East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD - PUBLIC
19 OCTOBER 2017

Title	Annual Report on Research 2016/17
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Purpose of the Report:

To present to the Trust Board the Annual Report on Research 2016/17.

The Board are asked to RECEIVE and NOTE the report.

Summary of Key Issues:

In 2016/17, research in the Trust had another successful year. Two major research programmes that are directly managed by the Trust and a NIHR Global Health Research Group, of which the Trust is a partner, have started and a further major project closely linked to the Trust has received funding. The results of several on-going studies have produced findings that are relevant to clinical practice. The major research is primarily conducted in the Unit for Social and Community Psychiatry in Newham. QMUL have been an important part of research delivery within the Trust, currently the agreement with them has lapsed and needs to be reviewed and agreed by both partners to ensure it does not impede future planning.

Strategic priorities this paper supports:

Improving service user satisfaction	☒	Research based in the Trust can facilitate the development and evaluation of novel interventions for the benefit of local patients Some evidence suggests that participating in research studies is beneficial for patients
Improving staff satisfaction	☒	High quality research activities presence of research groups may provide some “buzz” to services making working in the Trust more attractive, which should facilitate recruitment and retention of committed and qualified staff and strengthen a general atmosphere of enthusiasm, creativity and positive change. Since researchers operate in a very competitive environment they are used to working with high aspiration and efficiency, which can positively influence the work ethos in other parts of the Trust.
Maintaining financial viability	☒	Successful researchers generate direct and indirect external grant income, thus minimising the financial risk for the Trust in supporting research. The reputational advantage of successful research and a WHO Collaborating Centre may help business development.

Committees/Meetings where this item has been considered:

	N/A

Implications:

Equality Analysis	There are no equality implications associated with this paper and therefore it has not been equalities assessed. Any equalities implications for individual research projects would be equality assessed.
Risk and Assurance	There are no specific risk or assurance issues related to this paper.
Service User/Carer/Staff	Any issues associated with these groups would be addressed as part of the research projects.
Financial	There are no financial implications for this paper.
Quality	Research studies are often associated with initiative, ideas and energy for service improvements that can have a wide and positive impact on the quality of services and the drive for innovation.

Supporting Documents and Research material

Appendix A: Research Strategy
Appendix B: List of Publications

Glossary

COFI	Comparing Functional and Integrated systems of mental health care
CRN	Clinical Research Network
ELFT	East London NHS Foundation Trust
HEI	Higher Education Institute
KPI	Key Performance Indicator
NIHR	National Institute for Health Research
QMUL	Queen Mary University of London
RSC	Research Strategy Committee
WHO	World Health Organisation

1. Summary

1.1. In 2016/17, research in the Trust had another successful year. Two major research programmes that are directly managed by the Trust and a NIHR Global Health Research Group, of which the Trust is a partner, have started and a further major project closely linked to the Trust has received funding. The results of several on-going studies have produced findings that are relevant to clinical practice. The major research is primarily conducted in the Unit for Social and Community Psychiatry in Newham. QMUL have been an important part of research delivery within the Trust, currently the agreement with them has lapsed and needs to be reviewed and agreed by both partners to ensure it does not impede future planning.

2. Developments in the last year

2.1. The Trust collaborates with several higher education institutes (HEIs) on a variety of aspects of research. The main local partners are Queen Mary University of London (QMUL), and City, University of London. The agreement with QMUL expired in August 2016, and from January 2017 the Trust no longer contributes funding to the work of QMUL's Violence Prevention Research Unit but is committed to supporting the work of the Unit for Social and Community Psychiatry. To date, negotiations have not yielded a replacement arrangement and this should be remedied in the short term. This has led to an urgent need to revise ELFT's research strategy (see 3 Strategy).

2.2. As a result of the above, the total number of researchers supported by the Trust is significantly lower than a year ago. Since the Unit for Social and Community Psychiatry has been very successful, this is – to some extent – compensated, but means that research activities in mental health in East London are even more dominated by that Unit.

2.3. The Unit for Social and Community Psychiatry was successful in its application for another four-year term (from November 2016) as WHO Collaborating Centre. It remains the only such centre for Mental Health Service Development in the world and is co-directed by Stefan Priebe and Domenico Giacco.

2.4. The Unit wrote the WHO evidence synthesis on mental health care of refugees. The report serves as the guide for all governments in Europe for how to provide mental health care for refugees.

2.5. DIALOG+ has had a wide impact both on research projects and service development. It is the centre of several new projects (e.g. adapting it for patients with diabetes, funded by Bart's Charity, lead: Vicky Bird) and is being rolled out in the Trust. The DIALOG scale is mandatory in all Early Intervention Services in England and adopted by an increasing number of NHS Trusts (e.g. Oxford Partnership).

2.6. The European Commission has funded a research project (€ 2.4m; lead: Nikolina Jovanovic) to test and implement DIALOG+ for patients with psychosis in five Balkan countries, i.e. Albania, Bosnia and Herzegovina, Kosovo, Macedonia and Montenegro.

2.7. The National Institute for Health Research has funded two more Programme Grants for Applied Research hosted by ELFT and based in the Unit for Social and Community Psychiatry: 'TACKling chronic depression - adapting and testing a technology supported patient-centred and solution-focused intervention (DIALOG+) for people with chronic depression (TACK)' (leads: Vicky Bird and Stefan Priebe), and 'SCENE: Improving quality of life and health outcomes of patients with psychosis through a new structured intervention for expanding social networks (lead: Stefan Priebe). These grants are for about £2.5m each and run for 5 years securing the core funding for the Unit for Social

and Community Psychiatry (through additional grant linked funding from the NIHR) until about 2022/3.

2.8. The NIHR Global Health Group on Developing Psycho-Social Interventions for Mental Health Care (Director: S. Priebe) is run in partnership of QMUL and the Trust. The multi-disciplinary group involves several clinicians of the Trust. It is funded by the NIHR to work with three partner countries: Bosnia and Herzegovina, Colombia and Uganda. The group's main aims are a) to improve mental health care for people with severe mental illness by exploring three resource-oriented approaches: DIALOG+ (intervention delivered via an App on a smartphone/tablet), volunteer support, and family involvement; b) to advance the understanding of global mental health; and c) to build up research capacity in the partner countries. It also aims to facilitate mutual learning with each partner and develop both existing and future research collaborations.

2.9. Initiatives to establish a research presence in Luton and Bedfordshire continue to be slow. Another part-time Clinical Studies Officer will begin working in the region from February 2018 and the significant presence of work on the NIHR Programme SCENE should help promote the profile of research opportunities there.

2.10. We continue to promote the profile of Research in the Trust with an annual event presenting our recent results. Feedback from just our 2016 event was overwhelmingly positive: The event is *"inspiring and motivating", "very informative and engaging"*, and showcases the *"excellent quality of research"*. It was *"great to network"* and "*a buzz to see the enthusiasm of the presenters"*. Following a survey of attendees of the various options, the decision was taken to stay at the Robin Brook Centre.

2.11. A new web-based intervention (Uplift) has been developed (through a PhD project: Sophie Walsh) and shown to be used by patients with positive outcomes. Whether the Trust will invest and turn this intervention into a more widely used App is being considered.

2.12. A NIHR Programme for Applied Research on the effects of befriending through volunteers has shown high drop out rates and a range of practical implementation problems, but also encouraging effects for both patients and volunteers, when they managed to establish an on-going befriending relationship. The final analysis of all data is still outstanding.

2.13. The COFI project compared treatment outcomes of patients in services with the same psychiatrist for in- and out-patient care with those in services where different psychiatrists provide in- and out-patient care. The study was conducted in five European countries. The analysis has just began and the overall picture is rather complex. In the UK, patients with the same psychiatrist for in- and out-patient care are more satisfied with their in-patient treatment. During the following year, they appear to be more often re-hospitalised – yet, without spending overall more days in hospital - and are less likely to be involuntarily re-admitted.

3. Strategy

3.1. The Research Strategy Committee (RSC) was disbanded in February 2017 and a replacement committee, limited to internal membership, is being established with Non-Executive Director Ken Batty as chair.

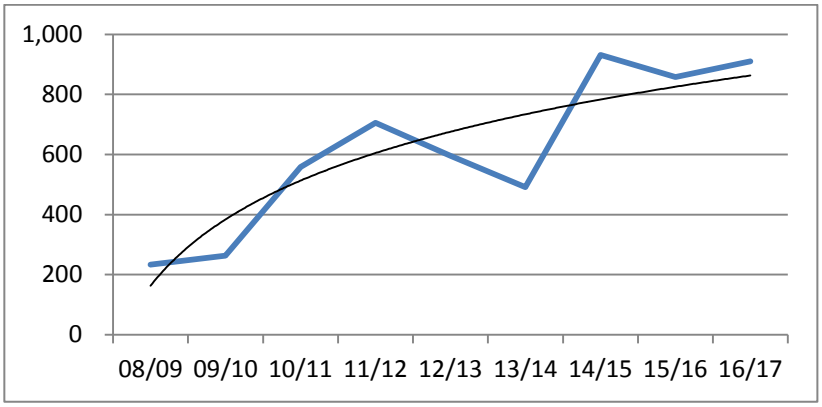
3.2. The first task of the new RSC will be to revise the Trust's Research Strategy. The current strategy was last amended in July 2014, with the intention of providing a medium-term direction to our research activities and investment (Appendix A). In light of

changes to our relationships with HEIs (see 2.1-2.2 above) and the reconstitution of the Research Strategy Committee, the strategy requires urgent revision.

4. Volume of research activity

4.1. On 1 September 2017 there were 46 studies active in the Trust and a further 50 had completed during the previous year. Of these active studies, the number included on the NIHR Portfolio remained stable (35 studies or 76%). However, the proportion initiated and led by Trust staff members and honorary appointees continued to decline (only 10 studies or 22%, down from 24% last year and 27% the year before) are. The proportion of studies which are being undertaken in fulfilment of a degree requirement increased (11 studies or 24%, up from 15% last year).[1] In terms of the number of participants recruited locally into studies on the NIHR Portfolio,[2] our recruitment continues to increase.

FIGURE 1: ANNUAL RECRUITMENT TO NIHR PORTFOLIO STUDIES[3]



4.2. The Government wishes to see an improvement in the performance in the NHS in initiating and delivering clinical research in order to increase the number of patients participating in research and to enhance the nation's attractiveness as a host for research. The Government's 2011 Plan for Growth announced the transformation of incentives at local level for efficiency in initiation and delivery of research. Beginning in 2013/2014, ELFT has had to provide two statistics, quarterly

- The number of calendar days elapsing between our Trust being selected a research site and the recruitment of first participant for every clinical trial, regardless of funder or inclusion in NIHR CRN Portfolio (the benchmark is 70 calendar days).
- Information on recruitment to time and target for every "commercial contract clinical trial" hosted by the Trust in the previous twelve months. Commercial trials are the initial focus of this KPI; we interpret this as implying an intention to eventually extend it to non-commercial trials.

[1] This adds up to more than 100% as, for example, a Portfolio study may also be initiated by an ELFT member of staff.

[2] We do not have data for participants recruited into non-Portfolio studies, because the study teams do not generally report this data to the Research Office.

[3] I have excluded 2011/12 recruitment to the *Men's Healthy Lifestyles* study in which data was collected nationally on doorsteps by a marketing company as this cannot be considered recruitment from within our Trust.

4.3. ELFT submits a nil return for the Delivery target, as we have no active commercial contract clinical trials. For the target related to initiating clinical trials, ELFT has met the target for 100% of all eligible studies for the past eight quarters (Q2 15/16 through Q1 17/18).

4.4. We are in 'league' 5 of 6 (based on volume of activity). Within that league, we were in the group with the most activity (9 trials) and met the benchmark 100% of the time with twice as many trials than the next best performer. In terms of the mean time elapsed between the Date our Site is Selected (DSS) and the date of the First Participant is Recruited (FPR), we rank 14th out of all 196 providers included in the analysis. Among London region mental health trusts, only SLAM/Institute of Psychiatry had more activity and their performance was not as good.

5. Finance

5.1. The Trust provides funding for research infrastructure, research management and research governance as required by the NHS.

5.2. The Trust also provides funding for research groups working for the Trust and linked to academic partner institutions (City, University of London and Queen Mary University of London). As noted above, the agreement with QMUL expired in August 2016 and negotiations have not yet yielded a replacement arrangement. The agreement with City, University of London also requires updating, as two previously co-funded posts have gone and negotiations about potential reinvestment have not yet started.

5.3. In exceptional cases, the Trust may also fund or contribute to specific research projects or bursaries for research students. The amount of the investment is decided by the Finance Department in consultation with the Research Director, who is advised by the Research Strategy Committee, and ultimately by the Chief Executive Officer.

5.4. The NIHR increasingly awards research grants directly to NHS Trusts and expects them to manage the funding, which includes holding subcontracts with partners and employing research staff. ELFT holds several such contracts for research grants. All expenditure for these projects is strictly limited to the contracted budget and regulated by the contracts.

5.5. Other income for research, e.g. through the local Clinical Research Network, will be used more directly for defined expenditure, as determined by the rules and requirements of the given funding stream.

5.6. In addition to this risk, the Clinical Services make incremental contributions to our research activity. Community Health Newham underwrites research posts, and services throughout the Trust contribute time on a sessional basis of various research-active staff.

6. Action being requested

6.1. The Board are asked to **RECEIVE** and **NOTE** the report.

Appendix A: Research Strategy

1. AIMS

1.1. The Trust aims to be a centre of excellence for healthcare research in the areas where we provide services. Research activities are not an appendix of service delivery, but a core part of the Trust's work.

1.2. The main general aim of research is to provide evidence that contributes to the world wide knowledge base and informs improvements of healthcare. To achieve this aim, research has to be of high quality and receive recognition on an international level. Directly or indirectly, all research in the Trust should be of relevance to and help improve the delivery of our services in general and in East London specifically.

1.3. Beyond the contribution of research to the recognised evidence base and the other overarching aims, there are further benefits of research for the patients in East London and the quality of care provided by the Trust. These relate to at least three areas, i.e. the delivery of services, the wider organisation, and external relationships.

1.3.1. Delivery of services

a) Research studies are often associated with initiative, ideas and energy for service improvements that can have a wide and positive impact on the quality of services and the drive for innovation.

b) Research studies can help clinical initiatives develop and sustain momentum.

c) Research groups based in the Trust can facilitate the development and evaluation of novel interventions for the benefit of local patients and the competitive advantage of the Trust.

d) Some evidence suggests that participating in research studies is beneficial for patients (even if in treatment trials they have been allocated to the control condition), which might be due to the higher attention and more detailed assessments patients often receive in research studies.

1.3.2. Wider organisation

a) The presence of research groups may provide some "buzz" to services making working in the Trust more attractive which should facilitate recruitment and retention of committed and qualified staff and strengthen a general atmosphere of enthusiasm, creativity and positive change.

b) Since research groups operate in a very competitive environment they are used to working with high aspiration and efficiency which can positively influence the work ethos in other parts of the Trust.

c) Collaboration between research group and clinicians/managers has often proven the best way for service development and innovation. Research groups can provide new ideas and an atmosphere of free thinking. They tend to challenge current practice and may provide tools for implementing change. Such collaboration is much more effective if the groups are based within the same organisation than if they come in as external experts.

d) Research groups can bring in a particular expertise in data collection, data management and data analysis which is important for routine evaluation of services.

e) Research expertise can support various other activities in the Trust such as quality assessments, quality improvement projects and IT developments.

1.3.3. External relationships

a) The presence of renowned research groups can raise the reputation of the Trust. In the public eye, this can underpin and enhance the authority and expertise of the organisation to develop services and respond to new and challenging situations.

b) The expertise and influence of research groups working in the main domains of services in the Trust can strengthen the negotiating position of the Trust with commissioners. The academic experts in the Trust are likely to be familiar with the relevant new evidence and such expertise is often respected by commissioners.

c) Renowned academics can sometimes establish relationships with local and national partners in a manner that is not easily available to managers or clinicians. These relationships can be of benefit for the whole organisation.

d) Research collaboration with academic partners can also benefit arrangements for teaching and training which – for the foreseeable future – will be an important area for the Trust, a substantial source of income, and a way to develop and recruit highly qualified clinical staff for the future.

e) Renowned research groups increases chances to obtain funding for innovative projects which the commissioners expect to be rigorously evaluated or which have specific teaching and/or research components.

2. RESEARCH ACTIVITIES

2.1. The Trust must fulfil the responsibilities outlined in the Department of Health's Framework for Research Governance in Health and Social Care. The Framework imposes responsibilities on all NHS organisations regarding the research undertaken within them, projects which the Trust sponsors, and research undertaken by those the Trust employs. These activities would need to be undertaken even if there were no locally generated research projects, as national and international studies would continue to recruit participants from among our staff and patients. Whilst the Trust intends to support research studies on the so-called NIHR portfolio as well as possible, it has little, if any, influence on the content of those studies.

2.2. For driving mental health research in London that helps to achieve the strategic aims of the Trust, supporting studies designed and led elsewhere is not sufficient. A more proactive approach is required to ensure that there are one or more research groups based in East London which can conduct the type of studies that are in the interest of the Trust. The role of the Trust is to establish and support research groups in core areas of the Trust's services. The Trust will normally not fund specific research projects. It will rather provide infrastructural and organisational support enabling the research groups to generate competitive research grants from relevant funding bodies (e.g. the National Institute of Health Research). Establishing and maintaining successful research groups is unlikely to be achieved by the Trust in isolation. Close collaboration with academic partners is essential both on a strategic and operational level.

2.3. The main task for the research groups is to generate external grants and complete studies. They are also expected to support clinicians, managers and patients in initiatives to utilise research activities, findings and expertise. However, specific and

consistent input from other parts of the organisation (e.g. communication, quality improvement, innovation) is required to ensure that the wider aims of research materialise.

3. FOCUS OF RESEARCH

3.1. The Trust recognises that a clear focus of research is required to be competitive with limited resources. Our focus is on service-aligned research of clinical relevance. This includes an emphasis on developing and evaluating more effective care, and a consideration of the social context in which services are delivered. However, not all research will always strictly meet these criteria. There sometimes is a need to balance the focus, adjust priorities, and have a sufficient degree of flexibility so that the potential of both local research initiatives and wider collaborations can be fully utilised. There is a particular interest to be flexible in the support of research initiatives of clinicians that may foster innovation and underpin service development.

3.2. Given this focus, research uses a range of quantitative and qualitative methods and encompasses different types of primary and secondary research, including clinical trials, observational studies, in-depth interviews and studies of clinical processes, analysis of epidemiological data, and reviews. At the same time, the focus clearly does not include many other research areas such as biological research and drug trials, although individual researchers in the Trust may collaborate on such studies with the support of the Trust.

3.3. Research groups supported by the Trust should conduct research that is linked to core areas of service delivery and therefore underpin the major business activities (e.g. community mental health care, mental health nursing, forensic psychiatry, child and adolescent psychiatry, links with primary care, management of long-term conditions). They must have sufficient critical mass to be competitive in generating external funding and meet the expectations for wider benefits in the Trust.

3.4. The success of research groups depends on various factors, most importantly the qualification, commitment and skills of individuals, in particular the leaders of the research groups. The decision in which area to establish and maintain a research group will therefore be influenced by opportunities to recruit and retain outstanding suitable individuals in a given area. Another important factor is alignment with the priorities and commitments of our academic partners.

3.5. Research requires medium- to long-term planning if the groups are to be sustainable over time. To ensure this stability, the financial risk to the Trust must be limited.

4. THE LOCAL, NATIONAL AND INTERNATIONAL DIMENSION

4.1. Research supported by the Trust is intended to be linked to the specific local context, reflect the national service development priorities and research agenda, and play a leading role in international collaboration:

4.2. The local context is characterised by marked social inequality, an almost unique ethnic diversity, a high morbidity of severe mental illness, and the specific historical features of East London as a place of immigration and mobility.

4.3. On a national level, the values, principles and priorities of the NHS set a framework for research, and nationally relevant service innovation and improvement is a major task of research in East London.

4.4. Research of excellence is increasingly internationally relevant, and the Trust recognises the importance of international collaboration in research. Currently, the Unit for Social

and Community Psychiatry in the Trust is a World Health Organisation Collaborating Centre (the only one specifically for Mental Health Service Development in the world).

5. REVISION

5.1. The Strategy will be revised every five years; sooner if circumstances warrant. The Chief Executive and the Trust Board receive an annual report on research activities in the Trust with an explicit statement whether changes to this strategy are required or helpful.

Appendix B: List of Publications

2016

1. Ajaz A, David R, Bhat M. (2016) *The PsychSimCentre: teaching out-of-hours psychiatry to non-psychiatrists*. **The clinical teacher**.13(1):13-7.
2. Ajaz A, David R, Brown D, Smuk M, Korszun A. (2016) *BASH: badmouthing, attitudes and stigmatisation in healthcare as experienced by medical students*. **The Psychiatrist**. 2016.
3. Alevizopoulos G, Igoumenou A. (2016) *Psychiatric disorders and criminal history in male prisoners in Greece*. **International journal of law and psychiatry**.
4. Anyasodor MC, Taylor RE, Bewley A, Goulding JM. (2016) *Dysaesthetic penoscrotodynia may be a somatoform disorder: results from a two-centre retrospective case series.* **Clinical and experimental dermatology.**
5. Baier A, Fritsch R, Ignatyev Y, Priebe S, Mundt AP (2016) *The course of major depression during imprisonment – A one year cohort study*. **Journal of Affective Disorders**, 189:207-213
6. Baig Enver M, Marcenes W, Stansfeld SA, Bernabe E. (2016) *Alcohol consumption at age 11-12 years and traumatic dental injuries at age 15-16 years in school children from East London. Dental traumatology :* **official publication of International Association for Dental Traumatology.**
7. Barnicot K, Gonzalez R, McCabe R, Priebe S (2016) *Skills use and common treatment processes in dialectical behaviour therapy for borderline personality disorder*. **Journal of Behaviour Therapy and Experimental Psychiatry**, 52: 147-156
8. Baxter AJ, Harris MG, Khatib Y, Brugha TS, Bien H, Bhui K. (2016) *Reducing excess mortality due to chronic disease in people with severe mental illness: meta-review of health interventions*. **B J Psychiatry**.
9. Bhugra D, Ventriglio A, Bhui KS. (2016) *What's in a name? Reclaiming mental illness.* **Lancet Psychiatry**. 3(12):1100-1.
10. Bhui K, James A, Wessely S. (2016) *Mental illness and terrorism*. **BMJ**. 354:i4869.
11. Bhui K, Joao Cruz, M, Topciu, R, Jones, E. (2016) *Depressive symptoms, adversity and political engagement: pathways to sympathies for violent protest and terrorism*. **B J Psychiatry**.
12. Bhui K. (2016) *Ahead in mental sciences: cultural, environmental and social campaigns.* **B J Psychiatry.** 208(4):407-8.
13. Bhui K. (2016) *Biosocial interventions in psychological medicine.* **Br J Psychiatry**. 209(3):270.
14. Bhui K. (2016) *BJPsych: vision, precision and progress.* **Br J Psychiatry**. 208(5):505-6.
15. Bhui K. (2016) *Black holes, knowledge and psychiatric sciences*. **B J Psychiatry.** 208 (2):203-4.
16. Bhui K. (2016) *Brexit, social division and discrimination: impacts on mortality and mental illness?* **B J Psychiatry.** 209(2):181-2.
17. Bhui K. (2016) *Discrimination, poor mental health, and mental illness*. **International review of psychiatry**. 1-4.
18. Bhui K. (2016) *Flash, the emperor and policies without evidence: counter-terrorism measures destined for failure and societally divisive*. **BJPsych bulletin**. 2016;40(2):82-4.
19. Bhui K. (2016) *Geopolitics and mental health*. **Br J Psychiatry**. 209(5):446.
20. Bhui K. (2016) *Invited commentary on ... Rethinking funding priorities in mental health research*. **B J Psychiatry**. 208(6):510-1.
21. Bhui K. (2016) *On Blackstar: deaths, dying and dominions of discovery.* **B J Psychiatry**. 208(3):307-8.
22. Bhui K. (2016) *Psychiatric research quality and impact: the history and future*. **Br J Psychiatry**. 209(6):535-6.

23. Bhui K. (2016) *The brave new world of medicine, neuroscience and society*. **B J Psychiatry**. 208(6):601-2.

24. Bhui K. (2016) *Trials, tribulations, mind and mechanism*. **B J Psychiatry**. 209(1):92.

25. Bhui K. (2016) *Uncertainty principles in medicine and mental healthcare.* **Br J Psychiatry**. 209(4):357-8.

26. Bhui K. *Paris, protect and prevent.* (2016) **B J Psychiatry**.208(1):100.

27. Bhui KS, Fiorillo A, Stein D, Okasha T, Ndetei D, Lam L, et al. (2016) *Improving education, policy and research in mental health worldwide: the role of the WPA Collaborating Centres.* **World Psychiatry**. 15(3):300.

28. Bhui KS. (2016) *Smuggling compassion into care: Is the NHS destined for system D?* **The Australian and New Zealand journal of psychiatry.** 50(7):611-2.

29. Bien H, Hanulikova A, Weber A, Zwitserlood P. (2016) *A Neurophysiological Investigation of Non-native Phoneme Perception by Dutch and German Listeners.* **Frontiers in psychology**.7:56.

30. Bonavigo T, Sandhu S, Pascolo-Fabrici E, Priebe (2016) *What does dependency on community mental health services mean? A conceptual review with a systematic search.* **Social Psychiatry and Psychiatric Epidemiology**, (epub ahead of print).

31. Bui L, Ullrich S, Coid JW. (2016) *Screening for mental disorder using the UK national offender assessment system.* **The Journal of Forensic Psychiatry & Psychology.** 1-16.

32. Carr E, Hagger-Johnson G, Head J, Shelton N, Stafford M, Stansfeld S, et al. (2016) *Working conditions as predictors of retirement intentions and exit from paid employment: a 10-year follow-up of the English Longitudinal Study of Ageing.* **European journal of ageing**. 13:39-48.

33. Chow WS, Priebe S (2016) *How has the extent of institutional mental healthcare changed in Western Europe? Analysis of data since 1990*. **BMJ Open**, 6:e010188.

34. Clark L, McCrone P, Ridge D, Cheshire A, Vergara-Williamson M, Pesola F, White P D (2016) *Graded Exercise Therapy guided Self-help Trial for patients with chronic fatigue syndrome (GETSET): Protocol for a randomised controlled trial and interview study*. **JMIR Research Protocols,** 5(2):e70

35. Clark LV, Thomas JM, Vergara-Williamson M, Beynon M, White PD. (2016) *Graded exercise therapy guided self-help versus specialist medical care for chronic fatigue syndrome (GETSET): a randomised controlled trial.* **The Lancet.** (in press)

36. Coffey M, Cohen R, Faulkner A, Hannigan B, Simpson A, Barlow S (2016) *Ordinary risks and accepted fictions: how contrasting and competing priorities work in risk assessment and mental health care planning.* **Health Expectation.**

37. Coid JW, Bhui K, Macmanus D, Kallis C, Bebbington P, Ullrich, S. (2016) *Extremism, religion, and psychiatric morbidity in a population sample of young men.* **B J Psychiatry** (in press)

38. Coid JW, Gozalez R, Igoumenou A, Zhang T, Yang Y, Bebbington P. (2016) *Personality disorder and violence in the national household population of Britain.* **The Journal of Forensic Psychiatry & Psychology**. (in press)

39. Coid JW, Ullrich S, Bebbington P, Fazel S, Keers R. (2016) *Paranoid Ideation and Violence: Meta-analysis of Individual Subject Data of 7 Population Surveys.* **Schizophrenia bulletin**.

40. Coid JW, Ullrich S, Kallis C, Freestone M, Gonzalez R, Bui L, et al. (2016) *Improving risk management for violence in mental health services: a multimethods approach*. **Programme Grants for Applied Research**. Southampton (UK).

41. Collin SM, Nikolaus S, Heron J, Knoop H, White PD, Crawley E. (2016) *Chronic fatigue syndrome (CFS) symptom-based phenotypes in two clinical cohorts of adult patients in the UK and The Netherlands.* **Journal of psychosomatic research**. 81:14-23.

42. Das-Munshi J, Lund C, Mathews C, Clark C, Rothon C, Stansfeld S. (2016) *Mental Health Inequalities in Adolescents Growing Up in Post-Apartheid South Africa: Cross-Sectional Survey, SHaW Study.* **PloS one.** 11(5):e0154478.

43. Davoren M, Gonzalez R, Kallis C, Freestone M, Coid J (2016) *Anxiety disorders and Intimate Partner Violence: Can the association be explained by coexisting conditions or Borderline personality traits*. **Journal of Forensic Psychiatry and Psychology**

44. Dawson S, Lawn S, Simpson A & Muir-Cochrane E (2016) *Care planning for consumers on community treatment orders: an integrative literature review.* **BMC Psychiatry** 16:394

45. de Jong MH, Kamperman AM, Oorschot M, Priebe S, Bramer W, van de Sande R, Van Gool AR, Mulder CL (2016) *Interventions to reduce compulsory psychiatric admissions: A systematic review and meta-analysis*. **JAMA Psychiatry** (epub ahead of print).

46. Fahy AE, Stansfeld SA, Smuk M, Smith NR, Cummins S, Clark C. *Longitudinal Associations Between Cyberbullying Involvement and Adolescent Mental Health.* **The Journal of adolescent health** (in press)

47. Fazel S, Fiminska Z, Cocks C, Coid J. (2016) *Patient outcomes following discharge from secure psychiatric hospitals: systematic review and meta-analysis.* **B J Psychiatry**. 208(1):17-25.

48. Giacco D, Amering M, Bird V, Craig T, Ducci G, Gallinat J, et al. (2016) *Scenarios for the future of mental health care: a social perspective.* **Lancet Psychiatry**. (in press)

49. Giacco D, Palumbo C, Strappelli N, Catapano F, Priebe S (2016) *Social contacts and loneliness in people with psychotic and mood disorders*. **Comprehensive Psychiatry**, 66:59-66.

50. Giacco D, Priebe S (2016) *Suicidality and hostility following involuntary hospital treatment*. **PLoS One**, 11: e0154458

51. Giebel C, Challis D, Worden A, Jolley D, Bhui KS, Lambat A, et al. (2016) *Perceptions of self-defined memory problems vary in south Asian minority older people who consult a GP and those who do not: a mixed-method pilot study.* **International journal of geriatric psychiatry**. 31(4):375-83.

52. Giebel CM, Jolley D, Zubair M, Bhui KS, Challis D, Purandare N, et al. (2016) *Adaptation of the Barts Explanatory Model Inventory to dementia understanding in South Asian ethnic minorities.* **Aging & mental health**. 20(6):594-602.

53. Goldsmith KA, Chalder T, White PD, Sharpe M, Pickles A. (2016) *Measurement error, time lag, unmeasured confounding: Considerations for longitudinal estimation of the effect of a mediator in randomised clinical trials.* **Stat Methods Med Res.** (in press)

54. Gonzalez RA, Igoumenou A, Kallis C, Coid JW. (2016) *Borderline personality disorder and violence in the UK population: categorical and dimensional trait assessment*. **BMC psychiatry.** 16:180.

55. Gonzalez RA, Kallis C, Ullrich S, Barnicot K, Keers R, Coid JW. (2016) *Childhood maltreatment and violence: Mediation through psychiatric morbidity.* **Child abuse & neglect**.52:70-84.

56. Grant-Peterkin H, Pickles H & Katona C (2016) *Mental capacity of those in immigration detention in the UK.* **Med Sci Law.** 1-8 DOI: 10.1177/0025802416657263

57. Grant-Peterkin HD (2016) *BASH is sadly alive and well*. **BJPsych Bulletin**. eLetter April

58. Haddad M, Waqas A, Qayyum W, Shams M & Malik S (2016) *The attitudes and beliefs of Pakistani medical practitioners about depression: a cross-sectional study in Lahore using the Revised Depression Attitude Questionnaire (R-DAQ)*. **BMC Psychiatry.** 16:349

59. Harris V, White PD, Sharpe M, Pickles A, Chalder T. (2016) *What mediates change after cognitive behaviour therapy and graded exercise therapy for chronic fatigue syndrome: sequential mediational analysis.* **Journal of Consulting and Clinical Psychology** (in press).

60. Ignatyev Y, Fritsch R, Priebe S, Mundt AP (2016) *Psychometric properties of the symptom check-list-90-R in prison inmates.* **Psychiatry Research**, 239:226-231

61. Ingman T, Ali S, Bhui K, Chalder T. (2016) *Chronic fatigue syndrome: comparing outcomes in White British and Black and minority ethnic patients after cognitive-behavioural therapy.* **B J Psychiatry.** 2016.

62. John P, Khanom H, Cameli M, McCabe R, Priebe S (2016) *How to value patients with psychosis: An inductive study of psychiatrists' behaviour in routine consultations*. **Communication and Medicine**, 12:55-69.

63. Jones J, McBain H, Lamontagne-Godwin F, Mulligan K, Haddad M, Flood C, Thomas D, Simpson A (2016) *Severe mental illness and type 2 diabetes: using theory and research evidence to develop complex behaviour change interventions.* **Journal of Psychiatric and Mental Health Nursing**, 23:312-321.

64. Jovanovic N, Podlesek A, Volpe U, Barrett E, Ferrari S, Rojnic Kuzman M, et al. (2016) *Burnout syndrome among psychiatric trainees in 22 countries: Risk increased by long working hours, lack of supervision, and psychiatry not being first career choice.* **European psychiatry : the journal of the Association of European Psychiatrists**. 32:34-41.

65. Kaselionyte J, Dirik A, Tulloch S, Priebe S, Giacco D. (2016) *Psychosis seminars: an open forum for service users, carers and professionals*. **BJPsych Open**. 2(5):330-4.

66. Kaufman KR, Malhi GS, Baxter A, Bhui K. (2016) I*n an open publishing house not so far, far away.* **BJPsych Open.** 2(4):e12-e3.

67. Keown P, McBride O, Twigg L, Crepaz-Keay D, Cyhlarova E, Parsons H, et al. (2016) *Rates of voluntary and compulsory psychiatric in-patient treatment in England: an ecological study investigating associations with deprivation and demographics.* **B J Psychiatry**. (in press)

68. Keown P, McBride O, Twigg L, Crepaz-Keay D, Cyhlarova E, Parsons H, et al. (2016) *Authors' reply*. **Br J Psychiatry.** 209(6):528-9.

69. Killaspy H, Priebe S, Bremner S, McCrone P, Dowling S, Harrison I, et al. (2016) *Quality of life, autonomy, satisfaction, and costs associated with mental health supported accommodation services in England: a national survey*. **Lancet Psychiatry**. (in press)

70. Killaspy H, White S, Dowling S, Krotofil J, McPherson P, Sandhu S, Arbuthnot M, Curtis S, Leavey G, Priebe S, Shepherd G, King M (2016) *Adaptation of the Quality Indicator for Rehabilitative Care (QuIRC) for use in mental health supported accommodation (QuIRC-SA)*. **BMC Psychiatry**, 16:101.

71. Leamy M, Clarke E, Le Boutillier C, Bird V, Choudhury R, MacPherson R, et al. (2016) *Recovery practice in community mental health teams: national survey.* **B J Psychiatry**. (in press)

72. Lewith G, Stuart B, Chalder T, McDermott C, White PD. (2016) *Complementary and alternative healthcare use by participants in the PACE trial of treatments for chronic fatigue syndrome.* **Journal of psychosomatic research**. 87:37-42.

73. MacInnes D, Kinane C, Parrott J, Mansfield J, Craig T, Eldridge S, et al. (2016) *A pilot cluster randomised trial to assess the effect of a structured communication approach on quality of life in secure mental health settings: The Comquol Study.* **BMC Psychiatry**.16(1):335.

74. Macpherson R, Pesola F, Leamy M, Bird V, Le Boutillier C, Williams J, et al. (2016) *The relationship between clinical and recovery dimensions of outcome in mental health*. **Schizophrenia research**. 175(1-3):142-7.

75. Malanchini M, Tosto MG, Garfield V, Dirik A, Czerwik A, Arden R, et al. (2016) *Preschool Drawing and School Mathematics: The Nature of the Association.* **Child development**. 87(3):929-43.

76. Mallet M, King E, White PD. (2016) *A UK based review of recommendations regarding the management of chronic fatigue syndrome.* **Journal of psychosomatic research**. 88:33-5.

77. Marshall CL, Ellis C, Williams V, Taylor RE, Bewley AP. (2016) *Iatrogenic delusional infestation: an observational study.* **Br J Dermatol.** 175(4):800-2.

78. McBain H, Mulligan K, Haddad M, Flood C, Jones J, Simpson A (2016) *Self management for type 2 diabetes in adult people with severe mental illness.* **Cochrane Database of Systematic Reviews.**

79. McCabe R, John P, Dooley J, Healey P, Cushing A, Kingdon D, Bremner S, Priebe S (2016) *Training to enhance psychiatrist communication with patients with psychosis (TEMPO): cluster randomised controlled trial*. **B J Psychiatry**, 1-8.

80. Moran K, Priebe (2016) *Better quality of life in patients offered financial incentives for taking anti-psychotic medication: Linked to improved adherence or more money?* **Quality of Life Research**

81. Mulder R, Newton-Howes G, Coid JW. (2016) *The futility of risk prediction in psychiatry*. **Br J Psychiatry.** 209(4):271-2.

82. Mullins N, Power RA, Fisher HL, Hanscombe KB, Euesden J, Iniesta R, et al. (2016) *Polygenic interactions with environmental adversity in the aetiology of major depressive disorder.* **Psychological medicine**. 46(4):759-70.

83. Mundt AP, Kastner S, Larrain S, Fritsch R, Priebe S. (2016) *Prevalence of mental disorders at admission to the penal justice system in emerging countries: a study from Chile*. **Epidemiol Psychiatr Sci**. 25(5):441-9.

84. Murray ET, Head J, Shelton N, Hagger-Johnson G, Stansfeld S, Zaninotto P, et al. (2016) *Local area unemployment, individual health and workforce exit: ONS Longitudinal Study.* **European journal of public health**.

85. Northcott S, Simpson A, Moss B, Ahmed N & Hilari K. (2016) How do speech-and-language therapists address the psychosocial well-being of people with aphasia? Results of a UK online survey. Int J Lang Commun Disord. August:1-14.

86. Nsamenang SA, Hirsch JK, Topciu R, Goodman AD, Duberstein PR. (2016) *The interrelations between spiritual well-being, pain interference and depressive symptoms in patients with multiple sclerosis.* **Journal of behavioral medicine**.

87. O'Kelly J, Bodak R (2016) *Development of the Music Therapy Assessment Tool for Advanced Huntington's Disease: A Pilot Validation Study.* **Journal of Music Therapy**, 1-25.

88. O'Connor M, Colucci E. (2016) *Exploring domestic violence and social distress in Australian-Indian migrants through community theater.* **Transcultural psychiatry**. 53(1):24-44.

89. Omer S, Golden E, Priebe S (2016) *Exploring the mechanisms of a patient-centred assessment with a solution focused approach (DIALOG+) in the community treatment of patients with psychosis: A process Evaluation within a cluster-randomised controlled trial*. **PLoS One**, 11:e0148415

90. Pham Q, Khatib Y, Stansfeld S, Fox S, Green T. (2016) *Feasibility and Efficacy of an mHealth Game for Managing Anxiety: "Flowy" Randomized Controlled Pilot Trial and Design Evaluation.* **Games for health journal**. 5(1):50-67.

91. Priebe S (2016) *A social paradigm in psychiatry – themes and perspectives*. **Epidemiology and Psychiatric Sciences**, 21:1-7

92. Priebe S, Bremner SA, Lauber C, Henderson C, Burns T. (2016) *Financial incentives to improve adherence to antipsychotic maintenance medication in non-adherent patients: a cluster randomised controlled trial.* **Health Technol Assess.** 20(70):1-122.

93. Priebe S, Bremner SA, Pavlickova H. (2016) *Discontinuing financial incentives for adherence to antipsychotic depot medication: long-term outcomes of a cluster randomised controlled trial.* **BMJ Open.** 6(9):e011673.

94. Priebe S, Giacco D, El-Nagib R. **WHO Health Evidence Network Synthesis Report 47:** *Public health aspects of mental health among migrants and refugees: a review of the evidence on mental health care for refugees, asylum seekers and irregular migrants in the WHO European Region*. (Copenhagen 2016).

95. Priebe S, Pavlickova H, Eldridge S, Golden E, McCrone P, Ockenden N, Pistrang N, King M (2016) *Effectiveness of one-to-one volunteer support for patients with psychosis: protocol of a randomised controlled trial*. **BMJ Open**, 6:e011582

96. Priebe S, Savill M, Wykes T, Bentall R, Lauber C, Reininghaus U, McCrone P, Mosweu I, Bremner S, Eldridge S, Rohricht F (2016) *Clinical effectiveness and cost-effectiveness of body psychotherapy in the treatment of negative symptoms of schizophrenia: a multicentre randomised controlled trial.* **Health Technology Assessment**, 20:1-100

97. Priebe S, Savill M, Wykes T, Bentall RP, Reininghaus U, Lauber C, Bremner S, Eldridge S, Röhricht F (2016) *Effectiveness of group body psychotherapy for negative symptoms of schizophrenia – a multi-centre randomised controlled trial*. **B J Psychiatry**

98. Ramchandani D, Marcenes W, Stansfeld SA, Bernabe E. (2016) *Problem behaviour and traumatic dental injuries in adolescents. Dental traumatology :* **official publication of International Association for Dental Traumatology**. 32(1):65-70.

99. Reynolds LM, Davies JP, Mann B, Tulloch S, Nidsjo A, Hodge P, Maiden N & Simpson A (2016) *StreetWise: developing a serious game to support forensic mental health service users' preparation for discharge: a feasibility study.* **J Pysch and Mental Helath Nursing.** 24(4): 185–193.

100. Roberts A, Coid J, King R, Murphy R, Turner J, Bowden-Jones H, et al. (2016) *Gambling and violence in a nationally representative sample of UK men*. **Addiction**. (in press)

101. Röhricht F. (2016) *Alternatives for acute in-patient care: safety and efficacy.* **BJPsych Bulletin.** eLetter DOI: 10.1192/pb.bp.115.051227

102. Rucker JJ, Tansey KE, Rivera M, Pinto D, Cohen-Woods S, Uher R, et al. (2016) *Phenotypic Association Analyses With Copy Number Variation in Recurrent Depressive Disorder.* **Biological psychiatry**. 79(4):329-36.

103. Russell J, Berney L, Stansfeld S, Lanz D, Kerry S, Chandola T, et al. (2016) *The role of qualitative research in adding value to a randomised controlled trial: lessons from a pilot study of a guided e-learning intervention for managers to improve employee wellbeing and reduce sickness absence.* **Trials**. 17(1):396.

104. Sandhu S, Killaspy H, Krotofil J, McPherson P, Harrison I, Dowling S, Arbuthnott M, Curtis S, King M, Leavey G, Shepherd G, Priebe S (2016) *Development and psychometric properties of the client's assessment of treatment scale for supported accommodation (CAT-SA)*. **BMC Psychiatry**, 16(1):43

105. Sarker SJ, Smith SK, Chowdhury K, Ganz PA, Zimmerman S, Gribben J, et al. (2016) *Comparison of the impact of cancer between British and US long-term non-Hodgkin lymphoma survivors*. **Support Care Cancer**. (in press)

106. Savill M, Orfanos S, Bentall R, Reininghaus U, Wykes T, Priebe S. (2016) *The impact of gender on treatment effectiveness of body psychotherapy for negative symptoms of schizophrenia: A secondary analysis of the NESS trial data.* **Psychiatry Res.** 247:73-8.

107. Savill M, Orfanos S, Reininghaus U, Wykes T, Bentall R, Priebe S (2016) *The relationship between experiential deficits of negative symptoms and subjective quality of life in schizophrenia.* **Schizophrenia Research**, (in press).

108. Schoeler T, Theobald D, Pingault JB, Farrington DP, Jennings WG, Piquero AR, et al. (2016) *Continuity of cannabis use and violent offending over the life course.* **Psychological medicine**. 1-15.

109. Schrank B, Rumpold T, Gmeiner A, Priebe S, Aigner M. (2016) *Parenthood among people with psychotic disorders: gender differences in a non-selective clinical sample.* **Psychiatry Res**. 246:474-9.

110. Shah R, Taylor RE, Bewley A. (2016) *Exploring the Psychological Profile of Patients with Delusional Infestation.* **Acta dermato-venereologica**.

111. Sharpe M, Goldsmith KA, Johnson AL, Chalder T, Walker J, White PD. (2016) *Patient reaction to the PACE trial - Authors' reply.* **The lancet Psychiatry**. 3(2):e8-9.

112. Simpson A, Hannigan B, Coffey M, Barlow S, Cohen R, Jones A, Všetečková J, Faulkner A, Thornton A, Cartwright M (2016) *Recovery-focused care planning and coordination in England and Wales: a cross-national mixed methods comparative case study*. **BMC Psychiatry,** 14:147.

113. Simpson A, Hannigan B, Coffey M, Jones A, Barlow S, Cohen R, Všetečková J, Faulkner A (2016) *Cross-national comparative mixed-methods case study of recovery-focused mental health care planning and co-ordination: Collaborative Care Planning Project (COCAPP).* **Health Service Delivery Research,** 4:5.

114. Stafford M, Cooper R, Cadar D, Carr E, Richards M, Stansfeld S, et al. (2016) *Physical and cognitive capability in mid-adulthood as determinants of retirement and extended working life in a British cohort study.* **Scand J Work Environ Health**. (in press)

115. Stansfeld SA, Clark C, Smuk M, Power C, Davidson T, Rodgers B. (2016) *Childhood adversity and midlife suicidal ideation.* **Psychol Med**. 1-14.

116. Theobald D, Farrington DP, Coid JW, Piquero AR. (2016) *A Longitudinal Analysis of the Criminal Careers of Intimate Partner Violence Offender Subtypes: Results From a Prospective Survey of Males.* **Violence Vict.** (in press)

117. Theobald D, Farrington DP, Coid JW, Piquero AR. (2016) *Are Male Perpetrators of Intimate Partner Violence Different From Convicted Violent Offenders? Examination of Psychopathic Traits and Life Success in Males From a Community Survey.* **Journal of interpersonal violence.** 31(9):1687-718.

118. Thompson R, Valenti E, Siette J, Priebe S (2016) *To befriend or to be a friend: A systematic review of the meaning and practice of "befriending" in mental health care.* **Journal of Mental Health**, 25(1):71-7

119. Thomsen CT, Benros ME, Hastrup LH, Andersen PK, Giacco D, Nordentoft M. (2016) *Patient-controlled hospital admission for patients with severe mental disorders: study protocol for a nationwide prospective multicentre study.* **BMJ Open.** 6(9):e013088.

120. Wallace G, Bird V, Leamy M, Bacon F, Le Boutillier C, Janosik M, et al. (2016) *Service user experiences of REFOCUS: a process evaluation of a pro-recovery complex intervention.* **Social psychiatry and psychiatric epidemiology**. (in press)

121. Walsh S, Cassidy M, Priebe S (2016) *The application of positive psychotherapy in mental health care: A systematic review*. **Journal of Clinical Psychology**, 00:1-14

122. Walsh S, Golden E, Priebe S (2016) *Systematic review of patients' participation in and experiences of technology-based monitoring of mental health symptoms in the community*. **BMJ Open**, 6:e008362

123. White PD, Chalder T, Sharpe M. (2016) Comment on: 'Reports of recovery in chronic fatigue syndrome may present less than meets the eye'. Evidence-based mental health. 19(1):32.

2017

1. Aswathikutty A, Marcenes W, Stansfeld SA, Bernabe E. (2017) *Obesity, physical activity and traumatic dental injuries in adolescents from East London.* **Dent Traumatol**. 33(2):137-42.

2. Barnicot K, Insua-Summerhayes B, Plummer E, Hart A, Barker C, Priebe S. Staff and patient experiences of decision-making about continuous observation in psychiatric hospitals. Soc Psychiatry Psychiatr Epidemiol. 2017.

3. Bhugra D, Ventriglio A, Bhui K. Acculturation, violent radicalisation, and religious fundamentalism. Lancet Psychiatry. 2017;4(3):179-81.

4. Bhui K, Joao, M., Harding, S, Stansfeld, S. Bullying, Social Support & Psychological Distress: findings from cohorts of East London's White British and Bangladeshi Adolescents. Journal of Adolescent Health. 2017.

5. Bhui K. Cultural neuroscience: a meta-paradigm for psychiatry? Br J Psychiatry. 2017;210(1):89-90.

6. Bhui K. Disruptive transformations to extend the reach and refine health systems. Br J Psychiatry. 2017;210(2):176.

7. Bhui K. eHealth adventures in psychiatric therapeutics. Br J Psychiatry. 2017;210(4):309-10.

8. Bhui K. Plasticity and optimism in psychiatric research and practice. Br J Psychiatry. 2017;211(1):60.

9. Bhui K. Salience and discovery in BJPsych. Br J Psychiatry. 2017;210(3):239-40.

10. Boutron I, Altman DG, Moher D, Schulz KF, Ravaud P, Group CN. CONSORT Statement for Randomized Trials of Nonpharmacologic Treatments: A 2017 Update and a CONSORT Extension for Nonpharmacologic Trial Abstracts. Ann Intern Med. 2017.

11. Brady, A. M., Deighton, J., & Stansfeld, S. (2017). Psychiatric outcomes associated with chronic illness in adolescence: A systematic review. Journal of Adolescence, 59, 112-123.

12. Carr CE, O'Kelly J, Sandford S, Priebe S. Feasibility and acceptability of group music therapy vs wait-list control for treatment of patients with long-term depression (the SYNCHRONY trial): study protocol for a randomised controlled trial. Trials. 2017;18(1):149.
13. Casanova Dias M, Giacco D, Hanon C. Early career psychiatrists' preferences on e-learning: Viewpoint from the EPA Committee on Education. Eur Psychiatry. 2017;42:86-8.
14. Chartonas D, Kyratsous M, Dracass S, Lee T, Bhui K. Personality disorder: still the patients psychiatrists dislike? BJPsych Bull. 2017;41(1):12-7.
15. Clark C, Smuk M, Cummins S, Eldridge S, Fahy A, Lewis D, et al. An Olympic Legacy? Does the urban regeneration associated with the London 2012 Olympic Games impact on adolescent mental health? Am J Epidemiol. 2017.
16. Clark C, Smuk M, Lain D, Stansfeld SA, Carr E, Head J, et al. Impact of childhood and adulthood psychological health on labour force participation and exit in later life. Psychol Med. 2017:1-12.
17. Clark LV, Pesola F, Thomas JM, Vergara-Williamson M, Beynon M, White PD. Guided graded exercise self-help plus specialist medical care versus specialist medical care alone for chronic fatigue syndrome (GETSET): a pragmatic randomised controlled trial. Lancet. 2017.
18. Coffey M, Hannigan B & Simpson A (2017) *Care planning and coordination: Imperfect solutions in a complex world.* **J Psychiatric and Mental Health Nursing** 24(6):333-334
19. Collin SM, Bakken IJ, Nazareth I, Crawley E, White PD. Health care resource use by patients before and after a diagnosis of chronic fatigue syndrome (CFS/ME): a clinical practice research datalink study. BMC Fam Pract. 2017;18(1):60.
20. Collin SM, Bakken IJ, Nazareth I, Crawley E, White PD. Trends in the incidence of chronic fatigue syndrome and fibromyalgia in the UK, 2001-2013: a Clinical Practice Research Datalink study. J R Soc Med. 2017:141076817702530.
21. Cooper RE, Williams E, Seegobin S, Tye C, Kuntsi J, Asherson P. Cannabinoids in attention-deficit/hyperactivity disorder: A randomised-controlled trial. European Neurospsychophamacology. 2017.
22. Dinos S, Ascoli, M., Owiti, J. A., Bhui, K.,. Assessing explanatory models and health beliefs: essential but overlooked as a competency for clinicians. BJPSych Advances. 2017;23:106-14.
23. Drummond C & Simpson A (2017) *'Who's actually gonna read this?' An evaluation of staff experiences of the value of information contained in written care plans in supporting care in three different dementia care settings.* **J Psychiatric and Mental Health Nursing** 24(6):377-386
24. Duncan M, Deane J, White PD, Ridge D, Roylance R, Korszun A, Chalder, T., Bhui, K.S., Thaham M.A., Burke, L.. on behalf of the SURECAN investigators.A survey to determine usual care after cancer treatment within the United Kingdom national health service. BMC Cancer. 2017;17(1):186.
25. Fahy AE, Stansfeld SA, Smuk M, Lain D, van der Horst M, Vickerstaff S, et al. Longitudinal associations of experiences of adversity and socioeconomic disadvantage during childhood with labour force participation and exit in later adulthood. Soc Sci Med. 2017;183:80-7.
26. Farreny A, Savill M, Priebe S. Correspondence between negative symptoms and potential sources of secondary negative symptoms over time. Eur Arch Psychiatry Clin Neurosci. 2017.
27. Feffer K, Peters, K. S, Bhui, K, Giacobbe, P, Downar, J. Successful dorsomedial prefrontal rTMS for major depression in borderline personality disorder: three cases. Elsevier BRS. 2017.
28. Freestone, M. (2017) Editorial: Personality, Identity, Risk and Radicalisation. International Review of Psychiatry.
29. Freestone, M., Ullrich, S. & Coid, J. (2017) Trigger Factors for violent offending: Findings from the UK Prisoner Cohort Study. Criminal Justice and Behavior.
30. Giacco D, Amering M, Bird V, Craig T, Ducci G, Gallinat J, et al. Scenarios for the future of mental health care: a social perspective. Lancet Psychiatry. 2017;4(3):257-60.
31. Giacco D, Dirik A, Kaselionyte J & Priebe S (2017) *How to make carer involvement in mental health inpatient units happen: a focus group study with patients, carers and clinicians.* **BMC Psychiatry** 17:101

32. Giacco D, Dirik A, Kaselionyte J, Priebe S. How to make carer involvement in mental health inpatient units happen: a focus group study with patients, carers and clinicians. BMC Psychiatry. 2017;17(1):101.

33. Giacco D, Priebe S. Scenarios for the future of mental health care: whose interests, whose perspectives, whose future?-Authors' reply. Lancet Psychiatry. 2017;4(3):190.

34. Hagger-Johnson G, Carr E, Murray E, Stansfeld S, Shelton N, Stafford M, et al. Association between midlife health behaviours and transitions out of employment from midlife to early old age: Whitehall II cohort study. BMC Public Health. 2017;17(1):82.

35. Harris V, White, P.D., Sharpe, M., Pickles, A., Chalder, T. What mediates change after cognitive behaviour therapy and graded exercise therapy for chronic fatigue syndrome: sequential mediational analysis. Journal of Consulting and Clinical Psychology Journal of Consulting and Clinical Psychology. (in press) 2017.

36. Katsakou C, Pistrang N, Barnicot K, White H, Priebe S. Processes of recovery through routine or specialist treatment for borderline personality disorder (BPD): a qualitative study. J Ment Health. 2017:1-9.

37. Knight B, Coid J, Ullrich S. Non-Suicidal Self-Injury in UK Prisoners. International Journal of Forensic Mental Health. 2017:1-11.

38. Kruger S, Priebe S, Fritsch R, Mundt AP. Burden of separation and suicide risk of prisoners with minor children. Int J Law Psychiatry. 2017.

39. Laxhman N, Greenberg L, Priebe S. Satisfaction with sex life among patients with schizophrenia. Schizophr Res. 2017.

40. Mahlke CI, Priebe S, Heumann K, Daubmann A, Wegscheider K, Bock T. Effectiveness of one-to-one peer support for patients with severe mental illness - a randomised controlled trial. Eur Psychiatry. 2017;42:103-10.

41. Marshall CL, Williams V, Ellis C, Taylor RE, Bewley AP. Delusional infestation may be caused by recreational drug usage in some patients, but they may not disclose their habit. Clin Exp Dermatol. 2017;42(1):41-5.

42. McCabe R, Sterno I, Priebe S, Barnes R, Byng R. How do healthcare professionals interview patients to assess suicide risk? BMC Psychiatry. 2017;17(1):122.

43. McLaughlin P, Giacco D, Priebe S (2016) *Use of Coercive Measures during Involuntary Psychiatric Admission and Treatment Outcomes: Data from a Prospective Study across 10 European Countries*. **PLoS ONE** 11(12): e0168720

44. McLeod K & SimpsonA (2017) *Exploring the value of mental health nurses working in primary care in England: A qualitative study.* **J Psychiatric and Mental Health Nursing** 24(6):387-395

45. Moukhtarian TR, Cooper RE, Vassos E, Moran P, Asherson P. Effects of stimulants and atomexetine on emotional liability in adults: a systematic review and meta-analysis. European Psychiatry. 2017.

46. Mulder RT, Newton-Howes G, Coid J. Authors' reply. Br J Psychiatry. 2017;210(5):369-70.

47. Mulligan K, McBain H, Lamontagne-Godwin F, Chapman J, Haddad M, Jones J, Flood C, Thomas D & Simpson A (2017) *Barriers and enablers of type 2 diabetes self-management in people with severe mental illness.* **Health Expectations**. DOI: 10.1111/hex.12543

48. Norris T, Collin SM, Tilling K, Nuevo R, Stansfeld SA, Sterne JA, et al. Natural course of chronic fatigue syndrome/myalgic encephalomyelitis in adolescents. Arch Dis Child. 2017.

49. Nose M, Ballette F, Bighelli I, Turrini G, Purgato M, Tol W, et al. Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis. PLoS One. 2017;12(2):e0171030.

50. Orfanos S, Akther SF, Abdul-Basit M, McCabe R, Priebe S. Using video-annotation software to identify interactions in group therapies for schizophrenia: assessing reliability and associations with outcomes. BMC Psychiatry. 2017;17(1):65.

51. Pinto da Costa M, Giurgiuca A, Holmes K, Biskup E, Mogren T, Tomori S, Kilic O, Banjac V, Molina-Ruiz R, Palumbo C, Frydecka D, Kaaja J, El-Higaya E, Kanellopoulos A, Amit BH,

Madissoon D, Andreou E, Uleviciute-Belena I, Rakos I, Dragasek J, Feffer K, Farrugia M, Mitkovic-Voncina M, Gargot T, Baessler F, Pantovic-Stefanovic M, & De Picker L (2017) *To which countries do European psychiatric trainees want to move to and why?* **European Psychiatry** 45:174–181

52. Priebe S, Golden E, Kingdon D, Omer S, Walsh S, Katevas K, et al. Effective patient-clinician interaction to improve treatment outcomes for patients with psychosis: a mixed-methods design. Programme Grants for Applied Research. Southampton (UK)2017.
53. Priebe S, Ramjaun G, Strappelli N, Arcidiacono E, Aguglia E, Greenberg L. Do patients prefer optimistic or cautious psychiatrists? An experimental study with new and long-term patients. BMC Psychiatry. 2017;17(1):26.
54. Priebe S. Common sense alone is not enough. World Psychiatry. 2017;16(2):157-8.
55. Rahtz E, Bhui, K., Smuk. M., Hutchison, I., Korszun, A. Violent injury predicts poor psychological outcomes after traumatic injury in a hard to reach population: an observational cohort study. BMJ Open. 2017.
56. Sandhu S, Priebe S, Leavey G, Harrison I, Krotofil J, McPherson P, et al. Intentions and experiences of effective practice in mental health specific supported accommodation services: a qualitative interview study. BMC Health Serv Res. 2017;17(1):471.
57. Sarker SJ, Smith SK, Chowdhury K, Ganz PA, Zimmerman S, Gribben J, et al. Comparison of the impact of cancer between British and US long-term non-Hodgkin lymphoma survivors. Support Care Cancer. 2017;25(3):739-48.
58. Savill M, Orfanos S, Bentall R, Reininghaus U, Wykes T, Priebe S. The impact of gender on treatment effectiveness of body psychotherapy for negative symptoms of schizophrenia: A secondary analysis of the NESS trial data. Psychiatry Res. 2017;247:73-8.
59. Shah R, Taylor RE, Bewley A. Exploring the Psychological Profile of Patients with Delusional Infestation. Acta Derm Venereol. 2017;96(7):98-101.
60. Siette J, Cassidy M, Priebe S. Effectiveness of befriending interventions: a systematic review and meta-analysis. BMJ Open. 2017;7(4):e014304.
61. Stafford M, Cooper R, Cadar D, Carr E, Murray E, Richards M, et al. Physical and cognitive capability in mid-adulthood as determinants of retirement and extended working life in a British cohort study. Scand J Work Environ Health. 2017;43(1):15-23.
62. Stansfeld SA, Clark C, Smuk M, Power C, Davidson T, Rodgers B. Childhood adversity and midlife suicidal ideation. Psychol Med. 2017;47(2):327-40.
63. Szymczynska P, Walsh S, Greenberg L, Priebe S. Attrition in trials evaluating complex interventions for schizophrenia: Systematic review and meta-analysis. J Psychiatr Res. 2017;90:67-77.
64. Tateno M, Jovanovic N, Beezhold J et al. The international study of burnout syndrome among psychiatric trainees (BoSS International) - Findings from Japan. JSPN Journal, 2017: 19:2.
65. Walsh S, Cassidy M, Priebe S. The Application of Positive Psychotherapy in Mental Health Care: A Systematic Review. J Clin Psychol. 2017;73(6):638-51.
66. Weich S, McBridge, O., Twigg, L., Craig, D., Keown, P.,Crepaz-Keay, D., Cyhlarova, W., Parsons, H., Scott, J., Bhui, K. . Variation in compulsory psychiatric inpatient admission in England: a cross-classified, multilevel analysis. The Lancet. 2017.
67. Weyde KV, Krog NH, Oftedal B, Evandt J, Magnus P, Overland S, et al. Nocturnal Road Traffic Noise Exposure and Children's Sleep Duration and Sleep Problems. Int J Environ Res Public Health. 2017;14(5).
68. Williams TE, Chalder T, Sharpe M, White PD. Heterogeneity in chronic fatigue syndrome - empirically defined subgroups from the PACE trial. Psychol Med. 2017:1-12.
69. York W & Jones J (2017) *Addressing the mental health needs of looked after children in foster care: the experiences of foster carers.* **J Psychiatric and Mental Health Nursing**. doi: 10.1111/jpm.12362