, 2017). There are a high number of cases of child trafficking, exploitation, and slavery in the UK and at present, ‘best practice fit’ routine therapeutic interventions are used with children and young people who have been subjected to, or are at risk of been subjected to, trafficking, exploitation and slavery. Although these can be effective at reducing harm in the short-term, few interventions have been developed which begin to promote long-term and sustainable positive change in the lives of children and young people (Countryman-Roswurm & DiLollo, 2017). Here in this practice paper, we outline the use of narrative therapy techniques with children and young people who have been subjected to trafficking, exploitation and slavery, in particular the Tree of Life Approach (Ncube, 2006). The Tree of Life (Ncube, 2006) is presented as an approach for supporting children and young people to reconstruct personal narratives focussed on resilience and hope.

[Effectiveness and cost-effectiveness of a structured social coaching intervention for people with psychosis \(SCENE\): protocol for a randomised controlled trial](#)

Domenico Giacco , Agnes Chevalier, Megan Patterson, Thomas Hamborg , Rianna Mortimer, Yan Feng, Martin Webber , Penny Xanthopoulou , Stefan Priebe

Abstract

Introduction People with psychosis tend to have smaller social networks than both people in the general population and other people with long-term health conditions. Small social networks are associated with poor quality of life. Preliminary evidence suggests that coaching patients to increase their social contacts may be effective. In this study, we assessed whether structured social coaching improves the quality of life of patients with psychosis (primary outcome) compared with an active control group, receiving information on local social activities.

Methods and analysis A structured social coaching intervention was developed based on the literature and refined through stakeholder involvement. It draws on principles from motivational interviewing, solution focused therapy and structured information giving. It is provided over a 6-month period and can be delivered by a range of different mental health professionals. Its effectiveness and cost-effectiveness are assessed in a randomised controlled trial, compared with an active control group, in which participants are given an information booklet on local social activities. Participants are aged 18 or over, have a primary diagnosis of a psychotic disorder (International Classification of Disease: F20–29) and capacity to provide informed consent. Participants are assessed at baseline and at 6, 12 and 18 months after individual randomisation. The primary outcome is quality of life at 6 months (Manchester Short Assessment of Quality of Life). We hypothesise that the effects on quality of life are mediated by an increase in social contacts. Secondary outcomes are symptoms, social situation and time spent in social activities. Costs and cost-effectiveness analyses will consider service use and health-related quality of life.

The Current Provision of Mental Health Services for Individuals with Mild Intellectual Disability: A Scoping Review

Catherine Walton, David Medhurst, Giri Madhavan & Rohit Shankar

Journal of Mental Health Research in Intellectual Disabilities: December 2021

ABSTRACT Background: 1 People with mild intellectual disability (ID) experience a higher prevalence of mental health (MH) problems in comparison to the general population, yet there is little consensus on the most appropriate type and nature of services for support and treatment for this specific group of individuals. Objective: The objective of this scoping review is to explore the current evidence for the organization, structure, and delivery of mental health services for people with mild ID. Methods: The PRISMA-SCr (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews) checklist was followed. Online databases were used to identify systematic reviews, meta-analyses, scoping reviews, or guidelines published between 2003 and 2020. Articles were reviewed using Roever & Zoccai criteria for critical appraisal of systematic reviews and meta-analyses. Results: 130 records were identified, of which 91 were longlisted. Of these, 28 articles were shortlisted after review of abstracts prior to review of full-text papers. The review included 11 studies: one meta-analysis, eight systematic reviews, and two scoping reviews. These studies approached the provision of mental health services for individuals with mild ID from various angles – including service organization and access, therapies, and patient feedback. Conclusions: According to the Roever & Zoccai criteria, there was a lack of high-quality evidence, which limited the findings and conclusions. The available evidence suggested that despite higher levels of psychopathology there is not a corresponding consideration in care for individuals with mild ID in general psychiatric services. There was no conclusive evidence on better level of services or outcomes being provided either by the general psychiatric services or specialist ID psychiatric services. Some evidence was found for intensive case management and assertive outreach for individuals with mild ID, but this was not replicated in further studies.

Group dynamic interpersonal therapy (GDIT): adapting an individual interpersonal therapy to a group setting in an NHS IAPT service: a pilot study

Julie Folkes-Skinner; Letitia Collins

Psychoanalytic Psychotherapy: 30 Nov 2021

Abstract

Dynamic interpersonal therapy (DIT) was developed for individual clients. This pilot project set out to evaluate if DIT could be adapted to group psychotherapy. Three consecutive groups were run in an NHS IAPT service over two years. Twenty-seven clients (10 men and 17 women, median age 34) were offered treatment. Groups were facilitated by accredited DIT therapists. Clients completed the PHQ9 and the GAD7 at assessment and then weekly. Scores were used to evaluate the impact of GDIT on client symptoms. Data collected during routine treatment was later analysed.

The delivery of key aspects of the model that included the formulation of the IPAF and the Goodbye Letter were changed. Results suggest that DIT can be adapted to a group setting and that this way of working may have significant benefits for clients. 74% of patients ($n = 19$) who completed treatment were above Caseness on the PHQ9 ($p < .00001$, $d = 1.82$) and 58% on the GAD7 ($p < .000001$, $d = 1.63$). Only one client (5%) dropped out of treatment. Given the small size of the sample and no control, the reduction in client symptoms cannot be reliably attributed to GDIT. More research is needed.

The severity of COVID-19 infection in patients with anorexia nervosa: an observational study

Michael J Taylor, Uju Okereke, Robert Wilson, Anthony Winston

The Lancet: November 2021

Abstract Background Patients with anorexia nervosa frequently show neutropenia, lymphopenia, and a reduced CD8 count; pro-inflammatory cytokines tend to be upregulated. The immunological response to bacterial infection is often impaired, but viral illness appears to be rare. At the beginning of the COVID-19 pandemic, clinicians expected that patients with anorexia nervosa would be at increased risk of severe infection. The present study investigated COVID-19 severity in patients with anorexia nervosa with positive SARS-CoV-2 polymerase chain reaction (PCR) tests. **Methods** A database was created at NHS England and Improvement, and eating disorders clinicians across the UK reported demographics, clinical characteristics, biomarkers, and outcomes of patients with anorexia nervosa and COVID-19 between May 20, 2020, and May 11, 2021. Eating disorder diagnoses were made by referring clinicians following standard clinical practice. This report follows STROBE guidelines. **Findings** Data were collected from 47 patients (44 female) aged 13–57 years (mean 26.8 years [SD 12.3]), including 34 adults (body-mass index [BMI] 12.0–21.3 kg/m², mean 15.6 kg/m² [SD 2.3]) and 13 children (percentage median BMI 68.5–129%, mean 94.0% [SD 13.4]). 37 patients (79%) had at least one of the typical COVID-19 symptoms of fever, cough, or disturbed smell or taste. One patient was asymptomatic; 44 had mild disease; two developed pneumonia, which for one patient was severe. One patient (2%) required treatment for COVID-19 in a general hospital. In comparison, in the general population of England, between 2.4% and 2.7% of adults aged 18–54 years with a positive SARS-CoV-2 PCR between October, 2020, and February, 2021, were admitted to hospital. **Interpretation** To our knowledge, this is the first published study investigating effects of COVID-19 on patients with anorexia nervosa. Contrary to expectations, these findings suggest that anorexia nervosa does not increase the risk of severe COVID-19 infection. They also provide an insight into the effect of malnutrition on COVID-19, and viral infection in general, and offer some reassurance for patients with anorexia nervosa and clinicians about the risk from infection. Additionally, they may inform vaccination and infection control recommendations for patients with anorexia nervosa in future pandemics. The sample size was small and dependent on data submitted by clinicians; the results should therefore be treated with caution.

Social Media and Cyber-Bullying in Autistic Adults

Paraskevi Triantafyllopoulou, Charlotte Clark-Hughes & Peter E. Langdon

Journal of Autism and Developmental Disorders (2021)

Abstract Social media can lead to rejection, cyber-bullying victimisation, and cyber-aggression, and these experiences are not fully understood as experienced by autistic adults. To investigate this, 78 autistic adults completed self-report measures of social media use, cyber-bullying victimisation, cyber-aggression, and self-esteem. High levels of social media use were found to be associated with an increased risk of cyber-victimisation; whereas self-esteem was positively correlated with feelings of belonging to an online community and negatively correlated with feelings of being ignored on social network sites and chat rooms. Future studies are needed to further investigate the experience of cyber-bullying victimisation of autistic adults.

Neighbourhood characteristics and social isolation of people with psychosis: a multi-site cross-sectional study

Domenico Giacco, James B. Kirkbride, Anna O. Ermakova, Martin Webber, Penny

Xanthopoulou & Stefan Priebe

Social Psychiatry and Psychiatric Epidemiology (2021)

Abstract Purpose People with psychosis are vulnerable to social isolation, which is associated with worse clinical outcomes. In general populations, people living in areas with higher population density have more social contacts, while those living in more socially deprived and fragmented areas are less satisfied with their relationships. We assessed whether and how neighbourhood factors are associated with social contacts and satisfaction with friendships for people with psychosis. **Methods** We carried out a cross-sectional study including people with psychosis aged 18–65 years in urban and rural sites in England. Population density and social deprivation and fragmentation indexes were

described within Lower Level Super Output Areas (LSOA). Their associations with participants' social contacts and satisfaction with friendships were tested with negative binomial and ordinal regression models, respectively. Results We surveyed 511 participants with psychotic disorders. They had a median of two social contacts in the previous week (interquartile range [IQR]=1–4), and rated satisfaction with friendships as 5 out of 7 (Manchester Short Assessment of Quality of Life; IQR=4–6). Higher population density was associated with fewer social contacts (Z-standardised relative risk [RR]=0.88; 95% CI=0.79–0.99, p=0.03), but not with satisfaction with friendships (RR=1.08; 95% CI=0.93–1.26, p=0.31). No associations were found for social contacts or satisfaction with friendships with social deprivation or fragmentation indexes. Conclusions Clinicians in urban areas should be aware that their patients with psychosis are more socially isolated when more people live around them, and this could impact their clinical outcomes. These findings may inform housing programmes.

[How can psychiatrists make mental health services more accessible for people with autism?](#)

A Roy - BJPsych Open, 2021

Unrecognised psychiatric and medical conditions can lead poorer health outcomes, lower health-related quality of life and increased mortality in people with autism, compared with the general population. A reasonable adjustment required in mainstream services is patient prioritisation by clinicians with knowledge and understanding of autism. Developed as part of the revised autism strategy, the recently developed autism competency framework lists the range of capabilities that psychiatrists who treat people with autism should have. Psychiatrists could lead the workforce transformation required to make the reasonable adjustments to mainstream mental health services needed to improve outcomes for people with autism.

The effectiveness of music as an intervention for dementia patients in acute settings

Kate Hack, Kate Martin, Chris Atkinson

Music and Medicine: an interdisciplinary journal (2021)

In 2019 there were an estimated 50 million people living with dementia globally [1]. There is a strong need for therapies and interventions that ameliorate symptoms and improve quality of life for individuals living with dementia. Whilst there is evidence for the effectiveness of music interventions in long-term care settings, such as nursing homes, less research has been conducted into their effectiveness in acute settings. It is important to build up an evidence base of effective interventions in acute settings specifically, which often see the most challenging cases of symptoms associated with dementia. This systematic review represents a novel examination of the literature on music as an intervention for dementia patients in acute settings. A database search identified 204 papers, of which 10 studies satisfied criteria and were reviewed. A quality assessment framework was applied, with the majority of studies scoring highly (above 80%). The review identified 4 areas where music interventions have been utilized to improve outcomes for dementia patients in acute settings: mood and wellbeing, behavioral and psychological symptoms of dementia, and use of inpatient resources. The most reliable evidence is currently within mood and behavior domains reflecting positive change following music intervention for inpatients. Limitations, clinical implications and recommendations for future research are discussed.

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[Randomised controlled trials of antidepressant and anti-anxiety medications for people with autism spectrum disorder: systematic review and meta-analysis](#)

Shoumitro Deb, Meera Roy, Rachel Lee, Madiha Majid, Bharati Limbu, Jacopo Santambrogio, Ashok Roy and Marco O. Bertelli
BJPsych Open – 2021

Background Although widely used, the current evidence for the efficacy of antidepressant and anti-anxiety medications for people with autism spectrum disorder (ASD) is limited and conflicting. **Aims** We carried out a systematic review and meta-analysis of randomised controlled trials that assessed the effectiveness of these medications in people with ASD. **Method** We searched the following databases: Cochrane Library, Medline, EMBASE, CINAHL, PsycINFO, ERIC, DARE and ClinicalTrials.gov. Additionally, we hand-searched 11 relevant journals. We used the Cochrane risk-of-bias tool and Jadad score to assess the quality of each included study. We carried out a meta-analysis using a random effects model. **Results** We included 15 randomised controlled trials (13 on antidepressants and two on anti-anxiety medications) for a total of 958 people with ASD. Data showed contradictory findings among the studies, with larger studies mostly showing a non-significant difference in outcomes between the treatment and the placebo groups. Meta-analysis of pooled Yale-Brown Obsessive Compulsive Scale and Clinical Global Impression Scale data from nine studies (60%) did not show any statistically significant intergroup difference on either of the outcome measures. The adverse effects reported were mild and, in most studies, their rates did not show any significant inter-group difference. **Conclusions** Given the methodological flaws in the most included studies and contradictory findings, it is difficult to draw any definitive conclusion about the effectiveness of either antidepressant or anti-anxiety medications to treat either ASD core symptoms or associated behaviours. Robust, large-scale, randomised controlled trials are needed to address this issue.

[Psychosocial interventions for people with a first episode psychosis: between tradition and innovation](#)

Swaran P Singh , Mohapradeep Mohan , Domenico Giacco
Current Opinion in Psychiatry - September 2021

Abstract

Purpose of review: Assessing recent evidence on psychosocial interventions for people with first episode psychosis (FEP).

Recent findings: Family interventions (FI) reduce relapse rates, whilst cognitive behavioural therapy (CBT) shows a moderate effect in improving positive psychotic symptoms. Vocational interventions (VI) appear to be worthy of implementation within early intervention for psychosis (EIP) teams, but it is still unclear what is the most cost-effective strategy for their delivery. Promising interventions, which need more careful evaluation, focus on substance misuse, physical health comorbidities, improvement of social participation, peer support and the potential of new technologies.

Summary: The first five years after the onset of psychotic symptoms are a 'critical period' in which psychosocial interventions can be particularly influential in determining prognosis. Traditional EIP interventions have different effectiveness profiles, i.e., FI reduce relapse rates, CBT has a moderate effectiveness on overall and positive symptoms and VI can improve educational and employment-related functioning. Newer interventions show promise on important targets for FEP treatment but require higher-quality evaluations. Decisions on which interventions to implement within EIP teams should be informed by high-quality evidence, but difficult choices will have to be made based on costs, professionals and technologies available, and local priorities

[The neuropsychiatric effects of nitrous oxide and low vitamin B₁₂](#)

Joseph Farmer, Karen Romain, Mina Ibrahim, Manoj Kumar and William York Moore
BJPsych Advances – September 2021

Summary

This narrative review article aims to update knowledge on the neuropsychiatric complications of nitrous oxide use and low vitamin B12. We consider common forms and uses of nitrous oxide (N₂O) and review its mechanism of action, and then explore the potential impacts of use. In particular, neuropsychiatric effects mediated by low vitamin B12 are considered and the correct interpretation of laboratory results explored. This is of particular importance as where vitamin B12 is inactivated by chronic nitrous oxide use, blood test levels of vitamin B12 may not reflect the quantity of functional B12 in patients.

An evaluation of the Stratford multiagency, multidisciplinary, assessment clinic

Catherine Cooper , Hannah Liu , Tobias Rowland , Riddhi Prajapati , Tayla Hurlock , Andy Owen
Mental Health Review Journal – August 2021

Abstract

Purpose

This study aims to assess a novel clinic whereby new patients were discussed in a multi-agency, multi-disciplinary panel and given feedback on the same day. The objectives were to determine the impacts on time to commencing treatment, need for further assessment, discharges and staff and patient experiences.

Design/methodology/approach

Outcomes from the new assessment clinic were compared to previous individual assessments. Feedback questionnaires were given to patients, while a focus group was conducted with staff.

Findings

There was a significant reduction in the time to agreeing a treatment plan (34 days to <1 day), the need for further assessment (61%–23.2%) and a significant increase in the proportion discharged from secondary care (26.9%–49.8%). Clinician and patient feedback on the clinic was positive.

Practical implications

The model of a multi-agency, multi-disciplinary clinic could be used for assessing new referrals to community mental health teams.

Originality/value

The use of a multi-agency, multi-disciplinary clinic is a novel approach within community mental health teams which led to improvements in efficiency, while demonstrating positive patient and clinician feedback.

Pilot Study to Enhance Recovery Through Physical Activity and Healthy Lifestyles in an Acute Psychiatric Day Hospital Setting

Professor Scott Weich

PB-PG-0107-10647 – NIHR Research for Patient Benefit Programme – Final report – August 2021

Serious mental illnesses, such as schizophrenia and depression, affect 5-10% of adults in the UK at any time. People who experience these conditions may die 20-30 years earlier than the general population, most often from heart disease. The most likely explanations are obesity, diabetes, high blood pressure, smoking, poor diet and sedentary lifestyle. Diabetes trials show that increasing physical activity can be effective and sustainable, but it requires motivational support. There are promising lifestyle change interventions among people with serious mental illness, but none has been fully evaluated and services remain rare.

We aimed to extend a healthy living initiative for improving the physical health of people with serious mental illness, to prepare for a definitive clinical trial.

The Court of Protection: expert witness and professional reports

Curtice, Martin

BJPsych Advances , First View : August 2021

Summary:

The Court of Protection has the legal jurisdiction to make decisions about people who lack capacity to make decisions themselves (in England and Wales). When hearing cases, evidence can be provided to the court by expert witnesses and professionals. The Court of Protection Rules 2017 inform the practice and procedure within the Court of Protection. This article reviews the judgment from a Court of Protection case that analyses the proper role of the expert witness in the court. In doing so the article provides guidance to authors of expert witness reports and reports under section 49 of the Mental Capacity Act 2005 submitted as evidence to the court.

Reducing Falls in Dementia Inpatients Using Vision-Based Technology

Wright K, Singh S

Journal of Patient Safety, 02 Aug 2021

Abstract

Objectives

Falls have a significant negative impact on the health and well-being of people with dementia and increase service costs related to staff time, paramedic visits, and accident and emergency (A&E) admissions. We examined whether a remote digital vision-based monitoring and management system had an impact on the prevention of falls.

Methods

Our study was conducted within the Manor dementia inpatient wards at the Coventry and Warwickshire Partnership Trust. Data were retrieved from incident reports before and 22 months after installation of the system. We examined number of night time falls, severity of fall, number of paramedic visits and A&E admissions, and the number of enhanced observations during both time periods.

Results

There was a significant 48% reduction in the number of nighttime falls ($P < 0.01$), a 49% reduction in visits from paramedics ($P < 0.2$), and a 68% reduction in A&E admissions ($P < 0.02$). In addition, the data indicated an 82% reduction in the number of moderate severity falls and that enhanced one-to-one observation hours were reduced by 71%.

Conclusions

The study demonstrated that a contact-free, remote digital vision-based monitoring and management system reduced falls, fall-related injuries, emergency services time, clinician time, and disruptive night time observations. This benefits the clinicians by allowing them to undertake other clinical duties and promotes the health and safety of patients who might normally experience injury-related stress and disruption to sleep.

[Psychodermatology in psychiatry: awareness and education among psychiatry trainees](#)

[Blee I](#), [Da Costa J](#), [Powers N](#), [Omanyondo S](#), [Charles A](#), [Goulding JMR](#)

Clinical and Experimental Dermatology, 14 Jul 2021

Survey data indicate that 98% of patients with skin disease report that their condition affects their emotional and psychological wellbeing.¹ Despite this, access to specialist mental health support for such patients remains limited throughout the UK.² A significant proportion of patients with psychodermatological disease manifest a primary psychiatric or psychological disorder for which care may be sought in mental health settings rather than in dermatology services. However, it is recognized that psychiatrists may lack confidence in diagnosing and managing psychodermatological problems.^{3,4} It is our impression that psychiatry trainees in particular may have limited awareness and experience of this important field.

[Prescribing antipsychotic medication for adults with intellectual disability: shared responsibilities between mental health services and primary care](#)

[Carol Paton](#), [Ashok Roy](#), [Kiran Purandare](#), [Olivia Rendora](#), [Thomas R. E. Barnes](#)

BJ Psych Bulletin July 2021

Aims and method We conducted a secondary analysis of data from a Prescribing Observatory for Mental Health audit to assess the quality of requests from intellectual disability services to primary care for repeat prescriptions of antipsychotic medication.

Results Forty-six National Health Service Trusts submitted treatment data on 977 adults with intellectual disability, receiving antipsychotic medication for more than a year, for whom prescribing responsibility had been transferred to primary care. Therapeutic effects had been monitored in the past 6 months in 80% of cases with a documented communication indicating which service was responsible for this and 72% of those with no such communication. The respective proportions were 69% and 42% for side-effect monitoring, and 79% and 30% for considering reducing/stopping antipsychotic medication.

Clinical implications Where continuing antipsychotic medication is prescribed in primary care for people with intellectual disability, lack of guidance from secondary care regarding responsibilities for monitoring its effectiveness may be associated with inadequate review.

[Warwick-India-Canada \(WIC\) global mental health group: rationale, design and protocol](#)

[Swaran P Singh](#) et al

BMJ Open 2021

Abstract

Introduction The primary aim of the National Institute of Health Research-funded global health research group, Warwick-India-Canada (WIC), is to reduce the burden of psychotic disorders in India. India has a large pool of undetected and untreated patients with psychosis and a treatment gap exceeding 75%. Evidence-based packages of care have been piloted, but delivery of treatments still remains a challenge. Even when patients access treatment, there is minimal to no continuity of care. The overarching ambition of WIC programme is to improve patient outcomes through (1) developing culturally tailored clinical interventions,

(2) early identification and timely treatment of individuals with mental illness and (3) improving access to care by exploiting the potential of digital technologies.

The role of telephone consultations in psychiatry

Jonathan Packer, Emma Fisher, Anne-Marie Simons, Kirsty Bolochoveck, Benita Roff, Sanjay Khurmi and Luke Jones

PBPsych Open: 18 June 2021

Abstract

Aims

Telephone consultations have been in clinical use since the early 1960s and are increasing in frequency and importance in many areas of medicine. With the advent of the COVID-19 pandemic in 2020, the use of telemedicine consultations increased dramatically alongside utilization of other digital technologies. Despite promise and potential advantages for clinicians (including remote working, improved time management and safety) there are known drawbacks to telephone consultations for psychiatrists. This includes limitations to assessments of mental state and risk, with loss of non-verbal communication often cited as a point in favour of more sophisticated technologies such as video calling. By adopting telephone consultations to a greater extent during the initial months of the COVID-19 pandemic in the Coventry Crisis Resolution and Home Treatment Team (CRHTT), we aimed to assess the patient experience in telehealth, through a patient survey.

Method

After an initial assessment or follow-up consultation with a medical practitioner from the crisis team, patients were invited to take part in a short questionnaire with a member of the administration staff. This consisted of eight questions on a Likert scale and three open questions for comments. Results were collated and analyzed via Microsoft Excel.

Result

Most patients found the telephone consultations satisfactory, with more than 90% returning positive scores in understanding, convenience and overall satisfaction. All patients felt listened to and that their confidentiality was maintained; with all but one respondent willing to engage in further consultations via the telephone. Negative scores were typically returned for practical telephonic problems including poor signal, interference and background noise. In their comments patients expressed largely positive views about their experience with their clinician; analysis revealed key insights into the patient experience, demonstrating the convenience, comfort and flexibility possible with 'telepsychiatry'.

Conclusion

Patient experience of telemedicine in a UK psychiatric crisis team is mostly positive, with clear advantages for both patients and clinicians. Our results show telephone consultations can be expanded to new patient assessments alongside follow-ups, enabling the team to reach a greater number of service users. This includes service users who are housebound due to infirmity, required to shield or have significant anxiety about the pandemic.

Hyperprolactinaemia in the context of psychiatry

Karen Romain, Sarah Fynes-Clinton, David Harmer and Manoj Kumar

PJPsych Advances: 11 June 2020

Summary

Advocating for good physical healthcare for their patients is of the utmost importance to psychiatrists. This narrative review focuses on one part of this large goal, the topic of hyperprolactinaemia from the perspective of mental healthcare. For psychiatrists this often includes managing raised prolactin levels in the context of medication. However, they must consider the wider differentials of a raised prolactin level and the possible impact of treatments. For that reason, in this review we start with an overview of prolactin physiology before considering hyperprolactinaemia both in the context of antipsychotic therapy and its wider differentials, including prolactinoma. Investigation and management are considered and key practice points developed.

[Improving knowledge and confidence in the acute management of eating disorders and resulting complications](#)

Sarah Fynes-Clinton, Clare Price, Louisa Beckford, Maisha Shahjahan and Brendan McKeown
Published online by Cambridge University Press: 18 June 2021

Abstract

Aims

This project aimed to improve the knowledge and confidence of doctors at all levels when managing patients with eating disorders while on call.

Background

A recent survey found just 1% of doctors have the opportunity for clinical experience on eating disorders. Anecdotally, a number of junior doctors within our trust had mentioned that they felt unsure when asked to manage patients with eating disorders during their out of hours shifts.

Method

This project aimed to ascertain levels of confidence with managing patients with eating disorders, and to collect suggestions to improve this. This was achieved using a survey sent out to 97 doctors working in a Mental Health Trust.

We then utilised two of the suggestions to improve the identified areas of concern. The first method involved direct lectures. This was followed up with the creation of a poster highlighting the pertinent information which was displayed in key clinical areas. The second avenue was the creation of an information booklet covering key clinical information that is available to all on call doctors.

Result

The response rate for the survey was 37.11%. The survey found that doctors lacked confidence in the management of common conditions that arise in patients admitted with eating disorders. Refeeding syndrome was identified as the greatest area of concern by responding doctors.

To assess the impact of the lectures, MCQs were given out before and after the presentation. The results were compared, and showed a clear improvement in overall knowledge, with results going from an average score of 56.6% to 80%.

Conclusion

By using multiple methods to improve doctors confidence, (lectures, written information and visual posters), this quality improvement project achieved its aims in improving doctors knowledge, and through having easy access to important information, will have long term positive effects on patient care.

[COVID-19 in People With Schizophrenia: Potential Mechanisms Linking Schizophrenia to Poor Prognosis](#)

Mohapradeep Mohan, Benjamin Ian Perry, Ponnusamy Saravanan and Swaran Preet Singh
Frontiers in Psychiatry: Published 2021

As the global burden of mortality from COVID-19 continues to rise, an understanding of who is most at risk of adverse outcomes is of paramount importance. Pre-existing cardiometabolic, renal and respiratory diseases as well as old age are well-established risk factors associated with disease severity and mortality among patients with COVID-19. However, mounting evidence also indicates an increased susceptibility to, and risk of adverse outcomes from COVID-19 in people with schizophrenia, independent of age and comorbidity. Therefore, elucidating the underlying pathophysiological mechanisms which may increase the risk of poor outcomes in people with schizophrenia is of crucial importance. Here, we provide a narrative on the current understanding of COVID-19 in patients with schizophrenia and propose potential mechanisms which may link schizophrenia with an increased susceptibility to, and greater risk of adverse outcomes from COVID-19. Given the existing knowledge gaps, robust clinical and biological studies are required to further our understanding of some of these underlying mechanisms, so that effective prevention and treatment strategies for COVID-19 in patients with schizophrenia can be developed.

[Quality improvement project: delirium awareness and training in coventry memory services](#)

Nurul Yahya, Karim Saad

Published online by Cambridge University Press: 18 June 2021

Abstract

Aims

By way of Quality Improvement, this project aims to identify awareness levels, deliver a brief training and thus increasing the confidence of Memory Assessment Clinicians in detecting delirium.

Background

People with dementia are at greater risk of delirium, and the acute confusion associated with delirium may be mistaken as part of their dementia. Despite having an estimated prevalence in care homes of 14.2% in the UK, delirium is under-recognised. Memory Assessment Clinicians may have low confidence in identifying and have low awareness of delirium despite being tasked with a triage and diagnostic role in dementia assessment. NICE has recently updated the guidelines on Delirium in March 2019 with recommendations on prevention and treatment of Delirium.

Method

We delivered a survey pertaining:

1. (a) Awareness of Delirium NICE Guidelines
2. (b) Confidence in spotting Delirium

We used convenience sample of Memory Assessment Clinicians in Coventry. Overall, this survey was uptake by 17 clinicians. The pre training survey was done in early October 2019 and the post training survey was done shortly after the training, at the end of October 2019. A brief training comprising NICE Guidelines and using Confusion Assessment Method (CAM) was delivered. The survey is repeated post training and differences in result of level of

confidence is done to measure changes. The survey assessed knowledge, beliefs, practices and confidence level regarding delirium detection.

Result

Pre training:

17 clinicians took part in the survey. 59% was aware that there is a delirium NICE guidelines. 12% felt strongly agree, 41% agree and 47% felt neutral in their confidence of detecting delirium.

Post training:

10 clinicians took part in the survey. 50% felt strongly agree and 50% agree that they are confident in detecting delirium.

Overall, the mean difference is 2 and the p value is 0.92034. we used Mann- Whitney Test to measure the difference in pre and post training which showed not significant at $p < 0.05$.

Participants felt that the training was useful and relevant to practice.

Conclusion

This study showed our clinicians have a good basic knowledge in detecting delirium. As a result of this study, we have created 'Delirium checklist' and Confusion Assessment Method (CAM) to be used during duty work. We also feel that the majority of delirium cases referred to us comes from the community base, thus our next step of the project will be to involve educational work with the community care home.

West Midlands general adult psychiatry higher trainees' peer group wellbeing away day

Emma Fisher

BJPsych Open: 18 June 2021

Abstract

Aims

The main aim of the wellbeing day was to increase the sense of wellbeing amongst psychiatry higher trainees in the West Midlands. We first wanted to understand the wellbeing needs of the trainees and what they hoped to get out of an away day. We wanted then to evaluate whether the away day had met these needs.

Background

The Psychiatry Trainees Committee (PTC) published a report 'Supported and Valued? A trainee led review into morale and training within psychiatry' in 2017. The importance of feeling valued and supported and the value trainees place upon the support of their peers, were highlighted in this report.

As higher trainees we are often geographically isolated from each other, and whilst the peer group meet once per month, this is mostly for academic lectures resulting in poor familiarity amongst trainees which can leave trainees feeling unknown and unsupported.

Method

We decided to apply to HEE for funding for an away day. We surveyed the peer group, asking what they most wanted to get out of an away day. The results showed that 'a morale boost', 'decompress/relaxation' and 'opportunity to get to know other trainees' were the trainee's priorities, followed by improving leadership, team working and negotiation skills. With these priorities in mind, an away day programme was developed which included a talk from Dr Mike Blaber, a palliative care doctor with a special interest in doctors' wellbeing, a 'getting to know you' art activity and a team building GPS treasure hunt funded by HEE. The day finished with a dinner in a local restaurant sponsored by Recordati. The rest of the day was paid for by the peer group.

Result

28 higher trainees attended the away day which was held in Birmingham on 11/07/2019. Trainees gave feedback on the day using an online anonymous survey. 81% of attendees said the away day decreased their stress levels. 90% said that the day had increased their sense of wellbeing. 86% felt an increased sense of belonging and less isolated as a trainee.

Conclusion

Regular trainee away days may help tackle isolation and increase morale which is linked to better patient outcomes. Improving trainees' sense of wellbeing leads to better job satisfaction, which may ultimately lead to higher rates of retention within psychiatry.

Evaluating patients and healthcare professionals' understanding of voting rights for patients in government elections

Mark Winchester, Madiha Majid and Ashok Kumar

BJPsych Open: 18 June 2021

Abstract

Aims

- To understand whether mental health patients vote in government elections
- To ascertain the barriers that prevent them from doing so
- To explore ways in which mental health services can support patients to vote
- To determine whether mental health staff are aware of patients' right to vote

Background

Members of Parliament (MPs) can influence decisions regarding the National Health Service (NHS) and mental health legislation. The general election on 12th December 2019 highlighted that many patients were not using their democratic right to vote. It also appeared that many staff members were not aware that patients under the Mental Health Act (MHA) were entitled to vote (except for those under 'forensic' sections of the MHA). We therefore conducted a survey to ascertain both patient and staff understanding of their democratic rights and to better understand how we could increase the rate of voting amongst psychiatric patients.

Method

Two questionnaires were produced, one for patients and the other for staff members. This was tested by the clinical governance team before approval was granted. Data were collected at the Coventry and Warwickshire Partnership NHS Trust in the form of paper forms or electronically through a survey website. Forty-two patients and twenty-five staff members responded.

Result

No staff members had received formal training with regards to patients' right to vote. Over half of staff members incorrectly believed that patients under Section 2 or 3 of the MHA and those lacking capacity couldn't vote. More than half of the team members surveyed stated that they had not supported patients in registering or casting a vote. Roughly one third of healthcare professionals felt that it was their responsibility to promote patients' right to vote, with one third disagreeing and the remaining third unsure.

Over 75% of patients did not vote but less than one quarter of all patients surveyed felt support from mental health services would increase the likelihood of them voting. The main barriers to voting were being mentally unwell, hospital admission or a lack of knowledge on the candidates and election process.

Conclusion

Basic training is required to improve staff knowledge of patients' voting rights, which should help improve their ability to support patients to vote. Trusts should have a clear protocol in

place in the event of future elections, with information on who can vote, how to request a postal vote and the candidates in that area.

[The Experiences of Carers of Adults with Intellectual Disabilities During the First COVID-19 Lockdown Period](#)

Varsha Patel, Gisela Perez-Olivas, Biza Stenfert Kroese, Gemma Rogers, John Rose, Glynis Murphy, Vivien Cooper, Peter E Langdon, Steve Hiles, Clair Clifford, Paul Willner

Journal of Policy and Practice in Intellectual Disabilities First published: 15 May 2021

Abstract

The recent COVID-19 pandemic led to widespread international restrictions, severely impacting on health and social care services. For many individuals with an intellectual disability (ID) this meant reduced access to services and support for them and their carers. The aim of this study was to gain insight into the ways parents of adults with ID coped during the first 2020 lockdown period.

[Developing an Intervention to Improve Occupational Participation for Justice-Involved People with a Personality Disorder](#)

C Connell, V Furtado, EA McKay, SP Singh

International Journal of Offender Therapy and Comparative Criminology

Published: May 2021

Occupational participation is undertaking personally meaningful and socially valued activities and roles. It is an important outcome for health and justice interventions, as it is integral to health and desistance. We report the third of a four-stage research project to develop an intervention to improve occupational participation for justice-involved people with a personality disorder in the community.

[Identification and Management of Delirium In Patients Referred to the Crises Resolution and Home Treatment Team within Coventry and Warwickshire Partnership Trust: a Service Evaluation](#)

Tamara Satchell and Dr Rinki Banerjee Warwick Medical School with Coventry and Warwickshire Partnership Trust

RCPsych

Published: 30 March 2021

This project aims to inform the trust about patient characteristics, the quality of assessment patients are receiving and to review patient outcomes.

[Evaluation of a primary care based collaborative care model \(PARTNERS2\) for people with diagnoses of schizophrenia, bipolar or other psychoses: Study protocol for a cluster randomised controlled trial](#)

Humera Plappert, Charley Hobson-Merrett, Bliss Gibbons, Elina Baker, Sheridan Bevan, Michael Clark, Siobhan Creanor, Linda Davies, Rebecca Denyer, Julia Frost, Linda Gask, John Gibson, Laura Gill, Ruth Gwernan-Jones, Pollyanna Hardy, Joanne Hosking, Peter Huxley, Alison Jeffrey, Benjamin Jones, Steven Marwaha, Vanessa Pinold, Claire Planner, Tim Rawcliffe, Siobhan Reilly, Debra Richards, Lynsey Williams, Max Birchwood and Richard Byng

Abstract

Background Current NHS policy encourages an integrated approach to provision of mental and physical care for individuals with long term mental health problems. The 'PARTNERS2' complex intervention is designed to support individuals with psychosis in a primary care setting.

Aims The trial will evaluate the clinical and cost-effectiveness of the PARTNERS2 intervention.

Design & setting This is a cluster randomised controlled superiority trial comparing collaborative care (PARTNERS2) with care as usual, with an internal pilot to assess feasibility. The setting will be primary care within four trial recruitment areas: Birmingham & Solihull, Cornwall, Plymouth and Somerset. GP practices are randomised 1:1 to either (a) the PARTNERS2 intervention plus modified standard care (intervention) or (b) standard care only (control).

Methods and analysis PARTNERS2 is a flexible general practice based person-centred coaching based intervention aimed at addressing mental health, physical health and social care needs. Two hundred eligible individuals from 39 GP practices are taking part. They were recruited through identification from secondary and primary care databases. The primary hypothesis is quality of life. Secondary outcomes include: mental wellbeing, time use, recovery and process of physical care. A process evaluation will assess fidelity of intervention delivery, test hypothesised mechanisms of action and look for unintended consequences. An economic evaluation will estimate the cost-effectiveness. Intervention delivery and follow up have been modified during the COVID-19 pandemic.

Conclusion The overarching aim is to establish the clinical and cost effectiveness of the model for adults with a diagnosis of schizophrenia, bipolar, or other types of psychosis.

[The experiences of mothers of children and young people with intellectual disabilities during the first COVID-19 lockdown period](#)

Gemma Rogers, Gisela Perez-Olivas, Biza Stenfert Kroese, Varsha Patel, Glynis Murphy, John Rose, Vivien Cooper, Peter E. Langdon, Steve Hiles, Clair Clifford, Paul Willner

Journal of Applied Research in Intellectual Disabilities Published: 23 March 2021

Recent COVID-19 lockdown restrictions resulted in reduced access to educational, professional and social support systems for children with intellectual disabilities and their carers. The aim of this study was to gain insight into the ways mothers of children with intellectual disabilities coped during the first 2020 lockdown period.

[COVID-19-related prescribing challenge in intellectual disability](#)

Rauf B, Sheikh H, Majid H, Roy A, Pathania R

Bjpsych Open Published 19th March 2021

Abstract

Background The COVID-19 pandemic and associated restrictions are expected to affect the mental health of the population, especially people with intellectual disability and/or autism spectrum disorder, because of a variety of biological and psychosocial reasons.

Aims This study aimed to estimate if COVID-19 restrictions are associated with a change in number of total consultations carried out by psychiatrists and prescription of psychotropic

medication in people with intellectual disability and/or autism spectrum disorder, within a community intellectual disability service.

Method A quantitative observational study was conducted, involving retrospective and prospective data collection before and during lockdown. Data was collected on a spreadsheet and emailed to all psychiatrists working within the Coventry and Warwickshire Partnership NHS Trust-wide community intellectual disability service. Variables included total consultations, medication interventions, types of medications used, multidisciplinary team input and clinical reasons for medication interventions. Data was analysed separately for child and adolescent mental health services (CAMHS) and adult intellectual disability teams, and for the whole service.

Results During the lockdown period, total consultations in the community intellectual disability service increased by 19 per week and medication interventions increased by two per week. Multidisciplinary team input increased in CAMHS from 0.17 to 0.71 per week and in adult intellectual disability from 5.7 to 6.5 per week. Hypnotics and benzodiazepines were the most commonly prescribed psychotropic medications during the lockdown period.

Conclusions COVID-19-related lockdown resulted in an increase in medication interventions, total consultations and involvement of multidisciplinary teams to manage mental health and behavioural issues in people with intellectual disability and/or autism spectrum disorder.

[Suicide prevention in childhood and adolescence: a narrative review of current knowledge on risk and protective factors and effectiveness of interventions](#)

Wasserman D, Carli V, Iosue M, Javed A, Herrman H

Asia-pacific Psychiatry: Official Journal of the Pacific Rim College of Psychiatrists

Published 5th March 2021

Abstract

Introduction Suicide is a global mental health problem for people of all ages. While rates of suicide in children and adolescents are reported as lower than those in older populations worldwide, they represent the third leading cause of death in 15-19-year-olds. The rates are higher among boys than girls worldwide, though the death rates for girls exceed those for boys in Bangladesh, China, India, and Nepal. There has been a general decrease in adolescent suicide rates over recent decades. However, increases are reported in South East Asia as well as South America over the same time period.

Methods A narrative review method has been used to summarize current knowledge about risk and protective factors for suicide among children and adolescents and to discuss evidence-based strategy for suicide prevention in this age group.

Results Identified suicide risk and protective factors for children and adolescents largely overlap with those for adults. Nevertheless, developmental characteristics may strengthen the impact of some factors, such as decision-making style, coping strategies, family and peer relationships, and victimization. The implementation of evidence-based suicide preventive strategies is needed. Restricting access to lethal means, school-based awareness and skill training programs, and interventions delivered in clinical and community settings have been proven effective. The effectiveness of gatekeeper training and screening programs in reducing suicidal ideation and behavior is unproven but widely examined in selected settings.

Discussion Since most studies have been conducted in western countries, future research should assess the effectiveness of these promising strategies in different cultural contexts. The use of more rigorous study designs, the use of both short- and long-term follow-up

evaluations, the larger inclusion of individuals belonging to vulnerable groups, the evaluation of online intervention, and the analysis of programs' cost-effectiveness are also required.

[Comparing the Minimum Celeration Line and the Beat Your Personal Best Goal-Setting Approaches During the Mathematical Practice of Students Diagnosed with Autism](#)

Athanasios Vostanis, Ciara Padden, Aoife McTiernan, Peter E. Langdon
Journal of Behavioral Education 27 February 2021

Abstract

This study compared two goal-setting approaches found in the Precision Teaching literature, namely the minimum celeration line and the beat your personal best during the mathematical practice of three male students diagnosed with autism, aged 8–9. An adapted alternating treatments design with a control condition was embedded in a concurrent multiple baseline across participants design. Each approach was randomly allocated to either the multiplication/division ($\times\div$) table of 18 or 19, while no approach was allocated to the $\times\div 14$ table that acted as a control. Instruction utilized number families and consisted of (a) untimed practice, (b) frequency-building, (c) performance criteria, (d) graphing, and (e) a token economy. Upon practice completion, an assessment of maintenance, endurance, stability, and application (MESA) was conducted. Participants improved with both conditions and maintained their performance well, while improvements with the control condition were weak. The beat your personal best approach was highlighted as slightly more effective in terms of average performance and more efficient in terms of timings needed to achieve criterion. No differences were identified in terms of learning rate (i.e., celeration) or performance on the MESA. More research is warranted to identify which goal-setting procedure is more appropriate for students in special education.

[Setting priorities for people with intellectual disability/intellectual developmental disorders across the lifespan: a call to action by the World Psychiatric Association](#)

Ashok Roy, Ken Courtenay, Mahesh Odiyoor, Patricia Walsh, Sarah Keane, Asit Biswas, Geoff Marston, Suchithra Thirulokachandran, Kerim Munir
BJPsych International Published 22 February 2021

Abstract

People with DSM-5 intellectual disability/intellectual developmental disorder (ID/IDD) or ICD-11 disorders of intellectual development (DID) have multiple healthcare needs, but in many countries these needs are neither recognised nor managed effectively. This paper discusses the negative impact that stigma, discrimination and social exclusion have on the identification and care of persons with ID/IDD in low- and middle-income countries (LMICs). It also reviews different models of care for children, adolescents and adults. In discussing some initiatives in LMICs the emphasis is on early diagnosis, with success in providing locally sourced care for affected people and their families. This is where the medical, social and rights-based models of care intersect and is a premise of the person-centred biopsychosocial framework of the World Psychiatric Association's Presidential Action Plan 2020–2023. The plan invites psychiatrists to take a lead in changing the culture of care, as well as medical education, clinical training and research, with a renewed emphasis on workforce integration and service development in terms of community-based rehabilitation strategies.

[Suicide prevention in psychiatric patients](#)

Danuta Wasserman, Vladimir Carli, Miriam Iosue, Afzal Javed, Helen Herrman

Asia-Pacific Psychiatry

Published 18 February 2021

Abstract

An increased risk of suicide has been reported for psychiatric patients. In several world regions, an underlying psychiatric disorder is reported in up to 90% of people who die from suicide, though this rate seems to be considerably lower in low- and middle-income countries. Major psychiatric conditions associated with suicidality are mood disorders, alcohol and substance use disorders, borderline personality disorder, and schizophrenia. Comorbidity between different disorders is frequently associated with a higher suicide risk. A history of suicide attempts, feelings of hopelessness, impulsivity and aggression, adverse childhood experiences, severe psychopathology, and somatic disorders are common risk factors for suicide among psychiatric patients. Stressful life events and interpersonal problems, including interpersonal violence, are often triggers. A comprehensive and repeated suicide risk assessment represents the first step for effective suicide prevention. Particular attention should be paid during and after hospitalization, with the first days and weeks after discharge representing the most critical period. Pharmacological treatment of mood disorders and schizophrenia has been shown to have an anti-suicidal effect. A significant reduction of suicidal thoughts and behavior has been reported for cognitive behavioral therapy and dialectical behavior therapy. Brief interventions, including psychoeducation and follow-ups, are associated with a decrease in suicide deaths. Further development of suicide prevention in psychiatric patients will require a better understanding of additional risk and protective factors, such as the role of a person's decision-making capacity and social support, the role of spiritual and religious interventions, and the reduction of the treatment gap in mental health care.

[The experiences of adults with intellectual disabilities attending a mindfulness-based group intervention](#)

Sarah Croom, Darren D. Chadwick, Wendy Nicholls, Ali McGarry

British Journal of Learning Disabilities

Published 01 February 2021

Abstract

Background A growing body of research supports the efficacy of mindfulness-based intervention programmes (MBPs) for people with intellectual disabilities. Existing literature calls for focus on the experiences of people with intellectual disabilities participating in MBPs.

Materials and Methods This study explored the experiences of nine adults with intellectual disabilities attending an eight-week group MBP delivered within the community. Two audio-recorded group discussions and seven semi-structured interviews were thematically analysed.

Results Themes were as follows: participants' experience of the group as a meaningful and enjoyable activity; opportunities for socialisation, sharing, friendship and support; the significance of participant–facilitator relationships; and how participants understood and experienced the mindfulness exercises and concepts.

Conclusions Some understanding of mindfulness was evident, and participants demonstrated an ability to engage in mindfulness exercises. Findings inform the development of effective MBPs for people with intellectual disabilities.

[Improved social functioning following social recovery therapy in first episode psychosis: Do social cognition and neurocognition change following therapy, and do they predict treatment response?](#)

Siân Lowri Griffiths, Stephen J. Wood, David Fowler, Nick Freemantle, Joanne Hodgekins, Peter B. Jones, Swaran Singh, Vimal Sharma, Max Birchwood
Schizophrenia Research Published 21 January 2021

Abstract

There is a need to develop and refine psychosocial interventions to improve functioning in First Episode Psychosis (FEP). Social cognition and neurocognition are closely linked to functioning in psychosis; examinations of cognition pre- and post- psychosocial intervention may provide insights into the mechanisms of these interventions, and identify which individuals are most likely to benefit.

Method Cognition was assessed within a multi-site trial of Social Recovery Therapy (SRT) for individuals with FEP experiencing poor functioning (<30 h weekly structured activity). Fifty-nine participants were randomly allocated to the therapy group (SRT + Early intervention), and 64 were allocated to treatment as usual group (TAU - early intervention care). Social cognition and neurocognition were assessed at baseline and 9 months; assessors were blind to group allocation. It was hypothesized that social cognition would improve following therapy, and those with better social cognition prior to therapy would benefit the most from SRT.

Results There was no significant impact of SRT on individual neurocognitive or social cognitive variables, however, joint models addressing patterns of missingness demonstrate improvement across a number of cognitive outcomes following SRT. Further, regression analyses showed those who had better social cognition at baseline were most likely to benefit from the therapy ($\beta = 0.350$; 95% CI = 0.830 to 8.891; $p = .019$).

Conclusion It is not clear if SRT impacts on social cognitive or neurocognitive function, however, SRT may be beneficial in those with better social cognition at baseline.

[Finding order within the disorder: a case study exploring the meaningfulness of delusions](#)

Rosa Ritunnano, Clara Humpston, Matthew R. Broome
BJPsych Bulletin Published 16 January 2021

Abstract

Can delusions, in the context of psychosis, enhance a person's sense of meaningfulness? The case described here suggests that, in some circumstances, they can. This prompts further questions into the complexities of delusion as a lived phenomenon, with important implications for the clinical encounter. While assumptions of meaninglessness are often associated with concepts of 'disorder', 'harm' and 'dysfunction', we suggest that meaning can nonetheless be found within what is commonly taken to be incomprehensible or even meaningless. A phenomenological and value-based approach appears indispensable for clinicians facing the seemingly paradoxical coexistence of harmfulness and meaningfulness.

PSYCHOLOGICAL TREATMENT OF STRESS

Supriya Dastidar, Bettahalasoor Somashekar, Ashok Kumar Jaine

Stress and Struggles: The comprehensive book of stress, mental health and mental illness; Chapter 33; p577-600 (January 2021)

INTRODUCTION Life exists through the maintenance of a complex dynamic equilibrium, termed homeostasis, which is constantly challenged by internal or external adverse forces, termed stressors, which can be emotional or physical in nature. Thus, stress is defined as a state of threatened (or perceived by the individual as threatened) homeostasis, and the equilibrium is re-established by a complex repertoire of behavioural and physiologic adaptive responses of the organism.

Psychiatry and neurodevelopmental disorders: experts by experience, clinical care and research

Regi T. Alexander, Peter E. Langdon, Jean O'Hara, Andreana Howell, Tadhgh Lane, Reena Tharian, Rohit Shankar

British Journal of Psychiatry

Published: January 2021

Summary

People with neurodevelopmental disorders often present with challenging behaviours and psychiatric illnesses. Diagnosis and treatment require patients, families and healthcare professionals to work closely together in partnership, acknowledging their respective areas of expertise. Good treatment outcomes should also be underpinned by robust research evidence. Key research priorities are highlighted.

Rehabilitation Exercise and psycholoGical support After covid-19 Infection' (REGAIN): a structured summary of a study protocol for a randomised controlled trial

Gordon McGregor, Harbinder Sandhu, Julie Bruce, Bartholomew Sheehan, David McWilliams, Joyce Yeung, Christina Jones, Beatriz Lara, Jessica Smith, Chen Ji, Elaine Fairbrother, Stuart Ennis, Peter Heine, Sharisse Alleyne, Jonathan Guck, Emma Padfield, Rachel Potter, James Mason, Ranjit Lall, Kate Seers Martin Underwood

BMC Springer Nature

Published 6 January 2021

Objectives

The primary objective is to determine which of two interventions: 1) an eight week, online, home-based, supervised, group rehabilitation programme (REGAIN); or 2) a single online session of advice (best-practice usual care); is the most clinically and cost-effective treatment for people with ongoing COVID-19 sequelae more than three months after hospital discharge.
