March 2020

Library Services
Current Awareness Bulletin
MENTAL HEALTH

This bulletin includes recent articles and reports from selected journals and websites on the topic of Mental Health. This is not an exhaustive list and if you require further information on a specific topic you will need to carry out a full literature search, or ask the Library Services to undertake this for you.
For further information, or to access full text versions of any of the articles included in this bulletin (where links are not available) please do not hesitate to contact the library service:

In this issue

Content Headings:

Articles

Department of Health & Social Care

New Books

Key Journals

Sources for this bulletin include:- Healthcare databases.

You may also wish to look at the following: NHS Evidence www.evidence.nhs.uk
NHS Evidence is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal. It helps people from across the NHS, public health and social care sectors to make better decisions as a result. NHS Evidence is managed by the National Institute for Health and Clinical Excellence (NICE).
Registering for Athens To access the online information resources an Athens password is needed. To register, go to https://register.athensams.net/nhs/

Articles

Health-related Internet use and treatment adherence: A transdiagnostic comparison of outpatients with major depressive disorder and schizophrenia

Author(s): Zavorotnyy M.; Ehrlich F.; Nenadic I.

Abstract: Treatment adherence is relevant for clinical and economic outcome in affective disorders as well as psychosis. Knowledge concerning the disease and its treatment might influence patients' willingness to follow the health-care providers' recommendations and mutual decision-making. In the current study, we investigated how Internet surfing for health-related issues and attitude toward the relevance of the online information impact treatment adherence in major depressive disorder (MDD) and schizophrenia (SZ). A total of 83 outpatients (59 MDD, 24 SZ) participated in a survey. A multiple linear regression model with "exposure,""attitude,""diagnosis," and their interaction as regressors was significant predictive of medication-adherence rating scores, R^2 =.179; 95% CI [0.00, 0.32]. In the MDD group only, more extended exposure to Internet surfing for health-related issues and attribution of higher personal relevance were associated with poorer medication adherence at a statistical trend level, p =.060 and p =.077, respectively. In both groups, being female as well as higher age and intelligence were associated with favorable adherence, p =.003, p =.044, and p =.039, respectively. Considering the limitations (e.g., small sample size), our findings add to previously published data contributing to a better understanding of how Internet use may impact treatment adherence in MDD and schizophrenia.

Bucking the system: Mitigating psychiatric patient rule breaking for a safer milieu

Author(s): Adler R.H.

Abstract: This article examines patients' understandings of rule breaking in the hospital setting. This work is important to inpatient psychiatric nursing because considering patients' perspectives about their own rule breaking can help nurses provide more therapeutic and safer patient care. The study finds that rule breaking behaviors are often a manifestation of patient resistance to institutionalization and loss of power. These behaviors are also related to nursing practice, as patients closely observe staff and look for gaps in the system to get away with or circumvent the rules. These findings suggest rule breaking behaviors can be reduced not by trying to further curtail the patient's autonomy but, rather, by changing the rules and/or how they are administered by staff to accommodate patients' perspectives and needs for freedom. Also, nurses must be clear in communicating with patients about the rationale for rules, and be consistent in how they enforce them.

Patient safety and staff competence in managing challenging behavior based on feedback from former psychiatric patients

Author(s): Tolli S.; Partanen P.; Haggman-Laitila A.; Kontio R.

Abstract: Purpose: This study aimed to describe the perceptions and lived experiences of former psychiatric patients of their own and/or co-patients' behavior that nursing staff has regarded as challenging and that has resulted in behavior management. Design and Methods: An explorative-descriptive qualitative design with video vignettes, semistructured interviews, and abductive content analysis. Finding(s): Many reasons for different kinds of patient behavior that were considered challenging by staff were identified. Delivering care based on patients' needs was identified as core staff competence. Practice Implications: Findings can be utilized when pursuing restraint reduction in psychiatric care by enhancing staff competence.

Facilitating pathways to care: A qualitative study of the self-reported needs and coping skills of caregivers of young adults diagnosed with early psychosis

Author(s): Cheng S.C.; Backonja U.; Walsh E.; Buck B.; Monroe-DeVita M.

Abstract: What is known on the subject?: In clinical psychiatry and mental health nursing practice, family caregivers are known to provide the bulk of care and play an important role in facilitating recovery outcomes for their loved ones diagnosed with psychosis. Providing services and interventions to family caregivers is as important as to patients in the early stage of psychotic experience for having a beneficial impact on the patients' clinical and social outcomes. Limited qualitative research has focused on family caregivers' subjective views of what they need during the critical period to identify early warning signs and connect their loved ones to professional help as they have no prior experience in caring for persons with psychosis. What this paper adds to existing knowledge?: Using qualitative analysis of family caregiver focus groups, this manuscript provides readers in clinical nursing practice with an understanding of family caregivers' lived experiences of supporting their loved one diagnosed with early psychosis. Understanding family caregivers' caregiving unmet needs in supporting their loved one diagnosed with early psychosis could inform both the technology-assisted intervention development and nursing practice in improving family-centred care and facilitate self-management practice. Implications for mental health nursing: Psychiatry and mental health nursing has long been engaged with the health and well-being of individuals with psychosis and supporting their families in the development, evaluation and implementation of innovative approaches to patient and family education. Digital technologies designed to deliver tailored intervention for family caregivers are underdeveloped, and the present study identifies a number of potential features that could comprise technology to meet the needs of this population. Abstract: Introduction Caregivers play a critical role in detecting and managing psychotic symptoms before young people diagnosed with early psychosis present to care. Little is known about the specific needs of caregivers in navigating pathways to care for their loved

one. Aim The purpose of this study was to understand the needs of family caregivers and their ways of coping on the pathway to care for early psychosis. Method Twenty family caregivers of individuals diagnosed with early psychosis participated in three focus groups that explored caregiving needs provision for early psychosis. Thematic analysis was conducted. Results We identified four major themes: education and skill training; raising wider awareness, such as police offers and teachers; adopting technologies for coping; and effective coping strategies. Implications for practice These findings provide important insights into caregiving needs and the ways for nurses to address those needs and better equip carers to recognize early symptoms, monitor behaviour changes and navigate care to support people with first-episode psychosis. Nursing researchers can use the information to develop on-demand and tailored family-centred intervention in addressing caregivers' needs in education, increasing awareness of early psychosis and fostering effective coping strategies.

Managing depressive symptoms in people with mild cognitive impairment and mild dementia with a multicomponent psychotherapy intervention: A randomized controlled trial

Author(s): Tonga J.B.; Korsnes M.S.; Saltyt-Benth J.; Arnevik E.A.; Werheid K.; Ulstein I.D.

Source: International Psychogeriatrics; 2020

Abstract: Objective:To evaluate the feasibility and effectiveness of the CORDIAL program, a psychosocial intervention consisting of cognitive behavioral therapy (CBT), cognitive rehabilitation, and reminiscence to manage depressive symptoms for people with mild cognitive impairment (MCI) or dementia. Design(s):We conducted a randomized controlled trial, based on a two-group (intervention and control), pre-/post-intervention design. Setting(s):Participants were recruited from five different old age psychiatry and memory clinics at outpatients' hospitals. Participant(s):Hundred and ninety-eight people with MCI or early-stage dementia were included. Intervention(s):The intervention group (n = 100) received 11 individual weekly sessions of the CORDIAL program. This intervention includes elements from CBT, cognitive rehabilitation, and reminiscence therapy. The control group (n = 98) received treatment-as-usual.Measurements:We assessed Montgomery-Asberg Depression Rating Scale (MADRS) (main outcome), Neuropsychiatric Inventory Questionnaire, and Quality of Life in Alzheimer's disease (secondary outcomes) over the course of 4 months and at a 10-month follow-up visit. Result(s):A linear mixed model demonstrated that the depressive symptoms assessed by MADRS were significantly more reduced in the intervention groups as compared to the control group (p < 0.001). The effect persisted for 6 months after the intervention. No significant differences between groups were found in neuropsychiatric symptoms or quality of life. Conclusion(s):Our multicomponent intervention, which comprised 11 individual sessions of CBT, cognitive rehabilitation, and reminiscence therapy, reduced depressive symptoms in people with MCI and dementia.

Integrating collaborative/therapeutic assessment of interpersonal functioning into group therapy for veterans with posttraumatic stress disorder

Author(s): Yalch, Matthew M.; Burkman, Kristine M.; Holleran, Lori J.; Karpenko, Susan; Borsari, Brian

Source: Journal of Psychotherapy Integration; Mar 2020

Abstract: Symptoms of posttraumatic stress disorder (PTSD) constitute a common problem among U.S. military veterans. Several empirically supported interventions exist, have been validated for use with veterans diagnosed with PTSD, and have been modified for group format to increase accessibility. However, current theoretical and empirical literature on PTSD and its treatment primarily focus on the diagnostic symptoms of PTSD rather than the interpersonal problems that may be central to the disorder. In this article, we provide preliminary evidence evaluating a new group therapy protocol that addresses interpersonal problems in a sample of veterans seeking treatment for PTSD symptoms (N = 14). Results of a paired t test estimated within a Bayesian model comparison framework indicated that veterans who participated in this group therapy protocol had a medium-sized (d = .43) and clinically significant reduction in PTSD symptoms. Findings highlight the potential utility of implementing such groups for veterans with PTSD symptoms, as well as promising directions for future research.

"My smartphone is an extension of myself": A holistic qualitative exploration of the impact of using a smartphone

Author(s): Harkin, Lydia J.; Kuss, Daria

Source: Psychology of Popular Media; Mar 2020

Abstract:A total of 6 billion people worldwide will be using smartphones in 2020 (Jonsson et al., 2017). The devices pose convenient solutions for leisure and work-related activities (Kuss, 2017). However, psychometric and addiction-based guidelines increasingly align smartphone overuse with technological addictions (Billieux et al., 2015). A more holistic exploration of smartphone use might help to highlight how everyday use interacts with or underpins more addictive forms of behaviors. Thus, this study aimed to explore in-depth experiences of smartphone use to understand from a holistic perspective what the perceptions and experiences of the devices are to smartphone users, using a qualitative focus group study (n = 21, 11 females). Data were analyzed using the constructivist grounded theory. Results indicated smartphones were entwined with users' lives, as they formed an extension of the self. Subcategories highlighted that the devices hold value by externalizing identity, constant connectivity, mediating intimacy, authenticating experiences, and forfeiting agency. In conclusion, the usability of the smartphone may create an interactive relationship with the sense of self. Close relationships with smartphones appear to shape interpersonal relationships. In addition, participants held an expectation that the user has agency over their actions, which is at odds with evidence of unautonomous, compulsive behaviors. Regarding the study's public significance, this false perception of control may pose challenges for interventions that aim to reduce problematic smartphone use. Further research should contrast user perceptions using real-time smartphone data to understand the degree of true insight users have over their own behaviors.
Impact statementPublic Policy Relevance Statement: The present study explored how everyday smartphone use holistically impacts the lives of people using them. We found that smartphones can be considered an extended part of "the self," infiltrating personal identities, romantic and social relationships, professional settings, and how authentic people perceive their everyday activities to be. To build a better understanding of how to support healthy smartphone use, our study highlights that the simulative positive elements of smartphone use need to be considered in research and clinical contexts together with, rather than in contrast to, potential problematic uses of the devices.

Modeling the suicidal behavior cycle: Understanding repeated suicide attempts among individuals with borderline personality disorder and a history of attempting suicide

Author(s): Kuehn, Kevin S.; King, Kevin M.; Linehan, Marsha M.; Harned, Melanie S.

Available at Journal of consulting and clinical psychology - from Unpaywall

Abstract: Objective: Suicide remains a leading cause of death in the United States, and recent reports have suggested the suicide rate is increasing. One of the most robust predictors of future suicidal behavior is a history of attempting suicide. Despite this, little is known about the factors that reduce the likelihood of reattempting suicide. This study compares theoretically derived suicide risk indicators to determine which factors are most predictive of future suicide attempts. Method: We used data from a randomized, controlled trial comparing 3 forms of dialectical behavior therapy (DBT; Linehan et al., 2015). Participants (N = 97, mean age = 30.3 years, 100% female, 71% White) met criteria for borderline personality disorder and had repeated and recent self-injurious behavior. Assessments occurred at 4-month intervals throughout 1 year of treatment and 1 year of follow-up. Time-lagged generalized linear mixed models (GLMMs) were used to evaluate relationship satisfaction, emotion dysregulation, and coping styles as predictors of suicide attempts. Results: Both univariate and multivariate models suggested that higher between-person variance in problem-focused coping and lack of access to emotion regulation strategies were weakly associated with additional suicide attempts over the 2-year study. Within-person variance in the time-lagged predictors was not associated with subsequent suicide attempts. Conclusions: Among individuals with a recent suicide attempt, problem-focused coping and specific deficits in emotion regulation may differentiate those likely to reattempt from those who stop suicidal behavior during and after psychotherapy. These results suggest that treatments for recent suicide attempters should target increasing problem-focused coping and decreasing maladaptive emotion regulation skills.

Impact statementWhat is the public health significance of this article?: Suicide is a complex public health problem, and researchers are unable to reliably predict when suicide attempts are likely to occur. Results from this study suggest that some of the risk factors studied to date explain differences between people who continue to be at high-risk for suicide, but individual deviations in these risk factors do not prospectively predict suicide attempts.

A comparison of self-harm presentations to emergency services: Nonsuicidal self-injury versus suicide attempts

Author(s): Chartrand, Hayley; Tefft, Bruce; Sareen, Jitender; Hiebert-Murphy, Diane; Katz, Laurence Y.; Kim, Huntae; Bolton, James M.

Abstract: Background: In the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, the distinction between nonsuicidal self-injury (NSSI) and suicide attempts (SA) is highlighted in the section of conditions for further study. Aims: The objective of this study was to examine the correlates of people who presented to emergency departments (ED) with NSSI compared with those who presented with SA and no self-harm or suicidal ideation (no SH or SI). Method: Data came from 4,772 presentations to ED of tertiary care hospitals in Manitoba, Canada, between January 2009 and June 2012. Chart reviews were conducted for presentations with NSSI (n = 158), and a sample of SA (n = 172) and no SH or SI (n = 173). Results: NSSI was associated with

borderline personality traits/disorders, previous history of SH, and aggression/impulsivity compared with no SH or SI. SA was associated with a lower likelihood of adjustment disorder (OR = 0.58; 95 % CI [0.34, 0.99]) and previous history of NSSI (OR = 0.30; 95 % CI [0.17, 0.53]) compared with NSSI. Limitations: A limitation of this study is its cross-sectional design. Conclusion: Given the distress associated with NSSI, the findings highlight the need for treatment plans that address all those who present to ED with SH regardless of intent.

A qualitative exploration of service users' and staff members' perspectives on the roles of inpatient settings in mental health recovery

Author(s): De Ruysscher C.; Vandevelde S.; Tomlinson P.; Vanheule S.

Available at International journal of mental health systems - from ProQuest (Health Research Premium) - NHS Version

Abstract: Background: Today, international mental health care increasingly focuses on creating recovery-oriented systems of support. This study aims to unravel the daily practice of an inpatient psychiatric ward that engages with persons with complex mental health needs. Method(s): 17 in-depth interviews were conducted with patients and staff of the ward. Data was analyzed by means of thematic analysis. Result(s): Three important functions of the ward were identified in the participants' experiences. First, it functions as an asylum, a safe environment where patients can 'simply be'. Second, the ward is experienced as a particularizing space, as support is organized in an individualized way and patients are encouraged to reconnect with their own identity. Third, the ward functions as a transitional space towards a valuable community life, in which finding adequate housing is of central importance. Conclusion(s): The results show that inpatient forms of support tally with personal and social dimensions of recovery and fulfill important roles in recovery-oriented systems of support.

Obsessive-compulsive symptoms in eating disorders: A network investigation

Author(s): Meier M.; Kossakowski J.J.; Jones P.J.; McNally R.J.; Kay B.; Riemann B.C.

Available at International Journal of Eating Disorders - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Objective: Eating disorders (EDs) are complex, heterogeneous, and severe psychiatric syndromes. They are highly comorbid with obsessive-compulsive disorder (OCD) which exacerbates the course of illness and impedes treatment. However, the direct functional relations between EDs and OCD symptoms remain largely unexplored. Hence, using network analysis, we investigated the relationship between ED and OCD at the level of symptoms in a heterogeneous clinical sample. Method(s): We used cross sectional data of 303 treatment-seeking patients with clinically relevant ED and OCD pathology. We constructed a regularized partial correlation network that featured both ED and OCD symptoms as nodes. To determine each symptom's influence, we calculated expected influence (EI) as an index of symptom centrality (i.e., "importance"). Bridge symptoms (i.e., symptoms from one syndromic cluster that have strong connections to symptoms of another syndromic cluster) were identified by computing bridge expected influence metrics. Result(s): Fear of weight gain and dietary restraint were especially important among the ED symptoms. Interference due to obsessions was the key

feature of OCD. ED and OCD clustered distinctly with few potential bridges between clusters. Discussion(s): This study underscores the importance of cognitive symptoms for both ED and OCD although direct functional links between the two clusters are missing. Potentially, a network incorporating nodes capturing features of personality may account for diagnostic comorbidity better than specific symptoms of EDs or features of OCD do.

Effectiveness of midwife-led brief counseling intervention on post-traumatic stress disorder, depression, and anxiety symptoms of women experiencing a traumatic childbirth: A randomized controlled trial

Author(s): Asadzadeh L.; Jafari E.; Kharaghani R.; Taremian F.

Source: BMC Pregnancy and Childbirth; Mar 2020; vol. 20 (no. 1)

Available at BMC pregnancy and childbirth - from ProQuest (Health Research Premium) - NHS Version

Abstract: Background: This study investigated the effectiveness of brief midwife-led counseling based on Gamble and colleagues' approach in decreasing post-traumatic stress disorder, depression, and anxiety symptoms among a group of women who had experienced a traumatic childbirth. Method(s): From among 270 pregnant women screened to participate in the study, 90 women experienced a traumatic childbirth. They were randomly assigned into two groups: intervention (n = 45) and control group (n = 45). We did a face-to-face counseling session within 72 h after giving birth and a telephone counseling session four to 6 weeks after giving birth for the intervention group. The control group only received the postnatal routine care. The outcome measures were post-traumatic stress disorder, depression, and anxiety symptoms. Result(s): At the three-month follow-up, the intervention group showed significantly higher improvement on post-traumatic stress disorder, depression, and anxiety symptoms compared to the control group. Conclusion(s): Gamble and colleagues' midwife-led brief counseling could be an effective approach to reduce psychological distress of women who have experienced a traumatic childbirth.

Feeling safe with patient-controlled admissions: A grounded theory study of the mental health patients' experiences

Author(s): Ellegaard T.; Bliksted V.; Lomborg K.; Mehlsen M.

Source: Journal of clinical nursing; Mar 2020

Available at Journal of clinical nursing - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:AIM: This study aimed to develop a grounded theory of the patients' experiences with patient-controlled admission BACKGROUND: Research indicates a potential for involving patients in mental health care, but there is a need to develop and investigate new approaches in health services. Patient-controlled admission is an option for patients with severe mental disorders to refer themselves for a brief hospital admission when needed and thus avoid the usual admission procedure DESIGN: Classic grounded theory with generation of a theory based on the constant comparative method for data collection and analysis. METHOD(S): Field observations and interviews with 26 mental health patients. The COREQ checklist was followed. RESULT(S): We found that patient-controlled admission induced safety by providing faster access to help and thus preventing further deterioration of symptoms. Being self-determined,

achieving calmness, and receiving care with support and guidance from professionals during admission contributed to the sense of safety. The familiarity with the mental health professionals in their related units supported the patients in managing their situation. On the other hand, feelings of being overlooked by the professionals and experiencing uncertainty could undermine patients' feeling of safety. CONCLUSION(S): We demonstrate that safety is a focal point for patients when receiving help and support in mental health care. Patient-controlled admission can induce a feeling of safety both at the hospital and at home. Patients' self-determination is strengthened, and brief admissions give them an opportunity to handle what they are currently struggling with. Professionals can support patients in this, but their actions can also reduce patients' feeling of safety. RELEVANCE TO CLINICAL PRACTICE: Patient involvement can be introduced in psychiatry, and even severely ill patients seem to be able to assess their own condition. Feasibility may, however, be associated with the attitude and behavior of the professionals in clinical practice.

Just say N$_2$O-nitrous oxide misuse: Essential information for psychiatrists

Author(s): Sheldon R.J.G.; Reid M.; Schon F.; Poole N.A.

Source: BJPsych Advances; Mar 2020; vol. 26 (no. 2); p. 72-81

Available at BJPsych Advances - from Cambridge University Press

Abstract: Nitrous oxide (N2O) misuse is widespread in the UK. Although it is well-known that it can cause devastating myeloneuropathy, psychiatric presentations are poorly described. There is little understanding of who it affects, how it presents, its mechanism of action and principles of treatment. We begin this article with a case study. We then review the literature to help psychiatrists understand this area and deal with this increasing problem, and make diagnosis and treatment recommendations. We describe a diagnostic pentad of weakness, numbness, paraesthesia, psychosis and cognitive impairment to alert clinicians to the need to urgently treat these patients. Nitrous oxide misuse is a pending neuropsychiatric emergency requiring urgent treatment with vitamin B12 to prevent potentially irreversible neurological and psychiatric symptoms.

The effect of dialectical behaviour therapy in autism spectrum patients with suicidality and/or self-destructive behaviour (DIASS): Study protocol for a multicentre randomised controlled trial

Author(s): Huntjens A.; Van Der Gaag M.; Kerkhof A.; Huibers M.J.H.; Van Den Bosch L.M.C.W.; Sizoo B.

Source: BMC Psychiatry; Mar 2020; vol. 20 (no. 1)

Available at BMC psychiatry - from Europe PubMed Central - Open Access

Available at BMC psychiatry - from ProQuest (Health Research Premium) - NHS Version

Abstract: Background: Many persons with autism spectrum disorder (ASD) are treated in long-term specialised care. In this population, suicidal behaviour troubles patients, families, and specialists in the field because it is difficult to treat. At present, there is no documented effective therapy for suicidal behaviour in ASD (Autism Research 7:507-521, 2014; Crisis 35:301-309, 2014). Dialectical Behaviour Therapy (DBT) is an efficacious treatment programme for chronically suicidal and/or self-harm behaviour in patients with Borderline Personality Disorder (J Psychiatry 166:1365-1374, 2014; Linehan MM. Cognitive behavioural therapy of borderline

personality disorder. 1993). This study will evaluate the efficacy of DBT in persons with ASD and suicidal/self-destructive behaviour in a multicentre randomised controlled clinical trial. Method(s): One hundred twenty-eight persons with autism and suicidal and/or self-harming behaviour will be recruited from specialised mental healthcare services and randomised into two conditions: 1) the DBT condition in which the participants have weekly individual cognitive behavioural therapy sessions and a 2.5 h skills training group session twice per week during 6 months, and 2) the treatment as usual condition which consists of weekly individual therapy sessions of 30-45 min with a psychotherapist or social worker. Assessments will take place at baseline, at post-treatment (6 months), and after a follow-up period of 12 months. The mediators will also be assessed at 3 months. The primary outcome is the level of suicidal ideation and behaviour. The secondary outcomes are anxiety and social performance, depression, core symptoms of ASD, quality of life, and cost-utility. Emotion regulation and therapeutic alliance are hypothesised to mediate the effects on the primary outcome. Discussion(s): The results from this study will provide an evaluation of the efficacy of DBT treatment in persons with ASD on suicidal and self-harming behaviour. The study is conducted in routine mental health services which enhances the generalisability of the study results to clinical practice.

Proceedings of the 2019 Annual Meeting of the Fetal Alcohol Spectrum Disorders Study Group

Author(s): Hamilton D.A.; Mooney S.M.; Petrenko C.L.M.; Hamre K.M.

Source: Alcohol (Fayetteville, N.Y.); Mar 2020

Abstract: The 2019 Fetal Alcohol Spectrum Disorders Study Group (FASDSG) meeting was entitled "Computational Approaches to Studying Behavioral Control and Individual Change." The theme was reflected in the presentations of two keynote speakers: A. David Redish, Ph.D. who spoke about computational psychiatry and vulnerabilities in decision-making processes, and Kevin Grimm, Ph.D. who spoke about contemporary machine learning approaches to studying individual change. The conference presented updates from three government agencies, and short presentations by junior and senior investigators showcasing late-breaking FASD research. The conference was capped by H. Eugene Hoyme, M.D., FACMG, FAAP, the recipient of the 2019 Henry Rosett award for career-long contributions to the field.

Community treatment orders and associations with readmission rates and duration of psychiatric hospital admission: A controlled electronic case register study

Author(s): Barkhuizen W.; Cullen A.E.; McGuire P.; Patel R.; Shetty H.; Pritchard M.; Stewart R.

Source: BMJ Open; Mar 2020; vol. 10 (no. 3)

Available at BMJ open - from Europe PubMed Central - Open Access

Available at BMJ open - from ProQuest (Health Research Premium) - NHS Version

Abstract: Objectives Limited evidence is available regarding the effect of community treatment orders (CTOs) on mortality and readmission to psychiatric hospital. We compared clinical outcomes between patients placed on CTOs to a control group of patients discharged to voluntary community mental healthcare. Design and setting An observational study using deidentified electronic health record data from inpatients receiving mental healthcare in South London using the Clinical Record Interactive Search (CRIS) system. Data from patients discharged

between November 2008 and May 2014 from compulsory inpatient treatment under the Mental Health Act were analysed. Participants 830 participants discharged on a CTO (mean age 40 years; 63% male) and 3659 control participants discharged without a CTO (mean age 42 years; 53% male). Outcome measures The number of days spent in the community until readmission, the number of days spent in inpatient care in the 2 years prior to and the 2 years following the index admission and mortality. Results The mean duration of a CTO was 3.2 years. Patients receiving care from forensic psychiatry services were five times more likely and patients receiving a long-acting injectable antipsychotic were twice as likely to be placed on a CTO. There was a significant association between CTO receipt and readmission in adjusted models (HR: 1.60, 95% CI 1.42 to 1.80, p<0.001). Compared with controls, patients on a CTO spent 17.3 additional days (95% CI 4.0 to 30.6, p=0.011) in a psychiatric hospital in the 2 years following index admission and had a lower mortality rate (HR: 0.66, 95% CI 0.50 to 0.88, p=0.004). Conclusions Many patients spent longer on CTOs than initially anticipated by policymakers. Those on CTOs are readmitted sooner, spend more time in hospital and have a lower mortality rate. These findings merit consideration in future amendments to the UK Mental Health Act.

A qualitative exploration of service users' and staff members' perspectives on the roles of inpatient settings in mental health recovery

Author(s): De Ruysscher C.; Vandevelde S.; Tomlinson P.; Vanheule S.

Source: International Journal of Mental Health Systems; Mar 2020; vol. 14 (no. 1)

Available at International journal of mental health systems - from Europe PubMed Central - Open Access

Available at International journal of mental health systems - from ProQuest (Health Research Premium) - NHS Version

Abstract: Background: Today, international mental health care increasingly focuses on creating recovery-oriented systems of support. This study aims to unravel the daily practice of an inpatient psychiatric ward that engages with persons with complex mental health needs. Method(s): 17 in-depth interviews were conducted with patients and staff of the ward. Data was analyzed by means of thematic analysis. Result(s): Three important functions of the ward were identified in the participants' experiences. First, it functions as an asylum, a safe environment where patients can 'simply be'. Second, the ward is experienced as a particularizing space, as support is organized in an individualized way and patients are encouraged to reconnect with their own identity. Third, the ward functions as a transitional space towards a valuable community life, in which finding adequate housing is of central importance. Conclusion(s): The results show that inpatient forms of support tally with personal and social dimensions of recovery and fulfill important roles in recovery-oriented systems of support.

Prevalence, clinical correlates of suicide attempt and its relationship with empathy in patients with schizophrenia

Author(s): Wang, Wenjia; Zhou, Yongjie; Wang, Jiesi; Xu, Hang; Wei, Shuochi; Wang, Dongmei; Wang, Li; Zhang, Xiang Yang

Source: Progress in Neuro-Psychopharmacology & Biological Psychiatry; Apr 2020; vol. 99

Abstract: Objectives: Previous studies have shown that cognitive impairment plays a key role in suicide, an important factor leading to premature death in schizophrenia (SCZ) patients.

Empathy has received extensive attention recently; however, the relationship of empathy with suicide in schizophrenia is still unknown. The main aim of this study was to investigate the prevalence of suicide attempts and its association with empathy and other characteristics in Chinese chronic SCZ patients. Methods: The suicide attempt data, together with demographic characteristics and clinical variables were collected from 627 chronic inpatients with schizophrenia. We utilized the Positive and Negative Syndrome Scale (PANSS) for the psychopathological symptoms, and the Interpersonal Reactivity Index (IRI) for affective and cognitive empathy in this study. Results: We found a suicide attempt rate of 11.3% in chronic SCZ patients. Compared to non-attempters, suicide attempters were more likely to be women, had younger age and higher education levels, as well as higher positive symptoms and depressive factor score, but lower negative symptoms of PANSS (all $p < .05$). Moreover, after controlling the confounding factors, suicide attempters scored higher in Personal Distress subscale of IRI ($F_{1, 455} = 5.446$, $p = .020$) than non-attempters. Conclusions: The prevalence of suicide attempt is high in chronic SCZ patients. Its risk factors include some demographic and clinical variables. Moreover, suicide attempters experienced stronger personal distress, suggesting that stronger empathy may be a risk factor of suicide.

Estimation of equable scale scores and treatment outcomes from patient- and clinician-reported PTSD measures using item response theory calibration

Author(s): Morgan-López, Antonio A.; Saavedra, Lissette M.; Hien, Denise A.; Killeen, Therese K.; Back, Sudie E.; Ruglass, Lesia M.; Fitzpatrick, Skye; López-Castro, Teresa; Patock-Peckham, Julie A.

Available at Psychological Assessment - from ProQuest PsycARTICLES - NHS

Abstract: Across multiple RCTs, discrepancies between patient and clinician reports of PTSD symptoms are at least a partial contributing factor to large discrepancies between treatment outcome effect sizes from self-report and clinician reports within the same patients. Using secondary data from the NIDA-funded Women and Trauma Study, we demonstrated Common Persons Item Response Theory (IRT) Calibration for calibrating self-reported and clinician-reported PTSD severity scores in a manner similar to the process used to produce equated scores across multiple forms of standardized tests (e.g., SAT, GRE). Under IRT calibration, treatment effect sizes between the CAPS and MPSS-SR did not differ, while with the noncalibrated measures, the CAPS effect size was 85% larger than the MPSS-SR. Further, across the range of a combined CAPS/MPSS-SR gold standard, IRT-calibrated CAPS and MPSS-SR individual scores did not differ; for uncalibrated individual scores, MPSS scores were higher than CAPS scores at higher levels of PTSD severity while the reverse was true at lower levels of severity. The use of IRT calibration approaches for calibrating self-report and clinical interview measures of PTSD will allow treatment researchers to reflect the treatment effect on PTSD as a construct (regardless of reporter) as opposed to being limited to reporting treatment effects that may be discrepant within patients and specific to the particular assessment measure being employed.

l Impact statementPublic Significance Statement: We demonstrated the application of Common Persons Item Response Theory (IRT) Calibration of self-reported and clinician-reported PTSD severity scores using data from the NIDA-funded Women and Trauma Study. The use of IRT

approaches to calibrate self-report and clinical interview measures of PTSD will allow treatment researchers to better reflect treatment effects on PTSD as a construct, regardless of reporter.

The effectiveness of eye movement desensitization and reprocessing toward anxiety disorder: A meta-analysis of randomized controlled trials

Author(s): Yunitri, Ninik; Kao, Ching-Chiu; Chu, Hsin; Voss, Joachim; Chiu, Huei-Ling; Liu, Doresses; Shen, Shu-Tai H.; Chang, Pi-Chen; Kang, Xiao Linda; Chou, Kuei-Ru

Abstract: Background: Eye Movement Desensitization and Reprocessing (EMDR) has been well established as an effective treatment for post-traumatic stress disorder (PTSD). However, PTSD has been re-categorized as part of trauma and stressor-related disorders instead of anxiety disorders. We conducted the first meta-analysis on Randomized Controlled Trials to evaluate the effectiveness of EMDR on reducing symptoms of anxiety disorders. Methods: A manual and systematic search using various databases and reference lists of systematic review articles published up to December 2018 was conducted. The symptoms of anxiety, phobia, panic, traumatic feelings and behaviors/somatic symptoms were examined. Hedges' g effect sizes were computed, and random effect models were used for all analyses. Results: A total of 17 trials with 647 participants were included in this meta-analysis. EMDR was associated with a significant reduction of anxiety (g = −0.71; 95% CI: −0.96 to −0.47), panic (g = −0.62; 95% CI: −1.10 to −0.14), phobia (g = −0.45; 95% CI: −0.81 to −0.08), behavioural/somatic symptoms (g = −0.40; 95% CI: −0.63 to −0.12), but not traumatic feelings (g = −0.48; 95% CI: −1.14 to −0.18). Subgroup analysis revealed greater effects of EMDR if compared to passive control. However, the effects were not significantly different based on the duration, number of therapy sessions, or the number of weekly sessions. Conclusions: Our meta-analysis indicates that EMDR is efficacious for reducing symptoms of anxiety, panic, phobia, and behavioural/somatic symptoms. Further research is needed to explore EMDR's long term efficacy on anxiety disorders.

Better Health Choices: Feasability and preliminary effectiveness of a peer delivered healthy lifestyle intervention in a community mental health setting

Author(s): Kelly, Peter J.; Baker, Amanda L.; Fagan, Naomi L.; Turner, Alyna; Deane, Frank; McKetin, Rebecca; Callister, Robin; Collins, Clare; Ingram, Isabella; Wolstencroft, Keren; Townsend, Camilla; Osborne, Briony A.; Zimmermann, Adam

Abstract: Background: To reduce smoking and improve other health behaviours of people living with severe mental illness, healthy lifestyle interventions have been recommended. One approach to improving the availability of these types of interventions is to utilise the mental health peer workforce. The current study aimed to evaluate the feasibility of peer-workers facilitating a telephone delivered healthy lifestyle intervention within community based mental health settings. The study also examined preliminary outcomes of the intervention. Methods: The study was conducted as a randomised controlled feasibility trial. In addition to treatment as usual, participants randomised to the Treatment Condition were offered BHC. This was an 8-session telephone delivered coaching intervention that encouraged participants to decrease their smoking, increase their intake of fruit and vegetables, and reduce their leisure screen time. Participants in the waitlist Control Condition continued to complete treatment as usual. All

participants were engaged with Neami National, an Australian community mental health organisation. Peer-workers were also current employees of Neami National. Results: Forty-three participants were recruited. The average number of sessions completed by participants in the Treatment Condition was 5.7 (SD = 2.6; out of 8-sessions). Seventeen participants (77%) completed at least half of the sessions, and nine participants (40%) completed all eight sessions. Participant satisfaction was high, with all participants followed up rating the quality of the service they received as 'good' or 'excellent'. When compared to the Control Condition, people in the Treatment Condition demonstrated greater treatment effects on smoking and leisure screen time. There was only a negligible effect on servings of fruit and vegetable. Conclusions: Results were promising regarding the feasibility of peer-workers delivering BHC. Good retention rates and high consumer satisfaction ratings in the Treatment Condition demonstrated that peer-workers were capable of delivering the intervention to the extent that consumers found it beneficial. The current results suggest that a sufficiently powered, peer delivered randomised controlled trial of BHC is warranted.

Wearable sensor-based detection of stress and craving in patients during treatment for substance use disorder: A mixed methods pilot study

Author(s): Carreiro S.; Chapman B.; Chintha K.K.; Shrestha S.; Indic P.; Smelson D.

Abstract: Aims: To determine the accuracy of a wearable sensor to detect and differentiate episodes of self-reported craving and stress in individuals with substance use disorders, and to assess acceptability, barriers, and facilitators to sensor-based monitoring in this population. Method(s): This was an observational mixed methods pilot study. Adults enrolled in an outpatient treatment program for a substance use disorder wore a non-invasive wrist-mounted sensor for four days and self-reported episodes of stress and craving. Continuous physiologic data (accelerometry, skin conductance, skin temperature, and heart rate) were extracted from the sensors and analyzed via various machine learning algorithms. Semi-structured interviews were conducted upon study completion, and thematic analysis was conducted on qualitative data from semi-structured interviews. Result(s): Thirty individuals completed the protocol, and 43 % (N = 13) were female. A total of 41 craving and 104 stress events were analyzed. The differentiation accuracies of the top performing models were as follows: stress vs. non-stress states 74.5 % (AUC 0.82), craving vs. no-craving 75.7 % (AUC 0.82), and craving vs. stress 76.8 % (AUC 0.8). Overall participant perception was positive, and acceptability was high. Emergent themes from the exit interviews included a perception of connectedness and increased mindfulness related to wearing the sensor, both of which were reported as helpful to recovery. Barriers to engagement included interference with other daily wear items, and perceived stigma. Conclusion(s): Wearable sensors can be used to objectively differentiate episodes of craving and stress, and individuals in recovery from substance use disorder are accepting of continuous monitoring with these devices.

A network analysis of hoarding symptoms, Saving and acquiring motives, and comorbidity

Author(s): Timpano K.R.; Bainter S.A.; Goodman Z.T.; Tolin D.F.; Steketee G.; Frost R.O.

Abstract: Hoarding disorder is marked by strong attachments to everyday objects, extreme difficulties discarding, and impairing levels of clutter. We examined the associations between hoarding symptoms and associated clinical features using network analysis in a large sample of individuals with established hoarding disorder (n = 217) and matched healthy controls (n = 130). Network nodes included the three core features of hoarding (difficulties discarding, clutter, and acquiring), along with comorbid symptoms, impairment, and saving and acquiring motives. Models showed hoarding and comorbid symptoms as separate syndromes. Healthy and patient networks differed significantly in both global network strength and structure. For the hoarding patient network, the comorbidity and hoarding clusters were connected by acquiring and anxiety, which served as bridge symptoms. Clutter was the only hoarding node associated with impairment. Hoarding beliefs were not central to the model, and only difficulties discarding was associated with saving and acquiring motives, including emotional attachment and wastefulness beliefs. Our findings indicate that the network approach to mental disorders provides a new and complementary way to improve our understanding of the etiological model of hoarding, and may present novel hypotheses to examine in treatment development research.

Neuman Systems Model With Depressed Patients: A Randomized Controlled Trial

Author(s): Basogul C.; Buldukoglu K.

Source: Nursing science quarterly; Apr 2020; vol. 33 (no. 2); p. 148-158

Abstract: To determine the effect of the coping with depression program, based on the Neuman systems model, on the coping strategies, self-esteem, and depression levels of depressed patients, a randomized controlled study was conducted. Two groups-intervention and control-were formed in the study. For the intervention group, individual psychoeducation based on the Neuman systems model and involving cognitive behavioral therapy techniques (coping with depression program) was administered at six sessions. Psychoeducation based on the Neuman systems model was effective in decreasing the level of depression, increasing the level of self-esteem, increasing problem-solving skills, encouraging individuals to seek social support for coping strategies, and decreasing the use of avoidance strategy.

Mental health nurses' experience of physical health care and health promotion initiatives for people with severe mental illness

Author(s): Lundstrom S.; Jormfeldt H.; Skarsater I.; Hedman Ahlstrom B.

Source: International journal of mental health nursing; Apr 2020; vol. 29 (no. 2); p. 244-253

Available at International journal of mental health nursing - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Health care for people with severe mental illness is often divided into physical health care and mental health care despite the importance of a holistic approach to caring for the whole person. Mental health nurses have an important role not only in preventing ill health, but also in promoting health, to improve the overall health among people with severe mental illness and to develop a more person-centred, integrated physical and mental health care. Thus, the aim of this study was to describe mental health nurses' experiences of facilitating aspects that promote physical health and support a healthy lifestyle for people with severe mental illness. Interviews were conducted with mental health nurses (n = 15), and a qualitative content analysis was used to capture the nurse's experiences. Analysis of the interviews generated three

categories: (i) to have a health promotion focus in every encounter, (ii) to support with each person's unique prerequisites in mind and (iii) to take responsibility for health promotion in every level of the organization. The results show the importance of a health promotion focus that permeates the entire organization of mental health care. Shared responsibility for health and health promotion activities should exist at all levels: in the person-centred care in the relation with the patient, embedded in a joint vision within the working unit, and in decisions at management level.

Cognitive behavioural family intervention for people diagnosed with severe mental illness and their families: A systematic review and meta-analysis of randomized controlled trials

Author(s): Ma C.F.; Chan S.K.W.; Lee E.H.M.; Chen E.Y.H.; Chien W.T.; Bressington D.; Mui E.Y.W.

Source: Journal of psychiatric and mental health nursing; Apr 2020; vol. 27 (no. 2); p. 128-139

Available at Journal of psychiatric and mental health nursing - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:WHAT IS KNOWN ON THE SUBJECT?: Cognitive behavioural therapy for psychosis (CBTp) and family intervention (FI) for psychosis are effective evidence-based interventions, but they are practically difficult to be implemented in many clinical settings. The CBTp and FI approaches have been integrated to form cognitive behavioural family intervention (CBFI). This brief intervention may be more feasible to implement in clinical practice. A few individual studies reported the effectiveness of CBFI, but no systematic review and meta-analysis have been conducted. WHAT THE PAPER ADDS TO EXISTING KNOWLEDGE: CBFI was effective for reducing overall positive and negative symptoms immediately following the intervention. Compared to CBTp, the intervention seems to be more effective to reduce delusions. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: The results of this review suggest that the brief CBFI is an effective family-inclusive intervention that could be integrated into clinical practice. Mental health nurses with adequate training and support may implement and develop CBFI to improve the recovery of people diagnosed with SMI and support their families. Abstract Introduction Cognitive behavioural family intervention (CBFI) may be an effective brief psychosocial intervention for people diagnosed with severe mental illness (SMI) and their families. No systematic review has summarized the effectiveness of CBFI. Aim This review aimed to systematically examine the trial evidence of the effectiveness of CBFI versus treatment as usual (TAU) on improving the outcomes of people diagnosed with SMI and their families. Method Eligible randomized controlled trials were identified from nine databases. Three investigators independently took part in selection of articles, data extraction and risk assessment. Pooled treatment effects were computed using random-effects models. Results Four studies consisting of 524 participants were included. The risk of bias was low-unclear in most areas. The pooled CBFI effect on four service user outcomes including overall positive symptoms, delusions, overall negative symptoms and general psychopathology was significantly improved at post-treatment, compared with TAU, whereas effects on hallucinations and insight were equivocal. Discussion The findings reveal that CBFI is superior to TAU in treating positive and negative symptoms immediately following the intervention. Implications for Practice Mental health nurses may practise CBFI to enrich the psychiatric nursing service and promote nurse-led intervention. However, there is currently no substantial evidence that the intervention is effective over the longer term.

The use of positive behaviour support plans in mental health inpatient care: A mixed methods study

Author(s): Clark L.L.; Lekkai F.; Barley E.A.; Murphy A.; Perrino L.; Bapir-Tardy S.

Abstract:WHAT IS KNOWN ON THE SUBJECT?: There is a drive to use positive and proactive approaches to mental health care to reduce the use of restrictive practices such as seclusion and restraint. Positive behaviour support plans have been used successfully to do this in learning disability services, and in England, it is now a regulatory requirement that anyone with challenging behaviour should have an individualized behaviour support plan. However, positive behaviour support plans specifically have not been evaluated as part of routine mental health care and mental health nurses' and relatives' attitudes towards them are unknown. WHAT THIS PAPER ADDS TO EXISTING KNOWLEDGE?: This evaluation of positive behaviour support plans in routine mental health inpatient care found that they had not been widely implemented or completed as intended. Barriers to the use of the plans included confusion among nurses and relatives around the principles of positive behaviour support, including how, when and for whom the plans should be used, difficulties in being able to describe the function of a patient's behaviour and lack of engagement with relatives and patients. Nevertheless, nurses and relatives valued the plans, in particular for their potential to facilitate holistic care. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: To use the plans successfully, mental health nurses will need training to understand fully the rationale behind the positive behaviour support approach and will need to engage more with relatives and patients. Commitment to the approach from the whole care team and organization will be needed to implement the plans consistently for all patients. Abstract Introduction An international drive is to minimize restrictive practices in mental health care. Positive behaviour support plans (PBSPs) help staff prevent behaviour which would require restrictive intervention. Originating in learning disability services, data within mental health care are limited. Aims To evaluate PBSPs within a mental health inpatient service; understand mental health nurses' and relatives' attitudes to them; and understand the barriers and facilitators for their use in routine mental health care. Methods Mixed methods-quality ratings and interviews with relatives and nurses. Results Positive behaviour support plans were poorly implemented. Relatives and nurses valued the potential of PBSPs to facilitate holistic care, though no relative had contributed to one and not every eligible patient had one. Barriers to their use included confusion around positive behaviour support, including how, when and for whom PBSPs should be used, and difficulties describing the function of a behaviour. Discussion The potential of PBSPs to improve mental health care is recognized. However, there are barriers to their use which should be addressed to ensure that PBSPs have been properly implemented before their impact on patient care can be assessed. Implications for practice Mental health professionals implementing PBSPs should engage with relatives and patients, gain organizational commitment and ensure that those involved understand fully the positive behaviour support approach.

Mental health nurses' understandings and experiences of providing care for the spiritual needs of service users: A qualitative study.

Author(s): Elliott, Ruth; Wattis, John; Chirema, Kathleen; Brooks, Joanna

Source: Journal of Psychiatric & Mental Health Nursing (John Wiley & Sons, Inc.); Apr 2020; vol. 27 (no. 2); p. 162-171

Available at Journal of Psychiatric and Mental Health Nursing - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Accessible Summary: What is known on the subject?: Addressing spiritual issues to maintain a sense of hope, meaning and purpose can be an important aspect of mental health care which goes beyond simply providing facilities for religious observance. Expressions of spiritual need from service users can potentially be confused with symptoms of mental ill health. Little is known about how mental health nurses understand or provide this aspect of care for service users. What the paper adds to existing knowledge?: An understanding from the mental health nurse perspective of how mental health nurses understand and care for service users' spiritual needs, and what influences their practice in this area.Ideas about how education and opportunities for good practice in this area might be advanced. What are the implications for practice?: Nurses need more education and guidance as well as supportive team and management cultures so that they feel comfortable and able to deliver this important aspect of care. Introduction: Mental health nurses have a professional obligation to attend to service users' spiritual needs, but little is known about specific issues related to provision of care for spiritual need faced by mental health nurses or how nurses understand this aspect of care and deliver it in practice. Aim/Question: To explore mental health nurses″ understandings of spiritual need and their experiences of delivering this care for service users. Method: A qualitative study was conducted in one NHS mental health service. Interviews were undertaken with seventeen mental health nurses practising in a variety of areas. Results: Four themes were generated from thematic analysis of data in the template style: Expressing personal perspectives on spirituality; Expressing perspectives on spirituality as a nursing professional; Nursing spiritually; and Permeating anxiety (integrative). Discussion: Participants had complex understandings of spiritual need and evident anxieties in relation to this area of care. Two different approaches to nursing spiritually are characterised as (a) pragmatic (concerned with procedural aspects of care) and (b) spiritually empathetic. Mental health nurses were uncertain about the acceptability of attention to spiritual issues as part of care and anxious about distinguishing between symptoms of mental ill health and spiritual needs. Implications for practice: Educational experiences need to emphasise both pragmatic and empathetic approaches, and work needs to be organised to support good practice.

When it's at: An examination of when cognitive change occurs during cognitive therapy for compulsive checking in obsessive-compulsive disorder

Author(s): Radomsky, Adam S.; Wong, Shiu F.; Giraldo-O'Meara, Martha; Dugas, Michel J.; Gelfand, Laurie A.; Myhr, Gail; Schell, Sarah E.; Senn, Jessica M.; Shafran, Roz; Whittal, Maureen L.

Source: Journal of Behavior Therapy and Experimental Psychiatry; Jun 2020; vol. 67

Abstract: Background and objectives: The cognitive theory of compulsive checking in OCD proposes that checking behaviour is maintained by maladaptive beliefs, including those related to inflated responsibility and those related to reduced memory confidence. This study examined

whether and when specific interventions (as part of a new cognitive therapy for compulsive checking) addressing these cognitive targets changed feelings of responsibility and memory confidence. Methods: Participants were nine adults with a primary or secondary diagnosis of OCD who reported significant checking symptoms (at least one hour per day) on the Yale-Brown Obsessive-Compulsive Scale. A single-case multiple baseline design was used, after which participants received 12 sessions of cognitive therapy. From the start of the baseline period through to the 1 month post-treatment follow-up assessment session, participants completed daily monitoring of feelings of responsibility, memory confidence, and their time spent engaging in compulsive checking. Results: Results revealed that feelings of responsibility significantly reduced and memory confidence significantly increased from baseline to immediately post-treatment, with very high effect sizes. Multilevel modelling revealed significant linear changes in feelings of responsibility (i.e., reductions over time) and memory confidence (i.e., increases over time) occurred following the sessions when these were addressed. Finally, we found that improvements in these over the course of the treatment significantly predicted reduced time spent checking. Limitations: The small sample size limits our ability to generalize our results. Conclusions: Results are discussed in terms of a focus on the timing of change in cognitive therapy.

Impact of integrating psychiatric assessment officers via telepsychiatry on rural hospitals' emergency revisit rates

Author(s): Maeng D.; Richman J.H.; Lee H.B.; Hasselberg M.J.

Source: Journal of Psychosomatic Research; Jun 2020; vol. 133

Abstract: Objective: To assess the impact of integrating Psychiatric Assessment Officers (PAO) and telepsychiatry in rural hospitals on their all-cause emergency department (ED) revisit rates. As a pilot project, a full-time PAO was embedded in each of three rural hospitals in New York State and was augmented by telepsychiatry. Method(s): A retrospective data analysis using ED census data obtained from the hospitals. The intervention group, defined as those patients treated by PAOs, was compared via a difference-in-difference method against a contemporaneous comparison group defined as those who visited the same EDs and had PAO-qualifying behavioral health diagnoses but were not seen by PAOs. Result(s): The intervention group was associated with an approximately 36% lower all-cause ED revisit rate during the first 90-day period (i.e. 1-90 days) following the initial PAO treatment (p = .003). A reduction of the similar magnitude (44%) persisted into the subsequent 90-day period (i.e., 91-180 days since the initial PAO treatment; p < .001). Conclusion(s): The PAO telepsychiatry pilot program suggests a potential way to provide relief for overburdened EDs in rural communities that lack resources to treat patients with severe behavioral health symptoms.

Real-world social support but not in-game social support is related to reduced depression and anxiety associated with problematic gaming

Author(s): Tham S.M.; Ellithorpe M.E.; Meshi D.

Source: Addictive Behaviors; Jul 2020; vol. 106

Abstract: Playing video games can become problematic, interfering with gamers' daily functioning. This problematic gaming is associated with negative mental health outcomes, such as depression and anxiety. Social support, provided in the real-world, can protect against mental

health disorders such as depression and anxiety. However, previous research on gaming has found that real-world social support for gamers often decreases, while within-game social support increases. Importantly, it is currently unknown whether in-game social support can replace real-world social support in protecting problematic gamers from symptoms of depression and anxiety. To address this, we conducted an online survey (n = 361), recruiting participants from both a general university population and an online campus gaming (E-sports) group. We collected measures of problematic gaming, depression, anxiety, and both real-world and in-game social support, and then conducted a path analysis. In line with previous research, problematic gaming was significantly associated with decreased real-world social support and increased in-game social support. However, only real-world social support was then associated with reduced depression and anxiety, while in-game social support was unrelated to both. Problematic gaming also retained a significant direct effect on depression and anxiety. Maintaining real-world social support should be encouraged in the face of problematic gaming behaviors.

Remembering the past to live better in the future: A feasibility randomised controlled trial of memory specificity training for motivation in psychosis

Author(s): Edwards C.J.; Garety P.A.; Hardy A.

Source: Journal of Behavior Therapy and Experimental Psychiatry; Sep 2020; vol. 68

Abstract: Background and objectives: People with a diagnosis of psychosis often experience low motivation and reduced activity levels. Autobiographical memory deficits have been identified in people with psychosis and this may limit the role of memory retrieval in supporting motivation. This pilot study adapted a recently developed protocol, Memflex, which aims to enhance autobiographical memory and has shown promise in depression. Our brief intervention targets experiential negative symptoms of psychosis using supported autobiographical memory retrieval. Method(s): A sample of 31 participants with psychosis were recruited from inpatient and community settings and randomised in a 2:1 ratio to either a basic recall control or an enhanced recall intervention group. Participants were asked to generate positive autobiographical memories linked to activities they wish to repeat in the future. The enhanced recall condition received additional prompts from the Memflex protocol, and the basic recall condition received no additional support. Result(s): The intervention delivered was acceptable (rated >80%) and feasible (94% adherence) to those who took part. Participants were able to generate positive autobiographical memories linked to their goals and experienced appropriate emotions linked to these. The controlled preliminary effect sizes (0.2-0.34) showed encouraging signals for self-efficacy, motivation and a reduction in negative mood. Limitation(s): As this was a pilot study with a small sample size between-group tests of statistical significance were not conducted, and therefore findings should be interpreted with caution. Conclusion(s): These findings suggest that guided autobiographical memory retrieval may be an effective way tool for targeting motivation in people with psychosis.

Mothers' and fathers' lived experiences of postpartum depression and parental stress after childbirth: A qualitative study

Author(s): Johansson, Maude; Benderix, Ylva; Svensson, Idor

Source: International Journal of Qualitative Studies on Health and Well-being; Dec 2020; vol. 15 (no. 1)

Abstract: Purpose: The study aims are to explore the lived experiences of mothers and fathers of postpartum depression and parental stress after childbirth. Methods: Qualitative interviews conducted, and analysed from an interpretative phenomenological analysis (IPA) perspective. Results: Both mothers and fathers described experiences of inadequacy, although fathers described external requirements, and mothers described internal requirements as the most stressful. Experiences of problems during pregnancy or a traumatic delivery contributed to postpartum depression and anxiety in mothers and affected fathers' well-being. Thus, identifying postpartum depression with the Edinburgh Postnatal Depression Scale, mothers described varying experiences of child health care support. Postpartum depression seemed to affect the spouses' relationships, and both mothers and fathers experienced loneliness and spouse relationship problems. Experiences of emotional problems and troubled upbringing in the parents' family of origin may contribute to vulnerability from previous trauma and to long-term depressive symptoms for mothers. Conclusions: The findings of this study demonstrate the significant impact of postpartum depression and parental stress has in parents' everyday lives and on the spouse relationship. These results support a change from an individual parental focus to couples' transition to parenthood in child health care.

" ... I felt completely stranded": liminality and recognition of personhood in the experiences of suicidal women admitted to psychiatric hospital

Author(s): Hagen J.; Loa Knizek B.; Hjelmeland H.

Source: International journal of qualitative studies on health and well-being; Dec 2020; vol. 15 (no. 1); p. 1731995

Abstract: Purpose: The purpose of this study is to explore how patients experience their suicidality and how they experience being in a psychiatric hospital. Method(s): This is part of a field study, and the article is based on data collected in interactions with 11 women who were admitted to a psychiatric hospital and were struggling with suicidality. Data were collected through interviews, conversations, and participatory observation. We analysed the data by means of Systematic Text Condensation, followed by a deductive process where the data and preliminary findings were interpreted in light of the theory of liminality. Result(s): We found that the patients' experiences of suicidality and being a patient in a psychiatric acute ward involve "Liminality and weakened sense of personhood," and from their perspective, "Recognition of personhood" is an important aspect of care. Conclusion(s): Our study indicates that suicidality and psychiatric hospitalization involve liminality and weakened sense of personhood, aspects that are important to consider in the care of the patients. Professionals need to acknowledge more the importance of recognition of personhood in care, since this can strengthen the patient's self-worth and empower the person. Lack of recognition may increase the patient's suffering and suicidality.

Department of Health & Social Care

Press release

New advice to support mental health during coronavirus outbreak

People struggling with their mental health during the coronavirus (COVID-19) outbreak will be offered additional online support and practical guidance to help them cope.

https://www.gov.uk/government/news/new-advice-to-support-mental-health-during-coronavirus-outbreak

News story

£1 million for innovative student mental health projects

Funding will target students who might be at greater risk of mental ill health or face barriers to getting support.

https://www.gov.uk/government/news/1-million-for-innovative-student-mental-health-projects

Books

Psychology And Sociology Applied To Medicine: An Illustrated Colour Text 4th Edition – Abraham C

Now in its fourth edition, this definitive and popular introduction to human behaviour in the context of health and illness includes three new chapters, many new contributors and a new co-editor. It is arranged in nine sections to cover the core concepts of psychology and sociology as they apply to medicine.

This Book Will Change Your Mind About Mental Health – Filer N

A journey into the heartland of psychiatry.
This book debunks myths, challenges assumptions and offers fresh insight into what it means to be mentally ill.
And what it means to be human.

Cognitive Behavioural Therapy For Adolescents And Young Adults: An Emotion Regulation Approach – Howells L

"Dr Howells's new book, and method, reimagines CBT for the next generation. Grounded in fine-grain, intelligent clinical practice and expertise, the innovative techniques described here focus on developing a can-do mentality in young people – crucially, helping them reframe their 'symptoms' as normal responses to the developmental challenges of life. On the basis of cutting-edge psychological science, and with many clear case examples, Dr Howells tilts CBT on its axis to show how young people can understand their feelings, harness their latent abilities, and take back control of their futures

Low Intensity Cognitive Behaviour Therapy: A Practitioner's Guide – Papworth M

This is the essential book for any health professionals whose role incorporates low intensity CBT. It introduces readers to the principles and skills of cognitive behaviour therapy, and guides them through the entire process of working with adult patients with common mental health problems

Dementia Reconsidered, Revisted; The Person Still Comes First – Kitwood

"This important book does three things. It brings to a new generation the insight and vision of Tom Kitwood. It highlights the remarkable progress we have made in recent years. But most important of all it reminds us what still needs to be done if we are to fully respect the rights of people with dementia and their family care-givers. Kitwood inspired Alzheimer's Society to knit together research, care, and societal change. We are now re-inspired to make sure all progress

is evidenced and evaluated for its impact. We must realise the enormous opportunities the digital age offers people affected by dementia but in doing so constantly listen to and learn from their many and varied voices across nations and cultures."

Facts And Fictions In Mental Health – Arkowitz H

Written in a lively and entertaining style, Facts and Fictions in Mental Health examines common conceptions and misconceptions surrounding mental health and its treatment. Each chapter focuses on a misconception and is followed by a discussion of related findings from scientific research.

Women's Voices In Psychiatry: A Collection Of Essays – Rands G

Women's Voices in Psychiatry: A Collection of Essays examines the role of women in psychiatry and shares some of their key contributions to the specialty. Presented as a collection of thoughts, opinions, and experiences of women doctors specializing in modern day psychiatry, this book is intended to be accessible to all readers interested in the mind, mental health services, and women's roles in medicine. Interspersed between these essays are short biographical profiles of pioneering women who have contributed to psychiatry and mental health services.

Handbook Of Mentalizing In Mental Health Practice – Bateman A

This new edition of Handbook of Mentalizing in Mental Health Practice reflects a vibrant field undergoing development along a number of dimensions important for mental health. As evidenced by the number of experts contributing chapters that focus on specialized approaches to mentalization-based treatment (MBT), the range of mental disorders for which this therapy has proved helpful has substantially increased, and now includes psychosis. Second, the range of contexts within which the approach has been shown to be of value has grown. MBT has been found to be useful in outpatient and community settings, and, more broadly, with children, adolescents, couples, and families, and the social contexts where they are found, such as in schools and even prisons

Research Methodology: A Step-By-Step Guide For Beginners – Kumar R

This edition contains essential information for beginning researchers and it is presented in a clear and coherent way which engages the reader. The reader is carefully supported through references to research, questions posed and very well thought through examples. This is a publication which is a pleasure to read cover to cover, although it can be dipped into as necessary. Careful and appropriate support is provided to enable a beginning researcher to start research with an appropriate level of confidence

Overcoming Distressing Vices 2nd Edition – Hayward M

Practical help for managing distressing voice hearing experiences
Written by experts, this accessible self-help manual takes those affected by distressing voices on a journey of recovery and healing, based on the latest psychological research. This fully revised and updated edition includes:
Clear explanations of what distressing voices are and what causes them
Techniques to explore and re-evaluate the links between self-esteem, beliefs about voices and feelings

Practical steps to reduce the distress that hearing voices causes
Consideration of the impact on friends and family, and advice for how they can help

Physical Health And Schizophrenia – Castle D

Physical Health and Schizophrenia offers a user-friendly guide to the physical health problems associated with schizophrenia and a clear overview of strategies and interventions to tackle these issues. Spanning eight chapters this resource covers the essential topics in a practical and easy-to-read format to suit the needs of busy clinicians. It also includes an appendix designed specifically for patients and carers, with practical tips on how to be actively involved in monitoring and managing physical health problems.

Crash Course Psychiatry 4th Edition – Marwick

Each chapter guides you succinctly through the full range of curriculum topics, integrating clinical considerations with the relevant basic science and avoiding unnecessary or confusing detail. A range of text boxes help you get to the hints, tips and key points you need fast! A fully revised self-**a**ssessment section matching the latest exam formats is included to check your understanding and aid exam preparation

Key Journals

Key Journals – Click to access current table of content	Username/Password or Location of Print Copy
Archives of General Psychiatry	Athens password required
British Journal of Psychiatry (BJPsych)	Athens password required
BJPsych Advances	Athens password required
BJPsych Bulletin	Athens password required
Current Opinion in Psychiatry	Please contact the Library Services for articles
Journal of Clinical Psychiatry	Please contact the Library Services for articles
Journal of Mental Health	Athens password required
Journal of Neurology, Neurosurgery & Psychiatry	Athens password required
Lancet Psychiatry	Please contact the Library Services for articles
Mental Health Practice	Athens password required
Mental Health Today	Please contact the Library Services for articles

If full-text access from the links above take you to this page, please login with your Athens username and password (see below), type the journal title in the find journals box.
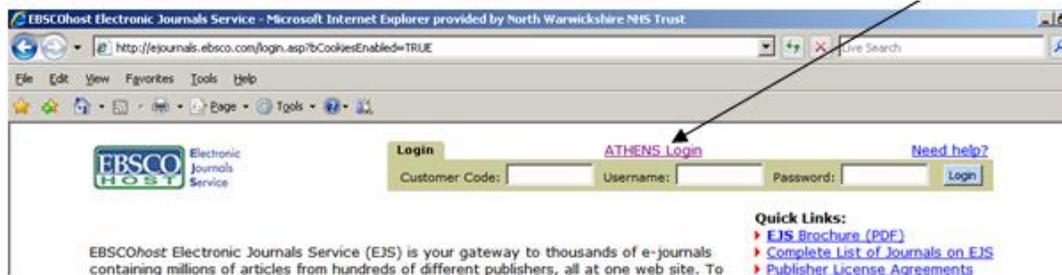
For further information, or to access full text versions of any of the articles included in this bulletin (where links are not available) please do not hesitate to contact the library service:

Library Service Manager
Wendy Townsend
wendy.townsend@covwarkpt.nhs.uk
Tel. 01926 406749

Outreach/Training Librarian
Andrew Hough
Caludon Centre Library, Coventry
Andy.hough@covwarkpt.nhs.uk
Tel. 02476 967928

Health Sciences Library
Caludon Centre, Clifford Bridge Road, Coventry
Tel. 02476 932450
caludon.library@covwarkpt.nhs.uk

Education Centre Library
St Michael's Hospital, Warwick
Tel. 01926 406749
stmichaels.library@covwarkpt.nhs.uk

Manor Court Library
Manor Court Avenue, Nuneaton
Tel. 02476 321561
manorcourt.library@covwarkpt.nhs.uk

Brian Oliver Library
Brian Oliver Centre, Brooklands, Marston Green
Tel. 0121 3294923
brooklands.library@covwarkpt.nhs.uk

If you would like to join the library and discover the full range of services we offer, please complete a library membership form and return to one of our libraries.