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Agreement between patients and mental healthcare providers on unmet care needs in child and adolescent psychiatry

**Author(s):** Vijverberg R.; Ferdinand R.; van Meijel B.; Beekman A.

**Source:** Social Psychiatry and Psychiatric Epidemiology; 2020

Available at Social Psychiatry and Psychiatric Epidemiology - from Unpaywall

**Abstract:** Purpose: In mental health care, patients and their care providers may conceptualize the nature of the disorder and appropriate action in profoundly different ways. This may lead to dropout and lack of compliance with the treatments being provided, in particular in young patients with more severe disorders. This study provides detailed information about patient-provider (dis)agreement regarding the care needs of children and adolescents. Method(s): We used the Camberwell Assessment of Need (CANSAS) to assess the met and unmet needs of 244 patients aged between 6 and 18 years. These needs were assessed from the perspectives of both patients and their care providers. Our primary outcome measure was agreement between the patient and care provider on unmet need. By comparing a general outpatient sample (n = 123) with a youth-ACT sample (n = 121), we were able to assess the influence of severity of psychiatric and psychosocial problems on the extent of agreement on patient's unmet care needs. Result(s): In general, patients reported unmet care needs less often than care providers did. Patients and care providers had the lowest extents of agreement on unmet needs with regard to "mental health problems" (k = 0.113) and "information regarding diagnosis/treatment" (k = 0.171). Comparison of the two mental healthcare settings highlighted differences for three-quarters of the unmet care needs that were examined. Agreement was lower in the youth-ACT setting. Conclusion(s): Clarification of different views on patients' unmet needs may help reduce nonattendance of appointments, noncompliance, or dropout. Routine assessment of patients' and care providers' perceptions of patients' unmet care needs may also help provide information on areas of disagreement.

The time has come for measurement-based care in child and adolescent psychiatry

**Author(s):** Sarvet, Barry; Jeffrey, Jessica; Grudnikoff, Eugene; Krishna, Rajeev

**Source:** Child and Adolescent Psychiatric Clinics of North America; Oct 2020; vol. 29 (no. 4); p. xiii

**Abstract:** The current article introduces the papers which were featured in the issue of Child and Adolescent Psychiatric Clinics of North America. The papers focus on measurement-based care (MBC) in child and adolescent psychiatry. The term measurement-based care refers to the incorporation of validated quantitative clinical measures, usually in the form of patient-reported outcome measures, into the process of mental health treatment. With optimal implementation, the measures are tailored to the individualized goals of the treatment plan. The results and trending of the measures are jointly reviewed and interpreted by both providers and patients in order to inform the assessment of patient progress, and in turn, collaborative decision making regarding ongoing modification of interventions in the treatment plan.
Clinical practice guideline for the assessment and treatment of children and adolescents with anxiety disorders

Author(s): Walter, Heather J.; Bukstein, Oscar G.; Abright, A. Reese; Keable, Helene; Ramtekkar, Ujjwal; Ripperger-Suhler, Jane; Rockhill, Carol

Source: Journal of the American Academy of Child & Adolescent Psychiatry; Oct 2020; vol. 59 (no. 10); p. 1107-1124

Available at Journal of the American Academy of Child and Adolescent Psychiatry - from Unpaywall

Abstract: Anxiety disorders are among the most common psychiatric disorders in children and adolescents. As reviewed in this guideline, both cognitive-behavioral therapy (CBT) and selective serotonin reuptake inhibitor (SSRI) medication have considerable empirical support as safe and effective short-term treatments for anxiety in children and adolescents. Serotonin norepinephrine reuptake inhibitor (SNRI) medication has some empirical support as an additional treatment option. In the context of a protracted severe shortage of child and adolescent–trained behavioral health specialists, research demonstrating convenient, efficient, cost-effective, and user-friendly delivery mechanisms for safe and effective treatments for child and adolescent anxiety disorders is an urgent priority. The comparative effectiveness of anxiety treatments, delineation of mediators and moderators of effective anxiety treatments, long-term effects of SSRI and SNRI use in children and adolescents, and additional evaluation of the degree of suicide risk associated with SSRIs and SNRIs remain other key research needs.

Development of a Child and Adolescent Tele-Partial Hospitalization Program (tele-PHP) in Response to the COVID-19 Pandemic.

Author(s): Baweja, Raman; Verma, Shikha; Pathak, Meenal; Waxmonsky, James G

Source: The primary care companion for CNS disorders; Oct 2020; vol. 22 (no. 5)

Available at The primary care companion for CNS disorders - from Europe PubMed Central - Open Access

Abstract: The coronavirus disease 2019 (COVID-19) pandemic prevented a group-based partial hospitalization program (PHP) from running in-person care due to social distancing guidelines. However, the crisis also simultaneously increased stress on families while decreasing their desire to hospitalize youth for a nonmedical issue. Hence, the need for a PHP remained high. Health care organizations worked diligently to create a secure telehealth platform (tele-PHP) to be delivered to patients in their home environments. This article describes the development and implementation of child and adolescent tele-PHPs in response to the COVID-19 pandemic. These new programs were started in mid-March 2020, and changes were implemented over the next 3 to 4 weeks. Overall, patients and families have been receptive to behavioral health services delivered through telemedicine. While tele-PHPs are the most plausible solution to continue behavioral health care for these patients, some challenges were observed during this process. Besides procedural and technological challenges associated with creating a virtual setup, other difficulties include variable patient engagement, specific treatment-related challenges, and system-related changes. These challenges are addressed through psychoeducation, provision of online measures to assess treatment outcomes, and efforts to optimize parent engagement prior to treatment initiation for better treatment adherence. Initial experiences during a time of crisis suggest that tele-PHP services can be a viable long-term treatment option in the future.
during both a disaster and routine times to improve access for those who otherwise cannot take advantage of such services. Long-term effectiveness of these interventions still needs to be explored.

"I defeat those fears and start a new life": Iraqi refugee students’ PTSD, wisdom, and resilience

Author(s): Bang, Hyeyoung; Collet, Bruce

Source: Peace and Conflict: Journal of Peace Psychology; Nov 2020

Abstract: This study examines Iraqi Chaldean refugee students’ posttraumatic stress disorder (PTSD), wisdom, and resilience. Using quantitative measures, it looks at PTSD and resilience prediction with the cognitive, reflective, and affective wisdom dimensions and, using qualitative measures, how the students perceive their traumatic experiences and how they have overcome such difficulties using wisdom and resilience. The study examines 98 Chaldean Iraqi refugee high school students in the Detroit metropolitan area. It utilizes bivariate correlations and multiple regression analysis based upon survey data as well as individual and focus group interviews. The study finds that (a) students showed low levels of PTSD because they have been relieved from a war zone and have started to dream of their future; (b) the more reflective wisdom students showed, the less likely they suffer from PTSD; and (c) the more students learned from their past traumatic experiences and from being reflective, the more likely they have become resilient. In summation, the study finds that reflective wisdom is positively related to resilience but negatively related to PTSD. Most wisdom studies have focused on adult samples, and few have focused on school populations, not to mention refugees with traumatic experiences. The study is original in that it uses mixed methods to examine a unique and underresearched population and the relationship among PTSD, resilience, and wisdom.

Impact statement: Care for the welfare and wellbeing of refugees that hosting societies accept is critical not only on humanitarian grounds, but also on the grounds of core democratic values. This study is therefore of great public significance, as it helps us understand in detail conditions that best facilitate the welfare and wellbeing of a particularly under-studied and yet vulnerable refugee population.

Effectiveness of a school-based mindfulness intervention on children’s internalizing and externalizing problems: The Gaia project

Author(s): Ghiroldi, Silvia; Scafuto, Francesca; Montecucco, Nitamo Federico; Presaghi, Fabio; Iani, Luca

Source: Mindfulness; Nov 2020; vol. 11 (no. 11); p. 2589-2603

Abstract: Objectives: Studies examining the effectiveness of school-based mindfulness interventions on children’s emotional/behavioral problems when delivered by school teachers and professionals are still limited. The present study reports the effectiveness of Gaia, a 12-week program integrating a mindfulness approach into an ecological paradigm. Methods: To evaluate the effectiveness of the intervention, we conducted a cluster randomized controlled trial that compared outcomes for children assigned to the experimental group (E.G., Gaia program) with those of the control group (C.G.) using hierarchical linear modeling. The intervention was led by instructors within the school curriculum. Emotional/behavioral problems were assessed with the Achenbach Teacher’s Report Form at pre-test and post-test.
Four hundred participants aged 6–12 years were recruited from six primary schools (E.G., n = 232; C.G., n = 168). Results: Teacher-report comparisons revealed that, relative to controls, the E.G. showed significant decreases in total problems, internalizing, externalizing, and in most narrow-band scales at post-intervention. The effect sizes were medium for total problems, externalizing, and attention problems, small to medium for rule-breaking behavior and aggressive behavior, while they resulted small for internalizing and anxiety/depression. While 7.76% of the E.G. showed clinical/borderline levels of total problems before the intervention, 3.87% of this group still showed clinical/borderline levels after the intervention, whereas no children deteriorated, with a significant difference in the direction of change. Conclusions: Findings from this study indicate that the Gaia program can be delivered by school instructors during a regular curriculum and the intervention is promising for reducing children’s emotional and behavioral problems.

Risk factors of malnutrition in children with severe motor and intellectual disabilities

Author(s): Hasegawa, Mari; Tomiwa, Kiyotaka; Higashiyama, Yukie; Kawaguchi, Chihiro; Kin, Hajime; Kubota, Masaru; Shima, Midori; Nogami, Keiji

Source: Brain & Development; Nov 2020; vol. 42 (no. 10); p. 738-746

Abstract: Background: Children with severe motor and intellectual disabilities (SMID) are at a high risk of malnutrition and often require tube feeding to maintain their nutritional status. However, determining their energy requirements is difficult since inadequate dietary intake, severe neurological impairment, respiratory assistance, and cognitive impairment are all factors that affect malnutrition in SMID. Aim: This study investigated the factors affecting malnutrition and identified problems affecting the nutritional status of children with SMID. Methods: Forty-two children with SMID with oral motor dysfunction who were receiving home medical care at one of four hospitals were enrolled. Their nutritional status was assessed using a 3-day dietary record, anthropometric measurements, and laboratory tests. The clinical findings associated with malnutrition were compared, and a body mass index (BMI) z-score less than −2SD was defined as malnutrition. The relationship between BMI z-score and other potential predictors was also investigated. Results: Thirty-three (79%) children received tube feeding, and 20 (48%) experienced malnutrition. The median age of the malnourished children was older than that of non-malnourished children. Respiratory assistance was significantly correlated with higher BMI z-score, independent of other potential confounders such as nutrition method, muscle tonus, and energy intake. Cholesterol levels were significantly higher in children receiving a standard infant formula beyond 3 years of age than in those who switched to enteral formula before 3 years of age. Conclusions: Malnutrition in children with SMID was mainly associated with age or respiratory condition. Energy requirements should be regularly re-evaluated with considering these factors.
A Systematic Review of the Methods Used to Evaluate Child Psychiatry Access Programs

Author(s): Bettencourt A.F.; Plesko C.M.

Source: Academic Pediatrics; Nov 2020; vol. 20 (no. 8); p. 1071-1082

Abstract: Background: There is a well-documented gap between the need for and availability of mental health services for children nationwide. To address this gap, over 30 regional Child Psychiatry Access Programs (CPAPs) provide psychiatric consultation and other services to primary care providers. Objective(s): Summarize the methods used to evaluate CPAPs in the United States. Data Sources: PubMed, PsychInfo, CINAHL, and reference checking. Study Appraisal Methods: A systematic literature review was conducted searching 3 databases. The search produced 307 unique articles, 278 were excluded for irrelevance, leaving 29 for data extraction. Data extracted included author(s), publication year, provider types, CPAP formats, study sample, design, outcomes examined, results, and limitations. Articles were also appraised for quality using the Johns Hopkins Nursing Evidence-Based Practice Evidence Level and Quality Guide. Result(s): The 29 articles evaluated 13 unique CPAPs. Most evaluations used nonexperimental observational designs (68.9%), 6.9% used quasi-experimental designs, and none used true experimental designs. Evaluations examined the following outcomes: usage of program services (82.8%), provider satisfaction (48.3%), provider comfort/confidence with managing mental health concerns (31.0%), provider practice change (24.1%), patient outcomes (13.7%), and family satisfaction (6.9%). Outcomes were measured using surveys, qualitative interviews, or insurance claims data. Limitation(s): Review was limited to articles published in English in 3 databases or identified by reference checking. Conclusion(s): Evaluations of CPAPs have largely been descriptive in nature, focusing primarily on program usage and provider satisfaction. Few studies have examined the impact of CPAPs on patients, families, or health systems. Future studies should evaluate the broader impacts of CPAPs.

Self-evaluation of negative symptoms in adolescent and young adult first psychiatric episodes

Author(s): Mallet, Jasmina; Guessoum, Sélim Benjamin; Tebeka, Sarah; Le Strat, Yann; Dubertret, Caroline

Source: Progress in Neuro-Psychopharmacology & Biological Psychiatry; Dec 2020; vol. 103

Abstract: Background: Negative Symptoms (blunted affect, alogia, anhedonia, avolition, and asociality) are usually described in schizophrenia but they are also present in other psychiatric disorders. The diagnosis and prognosis relevance of negative symptoms (NS) self-assessment during a first psychiatric episode is still unknown. Aims: To determine (i) the rate of self-assessed NS in a first psychiatric episode among adolescents and young adults compared to control subjects; and (ii), whether there is a difference in the prevalence of NS between schizophrenia and major depressive disorder first episodes. Methods: The population included patients aged 15–25 years, with no psychiatric history and no history of medication. A dimensional evaluation was assessed during hospitalization, including depressive (Hamilton Depression Scale), psychotic symptoms (Prodromal Questionnaire, 16 items) and the self-evaluation of negative symptoms (SNS scale). Prospective categorical diagnoses were updated 6 months after hospitalization. The population included 117 individuals (58 patients and 59 healthy controls). Results: Among healthy individuals, 47.5% reported at least one NS, the most reported being amotivation. After binary logistic regression, Negative Symptoms (SNS score) were associated with a diagnostic of
psychiatric disorder at the 6-months follow-up (OR = 1.163, p = .001), whereas depressive symptoms and psychotic experiences were not. A SNS threshold allowed to screen first episode patients and SZ patients in the general population (assessed with ROC curve). A high prevalence of self-reported NS was observed across diagnostic boundaries in first psychiatric episodes, with a mean SNS score of 19.3 ± 7.1 for schizophrenic disorders and 20.7 ± 8.6 for depressive disorders. The prevalence of NS was not significantly different between depressive disorders and schizophrenic disorders (p > .05). Conclusion: NS are an important transnosographic dimension during first psychiatric episodes among adolescents and young adults. Negative symptoms self-assessment with the SNS scale is relevant during a first psychiatric episode.

**Violence against children and adolescents by nursing staff: prevalence rates and implications for practice**

**Author(s):** Hoffmann U.; Clemens V.; König E.; Fegert J.M.; Brahler E.

**Source:** Child and Adolescent Psychiatry and Mental Health; Dec 2020; vol. 14 (no. 1)

Available at [Child and Adolescent Psychiatry and Mental Health](https://www.biomedcentral.com) - from BioMed Central

Available at [Child and Adolescent Psychiatry and Mental Health](https://www.ncbi.nlm.nih.gov) - from Europe PubMed Central - Open Access

**Abstract:** Background: International studies show that child maltreatment is a widespread but often underestimated problem that causes high individual, social and economic costs. Child maltreatment is an important topic for the medical sector as well. On the one hand, affected persons often seek support and help from healthcare professionals, but on the other hand, assaults can also occur in medical institutions by healthcare professionals. Surprisingly, there is hardly any data on the frequency of child maltreatment by healthcare professionals in general and particularly by nursing staff. Method(s): Therefore, in a large representative survey of the German population of 2,516 subjects aged between 14 and 91, the experience of child maltreatment in medical institutions by nursing staff was assessed retrospectively. Result(s): Of the 46 subjects who had an inpatient stay in a child and adolescent psychiatry before the age of 18, 33.3% reported to have experienced maltreatment by nursing staff, while 17.3% of the 474 persons who had an inpatient stay in general or pediatric hospitals experienced maltreatment by nursing staff. All forms of maltreatment were significantly more frequent in psychiatric compared to general and pediatric hospitals. Conclusion(s): The results of our representative retrospective survey demonstrate that maltreatment by nursing staff are not rare individual cases, but that medical facilities bear systemic risks for assault. Therefore, it is necessary that all medical institutions, in particular psychiatric hospitals, address this issue. In order to reduce the risk for assaults, it is important not only to implement structural measures but also to develop an attitude that emphasizes zero tolerance for violence against children and adolescents.

**Transitional psychiatry in the Netherlands: Experiences and views of mental health professionals**

**Author(s):** Gerritsen S.E.; Dieleman G.C.; Beltman M.A.C.; Tangenbergh A.A.M.; van Staa A.; Maras A.; van Amelsvoort T.A.M.J.

**Source:** Early Intervention in Psychiatry; Dec 2020; vol. 14 (no. 6); p. 684-690

Available at [Early intervention in psychiatry](https://onlinelibrary.wiley.com) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS
Abstract: Background: The majority of psychopathology emerges in late adolescence and continues into adulthood. Continuity of care must be guaranteed in this life phase. The current service configuration, with a distinction between child/adolescent and adult mental health services (CAMHS and AMHS), impedes continuity of care. Aim: To map professionals' experiences with and attitudes towards young people's transition from CAMHS to AMHS and the problems they encounter. Method(s): An online questionnaire distributed among professionals providing mental health care to young people (15-25 years old) with psychiatric disorders. Result(s): Five hundred and eighteen professionals completed the questionnaire. Decision-making regarding transition is generally based on the professional's own deliberations. The preparation was limited to discussing changes with the adolescent and parents. Most transition-related problems are experienced in CAMHS, primarily with regard to collaboration with AMHS. Respondents report that the developmental age should be leading in the transition-decision making process and that developmentally appropriate services are important in bridging the gap. Conclusion(s): Professionals in CAMHS and AMHS experience problems in the preparation of, and the collaboration during transition. The problems are related to coordination, communication and rules and regulations. Professionals attach importance to improvement through an increase in flexibility and more specialist services for youth.

Experiences and satisfaction of children, young people and their parents with alternative mental health models to inpatient settings: a systematic review.

Author(s): Vusio; Thompson, Andrew; Birchwood, Max; Clarke, Latoya
Source: European Child & Adolescent Psychiatry; Dec 2020; vol. 29 (no. 12); p. 1621-1633
Available at European child & adolescent psychiatry - from Unpaywall

Abstract: Community-based mental health services for children and young people (CYP) can offer alternatives to inpatient settings and treat CYP in less restrictive environments. However, there has been limited implementation of such alternative models, and their efficacy is still inconclusive. Notably, little is known of the experiences of CYP and their parents with these alternative models and their level of satisfaction with the care provided. Therefore, the main aim of this review was to understand those experiences of the accessibility of alternative models to inpatient care, as well as overall CYP/parental satisfaction. A searching strategy of peer-reviewed articles was conducted from January 1990 to December 2018, with updated searches conducted in June 2019. The initial search resulted in 495 articles, of which 19 were included in this review. A narrative synthesis grouped the studies according to emerging themes: alternative models, tele-psychiatry and interventions applied to crisis, and experiences and satisfaction with crisis provision. The identified articles highlighted increased satisfaction in CYP with alternative models in comparison with care as usual. However, the parental experiential data identified high levels of parental burden and a range of complex emotional reactions associated with engagement with crisis services. Furthermore, we identified a number of interventions, telepsychiatric and mobile solutions that may be effective when applied to urgent and emergency care for CYP experiencing a mental health crisis. Lastly, both parental and CYP experiences highlighted a number of perceived barriers associated with help-seeking from crisis services.
Cognitive behavioural therapy for anxiety disorders in children and adolescents

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