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[Medical morbidity and risk of general hospital admission associated with concurrent anorexia nervosa and COVID-19: An observational study](#)

Anthony P. Winston et al

International Journal of Eating Disorders – November 2022

Abstract Objective: Investigate medical morbidity and risk of general hospital admission for patients with concurrent coronavirus disease 2019 (COVID-19) and anorexia nervosa (AN) who have not received severe acute respiratory syndrome coronavirus 2 vaccination. **Methods:** United Kingdom eating disorders clinicians contributed to a database of patients with an eating disorder and COVID-19. We used this to investigate demography, symptoms, hospitalization, treatment, and outcomes for those with AN. **Results:** We describe data for 49 patients (median age 21.5 years [interquartile range 17.0–33.5], 46 female) including 36 adults and 13 under-18-year-olds. Three (6.1% [95% confidence interval 1.3%–17.9]) were admitted to a general hospital. For this sample, the expected age-standardized hospital admission rate per COVID-19 case (based on the general population of England) was 2.6% and therefore not significantly different to the hospitalization rate we observed. Three (including two of those admitted to hospital) contracted pneumonia. One had severe pneumonia and was admitted to an intensive care unit. No deaths or use of mechanical ventilation were recorded. **Discussion:** To our knowledge, this represents the first study investigating medical morbidity or frequency of hospitalization for patients with COVID-19 and AN. We did not find evidence that patients with AN are at increased risk of severe COVID-19. **Public Significance:** Medical morbidity and risk of hospitalization associated with concurrent COVID-19 and anorexia nervosa (AN) had not, to our knowledge, been studied before. We used a database of patients with eating disorders and COVID-19 (to which United Kingdom clinicians had contributed) to investigate presentation, treatment, outcomes, and COVID-19 severity for those with AN and COVID-19. We did not find evidence that patients with AN are at increased risk of severe COVID-19.

Exploring leadership styles of Advanced Clinical Practitioners to initiate change in clinical practice: A reflective account from a primary care perspective

Joanne Holland

JADE Clinical Edition 2022 – Special Edition

Abstract: The concept of advanced practice has been developed to not only enhance the capacity and dimension of the healthcare workforce but improve clinical continuity, demonstrate high quality, patient-focused care and provide visible leadership in the hope of shaping organisational culture whilst advocating evidence-based change to continually improve the way healthcare is delivered. Advanced practice is demonstrated across four pillars: advanced clinical practice, education, clinical leadership and management, and research. The focus of this paper is on leadership in a primary care context and will present a reflective account of an Advanced Clinical Practitioner's journey in initiating a new service within a primary care setting. The paper will define leadership; consider the impacts of existing cultures whilst exploring contemporary leadership styles to determine which best reflects the fundamental values of advanced practice and therefore most appropriate to apply when initiating change. It will conclude on the purpose and value of reflective practice in this health care context, building on the personal experiences of the author.

Future clinical priorities in neurodevelopmental disorders: an international perspective

Published online by Cambridge University Press: **07 October 2022**

Ashok Roy, Meera Roy and Henal Rakesh Shah

Summary

In this reflection we summarise the various obstacles to accessing healthcare encountered by people with neurodevelopmental disorders (intellectual disability, autism and attention-deficit hyperactivity disorder) with and without mental health problems. We outline different service models from around the world, ranging from the person centred to the institutional. Finally, we suggest ways of addressing some of the problems identified, including a model of integrated care involving intellectual disability, neurodevelopmental and mental health services that would better serve this population.

Evaluation of an inpatient sex offender treatment programme for men with intellectual disabilities

Gareth Hickman, [Antonia Morris](#)

Journal of Intellectual Disabilities and Offending Behaviour September 2022

Abstract

Purpose

The purpose of this paper is to report on an inpatient cognitive behavioural sex offender treatment group programme developed and provided to people with intellectual disabilities detained in medium and low security hospital settings. The programme was delivered five times between 2012 and 2020. This paper describes the integration of the programme within a wider treatment pathway model and provides analysis of outcome data.

Design/methodology/approach

The programme was evaluated over five group programmes using self-report psychometric measures related to treatment targets in the reduction of sexual offending risk, including cognitive distortions, sexual attitudes and knowledge and locus of control; recidivism data spanning up to 7 years post discharge is also provided. The treatment pathway and a description of the programme are provided.

Findings

The results of this paper showed improvements in sexual knowledge, cognitive distortions and locus of control, however not to a statistically significant degree. No recidivism was observed in the follow-up period.

Originality/value

This paper adds to the evidence base of interventions focused on cognitive behavioural approaches to the treatment and risk reduction of sexual offending in men with intellectual disabilities and adds to the debate regarding the effectiveness of such programmes with offenders with intellectual disabilities.

Screening for Intellectual Disabilities and/or Autism Amongst Older Children and Young Adults: a Systematic Review of Tools for Use in Africa

Eziagakwu Uchechukwu Nwokolo, Peter E. Langdon, Glynis H. Murphy
Review Journal of Autism and Developmental Disorders (2022)

Abstract

There are many well-developed screening tools for both intellectual disabilities and autism, but they may not be culturally appropriate for use within Africa. Our specific aims were to complete a systematic review to (1) describe and critically appraise short screening tools for the detection of intellectual disabilities and autism for older children and young adults, (2) consider the psychometric properties of these tools, and (3) judge the cultural appropriateness of these tools for use within Africa. Six screening tools for intellectual disabilities and twelve for autism were identified and appraised using the Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) guidelines. We identified two screening tools which appeared appropriate for validation for use within African nations.

Post-COVID syndrome and adults with intellectual disability: another vulnerable population forgotten?

Rohit Shankar, Bhatika Perera, Ashok Roy, Ken Courtenay, Richard Laugharne and Manoj Sivan
British Journal of Psychiatry (2022)

Abstract

An area of interest presently is the lingering symptoms after COVID-19, i.e. post-COVID-19 syndrome (PCS). Specifics of diagnosis and management of PCS are emerging. However, vulnerable populations such as those with intellectual disabilities, who were disproportionately affected by the pandemic, risk being 'left behind' from these considerations.

The biopsychosocial model: not dead, but in need of revival (PDF)

Simon Williamson

Published online by Cambridge University Press: 09 June 2022

Abstract

The biopsychosocial model, formalised by Engel in 1977, is at its core an acknowledgement that biological, psychological and social factors causally influence health and disease. [Reference Engel1](#) The word 'model' is broadly defined by Engel as 'nothing more than a belief system utilized to explain natural phenomena, to make sense out of what is puzzling or disturbing'. In this sense, 'paradigm' may be a more appropriate term. [Reference Pies2](#) Indeed, a paradigm shift in psychiatry has occurred since Engel's original paper, with a biopsychosocial framing now cemented in education, training and the Royal College of Psychiatrists' core values. [Reference Richards and Lloyd3](#) Despite its widespread adoption, the model is far from uncontroversial. Criticisms are multi-levelled, from philosophical underpinnings through to application in clinical practice. Below is an assessment of the fundamental challenges the biopsychosocial model faces. Although the model is not dead in any paradigm-shifting sense, significant challenges remain in translating it to practice effectively, requiring more than mere statements of value.

Economic evaluation of a vision-based patient monitoring and management system in addition to standard care for adults admitted to psychiatric intensive care units in England

Robert Malcolm , Judith Shore , Angela Stainthorpe , Faith Ndebele , Kay Wright

J Med Econ 2022 Jan-Dec;25(1):1101-1109.

Abstract

Background and aims: Treating patients in psychiatric intensive care units (PICUs) is costly for the English National Health Service (NHS), requiring significant staff time. Oxevision, a non-contact system, providing vision-based patient monitoring and management (VBPM) has been introduced in some NHS mental health trusts which aims to help clinicians to deliver safer and more efficient care. The objective of this early economic evaluation was to explore the impact of introducing VBPM with standard care, versus standard care alone on health and economic outcomes in PICUs across England.

Methods: The model uses a cost calculator approach to evaluate the potential benefits of introducing VBPM, capturing differences in observation hours and critical events such as assaults. Effectiveness data were primarily based on a 24-month observational before and after study undertaken in an NHS mental health trust using VBPM. Outcomes reported in this study are incremental costs and reduction in clinical events presented as per occupied bed days, per patient, per average ward, and for the English NHS overall. Scenario analysis was conducted to test the uncertainty of results using statistical significance of key inputs.

Results and conclusions: The analysis indicates that introducing VBPM may be cost saving compared with standard care alone. The biggest driver of estimated cost savings was from the potential reduction in one to one observation hours, which may have significant impact in PICUs. Limitations of the analysis include the single center data underpinning the analysis and assumptions made about transferability of clinical data to different sized wards. Scenario analysis was conducted, and the results were robust to statistically significant changes in input parameters. This study suggests that introducing VBPM on PICUs has the potential to reduce costs and improve efficiency of resource allocation, but results should be confirmed with additional clinical study evidence.

STOP—a training intervention to optimise treatment for smoking cessation in community pharmacies: cluster randomised controlled trial

S Jumbe, VW Madurasinghe, WY James, C Houlihan... - BMC medicine, 2022

Abstract

Background

Community pharmacies serve people with high levels of tobacco-related illness, but throughput in NHS Stop Smoking Services in pharmacies remains relatively low. We investigated the effectiveness of a complex intervention to increase service uptake and retention.

Methods

We randomised 60 pharmacies in England and Wales to the STOP intervention or usual practice in a pragmatic, parallel-group, controlled trial over 11 months. Smokers were blind to the allocation. The intervention was theory-based consultation skills training for pharmacy staff with environmental prompts (badges, calendars and behavioural cues). The primary outcome was the number of smokers attending an initial consultation and setting a quit date.

Results

The intervention made no significant difference in setting a quit date, retention or quit rate. A total of 631 adult smokers (service users) enrolled and set a quit date in intervention pharmacies compared to 641 in usual practice pharmacies, a rate ratio of 0.75 (95% CI 0.46 to 1.23) adjusted for site and number of prescriptions. A total of 432 (68%) service users were retained at 4 weeks in intervention and 500 (78%) in usual practice pharmacies (odds ratio 0.80, 0.41 to 1.55). A total of

265 (42%) service users quit smoking at 4 weeks in intervention and 276 (43%) in usual practice pharmacies (0.96, 0.65 to 1.43). The pharmacy staff were positive about the intervention with 90% (56/62) stating that it had improved their skills. Sixty-eight per cent would strongly recommend the training to others although there was no difference in self-efficacy for service delivery between arms. Seventy of 131 (53%) service users did not complete the 6-month follow-up assessment. However, 55/61 (90%) service users who completed follow-up were satisfied or very satisfied with the service. All usual practice arm service users ($n = 33$) and all but one in the intervention arm ($n = 27$) would recommend the service to smokers.

Conclusions

We found high levels of retention and acceptable quit rates in the NHS pharmacy stop smoking service. Despite pharmacy staff providing positive feedback on the STOP intervention, it made no difference to service throughput. Thus, other factors may currently limit service capacity to help smokers to quit.

Melatonin ameliorates glucocorticoid-induced invasiveness and circadian rhythm disruption in human endometrial adenocarcinoma cells

Angeliki Karapanagioti, Narjes Nasiri-Ansari, Ioannis Kyrou, Despoina Mavrogianni, Peter Drakakis, Gregory Kaltsas, Athanasios G. Papavassiliou, Harpal Randeva, Eva Kassi

Endocrine Abstracts (2022)

Introduction: The biological rhythm pattern is synchronized through circadian oscillation of cortisol and melatonin release. Increased cortisol levels and circadian rhythm disruption act as an oncogenic factor in endometrial cancer through among others- dysregulation of cell proliferation/apoptosis and invasion.

Aim: To investigate, whether there is an oscillatory expression of the clock genes, MT1 and GR expression in human endometrial carcinoma cells. To explore whether glucocorticoids and melatonin can affect the expression of these genes and further to evaluate whether dexamethasone and melatonin affect the viability and invasiveness of Ishikawa cells.

Material and methods: Ishikawa cells were cultured and serum starved for 16h. Following starvation, cells were serum shocked and maintained in DCC-supplemented medium in the presence of dexamethasone (10^{-7} M), melatonin (10^{-7} M, 10^{-8} M) and GR antagonist RU486 (10^{-5} M), alone or co-incubated with dexamethasone and melatonin for 54h. Cell viability and cell invasion were evaluated by MTS and scratch assay, respectively. The mRNA levels of circadian clock genes: CLOCK, BMAL1, CRY-1, PER-2, ROR- α , REV-ERB β , glucocorticoid receptor-alpha and melatonin receptor were measured by qPCR.

Results: Dexamethasone induced cell invasiveness of Ishikawa cells was reversed by 10% in the presence of melatonin at 10^{-8} M for 54h. Co-incubation of dexamethasone-treated cells with melatonin (10^{-7} M, 10^{-8} M) reduced the Ishikawa cell viability as compared to cells incubated with dexamethasone alone (10^{-7} M). For the first time, we showed that following synchronization with serum shock, Ishikawa cells expressed Bmal-1, Clock, Per-2, Cry1 in an oscillatory manner with a peak observed every approximately 36h. Interestingly, MT-1 and GR α also exhibited almost the same oscillatory expression pattern. Incubation of Ishikawa cells with dexamethasone at concentration 10^{-7} did not affect the oscillatory pattern of Clock, Per-2, Cry, while it decreased the amplitude of Cry-1 expression at 18h of incubation. However, dexamethasone disrupted the pattern of Bmal-1 expression, mainly by increasing the frequency of oscillations; this effect was reversed by co-incubation with RU-486 implying a GR-mediated effect. Notably, melatonin at concentration of 10^{-8} M reversed the disruption of Bmal-1 expression pattern, without changing the GR α expression. Long-term incubation with melatonin alone at both concentrations did not affect significantly the oscillatory pattern, however at the highest concentration appeared to

increase the amplitude of the oscillation in Bmal-1, Clock, Per-2, Cry-1 expression (approximately by 27%, 127%, 83% and 73% respectively) with more robust effect at 18h of incubation (first peak).

Conclusion: Melatonin ameliorates the glucocorticoid-induced invasiveness of human endometrial cancer cells possibly through reversing the glucocorticoid-induced disruption of circadian clock system. Further studies need to confirm the causal link.

P31 An evaluation of genitourinary medicine (GUM) webinars for prospective GUM trainees

Eleanor Cochrane et al

June 2022

Abstract

Introduction Genitourinary Medicine (GUM) had a specialty recruitment fill rate of just 28% in 2020. The Student and Trainee Association of Sexual Health and HIV (STASHH) formed in 2021 with the aim to improve recruitment to GUM. One aspect of STASHH is to provide monthly, educational webinars, showcasing areas of sexual health and HIV. These sessions have been evaluated.

Methods Attendees provided event feedback via an online questionnaire using MedAll. Data collation and quantitative data analysis was performed in Excel. Free-text questionnaire responses were analysed thematically.

Results 163 questionnaires were reviewed from 93 (57%) pre-specialty doctors (PSDs); 34 (20.9%) medical students (MSs); and 36 (22.1%) others including allied health professionals. Self-reported topic interest before and after each event demonstrated high baseline interest and a mean increase of 9.3% (range 6.8-11.5%) across events.

MS and PSD attendees reported motivation to attend was furthering education, lack of exposure to topics in previous medical education and an interest in Sexual Health and HIV. PSD attendees also reported attending in order to improve the quality of care they deliver. Attendees have suggested future topics webinars about common GUM presentations and how these intersect with different demographics and risk groups.

Discussion Feedback from these webinars demonstrated interest in GUM at MS and PSD level. The webinar series has increased interest in the topic-areas discussed. Attendees want more GUM education than they currently receive in their undergraduate curriculum and/or training.

Cariprazine as a treatment for negative psychotic symptoms in first-episode psychosis: case series

Arsime Demjaha, Eduardo Iacoponi, Lars Hansen, Pradeep Peddu and Philip McGuire

Published: April 2022

Abstract

Negative psychotic symptoms are among the most disabling features of schizophrenia, and are strongly associated with relatively poor clinical and functional outcomes. However, there are no effective treatments for negative symptoms, and this represents a major unmet clinical need.

Recent research has shown that negative symptoms are already present in many patients at illness onset. There is evidence that cariprazine may improve negative symptoms in patients with chronic schizophrenia. However, its utility in treating negative symptoms in the early stage of the disorder is unclear. Here, we report six cases of patients with first-episode psychosis who were treated with cariprazine.

How are adults with capacity-affecting conditions and associated communication difficulties included in ethically sound research? A documentary-based survey of ethical review and recruitment processes

under the research provisions of the Mental Capacity Act (2005) for England and Wales

Karen Bunning , Oluseyi Florence Jimoh, Rob Heywood, Anne Killeth, Hayley Ryan, Ciara Shiggins, Peter E Langdon

Published: March 2022

ABSTRACT Objectives This study aimed to determine the characteristics of ethical review and recruitment processes, concerning the inclusion of adults with capacity-affecting conditions and associated communication difficulties in ethically sound research, under the provisions of the Mental Capacity Act (MCA, 2005) for England and Wales. Design A documentary-based survey was conducted focusing on adults with capacity-affecting conditions and associated communication difficulties. The survey investigated: (1) retrospective studies during the implementation period of the MCA (2007–2017); (2) prospective applications to MCA-approved Research Ethics Committees (RECs) during a 12-month period (2018–19); (3) presentational and linguistic content of participant information sheets used with this population. Setting Studies conducted and approved in England and Wales. Sample Studies focused on adults with the following capacity-affecting conditions: acquired brain injury; aphasia after stroke; autism; dementia; intellectual disabilities; mental health conditions. The sample comprised: (1) 1605 studies; (2) 83 studies; (3) 25 participant information sheets. Primary and secondary outcome measures The primary outcome was the inclusion/exclusion of adults with capacity-affecting conditions from studies. The secondary outcome was the provisions deployed to support their inclusion. Results The retrospective survey showed an incremental rise in research applications post-MCA implementation from 2 (2012) to 402 (2017). The prospective survey revealed exclusions of people on the bases of: ‘lack of capacity’ (n=21; 25%); ‘communication difficulties’ (n=5; 6%); ‘lack of consultee’ (n=11; 13%); and ‘limited English’ (n=17; 20%). REC recommendations focused mainly on participant-facing documentation. The participant information sheets were characterised by inconsistent use of images, typography and layout, volume of words and sentences; some simplified language content, but variable readability scores. Conclusions People with capacity-affecting conditions and associated communication difficulties continue to be excluded from research, with recruitment efforts largely concentrated around participant-facing documentation. There is a need for a more nuanced approach if such individuals are to be included in ethically sound research

The Court of Protection: expert witness and professional reports

Martin Curtice

Published: January 2022

ABSTRACT 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.

Are Psychiatrists Trained to Address the Mental Health Needs of Young People Transitioning From Child to Adult Services? Insights From a European Survey

B Vitiello, P Rocca, P Deschamps et al

Frontiers in Psychiatry Published: February 2022

Background: In mental health, transition refers to the pathway of young people from child and adolescent to adult services. Training of mental health psychiatrists on transition-related topics offers the opportunity to improve clinical practice and experiences of young people reaching the upper age limit of child and adolescent care. Methods: National psychiatrist’s organizations or experts from 21 European countries were surveyed 1/ to describe the status of transition in adult

psychiatry (AP) and child and adolescent psychiatry (CAP) postgraduate training in Europe; 2/ to explore the amount of cross-training between both specialties. This survey was a part of the MILESTONE project aiming to study and improve the transition process of young people at the service boundary. Results: Transition was a mandatory topic in the AP curriculum of 1/19 countries (5%) and in the CAP curriculum of 4/17 countries (24%). Most topics relevant for transition planning were addressed during AP training in 7/17 countries (41%) to 10/17 countries Russet et al. Europe: Transition in Psychiatry Training (59%), and during CAP training in 9/11 countries (82%) to 13/13 countries (100%). Depending on the training models, theoretical education in CAP was mandatory during AP training in 94% (15/16) to 100% of the countries (3/3); and in AP during CAP training in 81% (13/16) to 100% of the countries (3/3). Placements were mandatory in CAP during AP training in 67% (2/3) to 71% of the countries (12/17); and in AP during CAP training in 87% (13/15) to 100% of the countries (3/3). Discussion and Conclusion: Specific training about transition is limited during CAP and AP postgraduate training in Europe. Cross-training between both specialties offers a basis for improved communication between child and adult services but efforts should be sustained in practical training. Recommendations are provided to foster further development and meet the specific needs of young people transitioning to adult services.

Randomised controlled trials of mood stabilisers for people with autism spectrum disorder: systematic review and meta-analysis

Bharati Limbu, Shoumitro Deb, Meera Roy, Rachel Lee, Ashok Roy and Oluwafemi Taiwo
Published: February 2022

Background Despite the widespread use of psychotropic medications in people with autism spectrum disorder (ASD), there is limited evidence to suggest that psychotropic medications including mood stabilisers are effective in individuals with ASD. **Aims** To carry out a systematic review and meta-analysis of randomised controlled trials (RCTs) that assessed the effectiveness of mood stabilisers in people with ASD. **Method** We searched the following databases: Cochrane Library, MEDLINE, Embase, CINAHL, PsycINFO, ERIC, DARE, and ClinicalTrials.gov. In addition, we hand-searched 12 relevant journals. We used the Cochrane Risk of Bias and Jadad scores to assess the quality of included RCTs. We carried out a meta-analysis using a random-effects model. **Results** We included eight RCTs (four on valproate, two on levetiracetam, and one each on lamotrigine and topiramate) that included a total of 310 people with ASD, primarily children. Outcomes were based on core and associated ASD symptoms including irritability and aggression but not bipolar disorder. Only two small studies (25%) from the same group showed definite superiority over placebo and one over psychoeducation alone. Meta-analysis of pooled data on the Aberrant Behaviour Checklist-irritability, Clinical Global Impression Scale-improvement, and Overt Aggression Scale (OAS)/OAS-modified did not show any significant inter-group difference. The rates of adverse effects did not show any significant inter-group difference. **Conclusions** Given the methodological flaws in the included studies and the contradictory findings, it is difficult to draw any definitive conclusion about the effectiveness of mood stabilisers to treat either ASD core symptoms or associated behaviours. Robust largescale RCTs are needed in the future to address this issue. PROSPERO registration: CRD42021255467 on 18 May 2021.

An international field study of the ICD-11 behavioural indicators for disorders of intellectual development

K R Lemay et al Published 16 February 2022

Abstract

Background: The World Health Organization (WHO) has approved the 11th Revision of the International Classification of Diseases (ICD-11). A version of the ICD-11 for Mental, Behavioural and Neurodevelopmental Disorders for use in clinical settings, called the Clinical Descriptions and Diagnostic Requirements (CDDR), has also been developed. The CDDR includes behavioural indicators (BIs) for assessing the severity of disorders of intellectual development (DID) as part of the section on neurodevelopmental disorders. Reliable and valid diagnostic assessment measures

are needed to improve identification and treatment of individuals with DID. Although appropriately normed, standardised intellectual and adaptive behaviour assessments are considered the optimal assessment approach in this area, they are unavailable in many parts of the world. This field study tested the BIs internationally to assess the inter-rater reliability, concurrent validity, and clinical utility of the BIs for the assessment of DID.

Methods: This international study recruited a total of 206 children and adolescents (5-18 years old) with a suspected or established diagnosis of DID from four sites across three countries [Sri-Lanka (n = 57), Italy (n = 60) and two sites in India (n = 89)]. Two clinicians assessed each participant using the BIs with one conducting the clinical interview and the other observing. Diagnostic formulations using the BIs and clinical utility ratings were collected and entered independently after each assessment. At a follow-up appointment, standardised measures (Leiter-3, Vineland Adaptive Behaviour Scales-II) were used to assess intellectual and adaptive abilities.

Results: The BIs had excellent inter-rater reliability (intra-class correlations ranging from 0.91 to 0.97) and good to excellent concurrent validity (intra-class correlations ranging from 0.66 to 0.82) across sites. Compared to standardised measures, the BIs had more diagnostic overlap between intellectual and adaptive functioning. The BIs were rated as quick and easy to use and applicable across severities; clear and understandable with adequate to too much level of detail and specificity to describe DID; and useful for treatment selection, prognosis assessments, communication with other health care professionals, and education efforts.

Conclusion: The inclusion of newly developed BIs within the CDDR for ICD-11 Neurodevelopmental Disorders must be supported by information on their reliability, validity, and clinical utility prior to their widespread adoption for international use. BIs were found to have excellent inter-rater reliability, good to excellent concurrent validity, and good clinical utility. This supports use of the BIs within the ICD-11 CDDR to assist with the accurate identification of individuals with DID, particularly in settings where specialised services are unavailable.

Demographic, clinical, and service-use characteristics related to the clinician's recommendation to transition from child to adult mental health services

S E Gerritson et al Published 10 February 2022

Abstract

Purpose

The service configuration with distinct child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) may be a barrier to continuity of care. Because of a lack of transition policy, CAMHS clinicians have to decide whether and when a young person should transition to AMHS. This study describes which characteristics are associated with the clinicians' advice to continue treatment at AMHS.

Methods

Demographic, family, clinical, treatment, and service-use characteristics of the MILESTONE cohort of 763 young people from 39 CAMHS in Europe were assessed using multi-informant and standardized assessment tools. Logistic mixed models were fitted to assess the relationship between these characteristics and clinicians' transition recommendations.

Results

Young people with higher clinician-rated severity of psychopathology scores, with self- and parent-reported need for ongoing treatment, with lower everyday functional skills and without self-reported psychotic experiences were more likely to be recommended to continue treatment. Among those who had been recommended to continue treatment, young people who used psychotropic medication, who had been in CAMHS for more than a year, and for whom appropriate AMHS were available were more likely to be recommended to continue treatment at AMHS. Young people whose parents indicated a need for ongoing treatment were more likely to be recommended to stay in CAMHS.

Conclusion

Although the decision regarding continuity of treatment was mostly determined by a small set of clinical characteristics, the recommendation to continue treatment at AMHS was mostly affected by service-use related characteristics, such as the availability of appropriate services.

The Mental Capacity Act 2005 and autoerotic asphyxiation: pleasure versus the risk of harm

Martin Curtice

Published 28 January 2022

Summary

There has been a series of judgments in recent years emanating from the Court of Protection in England and Wales involving sexual relations. One such judgment is unique in that it is the first time the court has assessed capacity in the sexual practice of autoerotic asphyxiation in a person with a diagnosis of autism spectrum disorder. This article reviews the judgment and specifically the key section of the Mental Capacity Act 2005, section 27, which applies to capacity decisions in the context of family relationships, including sexual relationships. The practice of autoerotic asphyxia can be a complex and emotive subject and dangerous to individuals undertaking it. The judgment provides guidance and a framework for applying the Act to assess the capacity of someone practising autoerotic asphyxia that can be used in clinical practice for people with any mental disorder.

The Experiences and Views of Service Providers on the Mental Health and Well-Being Services for Syrian Refugees in Coventry and Warwickshire

Eleni Anastasiou, Helen Liebling, Michelle Webster and Fiona MacCallum

Abstract. Objectives: Previous literature demonstrated that, even when mental health and psychological support services are available for refugees, there may still be obstacles in accessing services. This is the first known study to explore the experiences of mental-health and well-being services for Syrian refugees in Coventry and Warwickshire, United Kingdom. The research investigates the views and perceptions of service providers on the current mental-health and well-being services provided for this population. Methods: Eight service providers participated in semistructured interviews and focus groups, and the data were analyzed using thematic analysis. Results: Three main themes emerged from an analysis of the data: “positive aspects of service delivery,” “service challenges,” and “recommendations for service improvements and quality.” Conclusion: The findings bring to the fore specific gaps in current provision and interpreting services. Recommendations for proposed improvements in service provision and policy as well as clinical implications are included in this article.

Management of transitions to adult services for young people with eating disorders: survey of current practice in England

Anthony P. Winston, Samantha Child, Joseph Jackson, Moli Paul

Aims and method

The Royal College of Psychiatrists has published recommendations for managing transitions between child and adolescent mental health services (CAMHS) and adult services for eating disorders. A self-report questionnaire was designed to establish how many CAMHS teams meet these recommendations and was distributed to 70 teams providing eating disorders treatment in England. Results Of the 38 services that participated, 31 (81.6%) reported a flexible upper age limit for treatment. Only 6 services (15.8%) always transferred young people to a specialist adult eating disorders service and the majority transferred patients to either a specialist service or a community mental health team. Most services complied with recommended provision such as a written transition protocol (52.6%), individualised transition plans (78.9%), joint care with adult services (89.5%) and transition support for the family (73.7%). Clinical implications Services are largely compliant with the recommendations. It is a concern that only a small proportion of services are always able to refer to a specialist adult service and this is likely to be due to a relative lack of investment in adult services.

BOOK CONTRIBUTIONS AND REVIEWS

[Book] Psychological Therapies for Adults with Autism

Edited by Debbie Spain, Francisco M. Musich, Susan W. White

Contribution by Peter Langdon, Coventry and Warwickshire Partnership Trust

Psychological Therapies for Adults with Autism aims to fill the gap between research and treatment for adults with ASD. Serving as a compendium of diverse, research-supported treatment approaches, chapters are written by internationally recognized experts and include case studies to illustrate this research in practice. Interventions featured include cognitive behavioral therapy, mindfulness-based approaches, and many others.

[Book Review] How to Help Someone After a Miscarriage: A Practical Guide to Supporting Someone after a Miscarriage, Molar or Ectopic Pregnancy By Clare Foster Welbeck Balance. 2021. £10.99 (pb). 192 pp. ISBN

9781789562903

Book review by Erin Gourley, a Core Trainee Year 2 (CT2) in psychiatry with Coventry and Warwickshire Partnership Trust

How to Help Someone after a Miscarriage aims to advise and support family, friends and partners of people who have suffered any form of pregnancy loss. The author, Clare Foster, is a writer who sadly experienced a miscarriage herself and has since produced supportive resources together with organisations such as Mind and the Miscarriage Association, to name a few.

[BOOK] Working with Autistic People in the Criminal Justice and Forensic Mental Health Systems: A Handbook for Practitioners

N Tyler, A Sheeran - 2022 - books.google.com

Contribution by Peter Langdon, Coventry and Warwickshire Partnership Trust

Working with Autistic People in the Criminal Justice and Forensic Mental Health Systems: A Handbook for Practitioners is the first book to focus specifically on best practice for working ...

[Book Review] Sheila – Unlocking the Treatment for PKU By Anne Green

Published online by Cambridge University Press: **29 April 2022**

Book Review by Rachel Lee, Coventry and Warwickshire Partnership Trust

As you open the pages of *Sheila*, consider the lives of Cameron, Taila, Louise and Tom, four young people whose phenylketonuria (PKU) was successfully treated at Birmingham Children's Hospital. One is a medical student; another reads theatre arts; the third entered the teaching profession and the fourth lectures at universities and creates films. They owe their health – and consequently, in some measure, their success – to Sheila Jones, her mother, Mary, and her clinicians, as expounded upon in this inspiring and emotionally charged text that explores the origins of the heel-prick test and the development of the low-phenylalanine diet that now treats PKU successfully.

[Book] [Clinical Topics in Teaching Psychiatry \(2022\)](#)

Chapter Two: The MRCPsych: Preparing Trainees and Improving Courses

Authors: Jayne Greening, Erin Turner, Gareth Reese, Caroline Winkle, Eleanor Dryhurst and Radhika Kanessan

Drawing on case studies, updated papers from BJPsych Advances and specially commissioned new chapters, this book takes a scholarly approach to the whole range of teaching and learning as applied to psychiatry. This covers direct teaching of the speciality of psychiatry through to educational management, coaching and mentoring.
