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- Articles
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Longitudinal urgent care psychiatry as a unique access point for underserved patients

Author(s): Kroll D.S.; Wrenn K.; Grimaldi J.A.; Campbell L.; Raynor G.; Dawson M.; Irwin L.; Pires M.; Giacalone P.; Tuohy D.; Fromson J.A.; Gitlin D.F.; Wolfe D.

Source: Psychiatric Services; 2019; vol. 70 (no. 9); p. 837-839

Abstract: Objective: The authors sought to determine whether a walk-in psychiatry model with longitudinal follow-up capability could improve access for patients who traditionally miss appointments. Method(s): An urgent care clinic that offers treatment exclusively on a walk-in basis was opened within an adult psychiatry practice to accommodate patients who missed prior scheduled appointments. Electronic health records for patients who received an initial psychiatry evaluation at the practice during a 6-month period (N=355) were reviewed retrospectively to track the clinic's productivity and patient demographic characteristics. Result(s): Eighty patients (23%) accessed their initial psychiatry encounters through the walk-in clinic. Medicaid recipients (odds ratio [OR]=1.89, 95% confidence interval [CI]=1.10-3.24) and individuals without a college degree (OR=1.86, 95% CI=1.04-3.32) were more likely than patients with other insurance carriers and those with a college degree, respectively, to access care through a walk-in encounter versus a scheduled appointment. Conclusion(s): Longitudinal walk-in psychiatry services can feasibly be offered through the longitudinal urgent care psychiatry model. This model may serve as a unique access point for patients from historically underserved groups.

Affect regulation training reduces symptom severity in depression - A randomized controlled trial

Author(s): Berking M.; Eichler E.; Luhmann M.; Diedrich A.; Hiller W.; Rief W.

Source: PLoS ONE; 2019; vol. 14 (no. 8)

Abstract: Deficits in general emotion regulation skills have been shown to be associated with various mental disorders. Thus, general affect-regulation training has been proposed as promising transdiagnostic approach to the treatment of psychopathology. In the present study, we aimed to evaluate the efficacy of a general affect-regulation as a stand-alone, group-based treatment for depression. For this purpose, we randomly assigned 218 individuals who met criteria for major depressive disorder (MDD) to the Affect Regulation Training (ART), to a waitlist control condition (WLC), or to a condition controlling for common factors (CFC). The primary outcome was the course of depressive symptom severity as assessed with the Hamilton Rating Scale for Depression and the Beck Depression Inventory. Multi-level analyses indicated that participation in ART was associated with a greater reduction of depressive symptom severity than was participation in WLC (d = 0.56), whereas the slight superiority of ART over CFC (d = 0.25) was not statistically significant. Mediation analyses indicated that changes in emotion
regulation skills mediated the differences between ART/CFC and WLC. Thus, the findings provide evidence for enhancing emotion regulation skills as a common mechanism of change in psychological treatments for depression.

**Stuckness in psychiatric practice**

**Author(s):** Wilkinson, Peter J

**Source:** The Mental Health Review; 2019; vol. 24 (no. 3); p. 195-211

Abstract: The purpose of this paper is to introduce and explore stuckness as a felt phenomenon in psychiatric practice in order to stimulate clinicians in mental health settings to be on the lookout for stuckness and on the lookout for unexpected solutions to difficult clinical scenarios. Design/methodology/approach: Signs of stuckness are looked at and then proposed causal factors of stuckness in clinical practice are reviewed. These are divided conceptually into four main groupings: patient factors, clinician factors, service factors and societal factors. Findings: Although clinicians are encouraged to acknowledge when stuckness is present and to try to address possible causes with their patients, clinicians are also advised to work on understanding stuckness as a natural part of creative processes. It is suggested that services should draw on a psychoanalytic ethos to support staff to tolerate and respond to stuckness better. Originality/value: Feeling stuck with patients’ partial recoveries or "revolving door" cycles is uncomfortable. In stretched psychiatric services in particular stuckness may go unnoticed, and instead the difficulty of the work with patients may inadvertently drive therapeutic mania or rejection of the patients, which can lead to harm. This paper offers a simple scheme to use when thinking about stuck patients in the psychiatric setting with the hope that this can stimulate clinicians to search for new creative solutions for patients.

**Impact of moral sensitivity on moral distress among psychiatric nurses.**

**Author(s):** Ohnishi, Kayoko; Kitaoka, Kazuyo; Nakahara, Jun; Välimäki, Maritta; Kontio, Raija; Anttila, Minna

**Source:** Nursing Ethics; Aug 2019; vol. 26 (no. 5); p. 1473-1483

Abstract: Background: Moral distress occurs when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action. Moral distress was found to cause negative feelings, burnout, and/or resignation. Not only external factors such as lack of staff but also internal ones affect moral distress. Moral sensitivity, which is thought of as an advantage of nurses, could effect moral distress, as nurses being unaware of existing ethical problems must feel little distress. Objectives: To examine the impact of moral sensitivity on moral distress among psychiatric nurses, and affirm the hypothesis that nurses with higher moral sensitivity will suffer moral distress more than nurses with less moral sensitivity in two different samples. Ethical consideration: The study obtained ethical approval from the Research Ethics Committee of the Faculty of Medicine at Mie University (# 1111, 20.4.2010), and by the Turku University Ethics Board (29.5.2012). Permissions to undertake the study was obtained from the in two hospital districts and in one city (§ 48/4.10.2012, § 63/4.9.2012, 51/2012 27.8.2012). Informed consent was not formally obtained, because the questionnaire was anonymously reported by the participants who volunteered to answer. The
participants responded voluntarily and anonymously. Methods: An anonymous questionnaire containing the Revised Moral Sensitivity Questionnaire and the Moral Distress Scale for Psychiatric nurses was conducted to 997 nurses in 12 hospitals in Japan, and 974 nurses in 10 hospitals in Finland after obtaining of approval by research ethics committees. Data were analyzed using a multi-group structural equation model analysis. Findings: A set of analyses imply that the association of moral sensitivity with moral distress is significant and similar between Japan and Finland, whereas the factor structures of moral sensitivity and moral distress may be partially different. Discussion: The result of this study may indicate that nurses with high moral sensitivity can sense and identify moral problems, but not resolve them. Therefore, supporting nurses to solve ethical problems, not benumbing them, can be important for better nursing care and prevention of nurses' resignation. Conclusion: Moral sensitivity and moral distress were positively correlated among psychiatric nurses in both Japan and Finland, although the participating nurses from the two countries were different in qualification, age, and cultural background. Nurses with high moral sensitivity suffer from moral distress.

Risk predictions of physical aggression in acute psychiatric wards: Findings of a prospective study.

Author(s): Yalcin, Suna; Bilgin, Hulya
Source: Nursing & Health Sciences; Sep 2019; vol. 21 (no. 3); p. 316-322
Abstract: This study was conducted using prospective methods to analyze predictions of the risk of physical aggression from patients with a mental illness and the variables used in these predictions. A total of 252 individuals participated in the study, all of whom were inpatients in acute psychiatric wards. Data were collected using a questionnaire consisting of two questions designed to determine the nature of predictions of the risk of physical aggression from mental health patients at admission and the variables used to make these predictions. Descriptive statistics and χ2-tests were used for the data analysis. For approximately two thirds of the patients (61.9%, n = 156), a low-level risk was predicted. The rate of patients predicted to demonstrate physical aggression was significantly higher. Nurses were better able to predict non-aggressive behavior than risks of aggressive behavior. To improve the accuracy of predicting which patients with a mental illness will show aggressive behavior, a risk assessment should be conducted during hospitalization. Using a person-centered approach, administrators in psychiatric settings should adopt an integrative perspective, considering individual and environmental factors, via a multi-disciplinary approach.

The Implementation of Dementia Care Mapping in a Randomized Controlled Trial in Long-Term Care: Results of a Process Evaluation

Author(s): Surr C.A.; Griffiths A.W.; Kelley R.; Holloway I.; Walwyn R.E.A.; Farrin A.J.; Martin A.; Mc Dermid J.; Chenoweth L.
Source: American Journal of Alzheimer's Disease and other Dementias; Sep 2019; vol. 34 (no. 6); p. 390-398
Available at American Journal of Alzheimer's Disease & Other Dementias - from Unpaywall
Abstract: This study explored intervention implementation within a pragmatic, cluster randomized controlled trial of Dementia Care MappingTM (DCM) in UK care homes. DCM is a practice development tool comprised of a 5 component cycle (staff briefing, mapping
observed, data analysis and reporting, staff feedback, and action planning) that supports delivery of person-centered care. Two staff from the 31 intervention care homes were trained in DCM and asked to deliver 3 cycles over a 15-month period, supported by a DCM expert during cycle 1. Implementation data were collected after each mapping cycle. There was considerable variability in DCM implementation fidelity, dose, and reach. Not all homes trained 2 mappers on schedule, and some found it difficult to retain mappers. Only 26% of homes completed more than 1 cycle. Future DCM trials in care home settings should consider additional methods to support intervention completion including intervention delivery being conducted with ongoing external support.

How do inpatient psychiatric nurses make sense of and respond to behaviours in dementia? An Interpretative Phenomenological Analysis

Author(s): Fatania, Vidya; De Boos, Danielle; Tickle, Anna; Connelly, David
Source: Aging & Mental Health; Sep 2019; vol. 23 (no. 9); p. 1156-1163

Abstract: Objectives: Existing literature demonstrates that nurses’ understanding of behaviours in dementia influences their responses to persons with dementia. However, there is limited research on the psychological processes involved in how nurses make sense of the behaviours and how these impact on responding, and a dearth of such literature from inpatient acute dementia settings. This study explored how inpatient psychiatric nurses make sense of and respond to behaviours in dementia. Method: This study employed Interpretative Phenomenological Analysis (IPA), a qualitative method that explores in detail how participants make sense of their experiences. Eight inpatient psychiatric nurses were recruited from two inpatient services within a National Health Service Mental Health Trust. Semi-structured interviews were conducted to gain an in depth understanding of their experience. Transcripts of the interviews were then analysed using IPA. Results: Four interrelated themes were identified: ‘Effort to sense make’, ‘Pressures of the organisation’, ‘Balancing personal and professional selves: The underlying emotional connection’; and “Looking back on it...”. Conclusions: The study highlighted that sense making is a dynamic process, which occurs through a range of psychological processes and can change moment by moment dependent on the influences on the nurse. It demonstrated that nurses need to be supported to move flexibly through a range of emotional connections, which were found to underlie the negotiations made at work and influence sense making and responding. Nurses may benefit from space to reflect and formulate their understanding of clients, but further research is required to determine the effectiveness of this.

Lithium continuation therapy following ketamine in patients with treatment resistant unipolar depression: A randomized controlled trial

Author(s): Costi, Sara; Soleimani, Laili; Glasgow, Andrew; Brallier, Jess; Spivack, John; Schwartz, Jaclyn; Levitch, Cara F.; Richards, Samantha; Hoch, Megan; Wade, Elizabeth; Welch, Alison; Collins, Katherine A.; Feder, Adriana; Iosifescu, Dan V.; Charney, Dennis S.; Murrough, James W.
Source: Neuropsychopharmacology; Sep 2019; vol. 44 (no. 10); p. 1812-1819

Abstract: The N-methyl-d-aspartate (NMDA) receptor antagonist ketamine is associated with rapid but transient antidepressant effects in patients with treatment resistant unipolar depression (TRD). Based on work suggesting that ketamine and lithium may share overlapping
mechanisms of action, we tested lithium compared to placebo as a continuation strategy following ketamine in subjects with TRD. Participants who met all eligibility criteria and showed at least an initial partial response to a single intravenous infusion of ketamine 0.5 mg/kg were randomized under double-blind conditions to lithium or matching placebo before receiving an additional three infusions of ketamine. Subsequent to the ketamine treatments, participants remained on lithium or placebo during a double-blind continuation phase. The primary study outcome was depression severity as measured by the Montgomery–Åsberg Depression Rating Scale compared between the two groups at Study Day 28, which occurred ~2 weeks following the final ketamine of four infusions. Forty-seven participants with TRD were enrolled in the study and underwent an initial ketamine infusion, of whom 34 participants were deemed to have at least a partial antidepressant response and were eligible for randomization. Comparison between treatment with daily oral lithium (n = 18) or matching placebo (n = 16) at the primary outcome showed no difference in depression severity between groups (t_{32} = 0.11, p = 0.91, 95% CI [−7.87, 8.76]). There was no difference between lithium and placebo in continuing the acute antidepressant response to ketamine. The identification of a safe and effective strategy for preventing depression relapse following an acute course of ketamine treatment remains an important goal for future studies.

"That little doorway where I could suddenly start shouting out": Barriers and enablers to the disclosure of distressing voices

Author(s): Bogen-Johnston, Leanne; de Visser, Richard; Strauss, Clara; Berry, Katherine; Hayward, Mark

Source: Journal of Health Psychology; Sep 2019; vol. 24 (no. 10); p. 1307-1317

Publication Date: Sep 2019

Publication Type(s): Journal Peer Reviewed Journal Journal Article

PubMedID: 29271247

Available at Journal of Health Psychology - from Unpaywall

Abstract: Hearing distressing voices is a key feature of psychosis. The time between voice onset and disclosure may be crucial as voices can grow in complexity. This study aimed to investigate barriers and enablers to early voice disclosure. In total, 20 voice hearers were interviewed, and Thematic Analysis was used to identify themes. Beliefs about the effect of disclosure on self and others acted as a barrier and enabler to voices being discussed. Voice hearing awareness should be increased among young people, the public, and care services. To support earlier disclosure, measures should be taken to increase skill among those likely to be the recipients of disclosure.

Imaginal retraining reduces alcohol craving in problem drinkers: A randomized controlled trial

Author(s): Moritz, Steffen; Paulus, Alia Marie; Hottenrott, Birgit; Weierstall, Roland; Gallinat, Jürgen; Kühn, Simone

Source: Journal of Behavior Therapy and Experimental Psychiatry; Sep 2019; vol. 64 ; p. 158-166

Abstract: Background and objectives: Retraining, a psychological intervention derived from the approach-avoidance paradigm, has yielded mixed results for the treatment of alcohol use disorder as well as other forms of addiction. The present study investigated the efficacy of an
imaginal variant of retraining that allowed greater personalization of the content. Methods: Within the framework of a randomized controlled trial (RCT), 84 individuals with self-reported alcohol-related problems were recruited over the Internet and allocated to either imaginal retraining (treatment manual dispatched as a pdf-file via email) or a wait-list control group (with care-as-usual). The intervention period was four weeks. Alcohol craving, as measured with a visual analogue scale (VAS), served as the primary outcome. Other emotional (e.g. self-esteem) and drinking-related variables served as secondary outcomes. Results: Both per-protocol (PP) and intention-to-treat (ITT) analyses showed that imaginal retraining led to a significant reduction in alcohol craving compared to the control group at a large effect size. Self-esteem improved in the retraining condition relative to controls in the PP and one of the ITT analyses; 75% of the individuals in the treatment group reported less alcohol consumption in the treatment period, whereas drinking behavior remained essentially unchanged in the control group (p < .001) (the trial was registered at the German Clinical Trials Register, DRKS00015319). Limitations: Whether the effects of imaginal retraining are sustained over time needs to be established. Attrition was significantly higher in the retraining group (40.5%) than in the control group (16.7%). Designs with an active control condition are needed as well as dismantling studies to explore which of the treatment’s multiple components best predicts improvement. Future studies should verify participants’ alcohol consumption levels using objective measures. Conclusion: Imaginal retraining led to significant effects on the reduction of alcohol craving.

A randomized controlled trial of group cognitive remediation therapy for anorexia nervosa: Effects on set-shifting tasks for inpatient adults and adolescents

Author(s): Sproch L.E.; Anderson K.P.; Sherman M.F.; Crawford S.F.; Brandt H.A.

Source: International Journal of Eating Disorders; Sep 2019; vol. 52 (no. 9); p. 1004-1014

Abstract: Objective: The aim of this randomized controlled trial with a parallel design was to evaluate the effect of brief, cognitive remediation therapy (CRT) for anorexia nervosa (AN) on set-shifting. Method(s): Two hundred seventy-five inpatient adults and adolescents with AN (mean age = 23.1; SD = 12.7) were randomly assigned (using simple randomization procedures) to either a CRT or control condition. All participants received treatment as usual; however, the CRT condition completed five CRT group sessions in lieu of other group therapies provided on the unit. Set-shifting abilities were evaluated by: (a) neuropsychological measures and (b) experimental cognitive behavior therapy thought records. Blinding of group assignment occurred during baseline assessment and ended following group commencement. Result(s): Data from 135 CRT and 140 control condition participants were analyzed. On all neuropsychological measures, results revealed no between group condition effects, but did show statistically significant time effects, with medium to large effect sizes. Thought record analysis revealed a significant condition by age interaction effect where adults in the CRT condition generated significantly more alternative thoughts and had stronger believability of alternative thoughts than children, a trend that was not found in the control condition. This yielded moderate to large effect sizes of 0.56 and 0.72, respectively. Discussion(s): Based on traditional neuropsychological measures, these findings do not suggest a differential effect of CRT for AN in the format applied. However, results suggest that CRT may have some increased beneficial cognitive effect for adults, as compared to children, based on thought record analysis.
Treatable clinical intervention targets for patients with schizophrenia

**Author(s):** Freeman D.; Taylor K.M.; Molodynski A.; Waite F.

**Source:** Schizophrenia Research; Sep 2019; vol. 211 ; p. 44-50

Available at [Schizophrenia Research](https://schizophreniaresearchjournal.com) - from Unpaywall

**Abstract:** Background: Treatment approaches for patients with psychosis need major improvement. Our approach to improvement is twofold: target putative causal mechanisms for psychotic experiences that are treatable and also that patients wish treated. This leads to greater treatment engagement and clinical benefit. To inform mental health service provision we assessed the presence of treatable causal mechanisms and patient treatment preferences.

**Method(s):** Patients with non-affective psychosis attending NHS mental health services completed assessments of paranoia, hallucinations, anxious avoidance, worry, self-esteem, insomnia, analytic reasoning, psychological well-being, and treatment preferences.

**Result(s):** 1809 patients participated. Severe paranoia was present in 53.4% and frequent voices in 48.2%. Of the causal mechanisms, severe worry was present in 67.7%, avoidance at agoraphobic levels in 64.5%, analytic reasoning difficulties in 55.9%, insomnia in 50.1%, poor psychological well-being in 44.3%, strongly negative self-beliefs in 36.6%, and weak positive self-beliefs in 19.2%. Treatment target preferences were: feeling happier (63.2%), worrying less (63.1%), increasing self-confidence (62.1%), increasing activities (59.6%), improving decision-making (56.5%), feeling safer (53.0%), sleeping better (52.3%), and coping with voices (45.3%). Patients with current paranoia and/or hallucinations had higher levels of the causal factors and of wanting these difficulties treated.

**Conclusion(s):** Patients with non-affective psychosis have high levels of treatable problems such as agoraphobic avoidance, worry, low self-esteem, and insomnia and they would like these difficulties treated. Successful treatment of these difficulties is also likely to decrease psychotic experiences such as paranoia.

"There is a cat on our ward": Inpatient and staff member attitudes toward and experiences with cats in a psychiatric ward

**Author(s):** Wagner C.; Hediger K.; Lang U.E.

**Source:** International Journal of Environmental Research and Public Health; Sep 2019; vol. 16 (no. 17)

Available at [International Journal of Environmental Research and Public Health](https://www.mdpi.com) - from EBSCO (MEDLINE Complete)

Available at [International Journal of Environmental Research and Public Health](https://www.mdpi.com) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:** The aim of this study was to investigate inpatient and staff member attitudes toward and experiences with ward cats, and identify possible mechanisms for how cats affect patient satisfaction in a psychiatric clinic. Thirty-three inpatients diagnosed with depression or psychosis residing on wards with and without cats and 17 staff members working on wards with cats participated in semi-structured interviews using a cross-sectional study design. Data analysis included descriptive statistics and correlations. The results showed that 17 out of 19 inpatients and all the staff members liked having a cat on their ward. Further, 12 out of 14 inpatients on wards without cats would like having a cat on their ward. Inpatient perceptions of the cat's impact on the ward atmosphere correlated significantly with their emotional relationship with the cat (p = 0.015, r = 0.561), how often they saw the cat (p = 0.002, r = 0.676), and if they liked
cats in general (p = 0.041, r = 0.486). Our results highlight the positive attitudes of inpatients and staff members toward ward cats and the potential of ward cats to enhance patient satisfaction. This influence might be mediated by factors such as the frequency of contact, the relationship between each patient and the cat, and each patient's attitude toward cats in general.

**Mental health specialist video consultations for patients with depression or anxiety disorders in primary care: Protocol for a randomised controlled feasibility trial**

**Author(s):** Tonnies J.; Hartmann M.; Friederich H.-C.; Haun M.W.; Wensing M.; Szecsenyi J.; Icks A.

**Source:** BMJ Open; Sep 2019; vol. 9 (no. 9)

Abstract: Introduction Most people suffering from depression and anxiety disorders are entirely treated in primary care. Due to growing challenges in ageing societies, for example, patients' immobility and multimorbidity, the transition to specialised care becomes increasingly difficult. Although the co-location of general practitioners and mental health specialists improves the access to psychosocial care, integrated in-person approaches are not practical for rural and single-doctor practices with limited personnel and financial resources. Treating primary care patients via internet-based video consultations by remotely located mental health specialists bears the potential to overcome structural barriers and provide low-threshold care. The aim of this randomised controlled feasibility trial is to investigate the feasibility of implementing mental health specialist video consultations in primary care practices. Methods and analysis Fifty primary care patients with significant depression and/or anxiety symptomatology will be randomised in two groups receiving either the treatment as usual as provided by their general practitioner or up to five video consultations conducted by a mental health specialist. The video consultations focus on (1) systematic diagnosis plus proactive monitoring using validated clinical rating scales, (2) the establishment of an effective working alliance and (3) a stepped-care algorithm within integrated care adjusting treatments based on clinical outcomes. We will investigate the following outcomes: effectiveness of the recruitment strategies, patient acceptance of randomisation, practicability of the technical and logistical processes related to implementing video consultations in the practices' workflows, feasibility of the data collection and clinical parameters. Ethics and dissemination This trial has undergone ethical scrutiny and has been approved by the Medical Faculty of the University of Heidelberg Ethics Committee (S-634/2018). The findings will be disseminated to the research community through presentations at conferences and publications in scientific journals. This feasibility trial will prepare the ground for a large-scale, fully powered randomised controlled trial.

**Optimising prescribing for patients with severe mental illness: the need for criteria**

**Author(s):** Carolan A.; Keating D.; Strawbridge J.; Ryan C.

**Source:** Evidence-based mental health; Sep 2019

Abstract: The life expectancy of people with severe mental illness (SMI) is considerably shorter than those without SMI. Multimorbidity and poorer physical health outcomes contribute
significantly to this health inequality. Psychotropic medicines, including antipsychotics, antidepressants, mood stabilisers and anxiolytic medicines, are the mainstay of treatment for SMI, and overall improve life expectancy and quality of life. Optimising medicines is required to ensure adequate control of symptoms while avoiding complications and negative physical health outcomes. Screening tools would offer an opportunity to assist clinicians in decision making and optimising medicines for people with SMI, who are particularly vulnerable to medication-related problems and poorer physical health.

**Occupational Therapy Interventions for Adults Living With Serious Mental Illness.**  
**Author(s):** Griffin Lannigan, Elizabeth; Noyes, Susan  
**Source:** American Journal of Occupational Therapy; Sep 2019; vol. 73 (no. 5); p. 1-5  
**Abstract:** Occupational therapy practitioners have education, skills, and knowledge to provide occupational therapy interventions for adults living with serious mental illness. Evidence-based interventions demonstrate that occupational therapy practitioners can enable this population to engage in meaningful occupations, participate in community living, and contribute to society. Systematic review findings for occupational therapy interventions for adults living with serious mental illness were published in the September/October 2018 issue of the American Journal of Occupational Therapy and in the Occupational Therapy Practice Guidelines for Adults Living With Serious Mental Illness. Each article in the Evidence Connection series summarizes evidence from the published reviews on a given topic and presents an application of the evidence to a related clinical case. These articles illustrate how research evidence from the reviews can be used to inform and guide clinical decision making. Through a case story, this article illustrates how current evidence is applied for effective occupational therapy intervention with an adult living with serious mental illness.

"Keeping Control": A user-led exploratory study of mental health service user experiences of targeted violence and abuse in the context of adult safeguarding in England  
**Author(s):** Carr, Sarah; Trish Hafford-Letchfield; Faulkner, Alison; Megele, Claudia; Gould, Dorothy; Khisa, Christine; Cohen, Rachel; Holley, Jessica  
**Source:** Health & Social Care in the Community; Sep 2019; vol. 27 (no. 5); p. e781  
**Available:** at Health & Social Care in the Community - from Unpaywall  
**Abstract:** The situation for people with mental health problems as a group of disabled people who experience targeted violence and abuse is a complex one. Disabled people, particularly those with mental health problems, are at higher risk of targeted violence and hostility with few effective evidence-based prevention and protection strategies. Achieving effective safeguarding for adults with mental health problems is characterised by differential attitudes to and understandings of abuse by safeguarding practitioners, as well as systemic issues arising from multi-agency working. "Keeping Control" was a 16-month user-led, co-produced exploratory qualitative study into service user experiences of targeted violence and abuse that was examined in the context of Care Act 2014 adult safeguarding reforms in England. User-controlled interviews of mental health service users (N = 23) explored their experiences and concepts of targeted violence and abuse, prevention and protection. Preliminary findings from these interviews were discussed in adult safeguarding and mental health stakeholder and
practitioner focus groups (N = 46). The data were also discussed via two facilitated Twitter chats (responses N = 585 and N = 139). Mental health service users’ experiences and concepts of risk from others, vulnerability and neglect can be different to those of practitioners but should be central to adult safeguarding. Histories of trauma, multi-factorial abuse; living with fear and stigma as well as mental distress; the effects of “psychiatric disqualification” and individual blaming should be addressed in adult safeguarding in mental health. Fragmented responses from services can mean a person becomes "lost in the process". Staff can feel disempowered, afraid or lacking in confidence to "speak up" for individuals in complex service systems with poor communication and lines of accountability. Adult safeguarding practitioners and stakeholders need to be confident, accessible and respond quickly to service users reporting incidents of targeted violence and abuse particularly in closed environments such as wards or supported housing.

The psychosis risk timeline: can we improve our preventive strategies? Part 1: early life

Author(s): Karen Romain Alexandra Eriksson Richard Onyon Manoj Kumar Manoj Kumar

Source: BJPsych Advances, Sept 2019, vol.25 (no.5), p 299

Psychosis is a complex presentation with a wide range of factors contributing to its development, biological and environmental. Psychosis is a feature present in a variety of psychiatric disorders. It is important for clinicians to keep up to date with evidence regarding current understanding of the reasons psychosis may occur. Furthermore, it is necessary to find clinical utility from this knowledge so that effective primary, secondary and tertiary preventative strategies can be considered. This article is the first of a three-part series that examines contemporary knowledge of risk factors for psychosis and presents an overview of current explanations. The articles focus on the psychosis risk timeline, which gives a structure within which to consider key aspects of risk likely to affect people at different stages of life. In this first article, early life is discussed. It covers elements that contribute in the prenatal and early childhood period and includes genetic, nutritional and infective risk factors. LEARNING OBJECTIVES After reading this article you will be able to: • give an up-to-date overview of psychosis risk factors that can affect early life • describe some important genetic risk factors • understand more about the role of environmental factors such as nutrition and infection.

The psychosis risk timeline: can we improve our preventive strategies? Part 2: adolescence and adulthood

Author(s): Karen Romain Alexandra Eriksson Richard Onyon Manoj Kumar Manoj Kumar

Source: BJPsych Advances, Sept 2019, vol.25 (no.5) p 309

Current understanding of psychosis development is relevant to patients' clinical outcomes in mental health services as a whole, given that psychotic symptoms can be a feature of many different diagnoses at different stages of life. Understanding the risk factors helps clinicians to contemplate primary, secondary and tertiary preventative strategies that it may be possible to implement. In this second article of a three-part series, the psychosis risk timeline is again considered, here focusing on risk factors more likely to be encountered during later childhood, adolescence and adulthood. These include environmental factors, substance misuse, and social and psychopathological aspects. LEARNING OBJECTIVES After reading this article you will be able
to: • understanding the range of risk factors for development of psychotic symptoms in young people and adults • understand in particular the association between trauma/abuse and subsequent psychosis • appreciate current evidence for the nature and strength of the link between substance misuse and psychosis

The psychosis risk timeline: can we improve our preventive strategies? Part 3: primary common pathways and preventive strategies

Author(s): Karen Romain Alexandra Eriksson Richard Onyon Manoj Kumar Manoj Kumar

Source: BJPsychAdvances, Sept 2019, vol.25(no.5)p321

Psychosis is a recognised feature of several psychiatric disorders and it causes patients significant distress and morbidity. It is therefore important to keep knowledge of possible risk factors for psychosis up to date and to have an overview model on which further learning can be structured. This article concludes a three-part series. It gives a review of evidence regarding common pathways by which many risk factors come together to influence the development of psychosis and finalises our suggested overview model, a psychosis risk timeline. The three primary pathways considered are based on the major themes identified in this narrative review of recent literature and they focus on neurological, neurochemical and inflammatory changes. We link each back to the factors discussed in the first and second parts of this series that alter psychosis risk through different mechanisms and at different stages throughout life. We then consider and summarise key aspects of this complex topic with the aim of providing current and future clinicians with a model on which to build their knowledge and begin to access and understand current psychosis research and implications for future preventive work.

LEARNING OBJECTIVES After reading this article you will be able to: • give an overview of common pathways thought to link identified risk factors with psychosis development • understand neurochemical, neurostructural and inflammatory changes associated with psychosis • demonstrate increased knowledge of possible preventive strategies

Evaluation of an alternative model for the management of clinical risk in an adult acute psychiatric inpatient unit.

Author(s): Harrington, Allison; Darke, Hayley; Ennis, Gary; Sundram, Suresh

Source: International Journal of Mental Health Nursing; Oct 2019; vol. 28 (no. 5); p. 1099-1109

Abstract: Despite their widespread use, typical visual observation practices are not evidence-based and adverse events – such as self-harm and absconding – still occur even under the most intense forms of observation. This study aimed to (i) develop and implement an engagement-focused systematized model of clinical risk management in an adult acute psychiatric inpatient unit; and (ii) prospectively evaluate its effect on rates of violence, self-harm, absconding, sexually inappropriate behaviour, and seclusion. A new model of engagement-focused clinical risk management was developed using a participatory action research framework and implemented in an adult acute psychiatric inpatient unit. Using a mirror-image design, rates of violence/aggression, self-harm, absconding, sexually inappropriate behaviour, and seclusion were compared before and after implementation, and staff satisfaction levels were measured. The clinical engagement-based model was introduced, and 1087 admissions before implementation (24 months) were compared with 965 admissions post-implementation (18 months). The new model was associated with significantly reduced rates of absconding (pre:
10.5/1000 occupied bed days, 95% CI [9.0, 12.1] compared with post: 6.5/1000 occupied bed days [5.2, 8.1], P < 0.001) and seclusion (pre: 43.7/1000 occupied bed days, 95% CI [40.6, 46.9] compared with post: 30.9/1000 occupied bed days [27.9, 34.1], P < 0.0001). Rates of aggression, deliberate self-harm, and sexually inappropriate behaviour were non-significantly decreased. Findings suggest that this engagement-focused model of clinical risk management in an adult psychiatric inpatient unit significantly reduced adverse patient events and was preferred by staff over current practice. Other psychiatric inpatient facilities may see a reduction in adverse events following the introduction of this well-tolerated risk management model.

Learning from Our Patients: Training Psychiatry Residents in Refugee Mental Health

**Author(s):** Pejic V.; Thant T.; DeJesus J.; Yager J.; Savin D.; Hess R.S.; Cornell S.

**Source:** Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry; Oct 2019; vol. 43 (no. 5); p. 471-479

**Abstract:**OBJECTIVE: Psychiatric residents are increasingly called upon to work cross-culturally, serving diverse populations including refugees. This study aims to (1) understand the training experience of psychiatry residents working with refugees and (2) assess the level of satisfaction of refugees, most of whom are Iraqi, who seek psychological treatment at the University of Colorado Hospital (UCH)'s Refugee Mental Health Program of Colorado (RMHPC). METHOD(S): Using qualitative methodology, over a 1-year period, independent evaluators interviewed a group of nine residents who chose to participate in an RMHPC elective and also interviewed ten Iraqi refugee patients who sought services at the clinic. Recordings of the interviews were transcribed and analyzed using thematic analysis. Emerging themes were identified for both resident and refugee patient interviews. RESULT(S): Five major themes emerged summarizing residents' experiences: (1) adapting practices to meet refugee needs, (2) value of supervision, (3) cultural barriers, (4) need for extra resources, and (5) effect on future practice. Four major themes emerged summarizing Iraqi refugees' experiences: (1) reasons for seeking treatment, (2) barriers to treatment, (3) residents' knowledge of culture and needs, and (4) quality of treatment. CONCLUSION(S): This study's findings highlight the complexities of effectively treating refugee patients and suggest ideas for training residents. Additionally, they offer important frameworks for developing, implementing, and evaluating culturally responsive practices in the context of training psychiatry residents and other mental health professionals. An essential key to this process was giving voice to refugees who accessed and engaged our services.

Transcranial direct current stimulation in patients with obsessive compulsive disorder: A randomized controlled trial

**Author(s):** Bation R.; Mondino M.; Le Camus F.; Saoud M.; Brunelin J.

**Source:** European Psychiatry; Oct 2019; vol. 62 ; p. 38-44

**Abstract:**Background: Obsessive-compulsive disorder (OCD) is a severe mental disorder with poor response to the available treatments. Neuroimaging studies have identified dysfunctions within the orbito-fronto-striato-pallido-thalamic network in patients with OCD. Here, we assessed the efficacy and safety of transcranial direct current stimulation (tDCS) applied with the cathode over the orbitofrontal cortex (OFC) and the anode over the right cerebellum to decrease OCD symptoms in patients with treatment-resistant OCD. Method(s): In a randomized
sham-controlled double-blind study, 21 patients with OCD were assigned to receive ten 20-min sessions (two sessions per day) of either active (2 mA) or sham tDCS. The clinical symptoms were measured using the Yale-Brown Obsessive and Compulsive Scale (YBOCS). Acute effects on the symptoms were measured from baseline to immediately after the 10 tDCS sessions. Long-lasting effects were measured 1 and 3 months after the 10th tDCS session. Result(s): Compared with the sham tDCS, active tDCS significantly decreased OCD symptoms immediately after the 10th tDCS session ($F(1,19) = 5.26, p = 0.03$). However, no significant differences were observed between the active and sham groups in terms of changes in YBOCS score or the number of responders one and 3 months after tDCS. Conclusion(s): Despite significant acute effects, tDCS with the cathode placed over the left OFC and the anode placed over the right cerebellum was not significantly effective in inducing a long-lasting reduction of symptoms in patients with treatment-resistant OCD.

The efficacy and safety of nutrient supplements in the treatment of mental disorders: a meta-review of meta-analyses of randomized controlled trials

Author(s): Firth J.; Sarris J.; Allott K.; Teasdale S.B.; Berk M.; Siskind D.; Marx W.; Cotter J.; Veronese N.; Schuch F.; Smith L.; Solmi M.; Carvalho A.F.; Vancampfort D.; Stubbs B.

Source: World Psychiatry; Oct 2019; vol. 18 (no. 3); p. 308-324

Available at World Psychiatry - from Europe PubMed Central - Open Access
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Abstract: The role of nutrition in mental health is becoming increasingly acknowledged. Along with dietary intake, nutrition can also be obtained from "nutrient supplements", such as polyunsaturated fatty acids (PUFAs), vitamins, minerals, antioxidants, amino acids and pre/probiotic supplements. Recently, a large number of meta-analyses have emerged examining nutrient supplements in the treatment of mental disorders. To produce a meta-review of this top-tier evidence, we identified, synthesized and appraised all meta-analyses of randomized controlled trials (RCTs) reporting on the efficacy and safety of nutrient supplements in common and severe mental disorders. Our systematic search identified 33 meta-analyses of placebo-controlled RCTs, with primary analyses including outcome data from 10,951 individuals. The strongest evidence was found for PUFAs (particularly as eicosapentaenoic acid) as an adjunctive treatment for depression. More nascent evidence suggested that PUFAs may also be beneficial for attention-deficit/hyperactivity disorder, whereas there was no evidence for schizophrenia. Folate-based supplements were widely researched as adjunctive treatments for depression and schizophrenia, with positive effects from RCTs of high-dose methylfolate in major depressive disorder. There was emergent evidence for N-acetylcysteine as a useful adjunctive treatment in mood disorders and schizophrenia. All nutrient supplements had good safety profiles, with no evidence of serious adverse effects or contraindications with psychiatric medications. In conclusion, clinicians should be informed of the nutrient supplements with established efficacy for certain conditions (such as eicosapentaenoic acid in depression), but also made aware of those currently lacking evidentiary support. Future research should aim to determine which individuals may benefit most from evidence-based supplements, to further elucidate the underlying mechanisms.
Preventing and responding to depression, self-harm, and suicide in older people living in long term care settings: a systematic review.

Author(s): Gleeson, Helen; Hafford-Letchfield, Trish; Quaife, Matthew; Collins, Daniela A.; Flynn, Ann

Source: Aging & Mental Health; Nov 2019; vol. 23 (no. 11); p. 1467-1477

Abstract: Objective: The well documented demographic shift to an aging population means that more people will in future be in need of long term residential care. Previous research has reported an increased risk of mental health issues and suicidal ideation among older people living in residential care settings. However, there is little information on the actual prevalence of depression, self-harm, and suicidal behavior in this population, how it is measured and how care homes respond to these issues. Method: This systematic review of international literature addressed three research questions relating to; the prevalence of mental health problems in this population; how they are identified and; how care homes try to prevent or respond to mental health issues. Results: Findings showed higher reported rates of depression and suicidal behavior in care home residents compared to matched age groups in the community, variation in the use of standardised measures across studies and, interventions almost exclusively focused on increasing staff knowledge about mental health but with an absence of involvement of older people themselves in these programmes. Conclusion: We discuss the implications of these findings in the context of addressing mental health difficulties experienced by older people in residential care and future research in this area.

Assessing the special need for protection of vulnerable refugees: testing the applicability of a screening method (RHS-15) to detect traumatic disorders in a refugee sample in Germany.

Author(s): Stingl, Markus; Knipper, Michael; Hetzger, Björge; Richards, Jessica; Yazgan, Bülent; Gallhofer, Bernd; Hanewald, Bernd

Source: Ethnicity & Health; Nov 2019; vol. 24 (no. 8); p. 897-908

Available at Ethnicity & Health - from Unpaywall

Abstract: Objectives: Although EU member states are obligated to take special account of the situation of particularly vulnerable refugees, appropriate and specific measures to detect affected asylum seekers are not yet available. This study tries to pave the way for the implementation of an adequate instrument which at the same time assesses these needs of suffering people whilst responding to the need for mental health assessments specifically designed for refugees. This was done by testing the implementation of a screening method (Refugee Health Screener RHS-15) for trauma related mental health problems in refugees. Design: Two refugee samples in Germany (differing in arrival time: 126 applicants for asylum residing in the initial reception center and 116 living in long term communal accommodations) were assessed with the culturally sensitive Refugee Health Screener (RHS-15) to detect the incidence of mental health problems amongst them. Test fairness, reasonableness, susceptibility, transparency, acceptance, external design, utility and economy of the instrument were examined to check the applicability of the RHS-15 standardization test. Results: The RHS-15 indicates a good practical feasibility as the examination of the focused psychometric characteristics suggests. It became apparent, that implementing a screening procedure depends on political, legal and medical context factors that need to be considered. 2/3 of the participants had a positive screening result, which needs further diagnostic clarification in a second step.
Conclusion: The RHS-15 seems to be practicable, economical, and rapidly deployable for the widespread detection of traumatic disorders in refugees living in Europe. The tool proved useful to aid diagnostic assessments and provide treatment to individuals in need, however the time of examination (resp. the duration of staying in the target land) influences the results.

The crucible of co-production: Case study interviews with Recovery College practitioner trainers.

Author(s): Dalgarno, Mark; Oates, Jennifer

Source: Health Education Journal; Dec 2019; vol. 78 (no. 8); p. 977-987

Abstract: Objectives: This study explored healthcare professionals' accounts of being practitioner trainers in a mental health Recovery College, where they worked with peer trainers, who were people with lived experience of mental illness, to co-produce workshops for mental health service users and staff. The aim of this study was to understand the process of co-production in the Recovery College from the perspective of practitioner trainers. Design: Single-site case study. Setting: A Recovery College in the South of England, open to staff and service users from one mental health care provider organisation. Methods: Semi-structured interviews with eight mental healthcare professionals. Transcripts were thematically analysed. Results: A central image of 'the workshop as crucible' emerged from the three themes derived from the analysis. Co-facilitating the workshop was a 'structured' encounter, within which health professionals experienced 'dynamism' and change. For them, this involved experiences of 'challenge and discomfort'. Conclusion: Findings from this study contribute to the evidence base for the evaluation of Recovery Colleges by focusing on the training impact on staff. Findings suggest that taking on a trainer role in Recovery College co-production is beneficial for healthcare professionals as well as mental health service users, especially if healthcare professionals are open to the dynamism and possible discomfort of these workshop encounters. Future research, however, should expand beyond single-site case studies to test the extent to which this metaphor and themes are appropriate to describing the 'transformative' element of co-production.
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**Clinical Psychology: A Very Short Introduction – Llewelyn S**
In this *Very Short Introduction* Susan Llewellyn and Katie Aafjes-van Doorn provide insights into the world of clinical psychologists and their clients or patients, and cover the range of domains of practice, the difficulties tackled, and the approaches and models used.

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Anxiety And Depression In People With Intellectual Disabilities – Raghavan R
This exciting new handbook draws on the experience of a wide range of authors to present a rich and informative exploration of the nature, manifestation and presentation of anxiety and depression in individuals with intellectual disabilities, and discusses the challenges and obstacles facing those who work with them.
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