July 2019

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Coaching Health Care Leaders and Teams in Psychiatry

Author(s): Ahn M.S.; Ziedonis D.

Source: Psychiatric Clinics of North America; 2019

Abstract: Ongoing professional development is essential across the career development life span. Coaching is emerging as an effective intervention to support career, personal, and leadership development of both individuals and teams in health care, given the high levels of volatility, uncertainty, complexity, and ambiguity that our physicians and organizations face. Coaches, in contrast to mentors, avoid giving direct advice to clients, while still providing self-awareness and other-awareness and accountability to their goals. The use of coaches increases the flexibility of supporting our psychiatrists with a team of supporters, distilling the time of busy mentors to advise primarily on their content expertise.

"But I did not touch nobody!" Patients' and nurses' perspectives and recommendations after aggression on psychiatric wards - A qualitative study

Author(s): Vermeulen J.M.; Doedens P.; de Haan L.; Latour C.H.M.; Boyette L.-L.; Spek B.

Source: Journal of advanced nursing; Jun 2019

Abstract: AIMS: To gain a deeper understanding of the differences in patients and staff perspectives in response to aggression and to explore recommendations on prevention. DESIGN: Qualitative, grounded theory study. METHOD(S): We conducted semi-structured interviews with patients and nurses involved in an aggressive incident. Data collection was performed from May 2016 - March 2017. RESULT(S): Thirty-one interviews were conducted concerning fifteen aggressive incidents. Patients and nurses generally showed agreement on the factual course of events, there was variation in agreement on the perceived severity. Patients' recommendations on prevention were mostly personally focussed, while nurses suggested general improvements. CONCLUSION(S): Patients are often capable to evaluate aggression and give recommendations on prevention shortly after the incident. Patients and nurses differ in the perceived severity of aggression. Recommendations on prevention of patients and nurses are complementary. IMPACT: What problem did the study address? Perspectives of patients and nurses differ with respect to aggression, but how is unclear. What were the main findings? Patients and nurses generally described a similar factual course of events concerning the incident, patients often perceive the severity less than nurses. Patients are capable to give recommendations on prevention of aggressive incidents, shortly after the incident. Where and on whom will the research have impact? Factual course of events can be a common ground to start evaluating aggressive incidents and post-incident review should address the severity of incidents. Asking recommendations from patients on how to improve safety and de-escalation can lead to innovative and personal de-escalation strategies and supports patients autonomy.
Linking Cortical and Connectional Pathology in Schizophrenia

Author(s): Di Biase M.A.; Cropley V.L.; Ganella E.P.; Pantelis C.; Zalesky A.; Cocchi L.; Fornito A.; Calamante F.

Source: Schizophrenia bulletin; Jun 2019; vol. 45 (no. 4); p. 911-923

Abstract: Schizophrenia is associated with cortical thickness (CT) deficits and breakdown in white matter microstructure. Whether these pathological processes are related remains unclear. We used multimodal neuroimaging to investigate the relationship between regional cortical thinning and breakdown in adjacent infracortical white matter as a function of age and illness duration. Structural magnetic resonance and diffusion images were acquired in 218 schizophrenia patients and 167 age-matched healthy controls to map CT and fractional anisotropy in regionally adjacent infracortical white matter at various cortical depths. We found a robust and reproducible relationship between thickness and anisotropy deficits, which were inversely correlated across cortical regions ($r = -.5$, $P < .0001$): the most anisotropic infracortical white matter was found adjacent to regions with extensive cortical thinning. This pattern was evident in early (20 y: $r = -.3$, $P = .005$) and middle life (30 y: $r = -.4$, $P = .004$, 40 y: $r = -.3$, $P = .04$), but not beyond 50 years ($P > .05$). Frontal pathology contributed most to this pattern, with cortical thinning in patients compared to controls at all ages ($P < .05$); in contrast to initially elevated frontal white matter anisotropy in patients at 30 years, followed by rapid white matter decline with age (rate of annual decline; patients: 0.0012, controls 0.0006, $P < .001$). Our findings point to pathological dependencies between gray and white matter in a large sample of schizophrenia patients. We argue that elevated frontal anisotropy reflects regionally-specific, compensatory responses to cortical thinning, which are eventually overwhelmed with increasing illness duration.

What format of treatment do patients with emotional disorders prefer and why?
Implications for public mental health settings and policies

Author(s): Osma J.; Gil-Lacruz M.; Peris-Baquero O.; Suso-Ribera C.; Perez-Ayerra L.; Ferreres-Galan V.; Torres-Alfosea M.A.; Lopez-Escriche M.; Dominguez O.

Source: PLoS ONE; Jun 2019; vol. 14 (no. 6)

Available at PLoS ONE - from Europe PubMed Central - Open Access
Available at PLoS ONE - from ProQuest (Health Research Premium) - NHS Version

Abstract: Objective We analyzed the preference of three psychological intervention formats - individual, group, and online-in a sample of 267 patients with a primary diagnosis of emotional disorder in Spanish public mental health settings. Method We studied patients' preferences considering sociodemographic characteristics, diagnoses, history of psychological treatments, number of sessions, and satisfaction with past interventions. Results Most participants (85.4%) preferred psychological treatment in an individual format, 14.2% in group, and 0.4% online. When comparing the people who chose individual and group treatment, no demographic or clinical differences were found. The arguments against group format were the lack of privacy and expression difficulties. Regarding online format, these included being considered impersonal and ineffective. Conclusion The rejection of group and online psychotherapy formats allows us to define the actions we should carry out in public mental health settings to improve the acceptance of more cost-effective therapy formats.
Family Group Conferencing in Coercive Psychiatry: On Forming Partnership Between the Client, Social Networks and Professionals

Author(s): Meijer E.; Schout G.; Abma T.
Source: Issues in mental health nursing; Jun 2019; vol. 40 (no. 6); p. 459-465

Abstract: Family Group Conferencing is a new decision model to assign caring responsibilities among various actors in society, including the client, social networks, and professionals. The process of Family Group Conferencing in coercive psychiatry is delicate; nevertheless, it paves the way for courageous conversation, and it facilitates ownership over the problematic situation and the formation of a partnership. Different actors co-construct an open and new actuality by taking initiative during and after the Family Group Conference, by confronting each other; by sharing information about the situation and so forming a partnership. Family Group Conferencing requires a change in thinking and doing of mental health professionals that is close to nursing; instead of focusing on the treatment of individual clients, they support primary groups to deal with the situation at hand.

Effects of Animal-Assisted Activity on Mood States and Feelings in a Psychiatric Setting

Author(s): Brown S.; Snelders J.; Godbold J.; Moran-Peters J.; Driscoll D.; Donoghue D.; Mathew L.; Eckardt S.
Source: Journal of the American Psychiatric Nurses Association; Jun 2019

Abstract: BACKGROUND: Research has shown that animal-assisted activity (AAA) effectively improves physiological, psychological, emotional, and social well-being in various environments. AIMS: To identify how AAA affects mood states and feelings among both patients and staff on inpatient psychiatric units. METHOD(S): This study used a quasi-experimental, pre-/posttest design with nonequivalent comparison groups. Quantitative data were collected using the Visual Analog Mood Scale. Demographic data, with an open-ended question, were obtained post sessions. RESULT(S): Significant changes were observed pre- and postexposure to AAA sessions with a therapy dog. Negative moods decreased, and positive moods increased as measured by the Visual Analog Mood Scale. Content analysis identified themes of feeling happy, feeling relaxed, and feeling calm. CONCLUSION(S): This research expands scientific evidence associated with AAA by identifying changes in mood states and feelings among individuals in a psychiatric setting.

Reflexivity denied? The emotional and health-seeking resources of men facing disadvantage.

Author(s): Simpson, Paul; Richards, Michael
Source: Sociology of Health & Illness; Jun 2019; vol. 41 (no. 5); p. 900-916

Abstract: Based on focus group discussions of self-generated photographs of individuals aged 19–67 resident in urban Northwest England, this article examines the health narratives of men facing disadvantage because of economic hardship and/or mental health difficulty (mhd). In contrast to stereotypes of men as uncomfortable with emotions linked to vulnerability, we explore how such men can develop within self-help groups the kind of emotional resources that encourage health-seeking behaviours. Our argument contrasts with theories that risk denying/diminishing working-class men's emotional reflexivity or that frame reflexivity (thought
on feelings and behaviour to effect life changes) as individualised and more available to middle-class (younger) men. We argue that participant accounts indicate development of more collective emotional and epistemic resources from a position of subordinated masculinity. This argument challenges stereotypes of working-class men as lacking in knowledge/skill in health and self-care. Collective reflexivity over health/wellbeing was particularly visible in three main accounts that emerged during focus groups: involvement in self-help 'communities of practice', use of local aesthetic spaces and negotiation with/qualified challenge to healthy eating discourse.

Precursors of the emotional cascade model of borderline personality disorder: The role of neuroticism, childhood emotional vulnerability, and parental invalidation

Author(s): DeShong, Hilary L.; Grant, DeMond M.; Mullins-Sweatt, Stephanie N.
Source: Personality Disorders: Theory, Research, and Treatment; Jul 2019; vol. 10 (no. 4); p. 317-329
Available at Personality Disorders: Theory, Research, and Treatment - from ProQuest PsycARTICLES - NHS

Abstract: The emotional cascade model proposes that the emotional instability and engagement in maladaptive behaviors within borderline personality disorder (BPD) may be linked to rumination. Previous research has established that BPD is highly related to neuroticism, childhood emotional vulnerability, and parental invalidation. Therefore, the purpose of the current study was to assess whether the constructs of the emotional cascade model relate to other constructs within the BPD nomological network. More specifically, neuroticism, childhood emotional vulnerability, and parental invalidation should relate to the ruminative process and engagement in maladaptive behaviors as described by the emotional cascade model. The current study investigated the relation between these factors using a cross-lagged panel design with data collected online at 3 time points in a student sample and an Amazon Mechanical Turk sample. Neuroticism predicted rumination 1 month later across both samples and for 3 measures of rumination. Childhood emotional vulnerability and parental invalidation predicted rumination 2 months later for 2 measures of rumination in the student sample only. Future studies should continue to investigate the potential role of personality traits and BPD vulnerability factors within the emotional cascade model.

Predictors of attendance in health and wellness treatment groups for people with serious mental illness

Author(s): Phalen, Peter L.; Muralidharan, Anjana; Travaglini, Letitia; Bennett, Melanie; Stahl, Naomi; Brown, Clayton; Hack, Samantha; Klingaman, Elizabeth A.; Goldberg, Richard
Source: Psychiatric Rehabilitation Journal; Jul 2019

Abstract: Objective: People with serious mental illness have dramatically reduced life expectancy that is largely attributed to elevated rates of chronic medical conditions. Several group interventions have been developed and implemented in recent years to improve health and wellness among people with mental health conditions. Unfortunately, attendance in these interventions is often low, and there is limited understanding of factors that influence patient engagement in this treatment modality. Method: Participants (N = 242) were enrolled in 1 of 2 group-based health and wellness treatment programs. Using descriptive statistics and
regression, we assessed treatment attendance and a range of potential predictors of attendance. Results: We found lower attendance among people who were younger, people with more medical conditions, and people with more emergency room visits in the 6 months prior to the beginning of treatment. Younger age was a particularly strong predictor of low attendance and was the only variable significantly associated with attending zero treatment sessions. Conclusions and Implications for Practice: These results highlight the need for strategies to improve engagement of patients with poorer objective indicators of medical health and patients with younger age.

Impact statement Impact and Implications—Research suggests that health and wellness among people with serious mental health conditions may be improved through participation in empirically validated group-based health and wellness interventions. However, these interventions tend to have low attendance. In this large study, we found lower treatment attendance among people who were younger, people with more medical conditions, and people who used a lot of emergency services. Our research suggests the need for improved strategies to increase treatment attendance by these groups (who may be the most likely to benefit).

Sexual orientation differences in psychological treatment outcomes for depression and anxiety: National cohort study

Author(s): Rimes, Katharine A.; Ion, Denisa; Wingrove, Janet; Carter, Ben
Source: Journal of Consulting and Clinical Psychology; Jul 2019; vol. 87 (no. 7); p. 577-589
Available at Journal of Consulting and Clinical Psychology - from ProQuest PsycARTICLES - NHS

Abstract: Objective: This study investigates whether sexual minority patients have poorer treatment outcomes than heterosexual patients in England’s Improving Access to Psychological Therapies (IAPT) services. These services provide evidence-based psychological interventions for people with depression or anxiety. Method: National routinely collected data were analyzed for a cohort who had attended at least 2 treatment sessions and were discharged between April 2013–March, 2015. Depression, anxiety and functional impairment were compared for 85,831 women (83,482 [97.2%] heterosexual; 1,285 [1.5%] lesbian; 1,064 [1.2%] bisexual) and 47,092 men (44,969 [95.5%] heterosexual; 1,734 [3.7%] gay; 389 [0.8%] bisexual). Linear and logistic models were fitted adjusting for baseline scores, and sociodemographic and treatment characteristics. Results: Compared to heterosexual women, lesbian and bisexual women had higher final-session severity for depression, anxiety, and functional impairment and increased risk of not attaining reliable recovery in depression/anxiety or functioning (aORs 1.3–1.4) and reliable improvement in depression/anxiety or functioning (aORs 1.2–1.3). Compared to heterosexual and gay men, bisexual men had higher final-session severity for depression, anxiety, and functioning and increased risk of not attaining reliable recovery for depression/anxiety or functioning (aORs 1.5–1.7) and reliable improvement in depression/anxiety or functioning (aORs 1.3–1.4). Gay and heterosexual men did not differ on treatment outcomes. Racial minority lesbian/gay or bisexual patients did not have significantly different outcomes to their White lesbian/gay or bisexual counterparts. Conclusions: The reasons for treatment outcome inequities for bisexual patients and lesbian women (e.g., 30–70% increased risk of not recovering) need investigation. Health services should address these inequalities.

Impact statement What is the public health significance of this article?—Lesbian, gay, bisexual, queer, and other sexual minority (LGBQ+) individuals have greater mental health needs than
heterosexual people. This study found that compared to heterosexual patients, bisexual men and women showed less benefit from psychological treatments such as cognitive behavior therapy (CBT). In addition, lesbian women benefitted less than heterosexual women. In line with public health priorities to reduce inequities of health care provision for all, health services need to provide different or additional psychological treatment for bisexual people and lesbian women.

Cognitive-behavioral therapy (CBT) for generalized anxiety disorder: Contrasting various CBT approaches in a randomized clinical trial

Author(s): Stefan, Simona; Cristea, Ioana A.; Szentagotai Tatar, Aurora; David, Daniel
Source: Journal of Clinical Psychology; Jul 2019; vol. 75 (no. 7); p. 1188-1202
Abstract: Objective: Cognitive-behavior therapy (CBT) is considered the "golden standard" psychotherapy for generalized anxiety disorder (GAD) but, at this point, we have little information about differences among various CBT approaches. Method: We conducted a randomized controlled trial to compare three CBT protocols for GAD: (a) Cognitive Therapy/Borkovec’s treatment package; (b) Rational Emotive Behavior Therapy, and (c) Acceptance and Commitment Therapy/Acceptance-based behavioral therapy. A number of 75 patients diagnosed with GAD, aged between 20 and 51 (m = 27.13; standard deviation = 7.50), 60 women and 11 men, were randomized to the three treatment arms. Results: All treatments were associated with large pre-post intervention reductions in GAD symptoms and dysfunctional automatic thoughts, with no significant differences between groups. Correlation analyses showed similar associations between changes in symptoms and changes in dysfunctional automatic thoughts. Conclusions: All three approaches appear to be similarly effective. Implications for the theoretical models underlying each of the three cognitive-behavior therapy approaches are discussed.

From the hospital to the clinic: The impact of mindfulness on symptom reduction in a DBT partial hospital program

Author(s): Mochrie, Kirk D.; Lothes, John; Quickel, Emalee J. W.; John, Jane; Carter, Carlie
Source: Journal of Clinical Psychology; Jul 2019; vol. 75 (no. 7); p. 1169-1178
Abstract: Objective: Preliminarily findings suggest dialectical behavior therapy (DBT)-informed partial hospital (PH) programs can reduce patient symptoms. The present study assessed changes in various mental health symptoms as well as mindfulness skill acquisition in relation to these outcomes in a DBT-informed PH program. Method: Participants included 212 adults, ages 18–66 (Mean = 35.63, Standard Deviation = 12.39). The sample was predominantly female (N = 140, 66.00%) and Caucasian (N = 185, 87.30%). Results: Findings showed significant symptom reduction (i.e., depression, anxiety, hopelessness, and degree of suffering) from intake to discharge. Overall mindfulness skill acquisition significantly increased from intake to discharge, and specific scales of mindfulness acquisition accounted for significant proportions of the variance in symptom reduction for depression and anxiety. Conclusions: Mindfulness skill acquisition may be a mechanism by which DBT impacts symptom reduction in PH settings. Future studies might examine mindfulness practice to determine optimum doses.
Transdiagnostic treatment personalization: The feasibility of ordering unified protocol modules according to patient strengths and weaknesses

Author(s): Sauer-Zavala, Shannon; Cassiello-Robbins, Clair; Ametaj, Amantia A.; Wilner, Julianne G.; Pagan, Danyelle

Source: Behavior Modification; Jul 2019; vol. 43 (no. 4); p. 518-543

Abstract: Most patients in community practice attend significantly fewer sessions than are recommended by treatment protocols that have demonstrated efficacy in addressing emotional disorders. Personalized interventions that target the core processes thought to maintain a wide range of disorders may serve to increase treatment efficiency, addressing this gap. This study sought to evaluate the feasibility and acceptability of the personalized delivery of a mechanistically transdiagnostic intervention, the Unified Protocol (UP) for Transdiagnostic Treatment of Emotional Disorders. Using an AB phase change design in accordance with the single-case reporting guideline for behavioral interventions (SCRIBE), 18 individuals with heterogeneous emotional disorders were randomly assigned to receive UP treatment modules ordered according to either their pretreatment strengths or weaknesses. Results support the feasibility of reordering the treatment modules as the majority of patients presented with marked differences in skill levels, as well as the acceptability of this approach as patients in both conditions reported satisfaction with their assigned treatment order. Furthermore, the majority of patients demonstrated symptom improvement consistent with previously reported effects of the standard-order UP. Finally, there is preliminary evidence to suggest that those in the strengths condition displayed improvements in outcomes earlier in treatment than those in the weaknesses condition. Taken together, these findings offer preliminary support for improving treatment efficiency through the utilization of a personalized, strengths-based, transdiagnostic approach.

International Perspectives on Old Age Psychiatry Training

Author(s): Cheung G.; Bailey A.; Subau D.; Martinez-Ruiz A.

Source: American Journal of Geriatric Psychiatry; Jul 2019; vol. 27 (no. 7); p. 695-705

Abstract: Psychiatry of old age is a psychiatric subspecialty that has been developed in many countries since the 1950s as an attempt to improve the care of older adults with mental health disorders. Psychiatry of old age specialist training programs were subsequently established to develop a medical workforce that has the required competencies to work in this subspecialty. This article describes the psychiatry of old age specialist training programs in Australia, New Zealand, the United Kingdom, and Mexico. These training programs have varying durations, ranging from 1 to 3 years. Although it may not be a mandatory requirement to complete a psychiatry of old age clinical rotation, psychiatry of old age experience and competencies are expected during general psychiatry training. There is generally a lack of opportunity to learn about other clinical specialties relevant to older adults, such as geriatric medicine and neurology. Finally, much work is needed to better coordinate psychiatry of old age specialist training positions, workforce development, and service delivery to ensure there is a sufficient supply of psychiatry of old age specialists to meet the mental health needs of older adults in different countries in the coming years.
Early Clinical Exposure to Geriatric Psychiatry and Medical Students' Interest in Caring for Older Adults: A Randomized Controlled Trial

Author(s): Pokrzywko K.; Torres-Platas S.G.; Nassim M.; Moussa Y.; Moussaoui G.; Rej S.; Bruneau M.-A.; Abdool P.S.; Leon C.; Baici W.; Rajji T.K.; Semeniuk T.; Friedland J.; Nair N.P.V.; Wilkins-Ho M.; Blackburn P.; Looper K.; Segal M.; Woo T.

Source: American Journal of Geriatric Psychiatry; Jul 2019; vol. 27 (no. 7); p. 745-751

Abstract: Objective: In the next 25 years, the population aged 65 and older will nearly double in many countries, with few new doctors wishing to care for older adults. The authors hypothesize that early clinical exposure to elderly patient care could increase student interest in caring for older adults during their future career. Method(s): The authors conducted a pragmatic medical education randomized controlled trial (RCT) at the Jewish General Hospital and the Douglas Mental Health Institute, McGill University, in Montreal, Canada. Third-year medical students undergoing their mandatory 16-week half-time clerkship rotation in psychiatry were randomly assigned to the equivalent of 2-4 weeks of full-time exposure to clinical geriatric psychiatry (n = 84). Result(s): Being randomly assigned to geriatric psychiatry exposure (n = 44 of 84) was associated with increased "comfort in working with geriatric patients and their families" at 16-week follow-up (59.1% versus 37.5%, ch2 (1) = 3.9; p = 0.05). However, there was no significant association found between geriatric psychiatry exposure and change "in interest in caring for older adults," or change in "interest in becoming a geriatric psychiatrist." Conclusion(s): The results of this pragmatic education RCT suggest that exposing third-year medical students to 2-4 weeks of geriatric psychiatry did not increase their interest to care for older adults or become a geriatric psychiatrist. However, it did increase their comfort level in working with older adults and their families. However, more research is necessary to identify potential interventions that could inspire and increase medical student interest in caring for older adults as part of their future careers.

Pragmatic neuroscience for clinical psychiatry

Author(s): Steele J.D.; Paulus M.P.

Source: British Journal of Psychiatry; Jul 2019; vol. 215 (no. 1); p. 404-408

Available at British Journal of Psychiatry - from Cambridge University Press username: Athens Account details password:

Abstract: Mental health and substance use disorders are the leading cause of long-term disability and a cause of significant mortality, worldwide. However, it is widely recognised that clinical practice in psychiatry has not fundamentally changed for over half a century. The Royal College of Psychiatrists is reviewing its trainee curriculum to identify neuroscience that relates to psychiatric practice. To date though, neuroscience has had very little impact on routine clinical practice. We discuss how a pragmatic approach to neuroscience can address this problem together with a route to implementation in National Health Service care. This has implications for altered funding priorities and training future psychiatrists. Five training recommendations for psychiatrists are identified.
Improving the physical health of people with a mental illness: holistic nursing assessments.

Author(s): Tranter, Siobhan; Robertson, Meghan

Source: Mental Health Practice; Jul 2019; vol. 22 (no. 4); p. 34-41

Abstract: People with a mental illness are more susceptible to physical ill health than the general population, which leads to significantly higher mortality rates among this group. Reasons for this include lifestyle factors such as smoking, lack of exercise and poor diet. Inadequate knowledge and skills about physical health among mental health nurses can lead to uncoordinated care and inadequate access to physical health services for people with mental ill health. This article aims to guide nurses to make initial holistic assessments with specific focus on areas of greatest physical disparity: dental health, eye conditions, sexual and reproductive health, smoking, drugs and alcohol, and metabolic syndrome. Relevant screening tools and health resources are explored. If nurses carry out holistic assessments as a basis for care, make appropriate referrals and deliver timely health promotion, physical health outcomes for people with mental illness will improve.

The Phenomenon of "Hearing Voices": Not Just Psychotic Hallucinations—A Psychological Literature Review and a Reflection on Clinical and Social Health.

Author(s): Iudici, Antonio; Quarato, Maria; Neri, Jessica

Source: Community Mental Health Journal; Jul 2019; vol. 55 (no. 5); p. 811-818

Abstract: The phenomenon of hearing voices is currently a much-discussed topic, both in the field of research and in the field of care services. The majority of people who report "hearing voices" do not subsequently receive services or receive a diagnosis of psychopathology. This topic raises questions for professionals in the health field about the lack of tools that can help illuminate the phenomenon. The purposes of this work are (a) to highlight the psychological studies that approach the phenomenon in a non-psychopathological way and (b) to determine which concepts could aid the comprehension of the phenomenon. The method consists of a systematic review of the literature that characterizes the phenomenon of hearing voices from a non-pathological perspective. The literature offers different theoretical approaches to interpret the phenomenon in a way that is not necessarily pathological and presents new tools for examining the phenomenon. For example, a few studies state that it is possible to coexist with voices, while others indicate that it is necessary to know how to manage voices. We highlighted and discussed several concepts that can support doctors, psychiatrists and practitioners in understanding "hearer" patients, particularly attention to the context of belonging, attention to language, and the role of the sense-making process.

Mixed-methods evaluation of an educational intervention to change mental health nurses' attitudes to people diagnosed with borderline personality disorder.

Author(s): Dickens, Geoffrey L.; Lamont, Emma; Stirling, Fiona J.; Mullen, Jo; MacArthur, Nadine

Source: Journal of Clinical Nursing (John Wiley & Sons, Inc.); Jul 2019; vol. 28 (no. 13/14); p. 2613-2623

Available at Journal of Clinical Nursing (John Wiley & Sons, Inc.) - from Unpaywall
Abstract: Aims and objectives: To evaluate and explore mental health nurses’ responses to and experience of an educational intervention to improve attitudes towards people with a diagnosis of borderline personality disorder (BPD). Report findings are concordant with relevant EQUATOR guidelines (STROBE and COREQ). Background: Attitudes towards people with a diagnosis of BPD are poorer than for people with other diagnoses. There is limited evidence about what might improve this situation. One intervention with reportedly good effect uses an underlying biosocial model of BPD. No previous intervention has been co-produced with an expert by experience. We developed and delivered a 1-day intervention comprising these elements. Design: A mixed-methods design was used comprising prospective within-subjects cohort intervention and qualitative elements. Participants were mental health nursing staff working in inpatient and community settings in one NHS Board in Scotland, UK. Methods: Measurement of cognitive and emotional attitudes to people with a diagnosis of BPD at pre- and postintervention (N = 28) and at 4-month follow-up. Focus groups were used to explore participants’ experiences of the intervention (N = 11). Results: Quantitative evaluation revealed some sustained changes consistent with expected attitudinal gains in relation to the perceived treatment characteristics of this group, the perception of their suicidal tendencies and negative attitudes in general. Qualitative findings revealed some hostility towards the underpinning biosocial model and positive appreciation for the involvement of an expert by experience. Conclusions: Sustained benefits of an educational intervention for people working with people diagnosed with BPD in some but not all areas. Participants provided contrasting messages about what they think will be useful. Relevance to clinical practice: The study provides further evidence for incorporation of a biosocial model into staff training as well as the benefits of expert by experience co-production. Mental health nurses, however, believe that more well-resourced services are the key to improving care.

Mental Health Nurses' Knowledge of Entry-to-Practice Competencies in Psychiatric Care.

Author(s): Marcogliese, Emily DeSchiffart; Vandyk, Amanda

Source: Journal of Continuing Education in Nursing; Jul 2019; vol. 50 (no. 7); p. 325-330

Available at Journal of Continuing Education in Nursing - from ProQuest (Health Research Premium) - NHS Version

Abstract: Background: Clinicians working in inpatient psychiatry provide health care to some of the most seriously ill and vulnerable patients with mental illness. Continuing education is a mechanism through which practicing nurses maintain and improve clinical knowledge and skills. This project aimed to assess mental health care-related knowledge and learning needs of nurses working in psychiatry. Method: This cross-sectional survey study used total population sampling. Results: Nurses were the most knowledgeable about direct patient care and felt the least knowledgeable about engaging in service to the public. Participants desired further learning about violent situations. Conclusion: Our results provide insight into the learning needs of nurses working in psychiatry and shed light on areas requiring further investigation into how to best support the competence of nurses working in psychiatry.
Nursing interventions for sexual dysfunction: An integrative review for the psychiatric nurse.

**Author(s):** Cooper, Shane A.; Compton, Peggy A.

**Source:** Archives of Psychiatric Nursing; Aug 2019; vol. 33 (no. 4); p. 389-399

**Abstract:** Sexual dysfunctions are prevalent disorders in psychiatric patients that too often are not addressed by psychiatric-mental health nurses. An integrative review was conducted using PubMed, Joanna Briggs Institute, SCOPUS, PsycINFO and CINAHL databases to evaluate the evidence for independent, nursing interventions for sexual dysfunction across all nursing literature that could be implemented by psychiatric-mental health nurses. Out of 2448 articles, nine papers met inclusion criteria and were synthesized. Best available evidence was found for sexual teaching interventions for female sexual dysfunction. The implications for psychiatric-mental health nursing practice and recommendations for future research are discussed. • A literature review revealed 9 studies on nurse interventions for sexual dysfunction. • Nurse interventions were either educational or counseling in nature. • Best evidence is for nurse face-to-face teaching for female sexual dysfunction. • Psychiatric nurses can use already known skills to address sexual dysfunction.

Self-screening using the Edinburgh post natal depression scale for mothers and fathers to initiate early help seeking behaviours.

**Author(s):** Edward, Karen-leigh; Giandinoto, Jo-Ann; Stephenson, John; Mills, Cally; Mcfarland, Judelle; Castle, David J.

**Source:** Archives of Psychiatric Nursing; Aug 2019; vol. 33 (no. 4); p. 421-427

**Abstract:** The forthcoming birth of a new baby and the life changes that occur can present parents with a range of challenges. While recognised in mothers, postnatal depression is not well researched in fathers; especially considering that up to 25% of men report experiencing depression in the ante and postnatal periods. The aim of this study was to test a self-screening tool and referral pathway pamphlet for expectant women and their partners. We used a single blinded randomised controlled study design. The sample, comprised 70 dyads, was randomised to either care as usual or to the self-screening tool and referral pathway pamphlet intervention. The self-screening tool included the Edinburgh Postnatal Depression Scale (EPDS). Other questionnaires used to survey the dyads were the Kessler Psychological Distress (Kessler-10) and the Maternity Social Support Scale (MSSS). The gender differences in the EPDS, Kessler-10 and MSSS scales are represented by differences of 1.0 points on EPDS, 1.0 points on Kessler-10, fathers were reporting less psychological distress than mothers in all cases. No difference was observed in perceived social support. The attrition between time-points was mostly men. Cultural and socio-demographic factors may affect generalisability of the findings. The self-screening tool and referral pathway pamphlet provided to dyads may have some benefit in assisting couples in the perinatal period to detect and seek help for early symptoms of distress.
Peer support and skills training through an eating club for people with psychotic disorders: A feasibility study

Author(s): Vogel, Jelle Sjoerd; Swart, Marte; Slade, Mike; Bruins, Joanneke; van der Gaag, Mark; Castelein, Stynke

Source: Journal of Behavior Therapy and Experimental Psychiatry; Sep 2019; vol. 64 ; p. 80-86

Abstract: Objective: The HospitalitY (HY) intervention is a novel recovery oriented intervention for people with psychotic disorders in which peer support and home-based skill training are combined in an eating club. A feasibility study was conducted to inform a subsequent randomised trial. Methods: This study evaluated three eating clubs consisting of nine participants and three nurses. Semi-structured interviews and pre- and post-intervention measures (18 weeks) of personal recovery, quality of life and functioning were used to evaluate the intervention. Participants received individual skills training, guided by self-identified goals, while organising a dinner at their home. During each dinner, participants engaged in peer support, led by a nurse. Results: In personal interviews participants reported positive effects on social support, loneliness, and self-esteem. Nurses reported that participants became more independent during the intervention. Participants were satisfied with the HY-intervention (attendance rate = 93%). All were able to organise a dinner for their peers with practical support from a nurse. Pre- and post-intervention measures did not show important improvements. Limitations: Outcome measures were not sensitive to change, likely due to a short intervention period (5 months) and a limited number of participants (N = 9). Using Goal Attainment Scaling to evaluate personal goals turned out to be unfeasible. Conclusions: The HY-intervention is feasible for participants with psychotic disorders. This study refined intervention and research design for the upcoming multicentre randomised controlled trial. We expect that the Experience Sampling Method will be more sensitive to changes in recovery outcomes than regular pre-post intervention measures.

Cognitive rehabilitation for individuals with opioid use disorder: A randomized controlled trial*

Author(s): Rezapour, Tara; Hatami, Javad; Farhoudian, Ali; Sofuoglu, Mehmet; Noroozi, Alireza; Daneshmand, Reza; Samiei, Ahmadreza; Ekhtiari, Hamed

Source: Neuropsychological Rehabilitation; Sep 2019; vol. 29 (no. 8); p. 1273-1289

Abstract: Aim: To examine the efficacy of cognitive rehabilitation treatment (CRT) for people with opioid use disorder who were recruited into a methadone maintenance treatment (MMT) programme. Method: 120 male subjects were randomly assigned to (1) MMT plus CRT in two months or (2) MMT plus a control intervention. Subjects were assessed at the beginning, mid-point and post-intervention as well as at 1-, 3- and 6-month follow-up time points. Results: Analysis with repeated measure ANOVA showed that the CRT group performed significantly better in tests of learning, switching, processing speed, working memory and memory span. Moreover, the CRT group had significantly lower opiate use over the control group during 3-months follow-up. Analysis including only those with a history of methamphetamine use showed that the CRT group had significantly lower amphetamine use. No group differences were observed for treatment retention. Conclusions: Our findings provide evidence that adding CRT as an adjunct intervention to MMT can improve cognitive performance as well as abstinence from both opiates and stimulants.
Clinical characterization of allostatic overload

Author(s): Fava G.A.; Guidi J.; Gostoli S.; Sonino N.; McEwen B.S.; Offidani E.

Source: Psychoneuroendocrinology; Oct 2019; vol. 108 ; p. 94-101

Abstract: Allostatic load reflects the cumulative effects of stressful experiences in daily life and may lead to disease over time. When the cost of chronic exposure to fluctuating or heightened neural and systemic physiologic responses exceeds the coping resources of an individual, this is referred to as "toxic stress" and allostatic overload ensues. Its determination has initially relied on measurements of an interacting network of biomarkers. More recently, clinical criteria for the determination of allostatic overload, that provide information on the underlying individual experiential causes, have been developed and used in a number of investigations. These clinimetric tools can increase the number of people screened, while putting the use of biomarkers in a psychosocial context. The criteria allow the personalization of interventions to prevent or decrease the negative impact of toxic stress on health, with particular reference to lifestyle modifications and cognitive behavioral therapy.

Characterizing the nature of emotional-associative learning deficits in panic disorder: An fMRI study on fear conditioning, extinction training and recall

Author(s): Schwarzmeier, H.; Kleint, N. I.; Wittchen, H. U.; Ströhle, A.; Hamm, A. O.; Lueken, U.

Source: European Neuropsychopharmacology; Dec 2019; vol. 29 (no. 2); p. 306-318

Abstract: Emotional-associative learning represents a translational model for the development, maintenance and treatment of anxiety disorders such as panic disorder (PD). The exact nature of the underlying fear learning and extinction deficits however, remains under debate. Using a three-day paradigm to separate the distinct learning and consolidation processes, we aimed to gain insights into the neurofunctional substrates of altered fear conditioning, extinction training and recall in PD. In contrast to studies employing one-session fear conditioning paradigms, a differential fear conditioning and delayed extinction task was conducted for the purpose of disentangling neural networks involved in fear acquisition, extinction training and recall of extinction memories. Using functional magnetic resonance imaging (fMRI), quality-controlled datasets from 10 patients with PD and 10 healthy controls were available from three consecutive days (day 1: acquisition; day 2: extinction training; day 3: extinction recall) with neutral faces serving as CSs and an aversive auditory stimulus (panic scream) as US. PD patients showed heightened fear circuitry (e.g. right amygdala and left insula) activation during early acquisition and prolonged activation in the right insula, left inferior frontal operculum and left inferior frontal gyrus during extinction recall compared to healthy controls. Stronger neural activation in structures conferring defensive reactivity during early acquisition and extinction recall may indicate the accelerated acquisition of conditioned responses, while extinction recall may be attenuated as a function of PD pathophysiology. Future studies should investigate the predictive value of experimental measures of extinction recall for clinical relapse.
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Written specifically for student nurses as well as those already in practice, *Dimond's Legal Aspects of Nursing* is your essential practical guide to the legal principles you need to be aware of in your everyday nursing practice.

**Mental Capacity Legislation: Principles and Practice – Jacob R**
This book draws on clinical experience, case law and the developing research literature accrued during the six years that the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) have been in effect. It focuses on the theory underpinning the principles of this legislation and the practical challenges of applying it in clinical settings. It also compares and contrasts the remit of the Mental Capacity Act with that of the Mental Health Act. The book is aimed at psychiatrists and other mental health professionals who treat individuals who lack capacity, and also at those called upon to guide and advise colleagues in acute hospitals and residential care settings about the assessment of capacity, DoLS and the appropriate use of best interests principles.
Presenting Your Case: A Concise Guide For Medical Students – Packer C D
Linking in-depth discussion of the oral presentation with differential diagnosis and high value care, Presenting Your Case is a valuable resource for medical students, clerkship directors and others who educate students on the wards and in the clinic.

Taming The Negative Introject – Berman C
In this book, Dr. Carol W. Berman describes how to help patients control the self-sabotaging element of their unconscious minds, often called the punitive superego, the negative introject, or the hurt child. The negative introject can provoke horrendous acts against the self, ranging from suicide and addiction to making hurtful comments to loved ones. The role of the psychotherapist is to make the unconscious conscious, allowing the sufferers to take back control of their actions.

Urban Mental Health – Bhugra D
Part of the Oxford Cultural Psychiatry series, Urban Mental Health brings together international perspectives on urbanisation, its impacts on mental health, the nature of the built environment, and the dynamic nature of social engagement. Containing 24 chapters on key topics such as research challenges, adolescent mental health, and suicides in cities, this resource provides a refreshing look at the challenges faced by clinicians and mental health care professionals today. Emphasis is placed on findings from low- and middle-income countries where expansion is rapid and resources limited bridging the gap in research findings.

EMDR And Dissociation: The Progressive Approach – Gonzalez A
EMDR is a psychotherapeutic approach developed for the treatment of PTSD, meanwhile, practicing clinicians have found the application of EMDR to be useful in treating patients who have experienced emotionally traumatic events, which they described as distinctive of their family-of-origin, their personal life history and their attachment relations. In this book the authors describe some of the basic aspects that therapists must understand in order to adequately apply EMDR in the more severe cases, including dissociative disorders, personality disorders and different types of complex traumatization.

Borderline Personality Disorder and EMDR Therapy – Mosquera D
Borderline Personality Disorder and EMDR proposes a comprehensive framework for working with this complex group of clients. The theoretical background integrates attachment theory, structural dissociation, and the adaptive information processing model. Written in a very practical and clinically oriented style, BPD and EMDR covers different situations such as defensive strategies, unhealthy self-care patterns, rigid core beliefs, emotional dysregulation, self-harming behaviors, and relational problems. Therapists should address these issues in order to prepare clients for effective processing of traumatic memories. Working through the different phases of EMDR is described as a therapeutic alternative for borderline clients.
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