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wendy.townsend@covwarkpt.nhs.uk

Association of Low Vitamin D Status with Complications of HIV and AIDS: A Literature Review

E Chokuda, C Reynolds, S Das

Infectious Disorders – Drug Targets

Published Online December 2018

Abstract

With the advent of combination antiretroviral therapy (cART) the survival of HIV patients have improved dramatically, but the complications of the disease and treatment have become an important issue in the management of HIV patients. Vitamin-D deficiency is common in HIV patients. Low vitamin-D is associated with different comorbidities in the HIV uninfected general population. In this review, we first briefly describe vitamin D synthesis and mechanism of action and we focus on the epidemiological and clinical data dealing with the relationship between vitamin D deficiency in HIV infection with several comorbidities which has been found to be increasingly common in patients living with HIV infection. We searched the PubMed database using the keywords “HIV,” “vitamin D,” and other common disorders or conditions that are relatively common in HIV infection. The other conditions included in the search were osteoporosis and fracture, cardiovascular disease, diabetes and insulin resistance, active tuberculosis, hepatitis-C coinfection, HIV disease progression. Articles presenting original data as well as systematic reviews and met analysis related HIV population were included in our analysis. Vitamin-D deficiency seems to be associated with several adverse outcomes in HIV patients but a definite cause and effect relationship with vitamin-D is yet to be confirmed in most of the cases, the literature supporting the efficacy of vitamin-D supplementation is lacking.

[Experience of mental health diagnosis and perceived misdiagnosis in autistic, possibly autistic and non-autistic adults](#)

S. Au-Yeung, L. Bradley, A. Robertson, R. Shaw, S. Baron-Cohen, S. Cassidy

Autism

Published Online 14 December 2018

Abstract

Previous research shows that autistic people have high levels of co-occurring mental health conditions. Yet, a number of case reports have revealed that mental health conditions are often misdiagnosed in autistic individuals. A total of 420 adults who identified as autistic, possibly autistic or non-autistic completed an online survey consisting of questions regarding mental health diagnoses they received, whether they agreed with those diagnoses and if not why. Autistic and possibly autistic participants were more likely to report receiving mental health diagnoses compared to non-autistic participants, but were less likely to agree with those diagnoses. Thematic analysis revealed the participants' main reasons for disagreement were that (1) they felt their autism characteristics were being confused with mental health conditions by healthcare professionals and (2) they perceived their own mental health difficulties to be resultant of ASC. Participants attributed these to the clinical barriers they experienced, including healthcare professionals' lack of autism awareness and lack of communication, which in turn prevented them from receiving appropriate support. This study highlights the need for autism awareness training for healthcare professionals and the need to develop tools and interventions to accurately diagnose and effectively treat mental health conditions in autistic individuals.

[People like me don't get support': Autistic adults' experiences of support and treatment for mental health difficulties, self-injury and suicidality](#)

L Camm-Crosbie, L Bradley, R Shaw, S Baron-Cohen, S Cassidy

Autism

Published Online 29 November 2018

Abstract

Autistic people are at high risk of mental health problems, self-injury and suicidality. However, no studies have explored autistic peoples' experiences of treatment and support for these difficulties. In partnership with a steering group of autistic adults, an online survey was developed to explore these individuals' experiences of treatment and support for mental health problems, self-injury and suicidality for the first time. A total of 200 autistic adults (122 females, 77 males and 1 unreported) aged 18–67 (mean = 38.9 years, standard deviation = 11.5), without co-occurring intellectual disability, completed the online survey. Thematic analysis of open-ended questions resulted in an overarching theme that individually tailored treatment and support was both beneficial and desirable, which consisted of three underlying themes: (1) difficulties in accessing treatment and support; (2) lack of understanding and knowledge of autistic people with co-occurring mental health difficulties and (3) appropriate treatment and support, or lack of, impacted autistic people's well-being and likelihood of seeing suicide as their future. Findings demonstrate an urgent need for autism treatment pathways in mental health services.

[Use of a proforma to aid in reducing coercion into informal admission for acute adult psychiatric inpatients in the U.K](#)

B Perry, N Ayadurai, E Hess, D Harmer, R Broom, D White

Legal Medicine

Published Online 23 November 2018

Abstract

Background People with acute psychiatric illness may be at risk of coercion into informal admission. A lack of capacity assessment (CA) and provision of adequate information (PAI) for informal patients may constitute a risk of coercive admitting practice, resulting in increased use of the mental health act (MHA) in the days following admission. We developed and tested a proforma to aid in ensuring CA and PAI for informal admissions.

Method A pilot case-study was conducted in 2015 at a U.K. NHS trust (n=50), analysing the prevalence of CA & PAI for adult psychiatric inpatient admissions, alongside the prevalence of MHA use in the next 72 hours. Case-note audits were completed in 2016 & 2017 (n=100 each), to assess the impact of the proforma in improving documented CA & PAI, alongside the prevalence of MHA use in the next 72 hours. We tested for any demographic associations with CA & PAI using logistic regression.

Results CA improved from 39% (2015) to 60% (2017). PAI improved from 9% (2015) to 45% (2017). Use of the MHA in the 72hours following admission fell from 32% (2015) to 7% (2017). Most informal admissions detained within 72 hours had no record of CA & PAI. People under the age of 26 years were significantly less likely to have documented CA & PAI.

Implications Use of the proforma was successful in improving CA & PAI in a U.K. population. Further improvements could be made. Future research should seek to further examine demographic differences in informal coercion.

[P-162 Right time, right place, right professional: a review of community team referrals and triage](#)

C. Magee, H Coop

BMJ Supportive and Palliative Care

Published Online 1st November 2018

Abstract

Background Referrals to the Coventry Community Palliative Care Team have increased over the last year, with a perceived increase in complexity. This has led to a waiting list and an increase in time to first contact for non-urgent referrals. The team instituted a quality improvement project to see if the responsiveness of the service could be improved, within the constraints of existing resources.

Methods PDSA (Plan, Do, Study, Act) methodology was used. A baseline review of all CNS referrals in December 2017 was conducted. A telephone triage tool and CNS triage rota were developed, along with a telephone triage caseload. A telephone call was made to the patient by an experienced CNS to allow a more robust and consistent assessment of the appropriateness and urgency of the referral. CNS referrals were analysed again in March 2018.

Results The new triage process improved efficiency. The existing process took up to nine days, with up to five documented contacts mainly from district nurses. In March 2018 84% triage was performed with one contact; 26% patient, 36% relative, 10% nursing home staff, 21% other professionals. Only 47% patients triaged needed a face-to-face assessment, all of which were home visits. Non-urgent referrals previously waited up to 20 days to be seen. In March 2018 all referrals were seen within 10 days, with one exception seen at 15 days. All urgent referrals were seen within two days in both December 2017 and March 2018. The triage contact allowed the most appropriate multidisciplinary team member to see the patient.

Discussion A review in working practices has ensured patients are seen by the right professional in a timely manner, improving patient care. The new triage process has improved consistency and provides a more useful assessment of appropriateness and urgency, allowing care to be prioritised.

An Evaluation of the Solihull Approach Foster Carer Course

J Harris-Waller, P Bangerh, H Douglas

Practice: Social Work in Action

Published Online 26 October 2018

Abstract

This is an evaluation focusing on the effectiveness of the Solihull Approach foster carer training group programme 'Understanding your foster child'. Four groups were run, of 12 weekly sessions with a total of 56 foster carers. All foster carers who attended completed both pre and post measures, however incomplete data sets were removed, so in total 27 data sets were analysed. Four questionnaires were used: Parental Stress Index Short Form (PSI-SF), Strengths and Difficulties Questionnaire (SDQ), Carer Questionnaire and the Children's Expression of Feelings in Relationships (CEFR). Statistical analyses identified that after the group, there were significant increases in foster carers' ratings of their understanding of their children's difficulties; their understanding of why foster children behaved the way they did; their feeling of having the required skills to manage difficulties; alongside significant decreases in their ratings of foster children's hyperactivity and attentional behaviour difficulties.

Self-Control, Plan Quality, and Digital Delivery of Action Planning for Condom and Contraceptive Pill Use of 14–24-Year-Olds: Findings from a Clinic-Based Online Pilot Randomised Controlled Trial

K Brown, K Beasley, S Das

Applied Psychology: Health and Well-Being

Published Online 9 September 2018

Abstract

Background Inconsistent use of the contraceptive pill and condoms contributes significantly to poor sexual health outcomes for young people. There is evidence that action planning interventions may improve pill and condom use, but this approach is not systematically used in sexual healthcare. This study is the first to assess

acceptability and feasibility of evaluating a digital intervention to support action plan formation for three sexual health behaviours with clinic attendees. It also considered the role of trait self-control and whether the intervention supported production of quality plans.

Methods Eighty-eight integrated sexual health clinic attendees aged 14–24 years (M = 20.27 years) were recruited to a pilot randomised controlled trial (RCT). Of these, 67 also completed three-month follow-up. Measures included self-reported contraceptive or condom “mishaps”, theory of planned behaviour variables, and a measure of self-control.

Results Descriptive analyses supported study acceptability and feasibility. The intervention supported pill and condom users to produce quality plans, though potential improvements were identified. Bivariate correlations suggested that high levels of trait self-control may negatively influence plan quality. Data suggest that the intervention may reduce pill or condom “mishaps”.

Conclusions A future full RCT is likely feasible and brief digital action planning interventions may usefully be incorporated within sexual healthcare.

[A systematic review of co-responder models of police mental health ‘street’ triage](#)

S Puntis, D Perfect, A Kirubarajan, S Bolton, F Davies, A Hayes, E Harriss, A Molodynski

BMC Psychiatry Published Online 15 August 2018

Abstract

Background Police mental health street triage is an increasingly common intervention when dealing with police incidents in which there is a suspected mental health component. We conducted a systematic review of street triage interventions with three aims. First, to identify papers reporting on models of co-response police mental health street triage. Second, to identify the characteristics of service users who come in to contact with these triage services. Third, to evaluate the effectiveness of co-response triage services.

Methods We conducted a systematic review. We searched the following databases: Ovid MEDLINE, Embase, PsycINFO, EBSCO CINAHL, Scopus, Thompson Reuters Web of Science Core Collection, The Cochrane Library, ProQuest National Criminal Justice Reference Service Abstracts, ProQuest Dissertations & Theses, EThoS, and OpenGrey. We searched reference and citation lists. We also searched for other grey literature through Google, screening the first 100 PDFs of each of our search terms. We performed a narrative synthesis of our results.

Results Our search identified 11,553 studies. After screening, 26 were eligible. Over two-thirds (69%) had been published within the last 3 years. We did not identify any randomised control trials. Results indicated that street triage might reduce the number of people taken to a place of safety under S136 of the Mental Health Act where that power exists, or reduce the use of police custody in other jurisdictions.

Conclusions There remains a lack of evidence to evaluate the effectiveness of street triage and the characteristics, experience, and outcomes of service users. There is also wide variation in the implementation of the co-response model, with differences in hours of operation, staffing, and incident response.

Affective instability in those with and without mental disorders: a case control study

S Marwaha, C Price, J Scott, S Weich, A Cairns, J Dale, C Winsper, M Broome

Journal of Affective Disorders Published Online 14 August 2018

Abstract

Background Affective instability (AI) is transdiagnostic, and associated with suicidality and healthcare use. It has rarely been compared between diagnoses or to controls. We investigated: whether AI differs between clinical cases and controls and between diagnoses; how different AI components are correlated; and whether AI is associated with functioning in clinical cases.

Methods Cases (N=69) from psychiatric services had a diagnosis of borderline personality disorder, bipolar disorder, major depression or psychosis and were compared to primary care controls (N=25). Participants completed the affective lability scale (ALS), affective intensity measure (AIM), affective control scale (ACS), scored mood fluctuation rate and the WHO-DAS.

Results There was a significant difference in affective lability between cases and controls and across diagnostic groups ($p < 0.001$). Compared to controls, cases showed lower affective control ($p < 0.05$). There were no differences in affective intensity between cases and controls or between diagnostic groups, or in mood fluctuation rate between groups. ALS score ($p < 0.001$), and total number of medications ($p < 0.046$), were associated with functioning, independent of diagnosis.

Limitations The sample size was modest. Cases were not in an acute illness episode and this could bias estimates of group difference towards the null.

Conclusion Individuals with mental disorder demonstrate higher levels of affective lability and lower affect control than those without mental disorder. In contrast affective intensity may not be useful in demarcating abnormal affective experience. Independent of diagnosis, affective instability, as measured by affect lability, adversely impacts day-to-day functioning. It could be an important target for clinical intervention.

The association between treatment beliefs and engagement in care in first episode psychosis

B Perry, A Kular, L Brown, R Gajwani, R Jasani, Z Islam, M Birchwood, S Singh

Schizophrenia Research Published Online 9 August 2018

Abstract

Disengagement from mental health services poses an important problem for people with psychosis. Lack of treatment adherence is associated with poorer physical health, reduced social functioning, an increased rate of relapse and an increased likelihood of being legally detained (O'Brien et al., 2009). Previous research has uncovered differences in treatment beliefs based upon either differences in causal attributions (McCabe and Priebe, 2004) and ethnic/racial group (Jimenez et al.,

2012), however the impact of differing treatment beliefs on engagement in care has not been examined.

[Neuroleptic Malignant Syndrome: The Value of Diagnostic Criteria](#)

T Rowland, A Banga, N Ayadurai

The Primary Care Companion for CNS Disorders Published Online 2 August 2018

Abstract

Neuroleptic malignant syndrome (NMS) is a rare but potentially serious reaction to antipsychotic medications. The incidence of NMS is around 0.9%,¹ with an estimated mortality of 5.6%–12%.^{2,3} Early recognition is key and a low index of suspicion is required as the presentation shares symptoms with other disorders,^{1,4,5} which is further compounded by a lack of definitive diagnostic criteria.

Followed by Case Report

[A realist approach to the evaluation of complex mental health interventions](#)

C Duncan, S Weich, S Fenton, L Twigg, G Moon, J Madan, S Singh, D Crepaz-Keay, H Parsons, K Bhui

British Journal of Psychiatry Volume 213, Issue 2, Pages 451-453
Published August 2018

Abstract

Conventional approaches to evidence that prioritise randomised controlled trials appear increasingly inadequate for the evaluation of complex mental health interventions. By focusing on causal mechanisms and understanding the complex interactions between interventions, patients and contexts, realist approaches offer a productive alternative. Although the approaches might be combined, substantial barriers remain.

[Risk markers for suicidality in autistic adults](#)

S Cassidy, L Bradley, R Shaw, S Baron-Cohen

Molecular Autism Volume 9, Issue 42 Published 31 July 2018

Abstract

Background Research has shown high rates of suicidality in autism spectrum conditions (ASC), but there is lack of research into why this is the case. Many common experiences of autistic adults, such as depression or unemployment, overlap with known risk markers for suicide in the general population. However, it is unknown whether there are risk markers unique to ASC that require new tailored suicide prevention strategies.

Methods Through consultation with a steering group of autistic adults, a survey was developed aiming to identify unique risk markers for suicidality in this group. The survey measured suicidality (SBQ-R), non-suicidal self-injury (NSSI-AT), mental health problems, unmet support needs, employment, satisfaction with living arrangements, self-reported autistic traits (AQ), delay in ASC diagnosis, and 'camouflaging' ASC. One hundred sixty-four autistic adults (65 male, 99 female) and 169 general population adults (54 males, 115 females) completed the survey online.

Results A majority of autistic adults (72%) scored above the recommended psychiatric cut-off for suicide risk on the SBQ-R; significantly higher than general population (GP) adults (33%). After statistically controlling for a range of demographics and diagnoses, ASC diagnosis and self-reported autistic traits in the general population significantly predicted suicidality. In autistic adults, non-suicidal self-injury, camouflaging, and number of unmet support needs significantly predicted suicidality.

Conclusions Results confirm previously reported high rates of suicidality in ASC, and demonstrate that ASC diagnosis, and self-reported autistic traits in the general population are independent risk markers for suicidality. This suggests there are unique factors associated with autism and autistic traits that increase risk of suicidality. Camouflaging and unmet support needs appear to be risk markers for suicidality unique to ASC. Non-suicidal self-injury, employment, and mental health problems appear to be risk markers shared with the general population that are significantly more prevalent in the autistic community. Implications for understanding and prevention of suicide in ASC are discussed.

[Men in eating disorder units: a service evaluation survey regarding mixed gender accommodation rules in an eating disorder setting](#)

A Fukutomi, F Connan, A Winston, P Ghosh

BJPsych Bulletin

Published online 26 July 2018

Abstract

Aims and method This service evaluation was conducted to find out: (1) if mixed gender accommodation in eating disorder units is perceived to be helpful or unhelpful for recovery, and (2) if men were being discriminated against by the implementation of the 2010 Department of Health (DoH) guidelines on the elimination of mixed gender wards. All 32 in-patient units accredited on the Quality Network for Eating Disorders were contacted via a survey.

Results We received 38 responses from professionals from 26 units and 53 responses from patients (46 female, 7 male) from 7 units. Four units had closed admissions to male patients due to DoH guidelines.

Clinical implications We found that it is possible to provide admission for men with eating disorders, while respecting the single gender accommodation rules, and that doing so is likely to be helpful for both genders and prevents discrimination against men.

[A systematic review of the literature on ethical aspects of transitional care between child- and adult-orientated health services](#)

M Paul, L O'Hara, P Tah, C Street, A Maras, D Purper Ouakil, P Santosh, G Signorini, S Preet Singh, H Tuomainen, F McNicholas, the MILESTONE Consortium

BMC Medical Ethics Published 18 July 2018 Open Access

Abstract

Background Healthcare policy and academic literature have promoted improving the transitional care of young people leaving child and adolescent mental health services (CAMHS). Despite the availability of guidance on good practice, there seems to be no readily accessible, coherent ethical analysis of transition. The ethical principles of non-maleficence, beneficence, justice and respect for autonomy can be used to justify the need for further enquiry into the ethical pros and cons of this drive to improve transitional care. The objective of this systematic review was therefore to systematically search for existing ethical literature on child- to adult-orientated health service transitions and to critically appraise and collate the literature, whether empirical or normative.

Methods A wide range of bioethics, biomedical and legal databases, grey literature and bioethics journals were searched. Ancestral and forward searches of identified papers were undertaken. Key words related to transition, adolescence and young adulthood, ethics, law and health. The timeframe was January 2000 to at least March 2016. Titles, abstracts and, where necessary, full articles were screened and duplicates removed. All included articles were critically appraised and a narrative synthesis produced.

Results Eighty two thousand four hundred eighty one titles were screened, from which 96 abstracts were checked. Forty seven full documents were scrutinised, leading to inclusion of two papers. Ancestral and forward searches yielded four further articles. In total, one commentary, three qualitative empirical studies and two clinical ethics papers were found. All focused on young people with complex care needs and disabilities. The three empirical papers had methodological flaws. The two ethical papers were written from a clinical ethics context rather than using a bioethical format. No literature identified specifically addressed the ethical challenges of balancing the delivery of transitional care to those who need it and the risk of pathologizing transient and self-limited distress and dysfunction, which may be normal during adolescence.

Conclusions There is very little research on ethical aspects of transitional care. Most existing studies come from services for young people with complex care needs and disabilities. There is much scope for improvement in the amount and quality of empirical research and ethical analysis in this area.

[Under representation of people with epilepsy and intellectual disability in research](#)

R Shankar, C Rowe, A Van Hoorn, W Henley, R Laugharne, D Cox, R Pande, A Roy, J Sander

PLOS One Published 21 June 2018 Open Access

Abstract

Purpose One quarter of people with epilepsy have an intellectual disability (ID) and one fifth of people with an ID have epilepsy. Both conditions are associated with higher levels of morbidity, stigma and premature mortality. There have been calls for action to promote more research in this group. We examined if this group are represented adequately in current research.

Methods The proportion of research output in epilepsy conferences and publications relevant to ID and the proportion in ID conferences and publications on epilepsy for 2015–2016 were identified. As the percentage of children in the population with epilepsy is 17%, research output of this group was compared with the ID group. Recognised material was classified based on whether it applied to general epilepsy/ID research, children with epilepsy or people with epilepsy and ID. Data was analysed to determine the proportion of presented research specifically identifying people with epilepsy and ID.

Results Fewer than 2% of presentations at epilepsy conferences specifically related to the ID and epilepsy group compared to 15% relating to children with epilepsy. Similarly only 1.4% of the research presented at major ID conferences related to those with people with epilepsy and ID. About 5% of published research in the field of epilepsy related to those with ID as compared with 24% for children with epilepsy. Twelve percent of published research in ID specifically identified epilepsy.

Conclusion Publications and conference presentations, on the population with epilepsy and comorbid ID is under-represented. Increased research in this area might assist in improving the quality of care for this relatively neglected group.

[Phelan-McDermid syndrome, bipolar disorder and treatment with lithium](#)

T Rowland, R Pathania, A Roy

British Journal of Learning Disabilities Published online 21 June 2018

Abstract

Background Phelan-McDermid syndrome is caused by a deletion at chromosome 22q13.3, and results in a phenotype characterised by intellectual disability, features of autism, physical and mental health conditions. It is becoming increasingly recognised that bipolar disorder represents part of this phenotype.

Materials and methods This case study describes 2 patients with Phelan-McDermid syndrome presenting with bipolar mania at inpatient unit for adults with intellectual disability. Both patients presented with severe disturbance of their behaviour, at times exhibiting aggression, disinhibition and hypersexuality.

Results Despite treatment with a number of atypical antipsychotics and anticonvulsant mood stabilising agents, both patients showed the greatest improvement when started on lithium, and were successfully treated with this medication.

Conclusions This adds further support to the growing evidence of bipolar disorder contributing to the phenotype of Phelan-McDermid syndrome, and clinicians should have a low threshold for considering the use of lithium in these patients.

OBSERVATION AND COMPARISON OF MEALTIME BEHAVIORS IN A SAMPLE OF CHILDREN WITH AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDERS AND A CONTROL SAMPLE OF CHILDREN WITH TYPICAL DEVELOPMENT

V Aldridge, T Dovey, N El Hawi, A Martiniuc, C Martin, C Meyer

Infant Mental Health Journal Volume 39, Issue 4, Pages 410-422
Published 28 June 2018

Abstract

Despite widespread use of behavioral observations to evaluate child feeding behaviors in research and clinical practice, few studies have comprehensively characterized mealtimes or identified features that differentiate children with and without disordered feeding; these were the aims of the current study. Mealtime observations were conducted for 18 children with avoidant restrictive food intake disorder (ARFID) and 21 typically developing children. Observations were coded inductively, and associations between disorder and observed mealtime actions were examined. Most behaviors were observed across both clinical and nonclinical mealtimes, and many did not differ in frequency between children with and without ARFID. However, significant group differences were observed in the frequencies of behaviors relating to food intake, visual and physical engagement with feeding, and movement during mealtimes. The comparability of behaviors across clinical and nonclinical groups suggests that eating behaviors exist on a continuum from “normal” to “abnormal,” with group differences relating to frequency rather than type of behavior. The behavioral differences observed in this study suggest that identification of children with ARFID should focus on child engagement with food and restlessness during mealtimes. Reliance on emotional and escape-maintained behaviors will lead to underrecognition of families in need of clinical support.

[Interventions for mental health problems in children and adults with severe intellectual disabilities: a systematic review](#)

L Vereenoghe, S Flynn, R Hastings, D Adams, U Chauhan, S Cooper, N Gore, C Hatton, K Hood, A Jahoda, P Langdon, R McNamara, C Oliver, Ashok Roy, V Totsika, J Waite

BMJ Open Published Online 19 June 2018 Open Access

Abstract

Objective Mental health problems are more prevalent in people with than without intellectual disabilities, yet treatment options have received little attention. The aim of this study was to identify and evaluate the effectiveness of pharmacological and psychological interventions in the treatment of mental health problems in children and adults with severe and profound intellectual disabilities, given their difficulties in accessing standard mental health interventions, particularly talking therapies, and difficulties reporting drug side effects.

Design A systematic review using electronic searches of PsycINFO, PsycTESTS, EMBASE, MEDLINE, CINAHL, ERIC, ASSIA, Science Citation Index, Social Science Citation Index and CENTRAL was conducted to identify eligible intervention studies. Study selection, data extraction and quality appraisal were performed by two independent reviewers.

Participants Study samples included at least 70% children and/or adults with severe or profound intellectual disabilities or reported the outcomes of this subpopulation separate from participants with other levels of intellectual disabilities.

Interventions Eligible intervention studies evaluated a psychological or pharmacological intervention using a control condition or pre-post design.

Outcomes Symptom severity, frequency or other quantitative dimension (e.g., impact), as assessed with standardised measures of mental health problems.

Results We retrieved 41 232 records, reviewed 573 full-text articles and identified five studies eligible for inclusion: three studies evaluating pharmacological interventions, and two studies evaluating psychological interventions. Study designs ranged from double-blind placebo controlled crossover trials to single-case experimental reversal designs. Quality appraisals of this very limited literature base revealed good experimental control, poor reporting standards and a lack of follow-up data.

Conclusions Mental ill health requires vigorous treatment, yet the current evidence base is too limited to identify with precision effective treatments specifically for children or adults with severe and profound intellectual disabilities. Clinicians therefore must work on the basis of general population evidence, while researchers work to generate more precise evidence for people with severe and profound intellectual disabilities.

What influences social outcomes among offenders with personality disorder: A systematic review

C Connell, V Furtado, E McKay, S. Singh

Criminal Behaviour and Mental Health Published online 19 June 2018

Abstract

Background Personality disorder is highly prevalent in offender populations and is associated with poor health, criminal justice, and social outcomes. Research has been conducted into factors that influence offending and health, but, in order to improve (re)habilitation, service providers must also be able to identify the variables associated with social outcomes and the mechanisms by which they operate.

Aim To establish what is known about what influences social outcomes among offenders with personality disorder.

Method A systematic review was completed using Cochrane methods, expanded to include nonrandomised trials. Anticipated high heterogeneity informed a narrative synthesis.

Results Three studies met inclusion criteria. Two were qualitative studies including only 13 cases between them. All studies were low quality.

Conclusions There is insufficient evidence to determine what influences good social outcomes among offenders with personality disorder. Research is required to identify associated variables, to inform the development of effective interventions

The subjective experiences of women with intellectual disabilities and offending behaviour: exploring their experiences of 'home'

E Williams, S Thrift, J Rose

International Journal of Developmental Disabilities Published Online 8 June 2018
Volume 64, Pages 132 – 143

Abstract

Objectives Services supporting individuals with intellectual disabilities are changing in the UK with a drive towards community care and reducing inpatient provision. More needs to be known about the experiences and opinions of individuals living in inpatient settings. Women with intellectual disabilities and offending behavior are a particularly complex, under-represented group affected by these organizational changes. This research aims to consult women with intellectual disabilities, living in a secure hospital, to explore their housing experiences and hopes for future home and care environments.

Method Seven participant's experiences, and the meaning they assign to these experiences, were explored through semi-structured interviews. Their narratives were analyzed utilizing Interpretive Phenomenological Analysis.

Results Four superordinate themes emerged from the analysis (i) hospital as helpful (ii) hospital as undesirable (iii) a sense of belonging (iv) 'I want to be as independent as I can.' The subtheme 'importance of people' emerged throughout with illustrations of *why* people are important relating to each superordinate theme.

Conclusions The women interviewed experienced living in hospital as both helpful and undesirable. They wanted to live as independently as possible in the community. However, they identified several helpful aspects of hospital including receiving specialist support for their complex needs. They desired independence, freedom to choose, personal space, familiarity, and support from individuals who understand their needs. Whilst it is recognized that hospitals cannot be homes for people, they do have a function in providing helpful specialist support to some individuals with intellectual disabilities who have committed serious crimes and/or cannot safely be supported in the community.

[Managing the link and strengthening transition from child to adult mental health Care in Europe \(MILESTONE\): background, rationale and methodology](#)

H Tuomainen, U Schulze, J Warwick, M Paul, G Dieleman, T Franić, J Madan, A Maras, F McNicholas, D Purper-Ouakil, P Santosh, G Signorini, C Street, S Tremmery, F Verhulst, D Wolke, S Singh

BMC Psychiatry Published online 4 June 2018 Open Access

Abstract

Background Transition from distinct Child and Adolescent Mental Health (CAMHS) to Adult Mental Health Services (AMHS) is beset with multitude of problems affecting continuity of care for young people with mental health needs. Transition-related discontinuity of care is a major health, socioeconomic and societal challenge globally. The overall aim of the Managing the Link and Strengthening Transition from Child to Adult Mental Health Care in Europe (MILESTONE) project (2014–19) is to improve transition from CAMHS to AMHS in diverse healthcare settings across Europe. MILESTONE focuses on current service provision in Europe, new transition-related measures, long term outcomes of young people leaving CAMHS, improving transitional care through ‘managed transition’, ethics of transitioning and the training of health care professionals.

Methods Data will be collected via systematic literature reviews, pan-European surveys, and focus groups with service providers, users and carers, and members of youth advocacy and mental health advocacy groups. A prospective cohort study will be conducted with a nested cluster randomised controlled trial in eight European Union (EU) countries (Belgium, Croatia, France, Germany, Ireland, Italy, Netherlands, UK) involving over 1000 CAMHS users, their carers, and clinicians.

Discussion Improving transitional care can facilitate not only recovery but also mental health promotion and mental illness prevention for young people. MILESTONE will provide evidence of the organisational structures and processes influencing transition at the service interface across differing healthcare models in Europe and longitudinal outcomes for young people leaving CAMHS, solutions for improving transitional care in a cost-effective manner, training modules for clinicians, and commissioning and policy guidelines for service providers and policy makers.

[Dementia And Physical Activity \(DAPA\) trial of moderate to high intensity exercise training for people with dementia: randomised controlled trial](#)

S Lamb, B Sheehan, N Atherton, V Nichols, H Collins, D Mistry, S Dosanjh, A M Slowther, I Khan, S Petrou, R Lall

The BMJ Published online 16 May 2018

Abstract

Objective To estimate the effect of a moderate to high intensity aerobic and strength exercise training programme on cognitive impairment and other outcomes in people with mild to moderate dementia.

Design Multicentre, pragmatic, investigator masked, randomised controlled trial.

Setting National Health Service primary care, community and memory services, dementia research registers, and voluntary sector providers in 15 English regions.

Participants 494 people with dementia: 329 were assigned to an aerobic and strength exercise programme and 165 were assigned to usual care. Random allocation was 2:1 in favour of the exercise arm.

Interventions Usual care plus four months of supervised exercise and support for ongoing physical activity, or usual care only. Interventions were delivered in community gym facilities and NHS premises.

Main outcome measures The primary outcome was score on the Alzheimer's disease assessment scale-cognitive subscale (ADAS-cog) at 12 months. Secondary outcomes included activities of daily living, neuropsychiatric symptoms, health related quality of life, and carer quality of life and burden. Physical fitness (including the six minute walk test) was measured in the exercise arm during the intervention.

Results The average age of participants was 77 (SD 7.9) years and 301/494 (61%) were men. By 12 months the mean ADAS-cog score had increased to 25.2 (SD 12.3) in the exercise arm and 23.8 (SD 10.4) in the usual care arm (adjusted between group difference -1.4 , 95% confidence interval -2.6 to -0.2 , $P=0.03$). This indicates greater cognitive impairment in the exercise group, although the average difference is small and clinical relevance uncertain. No differences were found in secondary outcomes or preplanned subgroup analyses by dementia type (Alzheimer's disease or other), severity of cognitive impairment, sex, and mobility. Compliance with exercise was good. Over 65% of participants (214/329) attended more than three quarters of scheduled sessions. Six minute walking distance improved over six weeks (mean change 18.1 m, 95% confidence interval 11.6 m to 24.6 m).

Conclusion A moderate to high intensity aerobic and strength exercise training programme does not slow cognitive impairment in people with mild to moderate dementia. The exercise training programme improved physical fitness, but there were no noticeable improvements in other clinical outcomes.

[The Importance of Social Cognition in Improving Functional Outcomes in Schizophrenia](#)

A Javed, A Charles

Frontiers in Psychiatry Published online 24 April 2018

Abstract

Social cognition has become recognized as an important driver of functional outcomes and overall recovery in patients with schizophrenia, mediating the relationship between neurocognition and social functioning. Since antipsychotic therapy targeting remission of clinical symptoms has been shown to have a limited

impact on social cognition, there has been an increasing drive to develop therapeutic strategies to specifically improve social cognition in schizophrenia. We sought to review current evidence relating to social cognition in schizophrenia and its clinical implications, including interventions designed to target the core domains of social cognition (emotion processing, theory of mind, attributional bias, and social perception) as a means of improving functional outcomes and thereby increasing the likelihood of recovery. Relevant articles were identified by conducting a literature search in PubMed using the search terms “schizophrenia” AND “cognition” AND “social functioning,” limited to Title/Abstract, over a time period of the past 10 years. Current evidence demonstrates that schizophrenia is associated with impairments in all four core domains of social cognition, during the pre-first-episode, first-episode, early, and chronic phases of the disease, and that such impairments are important determinants of functional outcome. Interventions targeting the four core domains of social cognition comprise psychosocial approaches (social cognition training programs) and pharmacological therapies. Social cognition training programs targeting multiple and specific core domains of social cognition have shown promise in improving social cognition skills, which, in some cases, has translated into improvements in functional outcomes. Use of some psychosocial interventions has additionally resulted in improvements in clinical symptoms and/or quality of life. Pharmacological therapies, including oxytocin and certain antipsychotics, have yielded more mixed results, due in part to the confounding impact of factors including variation in receptor genetics, bioavailability, pharmacokinetics, and drug–drug interactions, and inconsistencies between study designs and medication dosages. Additional research is required to advance our understanding of the role of social cognition in schizophrenia, and to further establish the utility of targeted interventions in this setting.

[Dysglycaemia, Inflammation and Psychosis: Findings From the UK ALSPAC Birth Cohort](#)

B. Perry, R. Upthegrove, A. Thompson, S. Marwaha, S. Zammit, S. Singh, G. Khandaker

Schizophrenia Bulletin Published Online 9 April 2018

Abstract

Background Psychosis is associated with both dysglycaemia and low-grade inflammation, but population-based studies investigating the interplay between these factors are scarce.

Aims (1) To explore the direction of association between markers of dysglycaemia, inflammation and psychotic experiences (PEs); and (2) To explore whether dysglycaemia moderates and/or mediates the association between inflammation and PEs.

Method Data from the Avon Longitudinal Study of Parents and Children (ALSPAC) birth cohort were modeled using logistic and linear regression to examine cross-sectional and longitudinal associations between markers of dysglycaemia (ages 9 and 18), interleukin-6 (IL-6) (age 9), and PEs (ages 12 and 18). We tested for an

interaction between dysglycaemia and IL-6 on risk of PEs at age 18, and tested whether dysglycaemia mediated the relationship between IL-6 and PEs.

Results Based on 2627 participants, at age 18, insulin resistance (IR) was associated with PEs (adjusted OR = 2.32; 95% CI, 1.37–3.97). IR was associated with IL-6 both cross-sectionally and longitudinally. Interaction analyses under a multiplicative model showed that IR moderated the association between IL-6 at age 9 and PEs at age 18 (adjusted OR for interaction term = 2.18; 95% C.I., 1.06–4.49). Mediation analysis did not support a model of IR mediating the relationship between IL-6 and PEs.

Implications IR is associated with PEs in young people even before the onset of clinical psychosis. Metabolic alterations may interact with childhood inflammation to increase risk of PEs. The findings have implications for clinical practice and future research.

A Parenting Programme for Muslims

K Thomson, H Hussein, K Roche-Nagi, R Butterworth

Community Practitioner Volume 91, Issue 2, Pages 45-47 Published March 2018

Abstract

Universal parenting intervention courses often fail to recruit and retain Muslim families. The practice of targeting specific populations in parenting programs is not well established. Parents from minority backgrounds are rarely offered culturally relevant, accessible or effective courses. Here, Thomson et al evaluate the impact of the faith-based Five Pillars of Parenting program in the UK.

The provision of care to adults with an intellectual disability in the UK. A Special report from the intellectual disability UK chapter ILAE

M Kerr, L Watkins, H Angus-Leppan, A Corp, M Goodwin, C Hanson, A Roy, R Shankar

Seizure: European Journal of Epilepsy Volume 56, Pages 51 – 56

Published March 2018

Abstract

Purpose This article reflects the report by the British Branch of the International League Against Epilepsy (ILAE) Working Group on services for adults with epilepsy and intellectual disability (ID). Its terms of reference was to explore the current status of aspects of the care of people with an ID and epilepsy.

Methods Survey content was developed from key themes identified by consensus of the working group. An electronic survey was distributed via email. The sample population was the membership of the ILAE UK, Royal College of Psychiatrists (RCPsych) Faculty of ID, Epilepsy Nurses Association (ESNA), and the Association

of British Neurologists (ABN). Following a six week response period the data was then collated, anonymised and distributed to the working group in order that opinion statements could be gathered.

Results The time taken for individuals with both new-onset and established epilepsy to undergo routine investigation was commonly at least 1–3 months, far beyond recommendations made by NICE (CG20). A small minority of clinicians would not consider non-pharmacological interventions including epilepsy surgery, vagus nerve stimulation, and ketogenic diet for this population. Almost universally responders are actively involved in the assessment and management of key risk areas including risk of drowning, hospitalization, medication side effects, and sudden unexpected death in epilepsy (SUDEP).

Conclusion This investigation identifies key themes and recommendations relating to care delivery and meeting the complex needs of people with ID and epilepsy. Adults with ID and epilepsy appear to exist in a unique, but inadequate, segment of epilepsy care delivery.

Psychological interventions for adoptive parents: a systematic review

J Harris-Waller, C Granger, M Hussain

Adoption and Fostering Volume 42, Issue 1, Pages 6 -21

Published 23 March 2018

Abstract

A systematic review methodology was used to evaluate research regarding psychological interventions for adoptive parents. The effectiveness of the diverse intervention models scrutinised was found to be mixed with regard to a range of parent and child outcomes. When service user feedback was sought, psychological interventions were found to be acceptable to adoptive parents. Overall, findings were weakened by multiple sources of potential bias in the studies reviewed. Further research is needed, with particular attention to the method, site and timing of outcome measurement, before firm clinical recommendations can be made regarding the relative benefit of specific models of psychological intervention for adoptive parents. Implications for future research are discussed with reference to the unique contextual challenges of conducting clinical studies with adoptive families.

[Depression and obesity: can the cycle be broken?](#)

K. Romain, T. Webb and M. Kumar

BJ Psych Advances Volume 24, Issue 2, Pages 132-140

Published online 1 March 2018

Abstract

Obesity and depression are conditions that have been linked through a great number of interesting mechanisms. To fully understand the implications of treatment choices

it is necessary to continue to investigate the physiology of these two conditions. By examining the background of these problems and considering factors such as stress response, neurological change and systemic inflammation, we propose a cycle linking depression and obesity. With reference to this cycle, we discuss management options, focusing particularly on prescribing choices and current guidelines. An assessment of the medication options is provided demonstrating that prescribing choices can have a significant impact on ongoing physical health. The aim of this discussion is to raise awareness of current research and progress and to see whether the cycle of depression and obesity can be broken.

[Case study illustrations of a psychological treatment pathway in a secure intellectual disability service](#)

G Hickman, S Thrift, C Taylor

Journal of Intellectual Disabilities and Offending Behaviour

Published online February 2018

Abstract

Purpose The purpose of this paper is to describe in detail the treatment pathway utilised in a male medium and low secure intellectual disability (ID) service. Over the preceding five years, service users have followed the outlined treatment pathway. The current paper offers case study material to illustrate the care pathway.

Design/methodology/approach The treatment pathway is described and two case examples are provided, illustrating participation in the pathway. Evaluative data are provided on length of hospitalisation, direction of pathway at discharge and risk reduction as assessed by the HCR-20, SVR-20 and HONOS Secure measures.

Findings The case examples provided document the assessment and treatment of two male offenders with ID, outlining their treatment pathways, subsequent reductions in assessed risk and their successful community discharge.

Originality/value A comprehensive treatment pathway is outlined together with the theoretical rationale, with illustrative case examples.

[Associations Between Mental Health Problems and Challenging Behavior in Adults With Intellectual Disabilities: A Test of the Behavioral Equivalents Hypothesis](#)

J Painter, R Hastings, B Ingham, L Trevithick A Roy

Journal of Mental Health Research in Intellectual Disabilities

Volume 11, Issue 2, Pages 157 – 172 Published online 7 February 2018

Abstract

Introduction Current research findings in the field of intellectual disabilities (ID) regarding the relationship between mental health problems and challenging behavior are inconclusive and/or contradictory. The aim of this study was to further investigate the putative association between these two highly prevalent phenomena in people with ID, and specifically to explore the hypothesis that challenging behaviors may be behavioral equivalents of mental health problems.

Methods A sample of 160 adults accessing secondary care ID health services was assessed using five validated measures. These included ratings of severity of disability, mental health problems, autism behaviors, physical health problems, and four different aspects of challenging behavior. In conjunction with demographic information, four multiple regression analyses were undertaken to examine the interaction between mental health problems (moderated by severity of disability) and ratings of overall challenging behavior, aggression, self-injurious behavior, and stereotypy. In each case, age, gender, autism, and physical health problems were included as covariates.

Results There was a statistically significant association between mental health problems and ratings of overall challenging behavior, as well as the moderating effect of severity of disability. Importantly, the positive association between mental health problems and challenging behavior was only significant at more severe levels of disability.

Conclusions These findings support the “behavioral equivalents” hypothesis for mental health problems and challenging behaviors. However, further longitudinal research is required before this hypothesis can be considered unequivocally supported.

Problem behaviours and psychotropic medication use in intellectual disability: a multinational cross-sectional survey

B. Perry, H. Kwok, J. Mendis, K. Purandare, A. Wijeratne, S. Manjubhashini, M. Dasari, F. Esan, I. Gunaratna, R. Naseem, S. Hoare, V. Chester, A. Roy, J. Devapriam, R. Alexander, S. Cooray

Journal of Intellectual Disability Research

Volume 62, Issue 2, Pages 140-149 Published February 2018

Abstract

Background Problem behaviours (PBs) are a common cause for clinician contact in people with disorders of intellectual development and may be a common cause for the prescription of psychotropic medication. We aimed to use a large, multinational sample to define the prevalence of PBs, the associations with psychotropic medication use, and to assess for any potential ‘diagnostic overshadowing’ by the label of PBs in a population of people with disorders of intellectual development.

Method A multinational, multi-setting, cross-sectional service evaluation and baseline audit was completed. Data were collected from UK hospitals, UK community settings, Sri Lanka and Hong Kong. A semi-structured questionnaire was completed

by treating clinicians, capturing demographic details, prevalence rates of intellectual disability and psychotropic medication use, alongside psychiatric co-morbidity.

Results A sample size of 358 was obtained, with 65% of included participants treated in an inpatient setting. Psychotropic use was prevalent (90%) in our sample, particularly antipsychotics (74%). The prevalence of PB was high (83%). There was no statistically significant association between psychotropic prescription and recorded psychiatric co-morbidity, suggesting prevalent 'off-label' use for PBs, or poor recording of psychiatric co-morbidity. There was some evidence of possible diagnostic overshadowing due to the PB classification. A higher dose of psychotropic medication was associated with aggression toward others ($P = 0.03$).

Conclusions We found evidence of prevalent potential 'off-label' use for psychotropic medication, which may be due to PBs. We also found evidence of potential diagnostic-overshadowing, where symptoms of psychiatric co-morbidity may have been attributed to PBs. Our findings provide renewed importance, across borders and health systems, for clinicians to consider a holistic approach to treating PBs, and attempting to best understand the precipitants and predisposing factors before psychotropic prescribing.

The importance of clinical observation: A case of subtle tardive dyskinesia with paliperidone palmitate

O Hisham, A Thompson

Australian and New Zealand Journal of Psychiatry (2018)

Letter: Online First 16 January 2018

[Reflections on introducing a Leavers' Preparation Group in an intellectual disability secure service](#)

G Hickman, N Booth, T Hoang

Journal of Intellectual Disabilities and Offending Behaviour

Published online January 2018

Abstract

Purpose The purpose of this paper is to report on the introduction of a Leavers' Preparation Group in an Intellectual Disability (ID) Secure Service. In the context of reductions in ID inpatient beds and reductions in restrictive practices, discharge and transfers out of hospital settings are increasing. The current group was established to provide support and preparation for service users as they approach discharge/transfer from hospital. The current paper provides example outcome data and reflects on the experience and learning points in delivering such interventions in secure contexts.

Design/methodology/approach The Leavers' Preparation Group is an eight-session preparatory, recovery focussed group intervention focussing on supporting service

users as they approach discharge/transfer to lower levels of security. The intervention has a multi-disciplinary approach, focussing on psychosocial aspects of current and future risk reduction.

Findings Overwhelmingly service users reported that they experienced the group as positive and beneficial. Personal reflections of the authors are offered on service user attitudes to discharge/transfer, the contextual impact of restrictive systems and the benefits of this type of group intervention.

Originality/value This paper reports on clinical practice, which involves multi-disciplinary intervention, co-production with service users and relevant stakeholders, and provides a description of the group intervention. It also offers critical reflection on tensions in this area of service provision, such as control and choice, freedom and responsibility, limitations and restrictions and power imbalances.

[Correlates for the risk of specialist ID hospital admission for people with intellectual disabilities: development of the LDNAT inpatient index](#)

J Painter, B Ingham, L Trevithick, R Hastings, A Roy

Tizard Learning Disability Review
Published January 2018

Volume 23 Issue 1 pages 42-50

Abstract

Purpose The purpose of this paper is to analyse ratings data from the recently developed Learning Disability Needs Assessment Tool (LDNAT) to identify factors associated with specialist intellectual disability (ID) hospital admissions.

Design/methodology/approach Ratings from 1,692 individuals were analysed and the LDNAT items differing significantly between inpatients and non-inpatients were identified. Statistical analyses on total scores derived from these items were used to calculate an optimal cut-off. This LDNAT inpatient index score was also confirmed via an alternative statistical technique.

Findings On average, 18 of the 23 LDNAT item ratings were significantly higher in people with ID assessed as inpatients compared to those rated in community settings. Using the total of these items, the resulting LDNAT inpatient index was analysed. A cut-off score of 22.5 was calculated to be the optimal balance between sensitivity (0.833) and specificity (0.750). This was confirmed by calculating the Youden index ($j=0.583$). At this level 68 per cent of inpatients and 81 per cent of non-inpatient cases were correctly identified.

Practical implications Currently there is a national (UK) programme to radically reduce the amount of specialist inpatient care for people ID. This will necessitate early identification of individuals most at risk of admission together with investment in improved, proactive community services if admissions to a diminishing bed-base are to remain manageable.

Originality/value This study confirms the associations between mental health difficulties, challenging behaviour and specialist hospital admissions for people with ID, extending existing research by translating these findings into a clinically usable risk index.

Recent Book and Chapter Publications

Psychoanalytic Treatment of Eating Disorders: When Words Fail and Bodies Speak Edited by Tom Wooldridge

Contribution by: A. Winston

Chapter 4: An Island Entire of Itself: Narcissism in Anorexia

Published January 2018 by Routledge

Compiled by Wendy Townsend and Claire Bradley