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## A. Original Research

1. **'Just snap out of it' - the experience of loneliness in women with perinatal depression: a Meta-synthesis of qualitative studies**  
   Adlington K., Vasquez C., Pearce E., Wilson C.A., Nowland R., Taylor B.L., Spring S., Johnson S. BMC Psychiatry 2023;23(1): 110.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c4be5fbf2f6ebcc01bd72cea20968281)

Background: Pregnancy and the arrival of a new baby is a time of great transition and upheaval. Women often experience social isolation and loneliness at this time and may develop depression, particularly in the postnatal period. Qualitative studies have reported that loneliness is also a feature of perinatal depression. However, until now there has been no attempt to synthesise research exploring the links between loneliness and perinatal depression. This study's aim was to explore existing qualitative evidence to answer two research questions: What are the experiences of loneliness for women with perinatal depression? What helps and what makes loneliness worse for women with perinatal depression? Methods: A qualitative meta-synthesis retrieved primary qualitative studies relevant to the research questions. Four electronic databases were systematically searched (Ovid MEDLINE; PsycINFO; Embase; Web of Science). Papers were screened according to pre-defined inclusion criteria and assigned a quality score. Thematic analysis was used to identify major overarching themes in the literature. Result(s): Twenty-seven relevant qualitative studies were included. Themes relating to the interaction between perinatal depression and loneliness included self-isolation and hiding symptoms due to stigma of perinatal depression and fear of judgement as a 'bad mother'; a sudden sense of emotional disconnection after birth; and a mismatch between expected and actual support provided by partner, family and community. There was also a double burden of loneliness for women from disadvantaged communities, due to increased stigma and decreased social support. Validation and understanding from healthcare professionals, peer support from other mothers with experience of perinatal depression, and practical and emotional family support were all important factors that could ameliorate loneliness. Conclusion(s): Loneliness appears to play a central role in the experience of perinatal depression based on the frequency with which it emerged in women's accounts. The findings provide a foundation for the development of further theories about the role of loneliness in perinatal depression and evidence in which future psychological and social intervention design processes can be rooted. Addressing stigma and offering culturally appropriate professional and peer support are potential targets for interventions that could help women with perinatal depression, particularly in disadvantaged communities, feel less lonely. Trial registration: Prospero registration: https://www.crd.york.ac.uk/prospero/display\_record.php? RecordID = 251,936.Copyright © 2023, The Author(s).

1. **[Transference focused psychotherapy and mentalization based treatment. Epsilonvidence based psychotherapies for borderline personality disorder].**  
   Kanter Bax Orestis, Nerantzis Georgios. Psychiatrike = Psychiatriki 2023;34(2): 143-154.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fdf8c5980de2fef46e46c59807482ad1)

Over the past decades mental health services around the world are faced with a high number of patients with borderline personality disorder (BPD) which has resulted in a particular emphasis on research for specialist treatments for this class of disorders. At least 5 psychotherapeutic models are based on evidence from clinical trials that support their effectiveness. In this review we present the latest research evidence as well as a summary of the basic characteristics of Transference-Focused Psychotherapy and Mentalization Based Treatment, which are not yet widely used in Greece. The two modalities originate from the psychoanalytic tradition and they have various points of convergence and divergence with regards to their structure (individual, group, combined) the role of the therapist and their use of basic theoretical concepts (eg. attachment, aggression). Their descriptive presentation in the form of a treatment manual and the standardisation of their training model, makes them accessible for training therapists and allows their introduction in psychiatric training programmes. We present a clinical case as an example of the application of the two approaches, along with the clinical and research paradigm originating from DeanCross Personality Disorder Service in London and the Centre for Understanding Personality Disorder, in order to compare the basic theoretical and technical characteristics of the two therapeutic modalities in view of their unique application within one outpatient service in the community. DeanCross provides a mixed MBT model (group, individual) with psychiatric input, which has been updated by the introduction of TFP in individual and group formats. Our review aligns with the international current that does not regard the two models in competition with each other; instead, we present a successful paradigm of their compatibility and mutual enrichment. The successful introduction of these therapies in the British public healthcare system, which is similar in its characteristics to the Greek national health system, is an encouraging prognostic factor when it comes to the applicability of these models in the Greek paradigm. It is a necessary prerequisite that clinical and theoretical knowledge of services that care for populations with a high prevalence of BPD is updated, and the current review makes a contribution in this direction.

1. **A multidimensional approach to wound bed preparation using UrgoClean Ag.**  
   DOWSETT CAROLINE. Wounds UK 2023;19(4): 78-85.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=09328133f2e37d5cb40c7a7f219de60a)

Background: Chronic wounds have a significant impact on patients' lives and are challenging for healthcare professionals to treat. Failure to implement evidence-based practice can prolong patient suffering and lead to wound complications such as infection. Effective dressing selection is important to ensure wound bed preparation (WBP) and removal of the barriers to healing, such as devitalised tissue, infection, and excess exudate. Multidimensional products such as UrgoClean Ag have a combined action of continuous cleansing, debridement, and treatment of infection, and can effectively prepare the wound bed and advance wound healing. This paper discusses the importance of WBP, with a focus on infection and biofilm management using a multidimensional product (UrgoClean Ag), with clinical practice examples.

1. **A quality improvement project that led to a reduction in pressure damage**  
   Taylor C., McDonald S., Missa A., Smith S. British journal of nursing (Mark Allen Publishing) 2023;32(15): S6.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e720e1f66edca75854408ae1f25f9346)

1. **A shared decision-making model about care for people with severe dementia: A qualitative study based on nutrition and hydration decisions in acute hospitals**  
   Anantapong K., Sampson E.L., Davies N. International Journal of Geriatric Psychiatry 2023;38(2): e5884.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a687da75dffe7906ebd12db31e5eb3f1)

Objectives: To understand the decision-making processes regarding eating and drinking for hospital patients with severe dementia and use this data to modify a decision-making model about care for people with severe dementia. Method(s): From January to May 2021, qualitative semi-structured interviews were conducted with 29 family carers and hospital staff in England who cared for people with severe dementia during hospital admissions. Interviews were transcribed verbatim and analysed using codebook thematic analysis. Result(s): We demonstrated a modified decision-making model consisting of six stages of the decision-making process: (i) identify a decision to be made; (ii) exchange information and recognise emotions; (iii) clarify values and preferences of all involved; (iv) consider feasibility of each choice; (v) share preferred choice and make a final decision; and (vi) deliver the decision, monitor outcomes and renegotiation. From this study, decision-making needed to be shared among all people involved and address holistic needs and personal values of people with dementia and family carers. However, hospital staff often made assumptions about the persons' ability to eat and drink without adequate consultation with family carers. The process was impacted by ward culture, professional practice, and legal framework, which might overlook cultural and personal beliefs of the persons and families. Treatment escalation plans could help inform stepwise treatments, create realistic expectations, and guide future decisions. Conclusion(s): Our decision-making model provides clear stages of decision-making processes and can be used to guide clinical practice and policy around care decisions for eating and drinking, which is often poorly supported.Copyright © 2023 The Authors. International Journal of Geriatric Psychiatry published by John Wiley & Sons Ltd.

1. **A systematic review and meta-analysis of the evidence on inflammation in depressive illness and symptoms in chronic and end-stage kidney disease**  
   Jayakumar S., Jennings S., Halvorsrud K., Clesse C., Yaqoob M.M., Carvalho L.A., Bhui K. Psychological medicine 2023;53(12): 5839-5851.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d5aebc78d8a1006758447301cdf63832)

BACKGROUND: Depression affects approximately 27% of adults with chronic kidney disease (CKD) and end-stage kidney failure (ESKF). Depression in this population is associated with impaired quality of life and increased mortality. The extent of inflammation and the impact on depression in CKD/ESKF is yet to be established. Through a systematic literature review and meta-analysis, we aim to understand the relationship between depression and inflammation in CKD/ESKF patients. METHOD(S): We searched nine electronic databases for published studies until January 2022. Titles and abstracts were screened against inclusion and exclusion criteria. Data extraction and study quality assessment was carried out independently by two reviewers. A meta-analysis was carried out where appropriate; otherwise a narrative review of studies was completed. RESULT(S): Sixty studies met our inclusion criteria and entered the review (9481 patients included in meta-analysis). Meta-analysis of cross-sectional associations revealed significantly higher levels of pro-inflammatory biomarkers; C-reactive protein; Interleukin 6 (IL-6) and tumour necrosis factor-alpha in patients with depressive symptoms (DS) compared to patients without DS. Significantly lower levels of anti-inflammatory cytokine IL-10 were found in patients with DS compared to patients without DS. Considerable heterogeneity was detected in the analysis for most inflammatory markers. CONCLUSION(S): We found evidence for an association of higher levels of pro-inflammatory and lower anti-inflammatory cytokines and DS in patients with CKD/ESKF. Clinical trials are needed to investigate whether anti-inflammatory therapies will be effective in the prevention and treatment of DS in these patients with multiple comorbidities.

1. **A systematic review of barriers and enablers that health professionals experience to the delivery of type 2 diabetes care for adults with severe mental illness**  
   Dorey T., Haddad M., McBain H., Mulligan K., Zarska A. Diabetic Medicine 2023;40(7): e15098.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ac8797deca3d85e4a8e1f4784a6a9571)

Background: People with severe mental illness have a heightened risk for type 2 diabetes. They also experience poorer outcomes, including more diabetes complications, more emergency admissions, lower quality of life and excess mortality. Aim(s): This systematic review aimed to identify health professionals' barriers to and enablers of delivering and organising type 2 diabetes care for people with severe mental illness. Method(s): Searches were conducted in Medline, EMBASE, PsycInfo, CINAHL, OVID Nursing, Cochrane Library, Google Scholar, OpenGrey, PsycExtra, Health Management Information Consortium and Ethos in March 2019, with updates in September 2019 and January 2023. There were no restrictions on study design, but studies were excluded if they did not include the perspective of health professionals or were not in English. Barriers and/or enablers of type 2 diabetes care for people with a severe mental illness were organised using the theoretical domains framework with additional inductive thematic coding. Result(s): Twenty-eight studies were included in the review. Overall, eight domains were identified as important with barriers and enablers identified at individual, interpersonal and organisational levels. Conclusion(s): Focussing on providing a collaborative healthcare environment which actively supports type 2 diabetes care, fostering improved communication both between professionals and service users, ensuring clear boundaries around roles and responsibilities as well as individual skill and knowledge support alongside confidence building all offer opportunities to improve type 2 diabetes care.Copyright © 2023 The Authors. Diabetic Medicine published by John Wiley & Sons Ltd on behalf of Diabetes UK.

1. **A systematic review of dramatherapy interventions used to alleviate emotional distress and support the well‐being of children and young people aged 8–18 years old**  
   Keiller Eleanor, Tjasink Megan, Bourne Jane, Ougrin Dennis, Carr Catherine Elizabeth, Lau Jennifer Y. F. JCPP Advances 2023;3(3): 16.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=06ebc43bc06ed1826a41b315b5082e64)

Background Dramatherapy, a creative form of psychotherapy, may be a useful treatment for child and adolescent mental health. As there is a growing evidence base, this systematic review sought to identify, describe and evaluate dramatherapy with children and adolescents who were experiencing emotional distress (anxiety, depression and trauma) in order to inform future research in this area. Methods Seven databases (PsychInfo, PubMed, Scopus, Web of Science, CINAHL, EMBASE and Cochrane) were searched for peer‐reviewed articles exploring dramatherapy as a treatment for child and adolescent emotional distress. Hand searches of relevant journals were also conducted. Two reviewers coded articles for eligibility and independently appraised papers using the Joanna Briggs Institute Critical Appraisal Tools. Details relating to intervention and participant characteristics were extracted and, where data were available, effect sizes on measures relating to emotional distress were calculated. Results Fifteen papers were included. Studies showed that dramatherapy was often delivered in schools (46%) and clinical settings (20%) and was more frequently delivered to adolescents (53%) (&gt;11 years) than children (26%) (8–11 years). Dramatherapy was used as a treatment for diagnostically heterogeneous groups (40%), for emotional and behavioural difficulties (33%) and following a shared, traumatic, experience (20%). Seven papers reported relevant quantitative data however, just three of these studies were controlled and none were blinded. Pre‐to‐post intervention effect sizes ranged from d = 0.17 to d &gt; 2 yet samples were small and participant response to treatment was not always consistent. The largest effects were seen in dramatherapy employed following trauma and in clinical settings. Medium to large effects were also seen in early intervention school‐based dramatherapy. Conclusion Despite promising results with regards to the treatment of child and adolescent emotional distress, the evidence base for dramatherapy is small and methodologically flawed. Larger, methodologically robust trials should test the efficacy of dramatherapy in future research. (PsycInfo Database Record (c) 2023 APA, all rights reserved) (Source: journal abstract)

1. **A systemic supervisory methodology and approach used during COVID times: Collective cut-outs - a gift from the left hand.**  
   Adams Joanne, Baxter Melissa. 2022;44(4): 474-489.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0c4667f5ddf0f1bd99680d4dd17dd2bb)

1. **Active treatment of non-healing wounds in the community: Identifying people at risk of non-healing wounds**  
   Dowsett C. Wounds UK 2023;19(2): 46-50.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0fb331bbd2004ea6219585c73eab5c71)

Non-healing wounds are common, have a negative impact on patients, increase workload for clinicians and are a source of rising costs for the NHS. Early identification of people who are at risk of non-healing is important to ensure best practice interventions including the use of active treatments. This article will discuss best practice recommendations from the new Wounds UK Best Practice Statement (BPS; Wounds UK, 2022) with a focus on patient assessment and identification of risk factors for non-healing wounds, as well as examples of early intervention with active treatments to improve patient outcomes.Copyright © 2023, OmniaMed Communications Ltd. All rights reserved.

1. **Adding psychology to the diabetes service 'new patient' pathway: an evaluation**  
   Heath J. Practical Diabetes 2023;40(3): 35-38a.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=62bfe8883e42496f17b450661d93bbd7)

Promotion of psychology as an integrated aspect of the diabetes team has been encouraged, with the aims of: reducing stigma felt by service users accessing this aspect of the multidisciplinary team, allowing for a biopsychosocial overview of patient care, and timely advising on appropriate signposting and onwards referral where necessary. To this end, a new care pathway was trialled, with psychology appointments offered as the third step in a new nurse- and dietitian-led clinic structure. For a five-month trial period, all new patients (newly diagnosed or new to the service, n=30) were allocated a 30-minute-long remote psychology assessment appointment. The attendance rate was 66.7% and comparable with traditional opt-in psychology appointments. Attendance at psychology appointments was not influenced by diabetes type; however, patients were more likely to attend if they were female or of British ethnicity. The trial suggested that psychology appointments can be integrated into the preliminary assessment and annual review system without the need for specific referral. Such assessments can offer space for patients to reflect on their experience of living with diabetes and the identification of any psychosocial support needs, enabling timely information sharing and referral for support within and beyond the multidisciplinary team. Further evaluation is necessary to ascertain whether integrated psychological assessments in the usual care pathway can promote better awareness of, and engagement with, psychology while patients are under the care of the diabetes team. Copyright © 2023 John Wiley & Sons.Copyright © 2023 John Wiley & Sons, Ltd.

1. **An International Adult Guideline for Making Clozapine Titration Safer by Using Six Ancestry-Based Personalized Dosing Titrations, CRP, and Clozapine Levels.**  
   de Leon Jose, Schoretsanitis Georgios, Smith Robert L., Molden Espen, Solismaa Anssi, Seppala Niko, Kopecek Miloslav, Svancer Patrik, Olmos Ismael, Ricciardi Carina, Iglesias-Garcia Celso, Iglesias-Alonso Ana, Spina Edoardo, Ruan Can-Jun, Wang Chuan-Yue, Wang Gang, Tang Yi-Lang, Lin Shih-Ku, Lane Hsien-Yuan, Kim Yong Sik, Kim Se Hyun, Rajkumar Anto P., Gonzalez-Esquivel Dinora F., Jung-Cook Helgi, Baptista Trino, Rohde Christopher, Nielsen Jimmi, Verdoux Helene, Quiles Clelia, Sanz Emilio J., De Las Cuevas Carlos, Cohen Dan, Schulte Peter F. J, Ertugrul Aygun, Anil Yagcioglu A. Elif, Chopra Nitin, McCollum Betsy, Shelton Charles, Cotes Robert O., Kaithi Arun R., Kane John M., Farooq Saeed, Ng Chee H., Bilbily John, Hiemke Christoph, Lopez-Jaramillo Carlos, McGrane Ian, Lana Fernando, Eap Chin B., Arrojo-Romero Manuel, Radulescu Flavian S., Seifritz Erich, Every-Palmer Susanna, Bousman Chad A., Bebawi Emmanuel, Bhattacharya Rahul, Kelly Deanna L., Otsuka Yuji, Lazary Judit, Torres Rafael, Yecora Agustin, Motuca Mariano, Chan Sherry K. W, Zolezzi Monica, Ouanes Sami, De Berardis Domenico, Grover Sandeep, Procyshyn Ric M., Adebayo Richard A., Kirilochev Oleg O., Soloviev Andrey, Fountoulakis Konstantinos N., Wilkowska Alina, Cubala Wieslaw J., Ayub Muhammad, Silva Alzira, Bonelli Raphael M., Villagran-Moreno Jose M., Crespo-Facorro Benedicto, Temmingh Henk, Decloedt Eric, Pedro Maria R., Takeuchi Hiroyoshi, Tsukahara Masaru, Grunder Gerhard, Sagud Marina, Celofiga Andreja, Ignjatovic Ristic Dragana, Ortiz Bruno B., Elkis Helio, Pacheco Palha Antonio J., LLerena Adrian, Fernandez-Egea Emilio, Siskind Dan, Weizman Abraham, Masmoudi Rim, Mohd Saffian Shamin, Leung Jonathan G., Buckley Peter F., Marder Stephen R., Citrome Leslie, Freudenreich Oliver, Correll Christoph U., Muller Daniel J. Pharmacopsychiatry 2022;55(2): 73-86.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=12381a9c058d99e3b5bc525b72fa5e2e)

This international guideline proposes improving clozapine package inserts worldwide by using ancestry-based dosing and titration. Adverse drug reaction (ADR) databases suggest that clozapine is the third most toxic drug in the United States (US), and it produces four times higher worldwide pneumonia mortality than that by agranulocytosis or myocarditis. For trough steady-state clozapine serum concentrations, the therapeutic reference range is narrow, from 350 to 600 ng/mL with the potential for toxicity and ADRs as concentrations increase. Clozapine is mainly metabolized by CYP1A2 (female non-smokers, the lowest dose; male smokers, the highest dose). Poor metabolizer status through phenotypic conversion is associated with co-prescription of inhibitors (including oral contraceptives and valproate), obesity, or inflammation with C-reactive protein (CRP) elevations. The Asian population (Pakistan to Japan) or the Americas' original inhabitants have lower CYP1A2 activity and require lower clozapine doses to reach concentrations of 350 ng/mL. In the US, daily doses of 300-600 mg/day are recommended. Slow personalized titration may prevent early ADRs (including syncope, myocarditis, and pneumonia). This guideline defines six personalized titration schedules for inpatients: 1) ancestry from Asia or the original people from the Americas with lower metabolism (obesity or valproate) needing minimum therapeutic dosages of 75-150 mg/day, 2) ancestry from Asia or the original people from the Americas with average metabolism needing 175-300 mg/day, 3) European/Western Asian ancestry with lower metabolism (obesity or valproate) needing 100-200 mg/day, 4) European/Western Asian ancestry with average metabolism needing 250-400 mg/day, 5) in the US with ancestries other than from Asia or the original people from the Americas with lower clozapine metabolism (obesity or valproate) needing 150-300 mg/day, and 6) in the US with ancestries other than from Asia or the original people from the Americas with average clozapine metabolism needing 300-600 mg/day. Baseline and weekly CRP monitoring for at least four weeks is required to identify any inflammation, including inflammation secondary to clozapine rapid titration. Copyright Thieme. All rights reserved.

1. **Correction: An International Adult Guideline for Making Clozapine Titration Safer by Using Six Ancestry-Based Personalized Dosing Titrations, CRP, and Clozapine Levels.**  
   de Leon Jose, Schoretsanitis Georgios, Smith Robert L., Molden Espen, Solismaa Anssi, Seppala Niko, Kopecek Miloslav, Svancer Patrik, Olmos Ismael, Ricciardi Carina, Iglesias-Garcia Celso, Iglesias-Alonso Ana, Spina Edoardo, Ruan Can-Jun, Wang Chuan-Yue, Wang Gang, Tang Yi-Lang, Lin Shih-Ku, Lane Hsien-Yuan, Kim Yong Sik, Kim Se Hyun, Rajkumar Anto P., Gonzalez-Esquivel Dinora F., Jung-Cook Helgi, Baptista Trino, Rohde Christopher, Nielsen Jimmi, Verdoux Helene, Quiles Clelia, Sanz Emilio J., De Las Cuevas Carlos, Cohen Dan, Schulte Peter F. J, Ertugrul Aygun, Anil Yagcioglu A. Elif, Chopra Nitin, McCollum Betsy, Shelton Charles, Cotes Robert O., Kaithi Arun R., Kane John M., Farooq Saeed, Ng Chee H., Bilbily John, Hiemke Christoph, Lopez-Jaramillo Carlos, McGrane Ian, Lana Fernando, Eap Chin B., Arrojo-Romero Manuel, Radulescu Flavian S., Seifritz Erich, Every-Palmer Susanna, Bousman Chad A., Bebawi Emmanuel, Bhattacharya Rahul, Kelly Deanna L., Otsuka Yuji, Lazary Judit, Torres Rafael, Yecora Agustin, Motuca Mariano, Chan Sherry K. W, Zolezzi Monica, Ouanes Sami, De Berardis Domenico, Grover Sandeep, Procyshyn Ric M., Adebayo Richard A., Kirilochev Oleg O., Soloviev Andrey, Fountoulakis Konstantinos N., Wilkowska Alina, Cubala Wieslaw J., Ayub Muhammad, Silva Alzira, Bonelli Raphael M., Villagran-Moreno Jose M., Crespo-Facorro Benedicto, Temmingh Henk, Decloedt Eric, Pedro Maria R., Takeuchi Hiroyoshi, Tsukahara Masaru, Grunder Gerhard, Sagud Marina, Celofiga Andreja, Ignjatovic Ristic Dragana, Ortiz Bruno B., Elkis Helio, Pacheco Palha Antonio J., LLerena Adrian, Fernandez-Egea Emilio, Siskind Dan, Weizman Abraham, Masmoudi Rim, Mohd Saffian Shamin, Leung Jonathan G., Buckley Peter F., Marder Stephen R., Citrome Leslie, Freudenreich Oliver, Correll Christoph U., Muller Daniel J. Pharmacopsychiatry 2022;55(2): e1.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a217dab2815e9e90d234bed18280e1d3)

1. **Antibody Persistence After Primary SARS-CoV-2 Infection and Protection Against Future Variants Including Omicron in Adolescents: National, Prospective Cohort Study.**  
   Aiano Felicity, Ireland Georgina, Baawuah Frances, Beckmann Joanne, Okike Ifeanyichukwu, Ahmad Shazaad, Garstang Joanna, Brent Andrew, Brent Bernadette, Borrow Ray, Linley Ezra, Ho Sammy, Carr Christine, Zambon Maria, Poh John, Warrener Lenesha, Amirthalingam Gayatri, Brown Kevin, Ramsay Mary, Hoschler Katja, Ladhani Shamez. 2023;42(6): 496-502.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=421c0ab245ccdfd5d353a7711d34c355)

Background: Antibodies are a measure of immunity after primary infection, which may help protect against further SARS-CoV-2 infections. They may also provide some cross-protection against SARS-CoV-2 variants. There are limited data on antibody persistence and, especially, cross-reactivity against different SARS-CoV-2 variants after primary infection in children., Methods: We initiated enhanced surveillance in 18 secondary schools to monitor SARS-CoV-2 infection and transmission in September 2020. Students and Staff provided longitudinal blood samples to test for variant-specific SARS-CoV-2 antibodies using in-house receptor binding domain assays. We recruited 1189 students and 1020 staff; 160 (97 students, 63 staff) were SARS-CoV-2 nucleocapsid-antibody positive at baseline and had sufficient serum for further analysis., Results: Most participants developed sustained antibodies against their infecting [wild-type (WT)] strain as well as cross-reactive antibodies against the Alpha, Beta and Delta variants but at lower titers than WT. Staff had significantly lower antibodies titers against WT as cross-reactive antibodies against the Alpha, Beta and Delta variants than students (all P < 0.01). In participants with sufficient sera, only 2.3% (1/43) students and 17.2% (5/29) staff had cross-reactive antibodies against the Omicron variant; they also had higher antibody titers against WT (3042.5; 95% confidence interval: 769.0-12,036.2) than those who did not have cross-reactive antibodies against the Omicron variant (680.7; 534.2-867.4)., Conclusions: We found very high rates of antibody persistence after primary infection with WT in students and staff. Infection with WT induced cross-reactive antibodies against Alpha, Beta and Delta variants, but not Omicron. Primary infection with WT may not be cross-protective against the Omicron variant., Copyright (C) 2023 Wolters Kluwer Health, Inc. All rights reserved.

1. **Antipsychotic dose reduction and discontinuation versus maintenance treatment in people with schizophrenia and other recurrent psychotic disorders in England (the RADAR trial): an open, parallel-group, randomised controlled trial**  
   Moncrieff J., Crellin N., Stansfeld J., Cooper R., Marston L., Freemantle N., Lewis G., Hunter R., Johnson S., Barnes T., Morant N., Pinfold V., Smith R., Kent L., Darton K., Long M., Horowitz M., Horne R., Vickerstaff V., Jha M., Priebe S. The Lancet Psychiatry 2023;10(11): 848-859.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b079d51ae92bb9660d149d655c133f3f)

Background: Maintenance antipsychotic medication is recommended for people with schizophrenia or recurrent psychosis, but the adverse effects are burdensome, and evidence on long-term outcomes is sparse. We aimed to assess the benefits and harms of a gradual process of antipsychotic reduction compared with maintenance treatment. Our hypothesis was that antipsychotic reduction would improve social functioning with a short-term increase in relapse. Method(s): RADAR was an open, parallel-group, randomised trial done in 19 National Health Service Trusts in England. Participants were aged 18 years and older, had a diagnosis of recurrent, non-affective psychotic disorder, and were prescribed an antipsychotic. Exclusion criteria included people who had a mental health crisis or hospital admission in the past month, were considered to pose a serious risk to themselves or others by a treating clinician, or were mandated to take antipsychotic medication under the Mental Health Act. Through an independent, internet-based system, participants were randomly assigned (1:1) to gradual, flexible antipsychotic reduction, overseen by treating clinicians, or to maintenance. Participants and clinicians were aware of treatment allocations, but assessors were masked to them. Follow-up was for 2 years. Social functioning, assessed by the Social Functioning Scale, was the primary outcome. The principal secondary outcome was severe relapse, defined as requiring admission to hospital. Analysis was done blind to group identity using intention-to-treat data. The trial is completed and has been registered with ISRCTN registry (ISRCTN90298520) and with ClinicalTrials.gov (NCT03559426). Finding(s): 4157 people were screened, of whom 253 were randomly allocated, including 168 (66%) men, 82 (32%) women, and 3 (1%) transgender people, with a mean age of 46 years (SD 12, range 22-79). 171 (67%) participants were White, 52 (21%) were Black, 16 (6%) were Asian, and 12 (5%) were of other ethnicity. The median dose reduction at any point during the trial was 67% in the reduction group and zero in the maintenance group; at 24 months it was 33% versus zero. At the 24-month follow-up, we assessed 90 of 126 people assigned to the antipsychotic dose reduction group and 94 of 127 assigned to the maintenance group, finding no difference in the Social Functioning Scale (beta 0.19, 95% CI -1.94 to 2.33; p=0.86). There were 93 serious adverse events in the reduction group affecting 49 individuals, mainly comprising admission for a mental health relapse, and 64 in the maintenance group, relating to 29 individuals. Interpretation(s): At 2-year follow-up, a gradual, supported process of antipsychotic dose reduction had no effect on social functioning. Our data can help to inform decisions about the use of long-term antipsychotic medication. Funding(s): National Institute for Health Research.Copyright © 2023 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license

1. **Art therapy as a treatment for adults with learning disabilities who are experiencing mental distress: A configurative systematic review with narrative synthesis**  
   Power N., Harrison T.L., Hackett S., Carr C. Arts in Psychotherapy 2023;86 102088.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7304b0120811ada543c0e84c5a7a05cf)

This systematic review with narrative synthesis aimed to identify the forms of art therapy practice, types of studies conducted, outcomes reported, and experiences described in the literature for people with learning disabilities who also experienced mental distress. Papers in English, describing art therapy practice or therapeutic art interventions which addressed mental distress with adults with learning disabilities were included. Database searches were conducted using Healthcare Databases Advanced Search (HDAS), PubMed and American Psychological Association PsycInfo. Hand searches of grey literature were also conducted. Relevance and quality assessment ratings were carried out on each included paper. Results were discussed in terms of the four main questions of this review. Sixty-eight papers were included: 41 clinical practice and 27 research studies. Art therapy was most frequently provided on an individual basis, by qualified art therapists in community settings. Papers highlighted a broad range of adaptive practices, techniques and theoretical models used by practitioners when working with this population. Study outcomes varied, were predominantly behavioural and deficit focused. Data on the direct experiences of this population were limited but show promising areas for future research. This review identified that art therapy practice has evolved in response to diverse client needs and specific socio-cultural contexts across 40 years. Although there are no clearly defined models of individual or group art therapy for this population, practitioners employ their creative and therapeutic skills flexibly to meet this population's complex health and social needs. We recommend that future studies: employ robust and inclusive methodologies, measure resource-oriented outcomes and use established standards of reporting, to expand the evidence-base and to more accurately reflect the experiences of this population.Copyright © 2023 The Authors

1. **Asking about self-harm during risk assessment in psychosocial assessments in the emergency department: questions that facilitate and deter disclosure of self-harm**  
   McCabe R., Bergen C., Lomas M., Ryan M., Albert R. BJPsych Open 2023;9(3): e93.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8f8ba2e02128fb2f0a035dc627a8f8a7)

Background: Emergency departments are key settings for suicide prevention. Most people are deemed to be at no or low risk in final contacts before death. Aim(s): To micro-analyse how clinicians ask about suicidal ideation and/or self-harm in emergency department psychosocial assessments and how patients respond. Method(s): Forty-six psychosocial assessments between mental health clinicians and people with suicidal ideation and/or self-harm were video-recorded. Verbal and non-verbal features of 55 question-answer sequences about self-harm thoughts and/or actions were micro-analysed using conversation analysis. Fisher's exact test was used to test the hypothesis that question type was associated with patient disclosure. Result(s): (a) Eighty-four per cent of initial questions (N = 46/55) were closed yes/no questions about self-harm thoughts and/or feelings, plans to self-harm, potential for future self-harm, predicting risk of future self-harm and being okay or keeping safe. Patients disclosed minimal information in response to closed questions, whereas open questions elicited ambivalent and information rich responses. (b) All closed questions were leading, with 54% inviting no and 46% inviting yes. When patients were asked no-inviting questions, the disclosure rate was 8%, compared to 65% when asked yes-inviting questions (P < 0.05 Fisher's exact test). (c) Patients struggled to respond when asked to predict future self-harm or guarantee safety. (d) Half of closed questions had a narrow timeframe (e.g. at the moment, overnight) or were tied to possible discharge. Conclusion(s): Across assessments, there is a bias towards not uncovering thoughts and plans of self-harm through the cumulative effect of leading questions that invite a no response, their narrow timeframe and tying questions to possible discharge. Open questions, yes-inviting questions and asking how people feel about the future facilitate disclosure.Copyright © 2023 The Author(s).

1. **Association between visual impairment and psychosis: A longitudinal study and nested case-control study of adults**  
   Shoham N., Lewis G., Hayes J.F., Silverstein S.M., Cooper C. Schizophrenia Research 2023;254 81-89.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=64fc30fab17a7689c211de1ab82827e5)

Background: Theories propose that visual impairment might increase the risk of psychosis, and vice versa. We aimed to investigate the relationship between visual impairment and psychosis in the UK Biobank cohort. Study design: In a nested case control study of ~116,000 adults, we tested whether a Schizophrenia Spectrum Disorder (SSD) diagnosis as exposure was associated with visual impairment. We also tested longitudinally whether poorer visual acuity, and thinner retinal structures on Optical Coherence Tomography (OCT) scans in 2009 were associated with psychotic experiences in 2016. We adjusted for age, sex, depression and anxiety symptoms; and socioeconomic variables and vascular risk factors where appropriate. We compared complete case with multiple imputation models, designed to reduce bias potentially introduced by missing data. Result(s): People with visual impairment had greater odds of SSD than controls in multiply imputed data (Adjusted Odds Ratio [AOR] 1.42, 95 % Confidence Interval [CI] 1.05-1.93, p = 0.021). We also found evidence that poorer visual acuity was associated with psychotic experiences during follow-up (AOR per 0.1 point worse visual acuity score 1.06, 95 % CI 1.01-1.11, p = 0.020; and 1.04, 95 % CI 1.00-1.08, p = 0.037 in right and left eye respectively). In complete case data (15 % of this cohort) we found no clear association, although confidence intervals included the multiple imputation effect estimates. OCT measures were not associated with psychotic experiences. Conclusion(s): Our findings highlight the importance of eye care for people with psychotic illnesses. We could not conclude whether visual impairment is a likely causal risk factor for psychosis.Copyright © 2023 The Author(s)

1. **Association of Spike-Specific T Cells With Relative Protection From Subsequent SARS-CoV-2 Omicron Infection in Young Children.**  
   Dowell Alexander, Ireland Georgina, Zuo Jianmin, Moss Paul, Ladhani Shamez. 2023;177(1): 96-97.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=599aced59685f5994feed0a5808e530f)

1. **Associations between sociodemographic characteristics and receipt of professional diagnosis in Common Mental Disorder: Results from the Adult Psychiatric Morbidity Survey 2014.**  
   Bogdanova Nadezhda, Cooper Claudia, Ahmad Gargie, McManus Sally, Shoham Natalie. Journal of affective disorders 2022;319 112-118.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d30fba8d498b3d828aa67f75d264ad13)

BACKGROUND: Many people with Common Mental Disorders (CMDs), especially men, people from older age groups, and ethnic minority backgrounds, receive no treatment. Self-acknowledgement of mental illness symptoms, and a professional diagnosis are usually required to access treatment. To understand barriers, we therefore tested whether these groups were relatively less likely to self-diagnose a CMD, or to receive a professional diagnosis., METHODS: We analysed data from the 2014 English Adult Psychiatric Morbidity Survey (APMS). We used regression models to examine whether gender, age, and minority ethnic status were associated with professional and self-diagnosis, after controlling for CMD symptoms., RESULTS: 27.3 % of the population reported a professional and self-diagnosis of CMD, 15.9 % a self- diagnosis only, and the remainder no diagnosis. Odds of professional diagnosis were lower for men compared with women (adjusted odds ratio [AOR] 0.54, 95 % confidence intervals [CI] 0.47-0.62). People from White Other (0.49, 0.36-0.67), Black (0.31, 0.18-0.51), and Asian (0.22, 0.15-0.33) groups were less likely than the White British group to receive a professional diagnosis. The least likely age group to have a professional CMD diagnosis (relative to adults aged 16-34) were people aged over 75 (0.52, 0.39-0.69). Patterns were similar for self-diagnosis., LIMITATIONS: Ethnicity categories were heterogeneous. Data are cross-sectional, and selection and response bias are possible., CONCLUSIONS: For every three people who self-diagnose CMD, two have a professional diagnosis. Men, ethnic minority, and older age groups are less likely to receive a diagnosis or self-diagnose after adjustment for presence of symptoms. Copyright © 2022. Published by Elsevier B.V.

1. **Behavioural and cognitive-behavioural interventions for outwardly directed aggressive behaviour in people with intellectual disabilities**  
   Prior D., Win S., Hassiotis A., Hall I., Martiello M.A., Ali A.K. Cochrane Database of Systematic Reviews 2023;2023(2): CD003406.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c49cfa49d3fe2b2471d1e8b830dbbecd)

Background: Outwardly directed aggressive behaviour in people with intellectual disabilities is a significant issue that may lead to poor quality of life, social exclusion and inpatient psychiatric admissions. Cognitive and behavioural approaches have been developed to manage aggressive behaviour but the effectiveness of these interventions on reducing aggressive behaviour and other outcomes are unclear. This is the third update of this review and adds nine new studies, resulting in a total of 15 studies in this review. Objective(s): To evaluate the efficacy of behavioural and cognitive-behavioural interventions on outwardly directed aggressive behaviour compared to usual care, wait-list controls or no treatment in people with intellectual disability. We also evaluated enhanced interventions compared to non-enhanced interventions. Search Method(s): We used standard, extensive Cochrane search methods. The latest search date was March 2022. We revised the search terms to include positive behaviour support (PBS). Selection Criteria: We included randomised and quasi-randomised trials of children and adults with intellectual disability of any duration, setting and any eligible comparator. Data Collection and Analysis: We used standard Cochrane methods. Our primary outcomes were change in 1. aggressive behaviour, 2. ability to control anger, and 3. adaptive functioning, and 4. adverse effects. Our secondary outcomes were change in 5. mental state, 6. medication, 7. care needs and 8. quality of life, and 9. frequency of service utilisation and 10. user satisfaction data. We used GRADE to assess certainty of evidence for each outcome. We expressed treatment effects as mean differences (MD) or odds ratios (OR), with 95% confidence intervals (CI). Where possible, we pooled data using a fixed-effect model. Main Result(s): This updated version comprises nine new studies giving 15 included studies and 921 participants. The update also adds new interventions including parent training (two studies), mindfulness-based positive behaviour support (MBPBS) (two studies), reciprocal imitation training (RIT; one study) and dialectical behavioural therapy (DBT; one study). It also adds two new studies on PBS. Most studies were based in the community (14 studies), and one was in an inpatient forensic service. Eleven studies involved adults only. The remaining studies involved children (one study), children and adolescents (one study), adolescents (one study), and adolescents and adults (one study). One study included boys with fragile X syndrome. Six studies were conducted in the UK, seven in the USA, one in Canada and one in Germany. Only five studies described sources of funding. Four studies compared anger management based on cognitive behaviour therapy to a wait-list or no treatment control group (n = 263); two studies compared PBS with treatment as usual (TAU) (n = 308); two studies compared carer training on mindfulness and PBS with PBS only (n = 128); two studies involving parent training on behavioural approaches compared to wait-list control or TAU (n = 99); one study of mindfulness to a wait-list control (n = 34); one study of adapted dialectal behavioural therapy compared to wait-list control (n = 21); one study of RIT compared to an active control (n = 20) and one study of modified relaxation compared to an active control group (n = 12). There was moderate-certainty evidence that anger management may improve severity of aggressive behaviour post-treatment (MD -3.50, 95% CI -6.21 to -0.79; P = 0.01; 1 study, 158 participants); very low-certainty evidence that it might improve self-reported ability to control anger (MD -8.38, 95% CI -14.05 to -2.71; P = 0.004, I2 = 2%; 3 studies, 212 participants), adaptive functioning (MD -21.73, 95% CI -36.44 to -7.02; P = 0.004; 1 study, 28 participants) and psychiatric symptoms (MD -0.48, 95% CI -0.79 to -0.17; P = 0.002; 1 study, 28 participants) post-treatment; and very low-certainty evidence that it does not improve quality of life post-treatment (MD -5.60, 95% CI -18.11 to 6.91; P = 0.38; 1 study, 129 participants) or reduce service utilisation and costs at 10 months (MD 102.99 British pounds, 95% CI -117.16 to 323.14; P = 0.36; 1 study, 133 participants). There was moderate-certainty evidence that PBS may reduce aggressive behaviour post-treatment (MD -7.78, 95% CI -15.23 to -0.32; P = 0.04, I2 = 0%; 2 studies, 275 participants) and low-certainty evidence that it probably does not reduce aggressive behaviour at 12 months (MD -5.20, 95% CI -13.27 to 2.87; P = 0.21; 1 study, 225 participants). There was low-certainty evidence that PBS does not improve mental state post-treatment (OR 1.44, 95% CI 0.83 to 2.49; P = 1.21; 1 study, 214 participants) and very low-certainty evidence that it might not reduce service utilisation at 12 months (MD -448.00 British pounds, 95% CI -1660.83 to 764.83; P = 0.47; 1 study, 225 participants). There was very low-certainty evidence that mindfulness may reduce incidents of physical aggression (MD -2.80, 95% CI -4.37 to -1.23; P < 0.001; 1 study; 34 participants) and low-certainty evidence that MBPBS may reduce incidents of aggression post-treatment (MD -10.27, 95% CI -14.86 to -5.67; P < 0.001, I2 = 87%; 2 studies, 128 participants). Reasons for downgrading the certainty of evidence were risk of bias (particularly selection and performance bias); imprecision (results from single, often small studies, wide CIs, and CIs crossing the null effect); and inconsistency (statistical heterogeneity). Authors' conclusions: There is moderate-certainty evidence that cognitive-behavioural approaches such as anger management and PBS may reduce outwardly directed aggressive behaviour in the short term but there is less certainty about the evidence in the medium and long term, particularly in relation to other outcomes such as quality of life. There is some evidence to suggest that combining more than one intervention may have cumulative benefits. Most studies were small and there is a need for larger, robust randomised controlled trials, particularly for interventions where the certainty of evidence is very low. More trials are needed that focus on children and whether psychological interventions lead to reductions in the use of psychotropic medications.Copyright © 2023 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

1. **Body psychotherapy training at university level-piloting a novel integrated master's programme**  
   Rohricht F., Bademci H.O., Eckert A., Grassmann H., Jokic B., Papadopoulos N., Sollmann U., Stupiggia M. Body, Movement and Dance in Psychotherapy 2023; No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1ee29c0e987fa716bc1205110a82bc7e)

Over the course of the last decade a growing number of clinical trials have been conducted to evaluate and demonstrate the efficacy and clinical utility of body psychotherapy for various mental health problems. The statutory provider landscape for psychological therapies does however rarely provide these therapies for patients; several factors have been identified for this mismatch and among those the lack of university-accredited academic training schemes constitutes a major limitation for wider dissemination and implementation within highly regulated health care systems. This paper explores an innovative pilot to establish a master's programme in clinical psychology with a focus on embodiment in Turkey/Istanbul. The curriculum represents an integration of perspectives from various body psychotherapy schools. Findings of the pilot are encouraging and may serve as a template for the development of similar schemes with support from professional bodies such as the European and United States associations of body psychotherapy.Copyright © 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.

1. **Building capacity and capability for quality improvement: developing an organisational approach.**  
   Frasquilho Francisco, Brittin Katherine, Chitewe Auzewell, Aurelio Marco, Ballingall Nicola, Lloyd Robert, Shah Amar. British Journal of Healthcare Management 2023;29(6): 1-14.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=eb77ef9dd463f2a34fb96a8521e196f0)

There has been an increase in the adoption of quality improvement methods to tackle complex problems in healthcare. One of the key requisites for sustainable quality improvement is ensuring that organisations have the capacity and capability to make these changes effectively. This article uses a case study methodology to describe the learning from 9 years of developing, delivering and evaluating quality improvement learning programmes at East London NHS Foundation Trust. The key quality improvement learning progammes are evaluated using a Kirkpatrick framework across four levels: reaction, learning, behaviour and outcomes. Five key principles were identified: using a dosing approach; standardising development, delivery and evaluation; developing a community to support learners; making training relevant; and the importance of leadership. However, the authors believe that more research is needed to develop standardised approaches to evaluating quality improvement capability building and to understand why some quality improvement projects are less successful than others.

1. **Can a mental health treatment reduce admissions for diabetic ketoacidosis?**  
   Garrett C.J., Moulton C.D., Lee T., Amiel S.A., Fonagy P., Ismail K. Acta Diabetologica 2023;60(3): 455-457.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ff6b6ee77fa46fe8504c100e6d5643da)

1. **Clarifying an approach to consultation: The impact of a systemic consultation training for schools-based child and adolescent mental health services clinicians**  
   Van Roosmalen M., Daniels M., Lawrence H. Clinical child psychology and psychiatry 2023; 13591045231212698.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4592cfedbf09700228d77e892902cebc)

Despite the importance of consultation in early intervention of mental health difficulties, there has been little consideration of the specific competencies needed nor a model underpinning this intervention. Eleven schools- and children's centre-based child and adolescent mental health services clinicians were interviewed with semi-structured interviews before and after a systemic consultation training. Four main themes emerged; participants gained: (1) a better understanding of organisational and multi-agency contexts, (2) a clear theoretical basis for practice, consistent with a destigmatising understanding of mental wellbeing, (3) clarity on the role, remit, and process of consultation, and (4) confidence and skills to carry out the role. The skills gained were in line with systems-level competencies. These findings suggest that the systemic consultation training increased the confidence of clinicians to work with complex networked systems in schools and communities. Future research can further understand the impact of this approach on other stakeholders, such as schools and families.

1. **Clinical and cost evaluation of two models of specialist intensive support teams for adults with intellectual disabilities who display behaviours that challenge: The IST-ID mixed-methods study**  
   Hassiotis A., Kouroupa A., Hamza L., Marston L., Romeo R., Yaziji N., Hall I., Langdon P.E., Courtenay K., Taggart L., Morant N., Crossey V., Lloyd-Evans B. BJPsych Open 2023;9(4): e116.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3069079925c790f55362d558076b3f58)

Background Intensive support teams (ISTs) are recommended for individuals with intellectual disabilities who display behaviours that challenge. However, there is currently little evidence about the clinical and cost-effectiveness of IST models operating in England. Aims To investigate the clinical and cost-effectiveness of IST models. Method We carried out a cohort study to evaluate the clinical and cost-effectiveness of two previously identified IST models (independent and enhanced) in England. Adult participants (n = 226) from 21 ISTs (ten independent and 11 enhanced) were enrolled. The primary outcome was change in challenging behaviour between baseline and 9 months as measured by the Aberrant Behaviour Checklist-Community version 2. Results We found no statistically significant differences between models for the primary outcome (adjusted beta = 4.27; 95% CI -6.34 to 14.87; P = 0.430) or any secondary outcomes. Quality-adjusted life-years (0.0158; 95% CI: -0.0088 to 0.0508) and costs (3409.95; 95% CI -9957.92 to 4039.89) of the two models were comparable. Conclusions The study provides evidence that both models were associated with clinical improvement for similar costs at follow-up. We recommend that the choice of service model should rest with local services. Further research should investigate the critical components of IST care to inform the development of fidelity criteria, and policy makers should consider whether roll out of such teams should be mandated.Copyright © The Author(s), 2023. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Clinical impact of reducing the frequency of clozapine monitoring: Controlled mirror-image cohort study**  
   Oloyede E., Dzahini O., Abolou Z., Gee S., Whiskey E., Malhotra D., Hussain M., Osborne I., Casetta C., McGuire P., MacCabe J.H., Taylor D. British Journal of Psychiatry 2023;223(2): 382-388.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=41db1aa4e61350345ed8270d0b12bfbe)

Background To minimise infection during COVID-19, the clozapine haematological monitoring interval was extended from 4-weekly to 12-weekly intervals in South London and Maudsley NHS Foundation Trust. Aims To investigate the impact of this temporary policy change on clinical and safety outcomes. Method All patients who received clozapine treatment with extended (12-weekly) monitoring in a large London National Health Service trust were included in a 1-year mirror-image study. A comparison group was selected with standard monitoring. The proportion of participants with mild to severe neutropenia and the proportion of participants attending the emergency department for clozapine-induced severe neutropenia treatment during the follow-up period were compared. Psychiatric hospital admission rates, clozapine dose and concomitant psychotropic medication in the 1 year before and the 1 year after extended monitoring were compared. All-cause clozapine discontinuation at 1-year follow-up was examined. Results Of 569 participants, 459 received clozapine with extended monitoring and 110 controls continued as normal. The total person-years were 458 in the intervention group and 109 in the control group, with a median follow-up time of 1 year in both groups. During follow-up, two participants (0.4%) recorded mild to moderate neutropenia in the intervention group and one (0.9%) in the control group. There was no difference in the incidence of haematological events between the two groups (IRR = 0.48, 95% CI 0.02-28.15, P = 0.29). All neutropenia cases in the intervention group were mild, co-occurring during COVID-19 infection. The median number of admissions per patient during the pre-mirror period remained unchanged (0, IQR = 0) during the post-mirror period. There was one death in the control group, secondary to COVID-19 infection. Conclusions There was no evidence that the incidence of severe neutropenia was increased in those receiving extended monitoring.Copyright © The Author(s), 2023. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Co-design development of a decision guide on eating and drinking for people with severe dementia during acute hospital admissions**  
   Anantapong K., Bruun A., Walford A., Smith C.H., Manthorpe J., Sampson E.L., Davies N. Health expectations : an international journal of public participation in health care and health policy 2023;26(2): 613-629.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=aa42f746c4ed02ce47e488d24219bfc0)

INTRODUCTION: Using co-design processes, we aimed to develop an evidence-based decision guide for family carers and hospital professionals to support decision-making about eating and drinking for hospital patients with severe dementia. METHOD(S): Following a systematic review, we interviewed people with mild dementia, family carers and hospital professionals in England. We then held co-design workshops with family carers and hospital professionals. In parallel with the workshops, we used a matrix to synthesize data from all studies and to develop a decision guide prototype. The prototype was iteratively refined through further co-design workshops and discussions among researchers and Patient and Public Involvement (PPI) representatives. We conducted user testing for final feedback and to finalize the decision guide. RESULT(S): Most participants acknowledged the limited benefits of tube feeding and would not use or want it for someone with severe dementia. However, they found decision-making processes and communication about nutrition and hydration were emotionally demanding and poorly supported in acute hospitals. The co-design groups developed the aims of the decision guide to support conversations and shared decision-making processes in acute hospitals, and help people reach evidence-based decisions. It was designed to clarify decision-making stages, provide information and elicit the values/preferences of everyone involved. It encouraged person-centred care, best-interests decision-making and multidisciplinary team working. From user testing, family carers and hospital professionals thought the decision guide could help initiate conversations and inform decisions. The final decision guide was disseminated and is being used in clinical practice in England. CONCLUSION(S): We used rigorous and transparent processes to co-design the decision guide with everyone involved. The decision guide may facilitate conversations about nutrition and hydration and help people reach shared decisions that meet the needs and preferences of people with severe dementia. Future evaluation is required to test its real-world impacts. PATIENT OR PUBLIC CONTRIBUTION: People with mild dementia, family carers and hospital professionals contributed to the design of the decision guide through the interviews and co-design workshops. PPI members helped design study procedures and materials and prepare this manuscript.Copyright © 2022 The Authors. Health Expectations published by John Wiley & Sons Ltd.

1. **Codesigning a systemic discharge intervention for inpatient mental health settings (MINDS): A protocol for integrating realist evaluation and an engineering-based systems approach**  
   Hackmann C., Komashie A., Handley M., Murdoch J., Wagner A.P., Grunwald L.M., Waller S., Kaminskiy E., Zeilig H., Jones J., Bray J., Bagge S., Simpson A., Dalkin S.M., Clarkson J., Borghini G., Kipouros T., Rohricht F., Taousi Z., Haighton C., Rae S., Wilson J. BMJ Open 2023;13(9): e071272.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cdb13b34601eb7c036914c235a6f1f6c)

Introduction Transition following discharge from mental health hospital is high risk in terms of relapse, readmission and suicide. Discharge planning supports transition and reduces risk. It is a complex activity involving interacting systemic elements. The codesigning a systemic discharge intervention for inpatient mental health settings (MINDS) study aims to improve the process for people being discharged, their carers/supporters and staff who work in mental health services, by understanding, co-designing and evaluating implementation of a systemic approach to discharge planning. Methods and analysis The MINDS study integrates realist research and an engineering-informed systems approach across three stages. Stage 1 applies realist review and evaluation using a systems approach to develop programme theories of discharge planning. Stage 2 uses an Engineering Better Care framework to codesign a novel systemic discharge intervention, which will be subjected to process and economic evaluation in stage 3. The programme theories and resulting care planning approach will be refined throughout the study ready for a future clinical trial. MINDS is co-led by an expert by experience, with researchers with lived experience co-leading each stage. Ethics and dissemination MINDS stage 1 has received ethical approval from Yorkshire & The Humber - Bradford Leeds (Research Ethics Committee (22/YH/0122). Findings from MINDS will be disseminated via high-impact journal publications and conference presentations, including those with service user and mental health professional audiences. We will establish routes to engage with public and service user communities and National Health Service professionals including blogs, podcasts and short videos. Trial registration number MINDS is funded by the National Institute of Health Research (NIHR 133013) https://fundingawards.nihr.ac.uk/award/NIHR133013. The realist review protocol is registered on PROSPERO. PROSPERO registration number CRD42021293255. Copyright © 2023 BMJ Publishing Group. All rights reserved.

1. **COMMUNICABLE DISEASES among MIGRANT CHILDREN and YOUNG PEOPLE (CYP): RESULTS from A SYSTEMATIC REVIEW on HEALTH OUTCOMES among MIGRANT CYP**  
   Stinchcombe B.E., Heys M., Hardelid P., Oyebode O., Armitage A.J. Archives of Disease in Childhood 2023;108(Supplement 2): A94-A95.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f1389ed047c04f5d766714072e9f4292)

Objectives Migration status is a key determinant of health. Children and Young People (CYP: <18 years) are more likely than adults to be refugees and asylum-seekers, and have inherent additional vulnerabilities, particularly to communicable diseases. An overall 'healthy migrant' effect has been demonstrated among adults, but outcomes for communicable diseases may be worse.1 Evidence for health outcomes among migrant CYP (living in a country other than that of their birth) is lacking. Our objectives are to summarise evidence on communicable diseases among migrant CYP. These results are part of a larger systematic review addressing a range of health outcomes among migrant CYP.2 Methods PubMed/Medline, Embase and Cochrane databases were searched between 01/01/2000 and 01/06/2021 for studies presenting data on communicable diseases for migrant CYP, with or without a control group. PROSPERO number CRD42020166305. Results The search strategy yielded 2619 studies of which 119 were included. Meta-analysis was not possible due to heterogeneity and inconsistent outcome measures. Table 1. shows the characteristics of included studies. All studies with a comparator showed higher incidence rates of communicable diseases among migrant CYP compared to the host population. Two case-control studies showed higher incidence rates of tuberculosis (per 100,000) among migrant CYP compared with the host population: 11.4 vs 7.9 (Qatar),3 and range: 5.0-9.4 vs range: 0.3-4.3 (USA), respectively.4 One cohort study showed a significantly higher incidence of tuberculosis amongst CYP migrating from Africa: 116.8 vs 2.3 (the Netherlands).5 Multiple studies indicated migrant CYP have a high prevalence of parasitic infections especially migrant CYP from Africa.6-12 One study found 47.6% of migrant CYP were infected with at least one parasite and 20% had multiple parasitic infections.6 A study examining all notified COVID-19 cases in Norway found that migrant CYP had a higher incidence of notified cases (202 vs 126), which was particularly high amongst migrant CYP from Africa, Asia and South America.13 Regarding STIs, the prevalence of HIV in migrant CYP varied from 0-0.4%14-17 with no cases of gonorrhoea or chlamy-dia.14 18 Conclusions Our results suggest a disproportionate burden of communicable diseases among migrant CYP, particularly those migrating from Africa. Policies and interventions are required to prevent long-term negative effects on health and development. There is a paucity of good-quality studies on communicable diseases among migrant CYP, particularly studies in low and middle-income countries, and more evidence is needed on this important topic.

1. **Connectome dysfunction in patients at clinical high risk for psychosis and modulation by oxytocin**  
   Davies C., Martins D., Dipasquale O., McCutcheon R.A., De Micheli A., Ramella-Cravaro V., Provenzani U., Rutigliano G., Cappucciati M., Oliver D., Williams S., Zelaya F., Allen P., Murguia S., Taylor D., Shergill S., Morrison P., McGuire P., Paloyelis Y., Fusar-Poli P. medRxiv 2023; No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=363d72bb45612b5918dfa28b5985a7cc)

Abnormalities in functional brain networks (functional connectome) are increasingly implicated in people at Clinical High Risk for Psychosis (CHR-P). Intranasal oxytocin, a potential novel treatment for the CHR-P state, modulates network topology in healthy individuals. However, its connectomic effects in people at CHR-P remain unknown. Forty-seven men (30 CHR-P and 17 healthy controls) received acute challenges of both intranasal oxytocin 40 IU and placebo in two parallel randomised, double-blind, placebo-controlled cross-over studies. Multiecho resting-state fMRI data was acquired at approximately 1h post-dosing. Using a graph theoretical approach, the effects of group (CHR-P vs healthy control), treatment (oxytocin vs placebo) and respective interactions were tested on graph metrics describing the topology of the functional connectome. Group effects were observed in 12 regions (all pFDR<.05) most localised to the frontoparietal network. Treatment effects were found in 7 regions (all pFDR<.05) predominantly within the ventral attention network. Our major finding was that many effects of oxytocin on network topology differ across CHR-P and healthy individuals, with significant interaction effects observed in numerous subcortical regions strongly implicated in psychosis onset, such as the thalamus, pallidum and nucleus accumbens, and cortical regions which localised primarily to the default mode network (12 regions, all pFDR<.05). Our findings provide new insights on aberrant functional brain network organisation associated with psychosis risk and demonstrate, for the first time, that oxytocin modulates network topology in brain regions implicated in the pathophysiology of psychosis in a clinical status (CHR-P vs healthy control) specific manner. Further profiling of the connectomic, clinical and cognitive effects of oxytocin in this population is warranted.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.

1. **Current and emerging pharmacotherapy for the treatment of Lennox-Gastaut syndrome**  
   Besag F.M.C., Vasey M.J., Chin R.F.M. Expert Opinion on Pharmacotherapy 2023;24(11): 1249-1268.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=668567d5b576589f1f21452025bd044e)

Introduction: Lennox-Gastaut syndrome (LGS) is a severe childhood-onset epileptic encephalopathy, characterized by multiple seizure types, generalized slow spike-and-wave complexes in the EEG, and cognitive impairment. Seizures in LGS are typically resistant to treatment with antiseizure medications (ASMs). Tonic/atonic ('drop') seizures are of particular concern, due to their liability to cause physical injury. Areas covered: We summarize evidence for current and emerging ASMs for the treatment of seizures in LGS. The review focuses on findings from randomized, double-blind, placebo-controlled trials (RDBCTs). For ASMs for which no double-blind trials were identified, lower quality evidence was considered. Novel pharmacological agents currently undergoing investigation for the treatment of LGS are also briefly discussed. Expert opinion: Evidence from RDBCTs supports the use of cannabidiol, clobazam, felbamate, fenfluramine, lamotrigine, rufinamide, and topiramate as adjunct treatments for drop seizures. Percentage decreases in drop seizure frequency ranged from 68.3% with high-dose clobazam to 14.8% with topiramate. Valproate continues to be considered the first-line treatment, despite the absence of RDBCTs specifically in LGS. Most individuals with LGS will require treatment with multiple ASMs. Treatment decisions should be individualized and take into account adverse effects, comorbidities, general quality of life, and drug interactions, as well as individual efficacy.Copyright © 2023 Informa UK Limited, trading as Taylor & Francis Group.

1. **Current evidence for adjunct pyridoxine (vitamin B6) for the treatment of behavioral adverse effects associated with levetiracetam: A systematic review**  
   Besag F.M.C., Vasey M.J., Sen A. Epilepsy and Behavior 2023;140 109065.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=de6526f193ca4f072eadad503ef1d056)

Background: Levetiracetam (LVT), while an effective treatment for multiple seizure types, is associated with a high incidence of neuropsychiatric adverse events (NPAEs). In predominantly retrospective studies, supplementation with pyridoxine/vitamin B6 (PN) was associated with improvement in NPAEs in some people. A previous review highlighted a lack of double-blind, controlled trials of PN for the treatment of NPAEs in individuals treated with LVT. The current paper updates the findings from the previous review to include evidence from studies published since June 2019. Method(s): An updated systematic review of the published literature was performed in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. PubMed, Embase, the Cochrane Library, and Google Scholar were searched to identify studies published between June 2019 and 2nd November 2022 in which supplementary PN was initiated for the treatment of LVT-associated NPAEs. All study types were eligible. The risk of bias in randomized trials was assessed using the Cochrane risk-of-bias tool. Result(s): Seven additional studies were identified: two double-blind, randomized controlled trials (RCTs), four retrospective studies, and one retrospective case series. One RCT reported significant improvements from baseline in behavioral adverse events (BAEs) in both the intervention (PN) group and the low-dose control group (both p < 0.05), with a significantly greater improvement in the intervention group (p < 0.001). In the second RCT, differences in BAE severity between PN and placebo groups at the endpoint were not statistically significant. In one retrospective study, subjective irritability was reported to have improved from baseline in 9/20 individuals (45%) treated with supplementary PN. Data for systematic assessments (PHQ-9 and GAD-7) were available for 10 individuals. Assessment by PHQ-9 showed that six individuals improved, two worsened and two had no change. Based on the GAD-7, three people improved, two worsened and five had no change. In the second retrospective study, 18/41 individuals (44%) who commenced PN following the emergence of BAEs showed "significant" improvement. In a separate group of individuals with pre-existing behavioral problems in whom PN treatment was initiated at the same time as commencing LVT, 3/18 (16.7%) developed BAEs. This compared with 79/458 people (17.2%) who were initially treated only with LVT. The third retrospective study compared treatment-related irritability in individuals who had been treated with both LVT and perampanel, either sequentially or concomitantly. Two people who developed irritability while receiving LVT monotherapy were able to continue treatment with the addition of PN. The fourth study reported a significantly lower LVT discontinuation rate in individuals taking PN and a higher rate of improved behavior in those who were able to continue LVT. The case series reported improvements in behavioral symptoms in six people within two to three weeks of commencing supplementary PN. Conclusion(s): Data published within the last three years add to earlier evidence suggesting that PN might be effective in the treatment of NPAEs associated with LVT. However, the quality of evidence remains poor and only a few prospective trials have been published. Data from placebo-controlled trials are still largely lacking. Currently, there is insufficient evidence to justify any firm recommendation for PN supplementation to treat NPAEs associated with LVT. Further well-designed, prospective trials are warranted.Copyright © 2022 Elsevier Inc.

1. **Decision-making and best practice when nasogastric tube feeding under restraint: multi-informant qualitative study**  
   Fuller S.J., Tan J., Nicholls D. BJPsych Open 2023;9(2): e28.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=893f4e88345cc530ed13a752c902d5cb)

Background Clinicians working in mental health in-patient settings may have to use nasogastric tube feeding under physical restraint to reverse the life-threatening consequences of malnutrition when this is driven by a psychiatric condition such as a restrictive eating disorder. Aims To understand the decision-making process when nasogastric tube feeding under restraint is initiated in mental health in-patient settings. Method People with lived experience of nasogastric tube feeding under restraint and parents/carers were recruited via the website of the UK's eating disorder charity BEAT. Eating disorder clinicians were recruited via an online post by the British Eating Disorders Society. Semi-structured interviews were administered to all participants. Results Themes overlapped between the participant groups and were integrated in the final analysis. Two main themes were generated: first, 'quick decisions', with the subthemes of 'medical risk', 'impact of not eating' and 'limited discussions'; second, 'slow decisions', with subthemes of 'threats', 'discussions with patient', 'not giving up' and 'advanced directives'. Benefits and harms of both quick and slow decisions were identified. Conclusions This research offers a new perspective regarding how clinical teams can make best practice decisions regarding initiating nasogastric feeding under restraint. In-patient mental health teams facilitating this clinical intervention should consider discussing it with the patient at the beginning of their admission in anticipation of the need for emergency intervention and in full collaboration with the multidisciplinary team.Copyright © The Author(s), 2023. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Development and Implementation of DIALOG+S in the School Setting as a Tool for Promoting Adolescent Mental Well-Being and Resilience in a Post-Armed Conflict Area in Colombia: Exploratory Cluster Randomized Controlled Trial.**  
   Gomez-Restrepo Carlos, Sarmiento-Suarez Maria Jose, Alba-Saavedra Magda, Calvo-Valderrama Maria Gabriela, Rincon-Rodriguez Carlos Javier, Bird Victoria Jane, Priebe Stefan, van Loggerenberg Francois. JMIR formative research 2023;7 e46757.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=785a442bde1400f29def5a8e1e57b55c)

BACKGROUND: Educational settings are ideal for promoting mental well-being and resilience in children. The challenges of the COVID-19 pandemic made evident the important role that teachers and school counselors play in the mental health of their students. Therefore, it is imperative to develop and implement cost-effective interventions that allow them to identify and address mental health problems early, especially in post-armed conflict areas, to reduce the burden of mental disorders in this population., OBJECTIVE: This study aimed to adapt an existing patient-focused digital intervention called DIALOG+ from an adult clinical setting to an adolescent educational setting and to assess the feasibility, acceptability, and estimated effect of implementing this intervention as a tool for promoting quality of life, mental well-being, and resilience., METHODS: We conducted an exploratory mixed methods study in 2 public schools in postconflict areas in Tolima, Colombia. This study was conducted in 3 phases. In the adaptation phase, focus groups were conducted with students and teachers to identify changes required in DIALOG+ for it to be used in the school setting. The exploration phase consisted of an exploratory cluster randomized controlled trial. A total of 14 clusters, each with 1 teacher and 5 students, were randomly allocated to either the experimental (DIALOG+S) group or to an active control group (counseling as usual). Teachers in both groups delivered the intervention once a month for 6 months. Through screening scales, information was collected on mental health symptoms, quality of life, self-esteem, resilience, and family functionality before and after the intervention. Finally, the consolidation phase explored the experiences of teachers and students with DIALOG+S using focus group discussions., RESULTS: The changes suggested by participants in the adaptation phase highlighted the central importance of the school setting in the mental health of adolescents. In the exploratory phase, 70 participants with a mean age of 14.69 (SD 2.13) years were included. Changes observed in the screening scale scores of the intervention group suggest that the DIALOG+S intervention has the potential to improve aspects of mental health, especially quality of life, resilience, and emotional symptoms. The consolidation phase showed that stakeholders felt that using this intervention in the school setting was feasible, acceptable, and an enriching experience that generated changes in the perceived mental health and behavior of participants., CONCLUSIONS: Our results are encouraging and show that the DIALOG+S intervention is feasible and acceptable as a promising opportunity to promote well-being and prevent and identify mental health problems in the school context in a postconflict area in Colombia. Larger, fully powered studies are warranted to properly assess the efficacy and potential impact of the intervention and to refine implementation plans., TRIAL REGISTRATION: International Standard Randomised Controlled Trial Number (ISRCTN) registry ISRCTN14396374; https://www.isrctn.com/ISRCTN14396374., INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): RR2-10.2196/40286. Copyright ©Carlos Gomez-Restrepo, Maria Jose Sarmiento-Suarez, Magda Alba-Saavedra, Maria Gabriela Calvo-Valderrama, Carlos Javier Rincon-Rodriguez, Victoria Jane Bird, Stefan Priebe, Francois van Loggerenberg. Originally published in JMIR Formative Research (https://formative.jmir.org), 04.10.2023.

1. **Developments in Group Transference-Focused Psychotherapy**  
   Rufat M.J., Radcliffe J., Lee T., Martius P., Fertuck E., Arango I., Lappe H., Ripoll E., Yeomans F.E. Psychodynamic psychiatry 2023;51(3): 311-329.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=568315dba6226a109249304282eaa43d)

Several evidence-based psychotherapies for personality disorders have been developed in recent decades, including transference-focused psychotherapy (TFP), a contemporary model of psychodynamic psychotherapy developed by Otto Kernberg. Kernberg established Group TFP (TFP-G) as an alternative or adjunct treatment to individual TFP. Although not yet manualized, TFP-G is used in publicly and privately funded mental health services, including outpatient clinics, subacute hospitals, therapeutic inpatient units, partial hospitalization services, and rehabilitation services serving people with borderline personality. Kernberg's model of TFP-G psychotherapy, its application in clinical settings, and what differentiates it from other group psychotherapy models is described as well as illustrated with some examples useful to practitioners.

1. **Differences in Alcohol and Other Drug Use and Dependence Between Transgender and Cisgender Participants from the 2018 Global Drug Survey.**  
   Connolly Dean J., Davies Emma, Lynskey Michael, Maier Larissa J., Ferris Jason A., Barratt Monica J., Winstock Adam R., Gilchrist Gail. LGBT health 2022;9(8): 534-542.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2d2900f483eaa6f45baa8ab05a809763)

Purpose: The purpose of this study was to compare five gender groups (cisgender women, cisgender men, transgender women, transgender men, people with nonbinary/other identities) on measures of use of and dependence on seven substances. Methods: A two-stage approach to assessing gender allowed 126,648 participants from the 2018 Global Drug Survey (GDS) to be classified to one of these five gender groups. Participants were asked to disclose use of each substance in the preceding 12 months. The Alcohol Use Disorders Identification Test and the Severity of Dependence Scale were used to assess dependence. Multivariable logistic regression generated odds ratios (ORs) to measure the association between gender and each substance use/dependence outcome, with cisgender women as the reference group. Results: The sample comprised 43,331 cisgender women, 81,607 cisgender men, 215 transgender women, 254 transgender men, and 1241 people with nonbinary/other identities. Relative to cisgender women, nonbinary/other participants reported greater odds of last 12-month use of all substances (adjusted odds ratio [AOR] = 1.66-2.30), except alcohol (lower odds; AOR = 0.42), and greater odds of dependence on cannabis (AOR = 2.39), 3,4-methylenedioxymethamphetamine (AOR = 1.64) and alcohol (AOR = 3.28), adjusting only for age (all p < 0.05). Conclusion: Transgender 2018 GDS respondents, particularly those with nonbinary/other identities, had greater odds of reporting most substance use outcomes than cisgender women. These findings suggest that a nuanced approach to gender reporting in surveys and treatment centers is required to understand the needs of transgender people who use substances.

1. **Drug-drug interactions between antiseizure medications and antipsychotic medications: a narrative review and expert opinion**  
   Besag F.M.C., Berry D., Vasey M.J., Patsalos P.N. Expert Opinion on Drug Metabolism and Toxicology 2023; No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e51dcced895bd1c4a67c26c9eec4b5ec)

Introduction: Antiseizure medications (ASMs) and antipsychotic drugs are frequently coadministered with the potential for drug-drug interactions. Interactions may either be pharmacokinetic or pharmacodynamic, resulting in a decrease or increase in efficacy and/or an increase or decrease in adverse effects. Areas covered: The clinical evidence for pharmacokinetic and pharmacodynamic interactions between ASMs and antipsychotics is reviewed based on the results of a literature search in MEDLINE conducted in April 2023. Expert opinion: There is now extensive published evidence for the clinical importance of interactions between ASMs and antipsychotics. Enzyme-inducing ASMs can decrease blood concentrations of many of the antipsychotics. There is also evidence that enzyme-inhibiting ASMs can increase antipsychotic blood concentrations. Similarly, there is limited evidence showing that antipsychotic drugs may affect the blood concentrations of ASMs through pharmacokinetic interactions. There is less available evidence for pharmacodynamic interactions, but these can also be important, as can displacement from protein binding. The lack of published evidence for an interaction should not be interpreted as meaning that the given interaction does not occur; the evidence is building continually. There is no substitute for careful patient monitoring and sound clinical judgment.Copyright © 2023 Informa UK Limited, trading as Taylor & Francis Group.

1. **Editorial Perspective: The digital divide - inequalities in remote therapy for children and adolescents**  
   Aisbitt G.M., Nolte T., Fonagy P. Child and Adolescent Mental Health 2023;28(1): 105-107.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=74d77adbb8bca6fc62d822f9c7a8e29f)

COVID-19 has triggered a shift towards remote delivery of therapy and, despite a number of benefits, it risks discriminating against young people already marginalised due to adverse early life experiences, poverty or ethnicity. This editorial perspective considers challenges for remote therapy, focusing on: the financial burden of telehealth; the necessity of safety to speak; and, how telehealth may exacerbate difficulties in therapeutic alliance formation by interfering with epistemic trust and mentalising. As well as compounding the inaccessibility for children who are subject to abuse, the implicit assumptions behind telehealth risk disproportionately excluding from therapy those from a low socioeconomic status, and who are from ethnic minorities. Suggestions are made for how these challenges may be addressed. It is argued that service design and delivery should seek to proceed with the practicalities and principles of engagement in mind and use this as an opportunity to improve parity of access, rather than risk further entrenching inequalities.Copyright © 2022 Association for Child and Adolescent Mental Health.

1. **Effectiveness of group arts therapies (art therapy, dance movement therapy and music therapy) compared to group counselling for diagnostically heterogeneous psychiatric community patients: study protocol for a randomised controlled trial in mental health services (the ERA study)**  
   Carr C.E., Medlicott E., Hooper R., Feng Y., Mihaylova B., Priebe S. Trials 2023;24(1): 557.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8b1d41b649c6699528a2df00994e27c8)

Background: Arts therapies are widely but inconsistently provided in community mental health. Whilst they are appealing to patients, evidence for their effectiveness is mixed. Trials to date have been limited to one art-form or diagnosis. Patients may hold strong preferences for or against an art-form whilst group therapies rely on heterogeneity to provide a range of learning experiences. This study will test whether manualised group arts therapies (art therapy, dance movement therapy and music therapy) are effective in reducing psychological distress for diagnostically heterogeneous patients in community mental health compared to active group counselling control. Method(s): A pragmatic multi-centre 2-arm randomised controlled superiority trial with health economic evaluation and nested process evaluation. Adults aged >= 18, living in the community with a primary diagnosis of psychosis, mood, or anxiety disorder will be invited to participate and provide written informed consent. Participants are eligible if they score >= 1.65 on the Global Severity Index of the Brief Symptom Inventory. Those eligible will view videos of arts therapies and be asked for their preference. Participants are randomised to either their preferred type of group arts therapy or counselling. Groups will run twice per week in a community venue for 20 weeks. Our primary outcome is symptom distress at the end of intervention. Secondary outcomes include observer-rated symptoms, social situation and quality of life. Data will be collected at baseline, post-intervention and 6 and 12 months post-intervention. Outcome assessors and trial statisticians will be blinded. Analysis will be intention-to-treat. Economic evaluation will assess the cost-effectiveness of group arts therapies. A nested process evaluation will consist of treatment fidelity analysis, exploratory analysis of group process measures and qualitative interviews with participants and therapists. Discussion(s): This will be the first trial to account for patient preferences and diagnostic heterogeneity in group arts therapies. As with all group therapies, there are a number of logistical challenges to which we have had to further adapt due to the COVID-19 pandemic. Overall, the study will provide evidence as to whether there is an additive benefit or not to the use of the arts in group therapy in community mental health care. Trial registration: ISRCTN, ISRCTN88805048 . Registered on 12 September 2018.Copyright © 2023, BioMed Central Ltd., part of Springer Nature.

1. **Empowering Better End of Life Dementia Care (EMBEDCare): Co-design of a Digital Framework for Integrated Palliative Dementia Care to Support Holistic Assessment and Decisionmaking**  
   Davies N., Gillam J., Aworinde J., Harvey C., Phillips B., Kenten C., Sampson E.L., Evans C.J., Ellis-Smith C. Palliative Medicine 2023;37(1 Supplement): 122.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=07161026863b39c54e3062d46b49c579)

Background/aims: People with dementia experience a variety of palliative care needs which they cannot always express and therefore go unmet. We must optimise how we deliver palliative dementia care and empower people with dementia, carers and professionals to better assess,monitor needs, and manage distressing symptoms. Aim(s): Describe the co-design process and components of a framework for integrated palliative dementia care to support holistic assessment and decisionmaking for community and care home settings. Method(s): Using a systematic approach we co-designed the EMBED-Care Framework. Using framework analysis we synthesised data from evidence reviews, large data, and a cohort study to identify unmet palliative care needs of people with dementia. We presented the data in workshops, using nominal group with people with dementia, carers, and health and social care professionals, to construct the components, design and implementation requirements. User testing identified changes needed and refinements to the framework for clinical practice. Result(s): The Framework was co-designed for delivery on an app, comprised four main components: 1) holistic assessment of needs using the Integrated Palliative care Outcome Scale-Dementia(IPOS-Dem); 2) IPOSDem scores inform priority setting and goals of care; 3) evidenceinformed clinical decision-support tools automatically linked with identified needs to manage care; 4) priority setting and decision-support tools to facilitate shared decision-making between the person with dementia, carer and practitioners. The app generates automated alerts, linked with resources, and facilitates interprofessional working and communication to manage care. Conclusion(s): Our framework is ready for evaluation in a feasibility and pilot trial. This is the first intervention to link the IPOS-Dem with practical decision support to empower people with dementia, carers and professionals in providing care and supporting users to understand and provide evidence-based palliative dementia care.

1. **EMPOWERING MEDICAL STUDENTS TO PRODUCE LOCALLY AND NATIONALLY RELEVANT PAEDIATRIC HEALTH PROMOTION CONTENT**  
   Ganesh S., Beckmann J., Zheng C., Minson S. Archives of Disease in Childhood 2023;108(Supplement 2): A90-A91.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=844f88d49d337f794d425e688c22d56a)

Objectives The Teddy Bear Hospital (TBH) Student Selected Component (SSC) at our medical school is a collaboration between the TBH student volunteering group, hospital and community paediatric clinicians, and play specialists at a large teaching hospital in a diverse borough, with a high index of child deprivation. The SSC provides second-year medical students with an opportunity to gain an understanding of locally and nationally relevant paediatric public health issues while also empowering them to utilise this knowledge by teaching health promotion in local primary schools and presenting a health promotion poster aimed at CYP to expert clinicians and peers. Methods Students learned about local and national paediatric public health issues through structured teaching from paediatric consultants, attending paediatrics outpatient clinics at the local hospital, and (most importantly) actively learning from their visits to local primary schools and engaging with the children. Health promotion posters and their presentations were formally assessed on a range of criteria by expert clinicians to ensure the accuracy of information and relevance of public health messaging. Results Through the range of teaching methods, students learned about the high rates of dental decay and childhood obesity in the borough, as well as the importance of culturally relevant health promotion messaging. Across three cycles of the SSC blocks, 6 different primary schools were visited by students, and 36 health promotion posters were produced. Figure 1 shows the range of health promotion themes covered. After discussion with our teaching hospital's paediatrics outpatient team, the posters will be used as a fun and accessible means of health promotion for CYP in clinic waiting rooms. A selection of these posters will be displayed during this presentation, with examples shown in figure 2. Conclusion We present an innovative undergraduate education course allowing students to learn about local and national public health issues while producing factually accurate and relevant health promotion for their local community. We plan to update the posters displayed in the local hospitals as the students produce more SSC posters.

1. **Establishing a business case for setting up early detection services for preventing psychosis**  
   Napoletano F., Andlauer O., Murguia-Asensio S., Eranti S.V., Akyuz E., Estrade A., Buhagiar J., David C., Fusar-Poli P., Gupta S. BJPsych Bulletin 2023;47(3): 156-165.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=da21007d2a58e2de33a94c2e0f821183)

Under standard care, psychotic disorders can have limited response to treatments, high rates of chronicity and disability, negative impacts on families, and wider social and economic costs. In an effort to improve early detection and care of individuals developing a psychotic illness, early intervention in psychosis services and early detection services have been set up in various countries since the 1980s. In April 2016, NHS England implemented a new 'access and waiting times' standard for early intervention in psychosis to extend the prevention of psychosis across England. Unfortunately, early intervention and early detection services are still not uniformly distributed in the UK, leaving gaps in service provision. The aim of this paper is to provide a business case model that can guide clinicians and services looking to set up or expand early detection services in their area. The paper also focuses on some existing models of care within the Pan-London Network for Psychosis Prevention teams.Copyright © The Author(s), 2022. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **EVALUATION OF AN INTEGRATED PATHWAY FOR UNACCOMPANIED ASYLUM-SEEKING CHILDREN IN NEWHAM: DEMOGRAPHICS, BASELINE HEALTH NEEDS, AND PRELIMINARY HEALTH OUTCOMES**  
   Bruce G., Armitage A., Salvo L., Heys M., Alladi S. Archives of Disease in Childhood 2023;108(Supplement 2): A62-A63.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=92869821431df7ff9336f0d572313efd)

Objectives Unaccompanied asylum-seeking children (UASC) are a vulnerable population with high rates of trauma. Existing services for UASC are inconsistent and often fail to meet complex health needs.1 An 'integrated pathway' for UASC, developed in Camden, provides intensive and joined-up support for this group.2 An evaluation of this pathway, presented at RCPCH conference 2020, demonstrated a high level of need among UASC,3 but evidence of improved health outcomes among UASC was lacking. With charity funding this model was adapted and implemented in another London borough. We aim to present demographics and health needs among UASC engaging with the integrated pathway, and to compare preliminary health outcomes with data collected preimplementation. Methods Demographic, health needs and preliminary health outcomes (immunisation, dental referral, infectious diseases screening and eye check) data were collected prospectively from initial health assessment reports from UASC engaging with the integrated pathway (January 2021 to January 2022). These were compared with data gathered from UASC seen in the service prior to implementation (October 2019 to October 2020). Results Data was available from 33 UASC seen following pathway implementation (97% male, age range 14-18). Most common countries of origin were Iran (36%) and Afghanistan (18%). 91% of UASC required an interpreter, with no native English speakers. 36% of UASC lived with foster carers and 55% in semi-independent accommodation. Data was available from 26 UASC seen over a year period prior to pathway implementation. On comparison, rates of all preliminary health outcomes improved following the implementation of the pathway (see graph 1). The majority of UASC seen following pathway implementation disclosed symptoms of poor mental health (82%), including sleep problems (52%), post-traumatic stress disorder (PTSD) symptoms (52%), suicidality (12%) and self-harm (12%). Nearly half of UASC reported historical physical abuse or assault (42%) and there was one disclosure of sexual assault. On examination, 9% had scars consistent with physical abuse or assault. Conclusion This is the first data to demonstrate improvements in health outcomes following implementation of the integrated pathway model. The integrated pathway has been successfully implemented in a second London borough, and demonstrates a high level of physical and mental health needs consistent with previous evaluations of UASC specific services.2 4 An application for grant funding is currently underway to expand the integrated pathway model across seven boroughs in London, and will aim to deliver evidence and strategy for implementation at scale, including cost-effectiveness.

1. **EXPANDING A TRAUMA-INFORMED INTEGRATED PATHWAY FOR UNACCOMPANIED ASYLUM-SEEKING CHILDREN (UASC) ACROSS NORTH EAST LONDON**  
   Alladi S., Heys M., Armitage A., Salvo L. Archives of Disease in Childhood 2023;108(Supplement 2): A329-A330.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e0551eef717ea793a0fb875d3e6b1da9)

Objectives Unaccompanied asylum-seeking children (UASC) are a vulnerable population with high rates of trauma including rape and torture. Existing services for UASC are inconsistent and often fail to meet their complex health needs(1). An 'integrated pathway' for UASC, developed in Camden, provides intensive and joined-up support for this group(2). With Barts Charity funding, this model was implemented in a second London borough (2020-2021) resulting in improvements in preliminary health outcomes. Following grant completion, funding for this service has been taken on by commissioners. Stakeholders across North East London (NEL) want to replicate this model. Implementation at scale requires more comprehensive evidence, including health economics. We aim to describe a plan to implement a sustainable model of care to improve health outcomes and experience of healthcare for UASC in NEL, and develop a national scale-up strategy. Specific objectives are to:\*Implement the integrated pathway model across NEL\*Assess feasibility and acceptability\*Evaluate impact on health outcomes\*Explore cost-effectiveness\*Triangulate data to provide implementation strategy for scaleup Methods We are seeking grant funding from the Barts charity to support this project. We will work with UASC and teams across NEL to implement the integrated pathway model. Taking a traumainformed-care approach the pathway involving longer assessments, multidisciplinary support and follow-up (CAMHS clinician and a Health improvement Practitioner), universal infectious diseases screening and workshops for UASC care. Quarterly patient and public involvement and stakeholder meetings will inform implementation and explore experience of care. Results A mixed-methods approach will be taken to assess feasibility and acceptability. Quantitative metrics to assess feasibility include recruitment of staff, success of implementing the components of the pathway and percentage of UASC attendance at clinic appointments and professionals at MDT sessions. Qualitative acceptability, feasibility and experience of care data will be gathered from UASC (n~10), care providers (n~30) and caregivers (n~10). Health outcomes and needs will be gathered from routine health records and compared before (n~180) and after implementation (n~250) (e.g. immunisation rates). Quality of life data prospectively gathered from UASC combined with National Cost Collection will inform health economics modelling. Conclusion If successful, this project will improve the quality of care for ~250 UASC and ~200 care providers. We will deliver evidence and strategy for implementation at scale, including cost-effectiveness and detailed description of health needs for ~430 UASC.

1. **Experiences of reduction and discontinuation of antipsychotics: a qualitative investigation within the RADAR trial**  
   Morant N., Long M., Jayacodi S., Cooper R., Akther-Robertson J., Stansfeld J., Horowitz M., Priebe S., Moncrieff J. eClinicalMedicine 2023;64 102135.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=25bff9118b2bca0a15bb16e7b92468c9)

Background: Antipsychotics are a core treatment for psychosis, but the evidence for gradual dose reductions guided by clinicians is under-developed. The RADAR randomised controlled trial (RCT) compared antipsychotic reduction and possible discontinuation with maintenance treatment for people with recurrent psychotic disorders. The current study explored participants' experiences of antipsychotic reduction or discontinuation within this trial. Method(s): This qualitative study was embedded within the RADAR RCT (April 2017-March 2022) that recruited 253 participants from specialist community mental health services in 19 public healthcare localities in England. Participants were adults with recurrent non affective psychosis who were taking antipsychotic medication. Semi-structured interviews, lasting 30-90 min, were conducted after the trial final 24-month follow-up with 26 people who reduced and/or discontinued antipsychotics within the trial, sampled purposively for diversity in sociodemographic characteristics, trial variables, and pre-trial medication and clinical factors. Data were analysed using thematic analysis and findings are reported qualitatively. Finding(s): Most participants reported reduced adverse effects of antipsychotics with dose reductions, primarily in mental clouding, emotional blunting and sedation, and some positive impacts on social functioning and sense of self. Over half experienced deteriorations in mental health, including psychotic symptoms and intolerable levels of emotional intensity. Nine had a psychotic relapse. The trial context in which medication reduction was explicitly part of clinical care provided various learning opportunities. Some participants were highly engaged with reduction processes, and despite difficulties including relapses, developed novel perspectives on medication, dose optimisation, and how to manage their mental health. Others were more ambivalent about reduction or experienced less overall impact. Interpretation(s): Experiences of antipsychotic reductions over two years were dynamic and diverse, shaped by variations in dose reduction profiles, reduction effects, personal motivation and engagement levels, and relationships with prescribers. There are relapse risks and challenges, but some people experience medication reduction done with clinical guidance as empowering. Clinicians can use findings to inform and work flexibly with service users to establish optimal antipsychotic doses. Funding(s):National Institute for Health Research.Copyright © 2023 The Author(s)

1. **Exploration of student sex work in the North East of England**  
   Haskins M., Osu T., Carr M. Journal of Forensic Practice 2023;25(4): 437-451.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=caf63e4da939374b4dfc3406f34969f0)

Purpose: This paper aims to explore the prevalence, motivations and support for student sex work within North East higher education institutions. With limited existing research in this area, this study fills a crucial gap in understanding student sex work in the UK and its specific manifestation in the North East region. Design/methodology/approach: To achieve its objectives, this study adopted an exploratory, cross-sectional design conducted entirely online due to the Covid-19 pandemic. A mixed-methodology approach was used, inspired by previous research, gathering quantitative data through a semi-structured questionnaire and qualitative data through open-ended survey questions. Finding(s): The study revealed that 11.4% of students engaged in sex work, primarily in indirect and online-based forms. lesbian, gay, bisexual and transgender (LGBTQ)+ students were more likely to participate in sex work compared to heterosexual students. Financial difficulties and lifestyle preferences were identified as significant motivations for student sex work. Research limitations/implications: A limitation of the study was the lack of diversity in the sample, with predominantly young, white, heterosexual and cis-gender females, potentially neglecting other demographics' struggles. Future research should include larger and more diverse samples to ensure representative findings. Practical implications: The research highlights the need for greater awareness and support for student sex workers within North East universities. Policies and services should consider the unique challenges faced by LGBTQ+ student sex workers to reduce stigma and potential dangers. Social implications: Understanding the prevalence of student sex work sheds light on the need to challenge societal assumptions and stigmas surrounding sex work, particularly concerning gender and sexuality. Originality/value: This study breaks new ground by providing novel insights into an understudied research area - the prevalence of student sex work in North East England. The findings lay the foundation for future research and can inform policies and support systems to improve the safety and well-being of student sex workers. Furthermore, the study contributes to broader discussions on gender, sexuality and sex work in academic settings.Copyright © 2023, Emerald Publishing Limited.

1. **Exploring Black and South Asian women's experiences of help-seeking and engagement in perinatal mental health services in the UK**  
   Conneely M., Packer K.C., Bicknell S., Jankovic J., Sihre H.K., McCabe R., Copello A., Bains K., Priebe S., Spruce A., Jovanovic N. Frontiers in Psychiatry 2023;14 1119998.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=75ff3b66441fbd41a29c47a682ef0c8a)

Background and aims: In the United Kingdom (UK), Black and South Asian women are less likely than White British women to access support from perinatal mental health services, despite experiencing similar, or higher, levels of distress. This inequality needs to be understood and remedied. The aim of this study was to answer two questions: how do Black and South Asian women experience (1) access to perinatal mental health services and (2) care received from perinatal mental health services? Method: Semi-structured interviews were conducted with Black and South Asian women (n = 37), including four women who were interviewed with an interpreter. Interviews were recorded and transcribed line-by-line. Data were analyzed using framework analysis, by an ethnically diverse multidisciplinary team of clinicians, researchers and people with lived experience of perinatal mental illness. Result(s): Participants described a complex interplay of factors that impacted on seeking, and receiving help, and benefiting from services. Four themes emerged that captured the highly varied experiences of individuals: (1) Self-identity, social expectations and different attributions of distress deter help-seeking; (2) Hidden and disorganized services impede getting support; (3) The role of curiosity, kindness and flexibility in making women feel heard, accepted and supported by clinicians; (4) A shared cultural background may support or hinder trust and rapport. Conclusion(s): Women described a wide range of experiences and a complex interplay of factors impacting access to, and experience of, services. Women described services as giving them strength and also leaving them disappointed and confused about where to get help. The main barriers to access were attributions related to mental distress, stigma, mistrust and lack of visibility of services, and organizational gaps in the referral process. These findings describe that many women feel heard, and supported by services, reporting that services provide a high quality of care that was inclusive of diverse experiences and understandings of mental health problems. Transparency around what PMHS are, and what support is available would improve the accessibility of PMHS.Copyright © 2023 Conneely, Packer, Bicknell, Jankovic, Sihre, McCabe, Copello, Bains, Priebe, Spruce and Jovanovic.

1. **Exploring how family carers of a person with dementia manage pre-death grief: A mixed methods study**  
   Moore K.J., Crawley S., Fisher E., Cooper C., Vickerstaff V., Sampson E.L. International Journal of Geriatric Psychiatry 2023;38(3): e5867.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=b4552568feb4a742aa755a8c53c8f6ad)

Objectives: Many family carers of a person with dementia experience pre-death grief. We aimed to identify strategies that help carers manage pre-death grief. We hypothesised that emotion and problem focussed styles would be associated with lower, and dysfunctional coping with higher grief intensity. Method(s): Mixed methods observational study using structured and semi-structured interviews with 150 family carers of people with dementia living at home or in a care home. Most participants were female (77%), caring for a parent (48%) or partner/spouse (47%) with mild (25%), moderate (43%) or severe (32%) dementia. They completed the Marwit-Meuser Caregiver Grief Inventory Short Form and the Brief Coping Orientation to Problems Experienced (Brief-COPE) questionnaire. We asked carers to identify strategies used for managing grief. We recorded field notes for 150 interviews and audio-recorded additional interviews with a sub-sample of 16 participants. Result(s): Correlations indicated that emotion-oriented coping was associated with lower grief (R = -0.341), and dysfunctional coping with higher grief (R = 0.435), with a small association with problem-focused strategies (R = -0.109), partly supporting our hypothesis. Our qualitative themes broadly match the three Brief-COPE styles. Unhelpful strategies of denial and avoidance align with dysfunctional coping strategies. Psychological strategies (including acceptance and humour) and seeking support were consistent with emotion-focused strategies, but we did not identify a theme relating to problem-focused strategies. Conclusion(s): Most carers identified multiple strategies for processing grief. Carers could readily identify supports and services that they found helpful for managing pre-death grief, yet current services appear under-resourced to meet growing demand. (ClinicalTrials.gov ID: NCT03332979).Copyright © 2023 The Authors. International Journal of Geriatric Psychiatry published by John Wiley & Sons Ltd.

1. **F27. NORTH THAMES GENOMIC MEDICINE SERVICE ALLIANCE LOCAL TRANSFORMATION PROJECT: EMBEDDING GENOMIC MEDICINE IN MENTAL HEALTH SERVICES - A PILOT PROJECT IN INTELLECTUAL DISABILITY AND DEMENTIA SERVICES**  
   Bass N., Ryves P., Trim C., Faravelli F., Raheem A., Ambreen A., Gaynair N., Mikova J., Nelson S., Eady N. European Neuropsychopharmacology 2023;75(Supplement 1): S234-S235.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=61e2d09f113e7e7929480723d0dfc817)

Background: The NHS Genomic Medicine service for England (GMS) was established in 2018 to "harness the power of genomic technology and science to improve the health of our population and deliver on the commitments in the NHS Long Term Plan". These commitments include being the first national health care system to offer WGS as part of routine care. The GMS comprises of 7 Genomic Laboratory Hubs (GLH) and associated Genomic Medicine Service Alliances (GMSAs). The GMSAs are working with health providers, patients and the public to embed genomics into mainstream healthcare and ensure easy and equitable access to the genomic investigations specified in the NHS Genomic Test Directory. There are approximately 50 NHS Mental Health Trusts in England which provide mental health services (including dementia, learning disability and autism services). The directory includes genetic tests relevant to the assessment of intellectual disability (ID) and dementia - for example microarray and the WGS neurodegeneration panel. There is little data on the use of genetic investigations within mental health services but what there is suggests overall low use with large variability in practice. A NTGMSA transformation project was commissioned to: 1) map the utilisation of genomics investigations by NHS mental health trust in the North Thames (North London) region 2) develop model "end to end" genomic testing pathways for adult ID services and dementia services. 3) develop a strategy to increase genomic testing and improve equity of access Methods: Request data was extracted from the North Thames GLH (at Great Ormond Street hospital). Consultants in the Psychiatry of ID and psychiatrists working in dementia services in the North Thames region were surveyed about genomic testing. Model genomic testing pathways were developed using the "Clinical Pathway Initiative" framework (NHS Genomic Education Programme). Extensive consultation with stakeholders and in particular patient/carer groups was undertaken to create the pathways. Clinical nurse specialist posts have been created and QI projects set up to increase testing and address equity of access. Result(s): 10 Mental Health Trust are covered by the NTGMSA footprint. It appears that genetic investigation of adults with ID is seldom initiated in mental health services with less than 10 requests over an 18 month period. We were unable to identify any requests for the dementia panel originating from Mental Health Trusts over the same period. Overall, the survey highlighted the need for further education/training about and support for genomic testing among the psychiatry workforce. Two model testing pathways have been developed. These can be adapted to fit the needs of individual services. The consultation process revealed broad support for the aims of the project. Services users and carers identified difficulties with the logistics of testing and lack of post diagnostic support as key areas for improvement. Mental and GMS clinicians and scientists highlighted the need for strong links between GMS and mental health services and the need for basic competencies in genomic medicine across the wider mental health workforce. Discussion(s): The level of genetic testing in mental health services in North London is currently very low. People who meet criteria for genomic investigation (as laid out in the directory) should have easy and equitable access. It appears there is still much work to be done to support the workforce with the integration of genomic medicine in mental health settings.Copyright © 2023

1. **Feasibility and outcomes of using DIALOG+ in primary care to improve quality of life and mental distress of patients with long-term physical conditions: an exploratory non-controlled study in Bosnia and Herzegovina, Colombia and Uganda**  
   van Loggerenberg F., Akena D., Alinaitwe R., Birabwa-Oketcho H., Mendez C.A.C., Gomez-Restrepo C., Kulenovic A.D., Selak N., Kiseljakovic M., Musisi S., Nakasujja N., Sewankambo N.K., Priebe S. BMC primary care 2023;24(1): 241.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=40b11ae2fb26b8a8fe6536a4399006ba)

INTRODUCTION: The management of long-term physical conditions is a challenge worldwide, absorbing a majority resources despite the importance of acute care. The management of these conditions is done largely in primary care and so interventions to improve primary care could have an enormous impact. However, very little data exist on how to do this. Mental distress is frequently comorbid with long term physical conditions, and can impact on health behaviour and adherence, leading to poorer outcomes. DIALOG+ is a low-cost, patient-centred and solution-focused intervention, which is used in routine patient-clinician meetings and has been shown to improve outcomes in mental health care. The question arises as to whether it could also be used in primary care to improve the quality of life and mental health of patients with long-term physical conditions. This is particularly important for low- and middle-income countries with limited health care resources. METHOD(S): An exploratory non-controlled multi-site trial was conducted in Bosnia and Herzegovina, Colombia, and Uganda. Feasibility was determined by recruitment, retention, and session completion. Patient outcomes (quality of life, anxiety and depression symptoms, objective social situation) were assessed at baseline and after three approximately monthly DIALOG+ sessions. RESULT(S): A total of 117 patients were enrolled in the study, 25 in Bosnia and Herzegovina, 32 in Colombia, and 60 in Uganda. In each country, more than 75% of anticipated participants were recruited, with retention rates over 90% and completion of the intervention exceeding 92%. Patients had significantly higher quality of life and fewer anxiety and depression symptoms at post-intervention follow-up, with moderate to large effect sizes. There were no significant improvements in objective social situation. CONCLUSION(S): The findings from this exploratory trial suggest that DIALOG+ is feasible in primary care settings for patients with long-term physical conditions and may substantially improve patient outcomes. Future research may test implementation and effectiveness of DIALOG+ in randomized controlled trials in wider primary care settings in low- and middle-income countries. TRIAL REGISTRATION: All studies were registered prospectively within the ISRCTN Registry. ISRCTN17003451, 02/12/2020 (Bosnia and Herzegovina), ISRCTN14018729, 01/12/2020 (Colombia) and ISRCTN50335796, 02/12/2020 (Uganda).Copyright © 2023. The Author(s).

1. **Group cognitive stimulation therapy versus usual care for people with intellectual disabilities and dementia (CST-IDD) in the UK: protocol for a mixed-methods feasibility randomised controlled trial**  
   Ali A., Aguirre E., Carter J., Hoare S., Brackley K., Goulden N., Hoare Z., Clarke C.S., Charlesworth G., Acton D., Spector A. BMJ Open 2023;13(4): e072391.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cff3113729ea6a3379b542f9ef13c8a1)

Introduction The prevalence of dementia is almost five times higher in people with intellectual disabilities compared with the general population. However, evidence-based treatments for this population are lacking, as most randomised controlled trials for dementia interventions have not included people with intellectual disabilities. Cognitive stimulation therapy (CST) has a robust evidence base in the general dementia population, consistently showing benefits to cognition, quality of life and being cost-effective. We are conducting a mixed-methods feasibility trial of group CST for people with intellectual disabilities and dementia, to determine if a future definitive randomised controlled trial is feasible. Methods and analysis Fifty individuals with intellectual disabilities and dementia will be randomised to either the intervention arm (14 sessions of group CST plus treatment as usual) or the control arm (treatment as usual). Randomisation will occur after informed consent has been obtained and baseline assessments completed. Each arm will have 25 participants, with the intervention arm divided into five or more CST groups with three to five participants in each. The outcomes will be feasibility of recruitment, acceptability and adherence of the intervention, suitability of study outcome measures and feasibility of collecting resource use data. Quantitative and qualitative approaches, including semistructured interviews with group participants, carers and group facilitators, will be employed to assess these outcomes. Ethics and dissemination This study has been approved by Essex REC (Ref: 21/EE/027) and the HRA ethical approval process through the Integrated Research Application System (IRAS ID: 306 756). We plan to publish the results in peer-reviewed journals and conferences as well as provide feedback to funders, sponsors and study participants. Trial registration number ISRCTN88614460.Copyright © 2023 BMJ Publishing Group. All rights reserved.

1. **Group music therapy with songwriting for adult patients with long-term depression (SYNCHRONY study): a feasibility and acceptability study of the intervention and parallel randomised controlled trial design with wait-list control and nested process evaluation**  
   Carr C.E., Millard E., Dilgul M., Bent C., Wetherick D., French J., Priebe S. Pilot and Feasibility Studies 2023;9(1): 75.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1091c848888a1a57941d6ba87313f11b)

Background: Despite effective treatments, one fifth of patients develop chronic depression. Music therapy may offer a different approach. This study aimed to assess feasibility and acceptability of a music therapy intervention and trial methodology. Method(s): A parallel two-arm randomised controlled trial with wait-list control, mixed feasibility/acceptability measures and nested process evaluation. Adults with long-term depression (symptom duration > 1 year) were recruited from community mental health services and computer randomised to 42 sessions of group music therapy with songwriting three times per week or wait-list control. Depression, social functioning, distress, quality of life, satisfaction and service use were assessed by blinded researchers at enrolment, 1 week and 3 and 6 months post-therapy. Outcomes were analysed descriptively, controlling for baseline covariates. Recruitment (number eligible, participation and retention rates) and intervention (fidelity, adherence) feasibility were assessed using pre-defined stop-go criteria. Attendance, adverse events, mood, relationship satisfaction and semi-structured interviews were analysed in a nested process evaluation. Result(s): Recruitment processes were feasible with 421 eligible, 12.7% participation and 60% (18/30) retention. Thirty participants were randomised to intervention (N = 20) and control (N = 10). Session attendance was low (mean 10.5) with four withdrawals. Music therapist adherence was good but changes to session frequency were suggested. Outcomes were available for 10/20 treatment and 9/10 wait-list participants. Depression increased in both arms post-therapy. Treatment depression scores fell below baseline 3 and 6 months post-therapy indicating improvement. Wait-list depression scores increased from baseline 3 and 6 months post-therapy. At 3 months, the treatment arm improved from baseline on all measures except satisfaction and functioning. At 6 months, quality of life, distress and functioning improved with reduction in health service contacts. High-attending participants improved more than low-attending. Seven adverse events (one serious) were reported. Limitation(s): As this was a feasibility study, clinical outcomes should be interpreted cautiously. Conclusion(s): A randomised controlled trial of group music therapy using songwriting is feasible with inclusion criteria and session frequency modifications, but further intervention development is required. Trial registration: ISRCTN18164037 on 26.09.2016.Copyright © 2023, The Author(s).

1. **Healthcare professionals' views on the accessibility and acceptability of perinatal mental health services for South Asian and Black women: a qualitative study.**  
   Bains Kiren, Bicknell Sarah, Jovanović Nikolina, Conneely Maev, McCabe Rosemarie, Copello Alex, Fletcher-Rogers Jessica, Priebe Stefan, Janković Jelena. BMC Medicine 2023;21(1): 1-13.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ff6e84ede0dc683f63240b27b7c4d348)

1. **How Does Living in Temporary Accommodation and the COVID-19 Pandemic Impact under 5s' Healthcare Access and Health Outcomes? A Qualitative Study of Key Professionals in a Socially and Ethnically Diverse and Deprived Area of London**  
   Rosenthal D.M., Schoenthaler A., Heys M., Ucci M., Hayward A., Teakle A., Lakhanpaul M., Lewis C. International Journal of Environmental Research and Public Health 2023;20(2): 1300.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c1cdf9cc6303eb06765804e1b41ae942)

Background: Children < 5 years living in temporary accommodation (U5TA) are vulnerable to poor health outcomes. Few qualitative studies have examined service provider perspectives in family homelessness; none have focused on U5TA with a cross-sector approach. This study explored professionals' perspectives of the barriers and facilitators, including pandemic-related challenges, experienced by U5TA in accessing healthcare and optimising health outcomes, and their experiences in delivering services. Method(s): Sixteen semi-structured online interviews were conducted. Professionals working in Newham (London) with U5TA families were recruited from non-profit organisations, the health sector, and Local Authority. A thematic analysis was conducted. Finding(s): Professionals described barriers including poor parental mental health; unsuitable housing; no social support; mistrust of services; immigration administration; and financial insecurity. Digital poverty, language discordance, and the inability to register and track U5TA made them even less visible to services. Professionals tried to mitigate barriers with improved communication, and through community facilitators. Adverse pandemic effects on U5TA health included delay and regression in developmental milestones and behaviours. In-person services were reduced, exacerbating pre-existing barriers. Interpretation(s): COVID-19 further reduced the ability of professionals to deliver care to U5TA and significantly impacted the lives of U5TA with potential life-long risks. Innovative and tailored cross-sector strategies are needed, including co-production of public health services and policies focusing on early development, mental health support, employment training, and opportunities for parents/carers.Copyright © 2023 by the authors.

1. **How is it like to communicate with a Phone Pal? The views and experiences of patients with psychosis and volunteers**  
   Pinto da Costa M., Kouroupa A., Virdi K. SSM - Qualitative Research in Health 2023;3 100221.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f760bbaf95b9a59d3f603308be59b618)

1. **How Much Does the United Kingdom Public Know about Dementia and the Role of Palliative and End-of-Life Care? A Representative Public Opinion Poll**  
   Yorganci E., Kenten C., Evans C., Sampson E.L., Tunnard I., Ellis-Smith C., Kupeli N., Duffy B., Sisk A.-R., Davies N., Sleeman K.E. Palliative Medicine 2023;37(1 Supplement): 37.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=52bfb3685dfb7dae5263c0f5b696b738)

Background/aims: The number of people dying with dementia is increasing. Although dementia is the leading cause of death in the United Kingdom (UK), public knowledge and perceptions around dementia, including care towards the end of life, are unknown. Our aim was to gain an insight into public knowledge and perceptions around dementia, and the role of palliative and end-of-life care. Method(s): An online public opinion poll, sampling UK adults aged 18+, was conducted in collaboration with YouGov in April 2022. The poll included 11 sociodemographic (e.g., age, gender, region) questions and 11 questions about current and future levels of need, research and care funding, charity awareness, palliative care for dementia, and priorities for dementia care. Questions were developed with input from an opinion poll expert and informed by previous polls. Results were weighted to be representative of all UK adults. Result(s): 2133 adults received and completed the opinion poll. Only 6% of the public correctly identified dementia as the leading cause of death (38% heart disease), and only 7% correctly identified that dementia deaths will more than double by 2040. Fewer than half (42%) were aware that dementia is a terminal illness and 51% believed that people with dementia can benefit from palliative care. 17% of the public were aware that most dementia care in the UK is paid for by people with dementia and their families. The top two public priorities for dementia care were 'involving the person with dementia and their families in care and treatment decisions', and 'good management and treatment of symptoms and providing comfort'. Conclusion(s): We identified major gaps in public knowledge and understanding of dementia, and the role of palliative and end-of-life care. There is an urgent need to educate the public about dementia, demystify the care experience, equip audiences with knowledge of services that could support them, and create advocates demanding high quality care.

1. **Identifying Distinct Profiles of People with Dementia Based on their Healthcare Use in the Last Year of Life Using Routine Data**  
   Yorganci E., Stewart R., Sampson E.L., Sleeman K.E. Palliative Medicine 2023;37(1 Supplement): 191.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=acf3ac4cd3e55b43dccdde2d84bc9996)

Background/aims: People with dementia can access multiple healthcare services for their care needs. Among those approaching end of life, access and use of healthcare services vary considerably. We aimed to characterise subgroups of people with dementia based on their healthcare use in the last year of life. Method(s): Retrospective cohort study using mental healthcare data of decedents who were >= 50 years old at dementia diagnosis in South London and Maudsley Hospital, United Kingdom, linked with national hospital data (2006-2020). We used latent profile analysis to group the individuals according to their patterns of healthcare use (planned & unplanned hospital admissions, length of hospital stays, outpatient visits, emergency visits, community nurse & therapist visits, mental health appointments). We used multinomial logistic regression with multiple imputation to predict sociodemographic and illness characteristics, and the outcome of dying in hospital, based on individual's group membership. Result(s): 11,209 decedents with dementia were grouped into four distinct healthcare profiles: 1. minimal healthcare users (n=2,728, 24%) 2. occasional hospital in-patients & mental health care input (n=4,909, 44%) 3. frequent hospital & emergency department visitors (n=1,242, 11%) 4. specialist care recipients who spend long periods in hospital (n=2,330, 21%). Having a non-Alzheimer's dementia diagnosis, not receiving a care package, being diagnosed with dementia at older age, female, Black, Asian and other minority ethnicity were all associated with higher relative odds of being in group 2,3 or 4 compared to group 1. Compared to group 1, all other three groups had over four times higher relative odds of dying in hospital (p<0.000, CI 95% 4.3-5.1 for group 1 vs 3). Conclusion(s): Distinct profiles of people with dementia exist based on their healthcare use in the last year of life. We identified policy targets for improving care, and need for exploring underlying mechanisms between sociodemographic factors, health and care use.

1. **Immunological imprinting of humoral immunity to SARS-CoV-2 in children**  
   Dowell A.C., Lancaster T., Bruton R., Ireland G., Bentley C., Sylla P., Zuo J., Scott S., Jadir A., Begum J., Roberts T., Stephens C., Ditta S., Shepherdson R., Powell A.A., Brent A.J., Brent B., Baawuah F., Okike I., Beckmann J., Ahmad S., Aiano F., Garstang J., Ramsay M.E., Azad R., Waiblinger D., Willett B., Wright J., Ladhani S.N., Moss P. Nature Communications 2023;14(1): 3845.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ffec5dcb7bb007b2018dc4d854fdd844)

Omicron variants of SARS-CoV-2 are globally dominant and infection rates are very high in children. We measure immune responses following Omicron BA.1/2 infection in children aged 6-14 years and relate this to prior and subsequent SARS-CoV-2 infection or vaccination. Primary Omicron infection elicits a weak antibody response with poor functional neutralizing antibodies. Subsequent Omicron reinfection or COVID-19 vaccination elicits increased antibody titres with broad neutralisation of Omicron subvariants. Prior pre-Omicron SARS-CoV-2 virus infection or vaccination primes for robust antibody responses following Omicron infection but these remain primarily focussed against ancestral variants. Primary Omicron infection thus elicits a weak antibody response in children which is boosted after reinfection or vaccination. Cellular responses are robust and broadly equivalent in all groups, providing protection against severe disease irrespective of SARS-CoV-2 variant. Immunological imprinting is likely to act as an important determinant of long-term humoral immunity, the future clinical importance of which is unknown.Copyright © 2023, The Author(s).

1. **Impact of COVID-19 on clinical practice of UK-based speech and language therapists working with school-aged children with neurodisability and oropharyngeal dysphagia: A survey**  
   Morgan S., Weir K.A., Mulligan K., Jacobs S., Hilari K. Child: care, health and development 2023; No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f48a82f617af764c6a2c9674b3552bb1)

BACKGROUND: The COVID-19 pandemic and response changed clinical service delivery and practice for speech and language therapists (SLTs) in the United Kingdom. SLTs work with children with neurodisability regarding both difficulties with their communication and eating and drinking skills (oropharyngeal dysphagia). This survey aimed to specifically explore the impact of the COVID-19 pandemic on SLT practice for school-aged children with dysphagia. METHOD(S): UK-based SLTs working with school-aged children with neurodisability and oropharyngeal dysphagia were recruited to share their perceptions on the impact of COVID-19 on practice. Four questions focusing on COVID-19 impact were part of a larger online survey exploring SLT clinical practice regarding mealtime management of children with neurodisability and oropharyngeal dysphagia, which included demographic information, service delivery, assessment and intervention practices. COVID-19 impact questions were a mixture of multiple choice and free text responses. The survey was disseminated using professional networks and social media, between 14 May and 30 July 2021. Data were analysed using descriptive statistics and qualitative content analysis. RESULT(S): One hundred and two participants answered at least one of the four COVID-19 questions. Eighty-two per cent of SLTs either agreed or strongly agreed that COVID-19 impacted on service delivery to children and families. Negative impacts on service delivery included school absences/closures, home visiting restrictions, families declining input and/or having barriers to telehealth use and the impact of mask wearing on interactions. Positive impacts included increased telehealth access and skills, increased contact with families and focus on children's eating and drinking function within the home environment. Participants aimed to maintain the increased contact with families alongside a hybrid service delivery approach of in-person and virtual appointments. CONCLUSION(S): This survey provides novel information capturing SLT practice change across two waves of COVID-19 and return to in-person practice for UK children with neurodisability.Copyright © 2023 John Wiley & Sons Ltd.

1. **IMPLEMENTATION of AN INTEGRATED PATHWAY for UNACCOMPANIED ASYLUM-SEEKING CHILDREN in NEWHAM: SERVICE-USERS, CARERS and HEALTHCARE PROVIDERS' VIEWS**  
   Barton G., Armitage A., Heys M., Salvo L., Alladi S. Archives of Disease in Childhood 2023;108(Supplement 2): A329.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fa78cd251c933b096f25b1ce33813ce6)

Objectives Unaccompanied asylum-seeking children (UASC) are a vulnerable population; existing services are inconsistent and often fail to meet their complex needs(1). An 'integrated pathway' for UASC, developed in Camden, provides intensive and joined-up support for this group(2). With Barts Charity funding, a similar model was implemented in a second borough (2020-2021). Features include CAMHS clinicians joining paediatricians in initial health assessments (IHAs) and a new feature of multi-disciplinary meetings involving social workers and carers 6-8 weeks after IHA. Here we present mixed-methods results exploring service-users, carers and healthcare providers' attitudes towards, and experiences of, the integrated pathway model. Methods Feedback forms were used to directly gather feedback from UASC engaging with the integrated pathway model. A survey using statements with likert scales, multiple choice questions and open questions was used to explore paediatricians' views before and after undertaking an IHA jointly with a CAMHS clinician. Semi-structured interviews were carried out with social workers and carers for UASC, focussing on the CAMHS MDT (4-6 weeks after IHA) which the carers and social workers attended. Results UASC feedback forms (n=10) indicate that they felt the staff were friendly and listened to them; there was overall satisfaction with the pathway. Results from paediatricians (n=5) show before joint-IHA, 40% expressed poor confidence in their existing skills/ability to assess/respond to the emotional, social and behavioural needs of UASC. After joint-IHA, 100% reported learning new skills regarding the needs of UASC and were satisfied with the role of CAMHS. Free-text answers suggest paediatricians would appreciate further training on assessing emotional well-being, communication techniques, and techniques to help promote resilience. CAMHS presence was felt to be helpful and helped formation of action plans. Social workers (n=2) felt that MDTs were helpful for gaining insight into caring for UASC, and that the mental health focus was necessary. Re-discussion of UASC needs a few weeks after IHA was felt to be helpful as at IHA 'the trauma they had been through was still very fresh'. UASC carers (n=2) described improved insight into their hobbies and interests, and that it helped to highlight anything the carers needed to do to support UASC. Conclusion The integrated pathway has been successfully implemented in a second borough and is acceptable to service-users and professionals. Results indicate positive experiences among service-users and carers with reciprocal learning demonstrated among health-professionals looking after UASC, but need to be replicated in a larger sample size.

1. **Improving mental healthcare access and experience for people from minority ethnic groups: an England-wide multisite experience-based codesign (EBCD) study**  
   Winsper C., Bhattacharya R., Bhui K., Currie G., Edge D., Ellard D.R., Franklin D., Gill P.S., Gilbert S., Miller R., Motala Z., Pinfold V., Sandhu H., Singh S.P., Weich S., Giacco D. BMJ mental health 2023;26(1): No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d261986b4dad344a2a7daca40cb2ba98)

BACKGROUND: Long-standing ethnic inequalities in access and mental healthcare were worsened by the COVID-19 pandemic. OBJECTIVE(S): Stakeholders coproduced local and national implementation plans to improve mental healthcare for people from minority ethnic groups. METHOD(S): Experience-based codesign conducted in four areas covered by National Health Service (NHS) mental health trusts: Coventry and Warwickshire, Greater Manchester, East London and Sheffield. Data were analysed using an interpretivist-constructivist approach, seeking validation from participants on their priority actions and implementation plans. Service users (n=29), carers (n=9) and health professionals (n=33) took part in interviews; focus groups (service users, n=15; carers, n=8; health professionals, n=24); and codesign workshops (service users, n=15; carers, n=5; health professionals, n=21) from July 2021 to July 2022. FINDINGS: Each study site identified 2-3 local priority actions. Three were consistent across areas: (1) reaching out to communities and collaborating with third sector organisations; (2) diversifying the mental healthcare offer to provide culturally appropriate therapeutic approaches and (3) enabling open discussions about ethnicity, culture and racism. National priority actions included: (1) co-ordination of a national hub to bring about system level change and (2) recognition of the centrality of service users and communities in the design and provision of services. CONCLUSION(S): Stakeholder-led implementation plans highlight that substantial change is needed to increase equity in mental healthcare in England. CLINICAL IMPLICATIONS: Working with people with lived experience in leadership roles, and collaborations between NHS and community organisations will be essential. Future research avenues include comparison of the benefits of culturally specific versus generic therapeutic interventions.Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. Published by BMJ.

1. **Improving referrals to community mental health services in the liaison setting**  
   Loveday W.H., Panagiotopoulou L., Dineva D., Pita A.A., Eltuhamy Y., Sabir A. BMJ Open Quality 2022;11(2): e001651.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5db9a44ce90c510de8d2eccc0cec29d6)

The East London Foundation Trust (ELFT) psychiatric liaison team (PLT) at Newham University Hospital (NUH) is responsible for referring adult patients they have reviewed, on to community mental health services on discharge where appropriate, and also to notify their existing team for follow-up on discharge when already under the care of a community service. This should then lead to appropriate ongoing management of the patient's mental health needs in terms of continued support and assessment of risk, further assessment of mental state, titration of medications and prevention of further admissions. Following an ELFT incident review where it was noted that a patient was not referred to community services on discharge, a retrospective case note review was undertaken over an 11-month period to define the baseline efficacy of current referrals. Quality improvement (QI) methods were used to understand the issue, create a more robust process and measure the improvements made. We set up regular QI Project meetings and we used driver diagram, process mapping, PDSA cycles and run charts. The change ideas included moving from a white board based system to using Microsoft Excel, CRS millennium patient lists, Microsoft TEAMS and additional admin support. We studied the results for the following 14 months. The percentage of patients being appropriately referred in terms of timeliness and correct documentation increased from a run chart baseline of 35% to 88% during the project period, and the number of patients with some evidence of referral having been completed increased from 83% to 100%. The previous system used was ineffective in managing onward referrals for mental health patients from PLT. QI methods have allowed sustainable improvement in both the percentage of patients referred and those correctly documented, improving follow up and care for mental health patients who are admitted to NUH. Copyright ©

1. **Incidence and associations of hospital delirium diagnoses in 85,979 people with severe mental illness: A data linkage study**  
   Bauernfreund Y., Launders N., Favarato G., Hayes J.F., Osborn D., Sampson E.L. Acta Psychiatrica Scandinavica 2023;147(5): 516-526.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ded4305025f0f6ae3d391d2766808670)

Introduction: Delirium is an acute neuro-psychiatric disturbance precipitated by a range of physical stressors, with high morbidity and mortality. Little is known about its relationship with severe mental illness (SMI). Method(s): We conducted a retrospective cohort study using linked data analyses of the UK Clinical Practice Research Datalink (CPRD) and Hospital Episodes Statistics (HES) databases. We ascertained yearly hospital delirium incidence from 2000 to 2017 and used logistic regression to identify associations with delirium diagnosis in a population with SMI. Result(s): The cohort included 249,047 people with SMI with median follow-up time in CPRD of 6.4 years. A total of 85,979 patients were eligible for linkage to HES. Delirium incidence increased from 0.04 (95% CI 0.02-0.07) delirium associated admissions per 100 person-years in 2000 to 1.05 (95% CI 0.93-1.17) per 100 person-years in 2017, increasing most notably from 2010 onwards. Delirium was associated with older age at study entry (OR 1.05 per year, 95% CI 1.05-1.06), SMI diagnosis of bipolar affective disorder (OR 1.66, 95% CI 1.44-1.93) or other psychosis (OR 1.56, 95% CI 1.35-1.80) relative to schizophrenia, and more physical comorbidities (OR 1.08 per additional comorbidity of the Charlson Comorbidity Index, 95% CI 1.02-1.14). Patients with delirium received more antipsychotic medication during follow-up (1-2 antipsychotics OR 1.65, 95% CI 1.44-1.90; >2 antipsychotics OR 2.49, 95% CI 2.12-2.92). Conclusion(s): The incidence of recorded delirium diagnoses in people with SMI has increased in recent years. Older people prescribed more antipsychotics and with more comorbidities have a higher incidence. Linked electronic health records are feasible for exploring hospital diagnoses such as delirium in SMI.Copyright © 2022 The Authors. Acta Psychiatrica Scandinavica published by John Wiley & Sons Ltd.

1. **Intensive community care services for children and young people in psychiatric crisis: an expert opinion**  
   Keiller E., Masood S., Wong B.H.-C., Avent C., Bediako K., Bird R.M., Boege I., Casanovas M., Dobler V.B., James M., Kiernan J., Martinez-Herves M., Ngo T.V.T., Pascual-Sanchez A., Pilecka I., Plener P.L., Prillinger K., Lim I.S., Saour T., Singh N., Skouta E., Steffen M., Tolmac J., Velani H., Woolhouse R., Zundel T., Ougrin D. BMC Medicine 2023;21(1): 303.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1591ef086d0e660ca2673d4209e3d6d0)

Background: Children and young people's (CYP) mental health is worsening, and an increasing number are seeking psychiatric and mental health care. Whilst many CYPs with low-to-medium levels of psychiatric distress can be treated in outpatient services, CYPs in crisis often require inpatient hospital treatment. Although necessary in many cases, inpatient care can be distressing for CYPs and their families. Amongst other things, inpatient stays often isolate CYPs from their support networks and disrupt their education. In response to such limitations, and in order to effectively support CYPs with complex mental health needs, intensive community-based treatment models, which are known in this paper as intensive community care services (ICCS), have been developed. Although ICCS have been developed in a number of settings, there is, at present, little to no consensus of what ICCS entails. Method(s): A group of child and adolescent mental health clinicians, researchers and academics convened in London in January 2023. They met to discuss and agree upon the minimum requirements of ICCS. The discussion was semi-structured and used the Dartmouth Assertive Community Treatment Fidelity Scale as a framework. Following the meeting, the agreed features of ICCS, as described in this paper, were written up. Result(s): ICCS was defined as a service which provides treatment primarily outside of hospital in community settings such as the school or home. Alongside this, ICCS should provide at least some out-of-hours support, and a minimum of 90% of CYPs should be supported at least twice per week. The maximum caseload should be approximately 5 clients per full time equivalent (FTE), and the minimum number of staff for an ICCS team should be 4 FTE. The group also confirmed the importance of supporting CYPs engagement with their communities and the need to remain flexible in treatment provision. Finally, the importance of robust evaluation utilising tools including the Children's Global Assessment Scale were agreed. Conclusion(s): This paper presents the agreed minimum requirements of intensive community-based psychiatric care. Using the parameters laid out herein, clinicians, academics, and related colleagues working in ICCS should seek to further develop the evidence base for this treatment model.Copyright © 2023, BioMed Central Ltd., part of Springer Nature.

1. **Intrinsic somatosensory feedback supports motor control and learning to operate artificial body parts.**  
   Amoruso E., Dowdall L., Kollamkulam M. T, Ukaegbu O., Kieliba P., Ng T., Dempsey-Jones H., Clode D., Makin T. R. Journal of neural engineering 2022;19(1): No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=db198bfb75e9d070000074d4b69e968c)

Objective.Considerable resources are being invested to enhance the control and usability of artificial limbs through the delivery of unnatural forms of somatosensory feedback. Here, we investigated whether intrinsic somatosensory information from the body part(s) remotely controlling an artificial limb can be leveraged by the motor system to support control and skill learning. Approach.We used local anaesthetic to attenuate somatosensory inputs to the big toes while participants learned to operate through pressure sensors a toe-controlled and hand-worn robotic extra finger. Motor learning outcomes were compared against a control group who received sham anaesthetic and quantified in three different task scenarios: while operating in isolation from, in synchronous coordination, and collaboration with, the biological fingers. Main results.Both groups were able to learn to operate the robotic extra finger, presumably due to abundance of visual feedback and other relevant sensory cues. Importantly, the availability of displaced somatosensory cues from the distal bodily controllers facilitated the acquisition of isolated robotic finger movements, the retention and transfer of synchronous hand-robot coordination skills, and performance under cognitive load. Motor performance was not impaired by toes anaesthesia when tasks involved close collaboration with the biological fingers, indicating that the motor system can close the sensory feedback gap by dynamically integrating task-intrinsic somatosensory signals from multiple, and even distal, body-parts. Significance.Together, our findings demonstrate that there are multiple natural avenues to provide intrinsic surrogate somatosensory information to support motor control of an artificial body part, beyond artificial stimulation. Copyright Creative Commons Attribution license.

1. **Investigating the association between schizophrenia and distance visual acuity: Mendelian randomisation study**  
   Shoham N., Dunca D., Cooper C., Hayes J.F., McQuillin A., Bass N., Lewis G., Kuchenbaecker K. BJPsych Open 2023;9(2): e33.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=97db6af7d81e920c51703d0be78f3d3e)

Background Increased rates of visual impairment are observed in people with schizophrenia. Aims We assessed whether genetically predicted poor distance acuity is causally associated with schizophrenia, and whether genetically predicted schizophrenia is causally associated with poorer visual acuity. Method We used bidirectional, two-sample Mendelian randomisation to assess the effect of poor distance acuity on schizophrenia risk, poorer visual acuity on schizophrenia risk and schizophrenia on visual acuity, in European and East Asian ancestry samples ranging from approximately 14 000 to 500 000 participants. Genetic instrumental variables were obtained from the largest available summary statistics: for schizophrenia, from the Psychiatric Genomics Consortium; for visual acuity, from the UK Biobank; and for poor distance acuity, from a meta-analysis of case-control samples. We used the inverse variance-weighted method and sensitivity analyses to test validity of results. Results We found little evidence that poor distance acuity was causally associated with schizophrenia (odds ratio 1.00, 95% CI 0.91-1.10). Genetically predicted schizophrenia was associated with poorer visual acuity (mean difference in logMAR score: 0.024, 95% CI 0.014-0.033) in European ancestry samples, with a similar but less precise effect that in smaller East Asian ancestry samples (mean difference: 0.186, 95% CI -0.008 to 0.379). Conclusions Genetic evidence supports schizophrenia being a causal risk factor for poorer visual acuity, but not the converse. This highlights the importance of visual care for people with psychosis and refutes previous hypotheses that visual impairment is a potential target for prevention of schizophrenia.Copyright © The Author(s), 2023. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Investigating the relationship between negative symptoms and metacognitive functioning in psychosis: An individual participant data meta-analysis**  
   McGuire N., Gumley A., Hasson-Ohayon I., Allan S., Aunjitsakul W., Aydin O., Bo S., Bonfils K.A., Brocker A.-L., de Jong S., Dimaggio G., Inchausti F., Jansen J.E., Lecomte T., Luther L., MacBeth A., Montag C., Pedersen M.B., Pijnenborg G.H.M., Popolo R., Schwannauer M., Trauelsen A.-M., van Donkersgoed R., Wu W., Wang K., Lysaker P.H., McLeod H. Psychology and psychotherapy 2023;96(4): 918-933.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=35258e67f8a2872ded58e90de8a97c6e)

PURPOSE: Negative symptoms are a persistent, yet under-explored problem in psychosis. Disturbances in metacognition are a potential causal factor in negative symptom development and maintenance. This meta-analysis uses individual participant data (IPD) from existing research to assess the relationship between negative symptoms and metacognition treated as summed scores and domains. METHOD(S): Data sets containing individuals with negative symptoms and metacognition data, aged 16+ with psychosis, were identified according to pre-specific parameters. IPD integrity and completeness were checked and data were synthesized in two-stage meta-analyses of each negative symptoms cluster compared with metacognition in seemingly unrelated regression using restricted maximum likelihood estimation. Planned and exploratory sensitivity analyses were also conducted. RESULT(S): Thirty-three eligible data sets were identified with 21 with sufficient similarity and availability to be included in meta-analyses, corresponding to 1301 participants. The strongest relationships observed were between summed scores of negative symptoms and metacognition. Metacognitive domains of self-reflectivity and understanding others' minds, and expressive negative symptoms emerged as significant in some meta-analyses. The uncertainty of several effect estimates increased significantly when controlling for covariates. CONCLUSION(S): This robust meta-analysis highlights the impact of using summed versus domain-specific scores of metacognition and negative symptoms, and relationships are not as clear-cut as once believed. Findings support arguments for further differentiation of negative symptom profiles and continued granular exploration of the relationship between metacognition and negative symptoms.Copyright © 2023 The Authors. Psychology and Psychotherapy: Theory, Research and Practice published by John Wiley & Sons Ltd on behalf of The British Psychological Society.

1. **Is Personality Disorder Madness? A Qualitative Study of the perceptions of Medical Students in Somaliland**  
   Arisna H.R., Handuleh J., Bhui K., Lee T. European Psychiatry 2023;66(Supplement 1): S1119.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=812066e87447cb2a9c5374910fa5bf8b)

Introduction: Patients with borderline personality disorder are often a challenge to the mental health system. Psychiatrists see people with BPD as manipulative, difficult to manage, annoying, unlikely to arouse sympathy, clinicians hold negative attitude towards personality disorder. As the next generation of doctors, medical students' perception of patients with personality disorder (PD) is critical. Yet a systematic review of the literature shows this has not been studied. Objective(s): The study aims to identify : 1) the understanding and perception of medical students about PD 2) factors that may relate to this knowledge and perception. Method(s): A focus group discussion (FGD) was conducted with eight medical students in their sixth year at Amoud University, Somaliland. A case vignette of a patient with typical Borderline PD symptoms was presented to stimulate discussion. Barts Explanatory Model Inventory (BEMI) was used to explore the issue. The FGD was conducted via MS teams, recorded, transcribed, translated and thematically analysed Results: The Medical students showed reasonably accurate knowledge regarding Borderline PD, recognising features of unstable mood, impulsiveness, and emptiness. Of note half the participants believed religious intervention would be helpful "I believe in Islam. So,basically so to some degree it could be managed in certain religious centers". Importantly, medical students, when asked to divest of their professional identity, and to describe their personal views associated PD with madness. Conclusion(s): The views of PD as 'madness' and that religious intervention has a role have important implications for training and service development. The importance of a culturally sensitive training to Medical students regarding PD to match local cultural and religious views, and consideration of development of health services which are sensitive to religious practice is highlighted. We recommend including social and cultural implications in the training of medical students to better prepare them for the complexity of managing PD.

1. **Learners' Perspectives of Professionalism: Protocol for a Mixed Methods Systematic Review.**  
   Khan Nagina, van Mook Walther, Dave Subodh, Ha Sohyun, Sagisi Joshua, Davi Nicole, Aftab Chantel, Tiwari Sucheta, Hickman Marie, Gilliar Wolfgang. JMIR research protocols 2022;11(8): e37473.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2a9e46f8817757d1465936841dd69269)

BACKGROUND: Professionalism has come to be associated with competence in medical education, with the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served. Recent studies indicate students should have the opportunity to observe the application of knowledge and skills by their mentors to improve patient health and safety. A noticeable detail that needs implementation into the curriculum is the inclusion of student perspectives. This review will explore students' understanding and experience of professionalism in undergraduate medical education (UME)., OBJECTIVE: This paper presents the protocol for a review that aims to develop an integrated synthesis of qualitative and quantitative studies resulting in recommendations for medical school curricula to incorporate the learners' perspectives in teaching professionalism in UME., METHODS: We will take an integrated approach to synthesis. Data will be extracted from the included studies, and quantitative data will be "qualitized." PubMed (Medline), Embase, PsycInfo, and ERIC (Education Resources Information Center) will be searched for studies published in English from 2010 to 2021. Studies will be screened and critically appraised for methodological quality using the Mixed Methods Appraisal Tool by 2 researchers, with disagreements resolved by a third researcher. Qualitative, quantitative, and mixed methods studies will be considered. Our population of interest is undergraduate medical students; hence, studies on medical residents and graduate medical students will be excluded. We will consider studies that explore how concepts of professionalism are understood, experienced, and taught in undergraduate medicine and on how medical students understand and develop the identified constructs of professionalism., RESULTS: This study is in the screening phase; therefore, no results are available at this time. However, we had initiated the searches, screening, and are currently in the critical appraisal stage. We will commence preparation to clean and convert the data for coding in July 2022, and analysis will be ongoing from the end of July 2022 until submission for publication in November 2022., CONCLUSIONS: This research will contribute to the student perspectives on professionalism in medical education literature. The findings will aid in the creation of a checklist to guide the development of a curriculum on professionalism in UME., INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID): PRR1-10.2196/37473. Copyright ©Nagina Khan, Walther van Mook, Subodh Dave, Sohyun Ha, Joshua Sagisi, Nicole Davi, Chantel Aftab, Sucheta Tiwari, Marie Hickman, Wolfgang Gilliar. Originally published in JMIR Research Protocols (https://www.researchprotocols.org), 25.08.2022.

1. **Mapping the implementation and challenges of clinical services for psychosis prevention in England**  
   Estrade A., Spencer T.J., De Micheli A., Murguia-Asensio S., Provenzani U., McGuire P., Fusar-Poli P. Frontiers in Psychiatry 2023;13 945505.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=9dfc181b100a58cc16298490ce4a7b2f)

Introduction: Indicated primary prevention of psychosis is recommended by NICE clinical guidelines, but implementation research on Clinical High Risk for Psychosis (CHR-P) services is limited. Method(s): Electronic audit of CHR-P services in England, conducted between June and September 2021, addressing core implementation domains: service configuration, detection of at-risk individuals, prognostic assessment, clinical care, clinical research, and implementation challenges, complemented by comparative analyses across service model. Descriptive statistics, Fisher's exact test and Mann-Whitney U-tests were employed. Result(s): Twenty-four CHR-P clinical services (19 cities) were included. Most (83.3%) services were integrated within other mental health services; only 16.7% were standalone. Across 21 services, total yearly caseload of CHR-P individuals was 693 (average: 33; range: 4-115). Most services (56.5%) accepted individuals aged 14-35; the majority (95.7%) utilized the Comprehensive Assessment of At Risk Mental States (CAARMS). About 65% of services reported some provision of NICE-compliant interventions encompassing monitoring of mental state, cognitive-behavioral therapy (CBT), and family interventions. However, only 66.5 and 4.9% of CHR-P individuals actually received CBT and family interventions, respectively. Core implementation challenges included: recruitment of specialized professionals, lack of dedicated budget, and unmet training needs. Standalone services reported fewer implementation challenges, had larger caseloads (p = 0.047) and were more likely to engage with clinical research (p = 0.037) than integrated services. Discussion(s): While implementation of CHR-P services is observed in several parts of England, only standalone teams appear successful at detection of at-risk individuals. Compliance with NICE-prescribed interventions is limited across CHR-P services and unmet needs emerge for national training and investments.Copyright © 2023 Estrade, Spencer, De Micheli, Murguia-Asensio, Provenzani, McGuire and Fusar-Poli.

1. **Medical students as health workers during the COVID-19 pandemic**  
   Boggon A., Poole A., Smith S., Burns A., Dilworth P. BMJ Leader 2023;7(2): 149-151.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a24ecd762cd32d9bdc6709ef7bb1a9ec)

Background We describe efforts at one tertiary university teaching hospital to rapidly recruit, train and deploy medical students into paid clinical support worker roles during the COVID-19 pandemic. Methods Recruitment was conducted by means of a single email outlining the emergent clinical situation and specifying role descriptions, terms and conditions, and temporary staff enrolment paperwork. Applicants could begin work provided they were in good standing and received departmental orientation. Student representatives liaised with teaching faculty and participating departments. Roles were modified in response to student and departmental feedback. Results Between 25 December 2020 and 9 March 2021, 189 students contributed 1335 shifts, providing 10 651 hours of clinical care in total. The median number of shifts worked per student was 6 (mean: 7; range: 1-35). Departmental leaders attested that the student workers eased the burden on hospital nursing teams. Conclusion Medical students contributed usefully and safely to the provision of healthcare within well-defined and supervised clinical support worker roles. We propose a model of working which could be adapted in the event of future pandemics or major incidents. The pedagogical value to medical students of working in clinical support roles warrants closer evaluation.Copyright © Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.

1. **Mortality rate and its determinants among people with dementia receiving home healthcare: a nationwide cohort study**  
   Lai Y.-C., Tsai K.-T., Ho C.-H., Liao J.-Y., Tseng W.-Z., Petersen I., Wang Y.-C., Chen Y.-H., Chiou H.-Y., Hsiung C.A., Yu S.-J., Sampson E.L., Chen P.-J. Internal and emergency medicine 2023;18(7): 2121-2130.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e8af98ab8862ecda94745395a45f0965)

People with dementia (PwD) who receive home healthcare (HHC) may have distressing symptoms, complex care needs and high mortality rates. However, there are few studies investigating the determinants of mortality in HHC recipients. To identify end-of-life care needs and tailor individualized care goals, we aim to explore the mortality rate and its determinants among PwD receiving HHC. We conducted a retrospective cohort study using a Taiwanese national population database. People with new dementia diagnosis in 2007-2016 who received HHC were included. We calculated the accumulative mortality rate and applied Poisson regression model to estimate the risk of mortality for each variable (adjusted risk ratios, aRR) with a 95% confidence interval (CI). We included 95,831 PwD and 57,036 (59.5%) of them died during the follow-up period (30.5% died in the first-year). Among comorbidities, cirrhosis was associated with the highest mortality risks (aRR 1.65, 95% CI 1.49-1.83). Among HHC-related factors, higher visit frequency of HHC (>2 versus 1 times/month, aRR 3.52, 95% CI 3.39-3.66) and higher level of resource utilization group (RUG, RUG 4 versus 1, aRR=1.38, 95% CI 1.25-1.51) were risk factor of mortality risk. Meanwhile, HHC provided by physician and nurse was related to reduced mortality risk (aRR 0.79, 95% CI 0.77-0.81) compared to those provided by nurse only. Anticipatory care planning and timely end-of life care should be integrated in light of the high mortality rate among PwD receiving HHC. Determinants associated with increased mortality risk facilitate the identification of high risk group and tailoring the appropriate care goals. Trial registration number: ClinicalTrials.gov Identifier is NCT04250103 which has been registered on 31st January 2020.Copyright © 2023. The Author(s), under exclusive licence to Societa Italiana di Medicina Interna (SIMI).

1. **Nasal mucosal IgA levels against SARS-CoV-2 and seasonal coronaviruses are low in children but boosted by reinfection**  
   Dowell A.C., Tut G., Begum J., Bruton R., Bentley C., Butler M., Uwenedi G., Zuo J., Powell A.A., Brent A.J., Brent B., Baawuah F., Okike I., Beckmann J., Ahmad S., Aiano F., Garstang J., Ramsay M.E., Moss P., Ladhani S.N. Journal of Infection 2023;87(5): 403-412.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c3a48a9a804d3571379c18fcd163edef)

Repeated coronavirus infections in childhood drive progressive maturation of systemic immune responses into adulthood. Analyses of immune responses in children have focused primarily upon systemic assessment but the importance of mucosal immunity is increasingly recognised. We studied virus-specific antibody responses in contemporaneous nasal swabs and blood samples from 99 children (4-15 years) and 28 adults (22-56 years), all of whom had prior SARS-CoV-2 infection. Whilst mucosal IgA titres against Influenza and Respiratory Syncytial virus were comparable between children and adults, those against all coronaviruses, including SARS-CoV-2, were lower in children. Mucosal IgA antibodies demonstrated comparable relative neutralisation capacity in both groups and retained activity against recent omicron variants such as XBB.1 which are highly evasive of IgG neutralisation. SARS-CoV-2 reinfection preferentially enhanced mucosal IgA responses whilst the impact of vaccination was more modest. Nasal IgA levels against coronaviruses thus display a pattern of incremental response to reinfection which likely determines the natural history of reinfection. This highlights the particular significance of developing mucosal vaccines against coronaviruses in children.Copyright © 2023 The Authors

1. **Nasogastric tube feeding under physical restraint on paediatric wards: ethical, legal and practical considerations regarding this lifesaving intervention**  
   Fuller S.J., Chapman S., Cave E., Druce-Perkins J., Daniels P., Tan J. BJPsych Bulletin 2023;47(2): 105-110.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=37d7027a189831faa1090ee748df84e8)

Eating disorders have the highest mortality rate of any psychiatric condition. Since the COVID-19 pandemic, the number of patients who have required medical stabilisation on paediatric wards has increased significantly. Likewise, the number of patients who have required medical stabilisation against their will as a lifesaving intervention has increased. This paper highlights a fictional case study aiming to explore the legal, ethical and practical considerations a trainee should be aware of. By the end of this article, readers will be more aware of this complex issue and how it might be managed, as well as the impact it can have on the patient, their family and ward staff. Copyright © The Author(s), 2022. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Nasogastric tube feeding under restraint: practical guidance for children's nurses**  
   Fuller S.J., Thomson S., Tan J. Nursing children and young people 2023;35(2): 18-23.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f8f8dbe117e877449538e7d726e14339)

The number of children and young people admitted to children's wards with an eating disorder has increased significantly since the start of the coronavirus disease 2019 (COVID-19) pandemic. In the most extreme cases, those with severe malnutrition may need to be fed via a nasogastric tube without their consent. Children's nurses working on hospital wards may therefore care for children and young people who need to receive nasogastric tube feeding under physical restraint. This article offers an overview of eating disorders and their detrimental effects as well as practical advice for children's nurses, supporting them to provide safe, compassionate and person-centred care to their patients.Copyright © 2022 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.

1. **No true health without mental health**  
   Sampson E., Fox K. Future Healthcare Journal 2023;10(2): 96-97.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fdbf68ee8575ff2a809459c304653e02)

1. **Non-clinically trained facilitators' experiences of remote psychosocial interventions for older adults with memory loss and their family carers**  
   Renouf P., Budgett J., Wyman D., Banks S., Poppe M., Cooper C. BJPsych Open 2023;9(5): e174.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=362aa5f7fd7e0b015f30fc3b7031763c)

Background Dementia is the seventh leading cause of global mortality, with cases increasing. Psychosocial interventions might help prevent dementia and improve quality of life. Although it is cost-effective for non-clinically trained staff to deliver these, concerns are raised and little is known about the resulting impact on staff, especially for remote interventions. Aims To explore how non-clinically trained facilitators experienced delivering remote, one-to-one and group-based psychosocial interventions with older adults with memory loss and their family carers, under training and supervision. Method We conducted a secondary thematic analysis of interviews with non-clinically trained facilitators, employed by universities, the National Health Service and third-sector organisations, who facilitated either of two manualised interventions: the APPLE-Tree group dementia prevention for people with mild memory loss or the NIDUS-Family one-to-one dyadic intervention for people living with dementia and their family carers. Results The overarching theme of building confidence in developing therapeutic relationships was explained with subthemes that described the roles of positioning expertise (subtheme 1), developing clinical skills (subtheme 2), peer support (subtheme 3) in enabling this process and remote delivery as a potential barrier to it (subtheme 4). Conclusions Non-clinically trained facilitators can have positive experiences delivering remote psychosocial interventions with older adults. Differences in life experience could compound initial fears of being 'in at the deep end' and 'exposed' as lacking expertise. Fears were allayed by experiencing positive therapeutic relationships and outcomes, and by growing confidence. For this to happen, appropriate training and supervision is needed, alongside accounting for the challenges of remote delivery.Copyright © The Author(s), 2023. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **NON-POSITIVE EXPERIENCES ENCOUNTERED BY PUPILS DURING PARTICIPATION IN A MINDFULNESS-INFORMED SCHOOL-BASED INTERVENTION**  
   Miller E., Crane C., Medlicott E., Robson J., Taylor L. Australian and New Zealand Journal of Psychiatry 2023;57(1 Supplement): 174-175.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6615d2c9ca02a5183c8409ddc4fbfe33)

Background: Mindfulness-informed school-based mental health (MH) curricula show much promise in cultivating a positive school climate which supports the well-being and mental health of pupils and staff (Tudor et al., 2022). However, non-positive pupil outcomes and experiences of school-based MH interventions are often under-recognised and under-reported (Stallard et al., 2013). Objective(s): To capture non-positive pupil experiences of a popular mindfulness-informed curriculum. Method(s): The project was designed with a qualitative methodological approach, namely ethnographically derived case studies (Yin, 1994). The data set was coded using interpretive phenomenological analysis (IPA) (Smith et al., 2009). Finding(s): Some pupils across all schools in the study described non-positive experiences, including having troubling thoughts and emotions, and not finding the programme effective. Contexts surrounding these experiences are also explored and linked to existing literature. Conclusion(s): Recommendations for improvements in mindfulness-informed curriculums are made. Issues around researching complex health interventions are also explored.

1. **Partial agonists of dopamine receptors: clinical effects and dopamine receptor interactions in combining aripiprazole with a full antagonist in treating psychosis**  
   Cookson J., Pimm J., Reynolds G. BJPsych Advances 2023;29(2): 158-165.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=668843a39f5fdb59fd90f68e436c1a29)

Partial agonists of dopamine receptors are used in combination with full antagonists in treating psychosis, either to mitigate side-effects or in the hope of increasing effectiveness. We examine how combinations may affect the occupancy of D2/D3 dopamine receptors and explore how these can explain the outcomes in the light of the dopamine hypothesis of psychosis. The combinations considered here are from published studies combining aripiprazole with amisulpride, with risperidone in people with hyperprolactinaemia and with olanzapine to mitigate weight gain. We discuss possible worsening of symptoms by the addition of a partial agonist or switching. We also examine the potentially adverse interaction with a full antagonist such as haloperidol given during a subsequent relapse to control severe agitation.Copyright © 2023 The Author(s). Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Partial agonists of dopamine receptors: mechanisms and clinical effects of aripiprazole, brexpiprazole and cariprazine**  
   Cookson J., Pimm J. BJPsych Advances 2023;29(2): 145-150.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=54132ad264b068e1cd4f30885325159a)

Aripiprazole, brexpiprazole and cariprazine are partial dopamine (and serotonin) agonists developed as novel antipsychotics. This article discusses their pharmacology, evidence on their licensed and off-licence uses (including psychosis, mania, bipolar depression, Tourette syndrome and autism spectrum disorder) and side-effects. In schizophrenia, they have a low risk of Parkinsonism or hyperprolactinaemia, cause modest increases in body weight and are of moderate efficacy.Copyright © 2021 The Author(s). Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Partial agonists of dopamine receptors: receptor theory and the dopamine hypothesis of psychosis**  
   Cookson J., Pimm J. BJPsych Advances 2023;29(2): 141-144.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=45afec998f4b6b881e145b27b76233cf)

This article discusses dopamine partial agonism, which is the main mechanism of action of the psychiatric drugs aripiprazole, brexpiprazole and cariprazine. It outlines the principles of receptor theory and the structure of dopamine receptors; characterises agonists, antagonists and partial agonists; and summarises the dopamine hypothesis of psychosis and the role of dopamine and serotonin in depression.Copyright © 2021 The Author(s). Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Partial agonists of dopamine receptors: theoretical principles of combining antipsychotics including partial agonists to treat schizophrenia**  
   Cookson J., Pimm J., Brentnall A. BJPsych Advances 2023;29(2): 151-157.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5d8c71df1ea301230cd5ffc7ff1e4ac4)

Partial agonists such as aripiprazole are often used in addition to a full antagonist such as amisulpride, risperidone or olanzapine in an attempt to mitigate side-effects such as sedation, hyperprolactinaemia and weight gain. However, there can be unintended consequences, including worsening of psychosis. Moreover, previous exposure to a partial agonist may impair the subsequent response to a potent antipsychotic such as haloperidol used to control symptoms of relapse. To understand the mechanisms involved, a method is needed to compare potency in the pharmacological effects of different drugs used in combinations. This article is intended to explore and explain the theoretical principles based on the dopamine hypothesis of schizophrenia. We apply the method to analyse a recently described trial in which two full antagonists (olanzapine and amisulpride) are compared individually and in combination.Copyright © 2022 The Author(s). Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Patients' lived experience and reflections on long COVID: an interpretive phenomenological analysis within an integrated adult primary care psychology NHS service.**  
   Skilbeck Lilian, Spanton Christopher, Paton Michael. Journal of Patient-Reported Outcomes 2023;7(1): 1-14.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=59e6fadeb8e82c2526f0b1e398706faa)

1. **Perioperative Factors Associated with Postoperative Delirium in Patients Undergoing Noncardiac Surgery: An Individual Patient Data Meta-Analysis**  
   Sadeghirad B., Dodsworth B.T., Schmutz Gelsomino N., Goettel N., Spence J., Buchan T.A., Crandon H.N., Baneshi M.R., Pol R.A., Brattinga B., Park U.J., Terashima M., Banning L.B.D., Van Leeuwen B.L., Neerland B.E., Chuan A., Martinez F.T., Van Vugt J.L.A., Rampersaud Y.R., Hatakeyama S., Di Stasio E., Milisen K., Van Grootven B., Van Der Laan L., Thomson Mangnall L., Goodlin S.J., Lungeanu D., Denhaerynck K., Dhakharia V., Sampson E.L., Zywiel M.G., Falco L., Nguyen A.-L.V., Moss S.J., Krewulak K.D., Jaworska N., Plotnikoff K., Kotteduwa-Jayawarden S., Sandarage R., Busse J.W., Mbuagbaw L. JAMA Network Open 2023;6(10): E2337239.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d2e04608faa523c14ddfd1e423a23bae)

Importance: Postoperative delirium (POD) is a common and serious complication after surgery. Various predisposing factors are associated with POD, but their magnitude and importance using an individual patient data (IPD) meta-analysis have not been assessed. Objective(s): To identify perioperative factors associated with POD and assess their relative prognostic value among adults undergoing noncardiac surgery. Data Sources: MEDLINE, EMBASE, and CINAHL from inception to May 2020. Study Selection: Studies were included that (1) enrolled adult patients undergoing noncardiac surgery, (2) assessed perioperative risk factors for POD, and (3) measured the incidence of delirium (measured using a validated approach). Data were analyzed in 2020. Data Extraction and Synthesis: Individual patient data were pooled from 21 studies and 1-stage meta-analysis was performed using multilevel mixed-effects logistic regression after a multivariable imputation via chained equations model to impute missing data. Main Outcomes and Measures: The end point of interest was POD diagnosed up to 10 days after a procedure. A wide range of perioperative risk factors was considered as potentially associated with POD. Result(s): A total of 192 studies met the eligibility criteria, and IPD were acquired from 21 studies that enrolled 8382 patients. Almost 1 in 5 patients developed POD (18%), and an increased risk of POD was associated with American Society of Anesthesiologists (ASA) status 4 (odds ratio [OR], 2.43; 95% CI, 1.42-4.14), older age (OR for 65-85 years, 2.67; 95% CI, 2.16-3.29; OR for >85 years, 6.24; 95% CI, 4.65-8.37), low body mass index (OR for body mass index <18.5, 2.25; 95% CI, 1.64-3.09), history of delirium (OR, 3.9; 95% CI, 2.69-5.66), preoperative cognitive impairment (OR, 3.99; 95% CI, 2.94-5.43), and preoperative C-reactive protein levels (OR for 5-10 mg/dL, 2.35; 95% CI, 1.59-3.50; OR for >10 mg/dL, 3.56; 95% CI, 2.46-5.17). Completing a college degree or higher was associated with a decreased likelihood of developing POD (OR 0.45; 95% CI, 0.28-0.72). Conclusions and Relevance: In this systematic review and meta-analysis of individual patient data, several important factors associated with POD were found that may help identify patients at high risk and may have utility in clinical practice to inform patients and caregivers about the expected risk of developing delirium after surgery. Future studies should explore strategies to reduce delirium after surgery..Copyright © 2023 American Medical Association. All rights reserved.

1. **Personality disorder**  
   Bax O.K., Chartonas D., Parker J., Symniakou S., Lee T. BMJ (Clinical research ed.) 2023;382 e050290.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=4101561f5301d56c0ca23ccd5d4de12d)

1. **Post-traumatic symptoms after COVID-19 may (or may not) reflect disease severity**  
   Badenoch J., Cross B., Hafeez D., Song J., Watson C., Butler M., Nicholson T.R., Rooney A.G. Psychological medicine 2023;53(1): 295-296.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=3cb2e0afdeb205dd7895704d63e77f05)

1. **Predictors of engagement with peer support: analysis of data from a randomised controlled trial of one-to-one peer support for discharge from inpatient psychiatric care**  
   White S., Bhattacharya R., Bremner S., Faulkner A., Foster R., Gibson S., Goldsmith L., Harnett D., Lucock M., Patel A., Priebe S., Repper J., Rinaldi M., Salla A., Simpson A., Ussher M., Gillard S. The International journal of social psychiatry 2023;69(4): 994-1003.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5dc8319811bc8f2dad1bd7dcd86b149c)

BACKGROUND: A range of evidence for the effectiveness of one-to-one peer support in mental health services is emerging. Levels of engagement with peer support vary with limited studies showing few individual participant characteristics predicting engagement. Implementation factors that might predict engagement have not been considered. METHOD(S): Data were analysed from the intervention arm of the ENRICH trial of one-to-one peer support for discharge from acute psychiatric inpatient care. Two outcomes were considered: (1) a measure of 'engaged with peer worker'; (2) number of face-to-face contacts with peer worker post-discharge. Two sets of independent variables were analysed against each outcome: (1) pre-randomisation participant characteristics; (2) implementation factors measured pre-discharge. Analyses used logistic and zero-inflated negative binomial regression models according to outcome structure. RESULT(S): Data were analysed for 265 participants randomised to peer support who had a known peer worker. Non-heterosexual participants had increased odds of engaging with peer support compared to heterosexual participants, OR=4.38 (95% CI: 1.13, 16.9, p=.032). Longer duration of first contact with peer worker (OR=1.03, 95% CI: 1.00, 1.04, p<.001) and more relationship building activities in the first contact (OR=1.4, 95% CI: 1.13, 1.85, p=.004) were associated with greater odds of engaging with peer support. Analysis of number of contacts post-discharge showed consistent findings. CONCLUSION(S): Implementation of peer support should include a focus on relationship building in the first session of peer support. The potential for peer support to break down barriers to accessing mental health services experienced by people from marginalised communities warrants further investigation.

1. **Predictors of Post-Traumatic Growth in a Sample of United Kingdom Mental and Community Healthcare Workers during the COVID-19 Pandemic**  
   Barnicot K., McCabe R., Bogosian A., Papadopoulos R., Crawford M., Aitken P., Christensen T., Wilson J., Teague B., Rana R., Willis D., Barclay R., Chung A., Rohricht F. International Journal of Environmental Research and Public Health 2023;20(4): 3539.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e1eb10ffdeac09cca06f661abf23cb05)

Experiences of adversity can generate positive psychological effects alongside negative impacts. Little research to date has evaluated predictors of post-traumatic growth in mental or community healthcare workers during the COVID-19 pandemic. Following a survey of 854 community and mental healthcare staff in the United Kingdom in July to September 2020, multiple linear regression was used to determine the association between hypothesised risk and protective factors (personal, organisational and environmental variables) and total scores on the Post-traumatic Growth Inventory-Short Version. Positive self-reflection activities, black and minority ethnic status, developing new healthcare knowledge and skills, connecting with friends and family, feeling supported by senior management, feeling supported by the UK people, and anxiety about the personal and work-related consequences of COVID-19 each significantly independently predicted greater post-traumatic growth. Working in a clinical role and in mental healthcare or community physical healthcare predicted lower post-traumatic growth. Our research supports the value of taking an organisational growth-focused approach to occupational health during times of adversity, by supporting staff to embrace opportunities for personal growth. Valuing staff's cultural and religious identity and encouraging self-reflective activities, such as mindfulness and meditation, may help to promote post-traumatic growth.Copyright © 2023 by the authors.

1. **Psychological considerations for the holistic management of obesity**  
   Dandgey S., Patten E. Clinical Medicine, Journal of the Royal College of Physicians of London 2023;23(4): 318-322.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=ee86022610894fe18a781521e429560a)

Psychological presence in multidisciplinary obesity teams has been highlighted as an important component of such teams. Although mentioned in guidelines and recommendations, there is little information regarding the extent to which this is present currently in weight management services, and in what form. Here, we discuss important ways in which psychological aspects of obesity can impact a person living with obesity and how psychology can be incorporated to provide holistic support in weight management services. Recommendations are also made to create clearer guidelines to provide a more robust reference for the inclusion of psychology in multidisciplinary teams.Copyright © Royal College of Physicians 2023.

1. **Psychological distress and convergence of own and proxy health-related quality of life in carers of adults with an intellectual disability**  
   Rudra S., Ali A., Powell J.M., Hastings R.P., Totsika V. Journal of Intellectual Disability Research 2023; No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1f973c8c280c42a1143595ea299e8718)

Background: In adults with an intellectual disability, health-related quality of life (HRQoL) is often measured by proxy report. This cross-sectional study investigated whether the mental health of proxy raters impacts the way they rate HRQoL. Method(s): In this study, 110 carers of adults with an intellectual disability completed measures of psychological distress (Kessler-6) and HRQoL (EQ-5D-3L) about their own HRQoL and that of the care recipient. Differences between HRQoL scores as rated by the carer about themselves and the care recipient were calculated (convergence scores) and multiple regression models were fitted to estimate the association between proxy psychological distress and convergence scores for subjective/objective HRQoL controlling for support needs of the care recipient, carer age and gender of care recipient. Result(s): There was a significant association between psychological distress and subjective HRQoL convergence scores (r =.92; P = 0.03; 95%; CI: -1.76 to -0.09). There was no association between psychological distress and objective HRQoL convergence scores (r =.01; CI -0.02 to 0.001; P = 0.08). The association between psychological distress and HRQoL scores was no longer present when models did not include convergence scores. Conclusion(s): Carers experiencing more psychological distress tended to rate their own and the care recipients' subjective HRQoL more similarly. Objective HRQoL measures did not show this convergence in scores with increasing carer psychological distress. Findings differed when the analysis approach was changed, suggesting the results above require replication in future studies.Copyright © 2023 MENCAP and International Association of the Scientific Study of Intellectual and Developmental Disabilities and John Wiley & Sons Ltd.

1. **Psychological therapies for depression and cardiovascular risk: Evidence from national healthcare records in England**  
   El Baou C., Desai R., Cooper C., Marchant N.L., Pilling S., Richards M., Saunders R., Buckman J.E.J., Aguirre E., John A., Stott J. European Heart Journal 2023;44(18): 1650-1662.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=2e13e2eb0dc39d980fa321a54a9a79d0)

Aims: People with depression are up to 72% more at risk to develop cardiovascular disease (CVD) in their lifetime. Evidence-based psychotherapies are first-line interventions for the treatment of depression and are delivered nationally in England through the National Health Service via the Improving Access to Psychological Therapy (IAPT) primary care programme. It is currently unknown whether positive therapy outcomes may be associated with cardiovascular risk reduction. This study aimed to examine the association between psychotherapy outcomes for depression and incident CVD. Methods and Results: A cohort of 636 955 individuals who have completed a course of psychotherapy was built from linked electronic healthcare record databases of national coverage in England: The national IAPT database, the Hospital Episode Statistics (HES) database, and the HES-ONS (Office of National Statistics) mortality database. Multivariable Cox models adjusting for clinical and demographic covariates were run to estimate the association between reliable improvement from depression and the risk of subsequent incidence of cardiovascular events. After a median follow-up of 3.1 years, reliable improvement from depression symptoms was associated with a lower risk of new onset of any CVD [hazard ratio (HR): 0.88, 95% confidence interval (CI): 0.86, 0.89], coronary heart disease (HR: 0.89, 95% CI: 0.86, 0.92), stroke (HR: 0.88, 95% CI: 0.83, 0.94), and all-cause mortality (HR: 0.81, 95% CI: 0.78, 0.84). This association was stronger in the under 60 compared with the over 60 for all outcomes. Results were confirmed in sensitivity analyses. Conclusion(s): Management of depression through psychological interventions may be associated with reduced risk of CVD. More research is needed to understand the causality of these associations.Copyright © 2023 The Author(s). Published by Oxford University Press on behalf of the European Society of Cardiology.

1. **Recognition and CBT for Paternal Perinatal Depression in Primary Care: A Case Report**  
   Skilbeck L., Spanton C., Roylance I. American journal of men's health 2023;17(2): 15579883231159955.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=427123c128efa01798d91ce1a4587727)

Perinatal depression is prevalent in primary care in the United Kingdom. The recent NHS agenda implemented specialist perinatal mental health services to improve women's access to evidence-based care. Although there is ample research on maternal perinatal depression, paternal perinatal depression remains overlooked. Fatherhood can have a positive long-term protective impact on men's health. However, a proportion of fathers also experience perinatal depression which often correlates with maternal depression. Research reports that paternal perinatal depression is a highly prevalent public health concern. As there are no current specific guidelines for screening for paternal perinatal depression, it is often unrecognized, misdiagnosed, or untreated in primary care. This is concerning as research reports a positive correlation between paternal perinatal depression with maternal perinatal depression and overall family well-being. This study illustrates the successful recognition and treatment of a paternal perinatal depression case in a primary care service. The client was a 22-year-old White male living with a partner who was 6 months pregnant. He attended primary care with symptoms consistent with paternal perinatal depression as indicated by his interview and specified clinical measures. The client attended 12 sessions of cognitive behavioral therapy, conducted weekly over a period of 4 months. At the end of treatment, he no longer portrayed symptoms of depression. This was maintained at 3-month follow-up. This study highlights the importance of screening for paternal perinatal depression in primary care. It could benefit clinicians and researchers who may wish to better recognize and treat this clinical presentation.

1. **Recurrent Catatonia: Infection and Immunity in an Idiopathic Illness**  
   Tiwari S., Akyuz E., Das A. Journal of Psychiatric Practice 2023;29(1): 82-89.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=948243416620a8527859336ca08d1b84)

Catatonia can be associated with multiple physical and mental illnesses, and idiopathic catatonia is a well-recognized clinical entity. Here we report a case of recurrent idiopathic catatonia with underlying immunologic abnormalities, with an emphasis on etiological hypotheses. An 18-year-old female with mild learning disability, dyspraxia, autoimmune hypothyroidism, and nonceliac gluten intolerance was referred to mental health services after developing an episode of catatonia following tonsillitis. She had experienced 2 previous episodes suggestive of catatonia, one of which developed after a snakebite and the other after a viral infection. Samples of cerebrospinal fluid and whole blood tested positive for human herpesvirus (HHV) on DNA-polymerase chain reaction testing during her third episode, but the patient had no signs of encephalitis. She responded well to lorazepam but developed significant side effects with low-dose olanzapine and aripiprazole. She returned to her usual baseline with medical management. Very little is known about possible etiologies of recurrent idiopathic catatonia. An atypical response to an HHV infection is a likely cause of one of the episodes in this case. There is substantial evidence connecting immune dysregulation to mental illnesses. Proinflammatory effects of latent HHV, proinflammatory genetic polymorphisms related to learning disability, and autoimmune dysfunction are likely factors that may have contributed to the development of recurrent catatonia following external antigen exposure in this case. Future research should focus on immune-mediated etiologies of catatonia, the role of immunotherapy in the treatment of idiopathic catatonia, and systems research to improve multidisciplinary management of neuropsychiatric disorders.Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.

1. **Respect for the journey: a survivor-led investigation of undergoing psychotherapy assessment.**  
   Faulkner Alison, Kelly Katie, Gibson Sarah, Gillard Steve, Samuels Lana, Sweeney Angela. Social Psychiatry & Psychiatric Epidemiology 2023;58(12): 1803-1811.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=53b2df4975362672768dc1c667544c24)

1. **Correction to: Respect for the journey: a survivor-led investigation of undergoing psychotherapy assessment.**  
   Faulkner Alison, Kelly Katie, Gibson Sarah, Gillard Steve, Samuels Lana, Sweeney Angela. Social Psychiatry & Psychiatric Epidemiology 2023;58(12): 1813-1813.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=328f6c59b071f0d12591ab224a1c7b2e)

1. **Rhyme or reason in therapeutics**  
   Cookson J., Pimm J. BJPsych Advances 2023;29(2): 74-75.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=80ed92ee55aef69618e8208f23145293)

This editorial introduces the BJPsych Advances special issue on biological psychiatry.Copyright © 2023 The Author(s). Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Risk factors of mortality in neonates with neonatal encephalopathy in a tertiary newborn care unit in Zimbabwe over a 12-month period.**  
   Gannon Hannah, Chimhini Gwendoline, Cortina-Borja Mario, Chiyaka Tarisai, Mangiza Marcia, Fitzgerald Felicity, Heys Michelle, Neal Samuel R., Chimhuya Simbarashe. PLOS global public health 2022;2(12): e0000911.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d08fdc5f510f7822ef2d71ac6be792a9)

Neonatal encephalopathy (NE) accounts for ~23% of the 2.4 million annual global neonatal deaths. Approximately 99% of global neonatal deaths occur in low-resource settings, however, accurate data from these low-resource settings are scarce. We reviewed risk factors of neonatal mortality in neonates admitted with neonatal encephalopathy from a tertiary neonatal unit in Zimbabwe. A retrospective review of risk factors of short-term neonatal encephalopathy mortality was conducted at Sally Mugabe Central Hospital (SMCH) (November 2018 -October 2019). Data were gathered using a tablet-based data capture and quality improvement newborn care application (Neotree). Analyses were performed on data from all admitted neonates with a diagnosis of neonatal encephalopathy, incorporating maternal, intrapartum, and neonatal risk predictors of the primary outcome: mortality. 494/2894 neonates had neonatal encephalopathy on admission and were included. Of these, 94 died giving a neonatal encephalopathy-case fatality rate (CFR) of 190 per 1000 admitted neonates. Caesarean section (odds ratio (OR) 2.95(95% confidence interval (CI) 1.39-6.25), convulsions (OR 7.13 (1.41-36.1)), lethargy (OR 3.13 (1.24-7.91)), Thompson score "11-14" (OR 2.98 (1.08-8.22)) or "15-22" (OR 17.61 (1.74-178.0)) were significantly associated with neonatal death. No maternal risk factors were associated with mortality. Nearly 1 in 5 neonates diagnosed with neonatal encephalopathy died before discharge, similar to other low-resource settings but more than in typical high-resource centres. The Thompson score, a validated, sensitive and specific tool for diagnosing neonates with neonatal encephalopathy was an appropriate predictive clinical scoring system to identify at risk neonates in this setting. On univariable analysis time-period, specifically a period of staff shortages due to industrial action, had a significant impact on neonatal encephalopathy mortality. Emergency caesarean section was associated with increased mortality, suggesting perinatal care is likely to be a key moment for future interventions. Copyright: © 2022 Gannon et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

1. **Secondary attack rates in primary and secondary school bubbles following a confirmed case: Active, prospective national surveillance, November to December 2020, England.**  
   Powell Annabel A., Ireland Georgina, Baawuah Frances, Beckmann Joanne, Okike Ifeanyichukwu O., Ahmad Shazaad, Garstang Joanna, Brent Andrew J., Brent Bernadette, Aiano Felicity, Hargreaves James, Langan Sinead M., Mangtani Punam, Nguipdop-Djomo Patrick, Sturgess Joanna, Oswald William, Halliday Katherine, Rourke Emma, Dawe Fiona, Amin-Chowdhury Zahin, Kall Meaghan, Zambon Maria, Poh John, Ijaz Samreen, Lackenby Angie, Elli Joanna, Brown Kevin E., Diamond Sir Ian, Ramsay Mary E., Ladhani Shamez N. PloS one 2022;17(2): e0262515.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=afb6be12a6cc10b9c3a749d60049a31f)

BACKGROUND: Following the full re-opening of schools in England and emergence of the SARS-CoV-2 Alpha variant, we investigated the risk of SARS-CoV-2 infection in students and staff who were contacts of a confirmed case in a school bubble (school groupings with limited interactions), along with their household members., METHODS: Primary and secondary school bubbles were recruited into sKIDsBUBBLE after being sent home to self-isolate following a confirmed case of COVID-19 in the bubble. Bubble participants and their household members were sent home-testing kits comprising nasal swabs for RT-PCR testing and whole genome sequencing, and oral fluid swabs for SARS-CoV-2 antibodies., RESULTS: During November-December 2020, 14 bubbles were recruited from 7 schools, including 269 bubble contacts (248 students, 21 staff) and 823 household contacts (524 adults, 299 children). The secondary attack rate was 10.0% (6/60) in primary and 3.9% (4/102) in secondary school students, compared to 6.3% (1/16) and 0% (0/1) among staff, respectively. The incidence rate for household contacts of primary school students was 6.6% (12/183) and 3.7% (1/27) for household contacts of primary school staff. In secondary schools, this was 3.5% (11/317) and 0% (0/1), respectively. Household contacts were more likely to test positive if their bubble contact tested positive although there were new infections among household contacts of uninfected bubble contacts., INTERPRETATION: Compared to other institutional settings, the overall risk of secondary infection in school bubbles and their household contacts was low. Our findings are important for developing evidence-based infection prevention guidelines for educational settings.

1. **Self-Harm in Children and Adolescents Who Presented at Emergency Units During the COVID-19 Pandemic: An International Retrospective Cohort Study**  
   Wong B.H.-C., Cross S., Zavaleta-Ramirez P., Bauda I., Hoffman P., Ibeziako P., Nussbaum L., Berger G.E., Hassanian-Moghaddam H., Kapornai K., Mehdi T., Tolmac J., Barrett E., Romaniuk L., Davico C., Moghraby O.S., Ostrauskaite G., Chakrabarti S., Carucci S., Sofi G., Hussain H., Lloyd A.S.K., McNicholas F., Meadowcroft B., Rao M., Csabi G., Gatica-Bahamonde G., Ogutlu H., Skouta E., Elvins R., Boege I., Dahanayake D.M.A., Anderluh M., Chandradasa M., Girela-Serrano B.M., Uccella S., Stevanovic D., Lamberti M., Piercey A., Nagy P., Mehta V.S., Rohanachandra Y., Li J., Tufan A.E., Mirza H., Rozali F., Baig B.J., Noor I.M., Fujita S., Gholami N., Hangul Z., Vasileva A., Salucci K., Bilac O., Yektas C., Cansiz M.A., Aksu G.G., Babatunde S., Youssef F., Al-Huseini S., Kilicaslan F., Kutuk M.O., Pilecka I., Bakolis I., Ougrin D. Journal of the American Academy of Child and Adolescent Psychiatry 2023;62(9): 998-1009.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=679bf6e4b3bf51e6bac492d1e98794f6)

Objective: To compare psychiatric emergencies and self-harm at emergency departments (EDs) 1 year into the pandemic, to early pandemic and pre-pandemic, and to examine the changes in the characteristics of self-harm presentations. Method(s): This retrospective cohort study expanded on the Pandemic-Related Emergency Psychiatric Presentations (PREP-kids) study. Routine record data in March to April of 2019, 2020, and 2021 from 62 EDs in 25 countries were included. ED presentations made by children and adolescents for any mental health reasons were analyzed. Result(s): Altogether, 8,174 psychiatric presentations were recorded (63.5% female; mean [SD] age, 14.3 [2.6] years), 3,742 of which were self-harm presentations. Rate of psychiatric ED presentations in March to April 2021 was twice as high as in March to April 2020 (incidence rate ratio [IRR], 1.93; 95% CI, 1.60-2.33), and 50% higher than in March to April 2019 (IRR, 1.51; 95% CI, 1.25-1.81). Rate of self-harm presentations doubled between March to April 2020 and March to April 2021 (IRR, 1.98; 95% CI, 1.68-2.34), and was overall 1.7 times higher than in March to April 2019 (IRR, 1.70; 95% CI, 1.44-2.00). Comparing self-harm characteristics in March to April 2021 with March to April 2019, self-harm contributed to a higher proportion of all psychiatric presentations (odds ratio [OR], 1.30; 95% CI, 1.05-1.62), whereas female representation in self-harm presentations doubled (OR, 1.98; 95% CI, 1.45-2.72) and follow-up appointments were offered 4 times as often (OR, 4.46; 95% CI, 2.32-8.58). Conclusion(s): Increased pediatric ED visits for both self-harm and psychiatric reasons were observed, suggesting potential deterioration in child mental health. Self-harm in girls possibly increased and needs to be prioritized. Clinical services should continue using follow-up appointments to support discharge from EDs. Diversity & Inclusion Statement: One or more of the authors of this paper self-identifies as a member of one or more historically underrepresented racial and/or ethnic groups in science. We actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our author group. While citing references scientifically relevant for this work, we also actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our reference list. The author list of this paper includes contributors from the location and/or community where the research was conducted who participated in the data collection, design, analysis, and/or interpretation of the work.Copyright © 2023 American Academy of Child and Adolescent Psychiatry

1. **Should Antidepressants be Avoided in Pregnancy?**  
   Besag F.M.C., Vasey M.J. Drug Safety 2023;46(1): 1-17.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8608182fa68d8c110ab870b015ff08ce)

Many (> 40%) women discontinue antidepressants during pregnancy because of concerns about effects on the foetus, based on information from inadequately-controlled studies. The sibling-control study design provides the best control for confounding factors, notably maternal depression. The purpose of this review was to investigate the evidence from sibling-control analyses for adverse outcomes in offspring associated with antidepressant exposure during pregnancy. Fourteen sibling-control studies were identified through searches of PubMed and Embase. Outcomes included preterm birth, small for gestational age, neonatal size, birth defects, autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), behavioural problems, neurodevelopmental deficits, and scholastic attainment. For the majority of these outcomes, no statistically significant associations were found when comparing exposed and unexposed siblings. Single studies reported associations with preterm birth, reduced gestational age, ADHD, anxiety at 36 months, and lower mathematics test scores, which persisted in the sibling-control analyses. However, differences were small and possibly not clinically significant. Moreover, effects of residual confounding could not be excluded. These findings provide evidence that many of the previously reported associations between prenatal antidepressant exposure and adverse outcomes in offspring are no longer statistically significant when exposed offspring are compared with unexposed siblings. The few statistically significant differences in sibling-control analyses were generally small with doubtful clinical significance. Decisions on antidepressant treatment during pregnancy should be made individually, based on evidence from properly controlled studies, not on misleading information based on studies that have not controlled adequately for confounding factors.Copyright © 2022, The Author(s).

1. **Authors' Reply to Braillon et al. 's Comment on "Should Antidepressants be Avoided in Pregnancy?"**  
   Besag F.M.C., Vasey M.J. Drug Safety 2023;46(6): 617-618.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0321c3b27a6e09348994bd59fe33aa9c)

1. **Solution-focused approaches in adult mental health research: A conceptual literature review and narrative synthesis**  
   Jerome L., McNamee P., Abdel-Halim N., Elliot K., Woods J. Frontiers in Psychiatry 2023;14 1068006.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=f07ac307dcd6e56d776cab971c717524)

Solution-focused approaches are one approach to treatment used in a wide variety of settings in modern mental healthcare services. As yet, there has been no overall synthesis of how this approach is understood in the adult mental health literature. This conceptual review aimed to synthesize the ways that solution-focused approaches have been conceptualized and understood, within the adult mental health literature, in the five decades since their conception. A systematic search followed by multiple techniques from the narrative synthesis approach were used to develop a conceptual framework of the extracted data. Fifty-six papers published between 1993 and 2019 were included in the review. These papers spanned a variety of clinical contexts and countries, but despite this the underlying key principles and concepts of solution-focused approaches were remarkably similar over time and setting. Thematic analysis of extracted data outlined five key themes relevant to the conceptualization of this approach. This conceptual framework will help support clinicians using solution-focused techniques or therapies by giving them a coherent understanding of such approaches, by what mechanisms they work, and how key principles of this approach can be utilized in adult mental health settings.Copyright © 2023 Jerome, McNamee, Abdel-Halim, Elliot and Woods.

1. **Stakeholder perspectives on intensive support teams for adults with intellectual disabilities who display behaviour that challenges in England**  
   Kouroupa A., Hassiotis A., Hamza L., Courtenay K., Hall I., Langdon P.E., Taggart L., Crossey V., Lloyd-Evans B., Morant N. Journal of applied research in intellectual disabilities : JARID 2023;36(5): 1101-1112.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0d94a5d5d230b0e12af87d480d1c0409)

BACKGROUND: Adults with intellectual disabilities often display behaviour that challenges that is a result of biological differences, psychological challenges, and lack of appropriate social support. Intensive Support Teams (IST) are recommended to support the care needs of this group and avoid hospitalisation. However, little attention has been paid to the perspectives of stakeholders who manage, work in, or use ISTs. METHOD(S): Interviews and focus groups were conducted with 50 stakeholders (IST service managers and professionals, adults with intellectual disabilities, and family and paid carers) of ISTs. Services operated according to one of two service models previously identified in ISTs in England (enhanced or independent). RESULT(S): Thematic analysis identified accessible and flexible support, individualised care, and the involvement of carers and other relevant agencies in management plans and reviews as features of good IST care highlighted by all stakeholder groups. IST managers and professionals described the key challenges of current IST provision as unclear referral criteria, limited interfaces with other local services, and perceived threats associated with funding and staff retention. Findings were similar between the two IST models. CONCLUSION(S): ISTs are able to offer care and specialist support that is valued by families, service users and other care providers. However, they face several operational challenges that should be addressed if ISTs are to reach their potential along with community intellectual disability services in supporting adults with intellectual disabilities who display behaviour that challenges in the community.Copyright © 2023 The Authors. Journal of Applied Research in Intellectual Disabilities published by John Wiley & Sons Ltd.

1. **Standing up for Myself (STORM): Adapting and piloting a web-delivered psychosocial group intervention for people with intellectual disabilities**  
   Scior K., Richardson L., Osborne M., Randell E., Roche H., Ali A., Bonin E.M., Burke C., Crabtree J., Davies K., Gillespie D., Jahoda A., Johnson S., Hastings R.P., McNamara R., Wright M. Research in Developmental Disabilities 2023;137 104496.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8d22ac82a61867dec87aaa0fefcd7569)

Background: Our STORM intervention was developed for people (16 +) with intellectual disabilities to enhance their capacity to manage and resist stigma. The current study describes the adaptation of STORM for (synchronous) on-line delivery in the context of the Covid-19 pandemic. Aim(s): To adapt the manualised face-to-face STORM group intervention for delivery via web-based meeting platforms and to conduct an initial pilot study to consider its acceptability and feasibility. Methods and procedures: The 5-session STORM intervention was carefully adapted for online delivery. In a pilot study with four community groups (N = 22), outcome, health economics and attendance data were collected, and fidelity of delivery assessed. Focus groups with participants, and interviews with facilitators provided data on acceptability and feasibility. Outcomes and results: The intervention was adapted with minimal changes to the content required. In the pilot study, 95% of participants were retained at follow-up, 91% attended at least three of the five sessions. Outcome measure completion and fidelity were excellent, and facilitators reported implementation to be feasible. The intervention was reported to be acceptable by participants. Conclusions and implications: When provided with the necessary resources and support, people with intellectual disabilities participate actively in web-delivered group interventions.Copyright © 2023 The Authors

1. **Substance use 1: what coping strategies do family members use?**  
   O'Riordan Joanna, Attenborough Julie. Nursing Times 2023;119(1): 20-22.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=8273391bbc75f669ec7711493513687f)

Problematic substance use can have a considerable negative impact on an individual's family members. This first article in a two-part series presents a literature review about how adult family members cope with this situation, identifying four common areas. The next article will use these findings to make recommendations for practice when working with relatives of substance users.

1. **Substance use 2: how can nurses and midwives support users' families?**  
   O'Riordan Joanna, Attenborough Julie. Nursing Times 2023;119(1): 23-25.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1364837382fdbd69545628675efb07e4)

Nurses, midwives and nursing associates frequently care for people who use substances problematically; this presents opportunities to offer family-centered practice and identify 'hidden' carers, who may be struggling to cope with the situation. Using the findings of a literature review, this second article in a two-part series makes recommendations for nursing practice, education and research. This includes evidence-based, targeted interventions for families affected by substance use, to increase their coping ability.

1. **Survival and critical care use among people with dementia in a large English cohort**  
   Yorganci E., Sleeman K.E., Sampson E.L., Stewart R. Age and Ageing 2023;52(9): afad157.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=35b04a2fb794cb1b6e866e9b749eb298)

Background: Admitting people with dementia to critical care units may not always lead to a clear survival benefit. Critical care admissions of people with dementia vary across countries. Little is known about the use and trends of critical care admissions of people with dementia in England. Objective(s): To investigate critical care use and survival among people with dementia in a large London catchment area. Method(s): A retrospective cohort study using data from dementia assessment services in south London, UK (2007-20) linked with national hospitalisation data to ascertain critical care admissions. Outcomes included age-sex-standardised critical care use and 1-year post-critical care admission survival by dementia severity (binary: mild versus moderate/severe). We used logistic regression and Kaplan-Meier survival plots for investigating 1-year survival following a critical care admission and linear regressions for time trends. Result(s): Of 19,787 people diagnosed with dementia, 726 (3.7%) had >=1 critical care admission at any time after receiving their dementia diagnosis. The overall 1-year survival of people with dementia, who had a CCA, was 47.5% (n = 345). Dementia severity was not associated with 1-year survival following a critical care admission (mild dementia versus moderate-severe dementia odds of 1-year mortality OR: 0.90, 95% CI [0.66-1.22]). Over the 12-year period from 2008 to 2019, overall critical care use decreased (beta = -0.05; 95% CI = -0.01, -0.0003; P = 0.03), while critical care admissions occurring during the last year of life increased (beta = 0.11, 95% CI = 0.01, 0.20, P = 0.03). Conclusion(s): In this cohort, while critical care use among people with dementia declined overall, its use increased among those in their last year of life. Survival remains comparable to that observed in general older populations.Copyright © 2023 Oxford University Press. All rights reserved.

1. **Talking about race, culture and racism in family therapy.**  
   Roy-Chowdhury Sim. 2022;44(1): 44-55.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=7677461911bef81092f56e4e0cb15451)

1. **The association between sexual orientation and eating disorders-related eating behaviours in adolescents: A systematic review and meta-analysis**  
   Cao Z., Cini E., Pellegrini D., Fragkos K.C. European Eating Disorders Review 2023;31(1): 46-64.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=54bb7555a10fb2e701c77fe474c5b755)

Background: Sexual orientation is usually developed during the adolescence, which coincides with the eating disorders peak onset. This paper aims to explore existing literature to identify whether there is an association between sexual orientation and eating disorder-related eating behaviours (EDrEBs) in this age-group. Method(s): This review was based on the PRISMA guidelines, covering the published articles between 1990 and 2021. A meta-analysis of the proportion of sexual orientation and the adjusted odds ratio (OR) with 95% confident intervals was reported. Result(s): Ten studies (412,601 participants) were included in this review. The results demonstrated adolescents identified as minority sexual orientation, particularly homosexual males were with higher OR of EDrEBs, as follows: Homosexual (binge eating: M = 7.20, F = 2.14; purging: M = 5.40, F = 2.41; diet pills use: M = 3.50, F = 2.59; dieting: M = 3.10, F = 1.75); Bisexual (binge eating: M = 4.60, F = 2.26; purging: M = 4.44, F = 2.37; diet pills use: M = 3.42, F = 2.30; dieting: M = 2.36, F = 1.86). Conclusion(s): Adolescents who were of a minority sexual orientation were more vulnerable to EDrEBs than their heterosexual peers. Healthcare professionals and sexual minority communities should be primed to facilitate earlier recognition and access to services in these vulnerable groups.Copyright © 2022 The Authors. European Eating Disorders Review published by Eating Disorders Association and John Wiley & Sons Ltd.

1. **The challenges in managing co-occurring Parkinson's and schizophrenia spectrum disorders**  
   Hearn E. British journal of nursing (Mark Allen Publishing) 2023;32(20): 996-1002.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=040c1a14de9c46ebef02e0fb0033890b)

This article explores the relationship between Parkinson's and schizophrenia spectrum disorders, discussing not only the possibility that they can be comorbid conditions but that the presence of one could increase the chances of developing the other. They are rarely documented together, other than in relation to medication-induced side effects, and this could be due to diagnostic overshadowing, or the widely held belief that these conditions are not able to co-exist. It also briefly discusses treatment options available and gaps identified for future research.

1. **The Effects of a Web-Based Tool for Parents of Children With Juvenile Idiopathic Arthritis: Randomized Controlled Trial.**  
   Mulligan Kathleen, Hirani Shashivadan P., Harris Sally, Taylor Jo, Wedderburn Lucy R., Newman Stanton. Journal of medical Internet research 2022;24(5): e29787.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=79097a80db0e3c016141b79570af861e)

BACKGROUND: Juvenile idiopathic arthritis (JIA) is a group of autoinflammatory diseases that cause pain and disability if not controlled by treatment. Parenting a child with JIA is stressful for parents, who express concerns about their child's treatment and may experience anxiety and powerlessness concerning their child's illness. Parenting stress is greater in parents of children with chronic illness than in those with healthy children and is related to poorer psychological adjustment in both parents and children. It is therefore important to develop interventions to support parents. This paper reports the evaluation of a web-based tool that provides information and practical skills to help increase parents' confidence in managing their child's illness and reduce parenting stress., OBJECTIVE: The aim of this study is to evaluate the benefits of a web-based tool (WebParC) for parents of children with recently diagnosed JIA., METHODS: A multicentered randomized controlled trial was conducted at pediatric rheumatology centers in England. We recruited parents of children aged <=12 years who had been diagnosed with JIA within the previous 6 months. They were randomized to the intervention (WebParC access plus standard care) or the control (standard care alone) and followed up 4 months and 12 months after randomization. Where both parents participated, they were randomized by household to the same trial arm. The WebParC intervention consists of information about JIA and its treatment plus a toolkit, based on cognitive behavioral therapy, to help parents develop skills to manage JIA-related issues. The primary outcome was the self-report Pediatric Inventory for Parents measure of illness-related parenting stress. The secondary outcomes were parental mood, self-efficacy, coping, effectiveness of participation in their child's health care, satisfaction with health care, and child's health-related quality of life., RESULTS: A total of 203 households comprising 220 parents were randomized to the intervention (100/203, 49.3%) or control (103/203, 50.7%) arm. Follow-up assessments were completed by 65.5% (133/203) of the households at 4 months (intervention 60/100, 60%, and control 73/103, 70.9%) and 61.1% (124/203) of the households at 12 months (intervention 58/100, 58%, and control 66/103, 64.1%). A main effect of the trial arm was found on the Pediatric Inventory for Parents: the intervention participants reported less frequency (subscales communication F1,120627=5.37; P=.02, and role function F1,27203=5.40; P=.02) and difficulty (subscales communication F1,2237=7.43; P=.006, medical care F1,2907=4.04; P=.04, and role function F1,821=4.37, P=.04) regarding illness-related stressful events than the control participants., CONCLUSIONS: The WebParC website for parents of children with JIA reduced illness-related parenting stress. This web-based intervention offers a feasible preventive approach for parents of children with JIA and potentially could be adapted and evaluated for parents of children with other chronic illnesses., TRIAL REGISTRATION: International Standard Randomized Controlled Trial Number (ISRCTN) 13159730; http://www.isrctn.com/ISRCTN13159730. Copyright ©Kathleen Mulligan, Shashivadan P Hirani, Sally Harris, Jo Taylor, Lucy R Wedderburn, Stanton Newman, WebParC Investigator group. Originally published in the Journal of Medical Internet Research (https://www.jmir.org), 12.05.2022.

1. **The impact of flash glucose monitoring on adults with type 1 Diabetes' eating habits and relationship with food**  
   Wallace T., Heath J., Koebbel C. Diabetes Research and Clinical Practice 2023;196 110230.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=1cd2553c2e8083ff132f9b84d97d7a5d)

Aim: To gain a better understanding of how the FreeStyle Libre (FSL) flash glucose monitor influences the eating habits and relationship with food of adults with type 1 diabetes (T1D). Method(s): Reflexive thematic analysis was conducted on fifteen semi-structured interviews conducted with adults with T1D, exploring their experiences of at least one year of FSL use. Result(s): Four themes were constructed from the qualitative data: (1) Personal Food Story (what food represented before and after diabetes diagnosis), (2) New Opportunities (the FSL offered novel discoveries and increased self-confidence regarding food choices), (3) Body as a Machine (participants viewed their bodies as a collection of complex processes requiring continuous maintenance), and (4) re-evaluating Diabetes (participants expressed a shift in their expectations of themselves and their diabetes management). Although the FSL offered participants more freedom and flexibility with their eating, this was constrained by feeling forever under scrutiny from the data. Conclusion(s): Findings suggest the FSL influences users' eating habits, including when, why, what and how much they eat. Participants described both the positive and negative impact of these changes on their emotional wellbeing and relationship with diabetes, arguing for a need to address patients' relationship with food in routine clinic care.Copyright © 2022 The Authors

1. **THE RIGOUR OF QUALITY IMPROVEMENT WORK - WHY IT MATTERS, AND WHAT IT LOOKS LIKE**  
   Shah A. BMJ Open Quality 2023;12(Supplement 1): A1.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5e2761bc0698aa31886f1fdfab96db4d)

Introduction Quality improvement has failed to live up to its promise. In theory, the application of a method to solve complex quality issues holds face validity. In practice however, much of what is termed quality improvement hasn't demonstrated the results that we would expect to see. We propose the fundamental aspect of rigour as being critical to the efficacy of quality improvement. Rigour incorporates both design and evaluation - this session will describe the current landscape of QI, and outline how we can ensure effective design and evaluation in our own quality improvement work, to give it the best chance of success. As with any science, the reliability and validity of the knowledge and learning gained from the method of quality improvement are related to the rigour with which we apply it. We will discuss the main flaws in the design of quality improvement, and propose how we can rectify this through disciplined application of the core components of improvement: Aim, theory of change, execution theory, measurement and communication. We will also dive into the best approach to evaluation, to ensure that we maximise learning and adaptation during the quality improvement process. Methods This session will summarise the findings from the literature on the effectiveness of quality improvement, identifying the key factors that relate to success or failure of improvement work to achieve the proposed aim. We will return back to the fundamental concepts that underpin quality improvement, and draw out the essential element of rigour. We will describe what constitutes rigour in quality improvement, and how we can all strengthen the rigour of our own quality improvement work. We will utilise the five core components of improvement design in order to structure our thinking about rigour. We will also look at the topic of evaluation, and identify how we can best introduce simple and effective mechanisms to evaluate our quality improvement work in order to learn and adapt through the project, and continually improve our application of the method. We propose a simple framework to assess the rigour of our quality improvement work, and to ensure that future quality improvement work applies the core components of design, and a structured approach to evaluation, in order to improve the rigour of the scientific method.

1. **Transference-focused psychotherapy as an aid to learning psychodynamic psychotherapy: Qualitative analysis of UK psychiatry trainees' views**  
   Kanter Bax O., Nerantzis G., Lee T. BJPsych Bulletin 2022;46(1): 57-63.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=37225d8470c0c6643f8d67f3d0937054)

Aims & method Learning psychotherapy can be difficult and stressful. We explore core trainees' (n = 5) views on undertaking a psychodynamic psychotherapy training case using transference-focused psychotherapy (TFP), in an East London NHS Foundation Trust supervision group. We used framework analysis of focus group interviews to examine trainees' concerns, their views about this experience and its impact on general psychiatric practice. Results Trainees described various concerns on starting: providing an effective intervention, insufficient experience and training-related pressures. However, they found that TFP addressed some of them and was helpful for learning psychodynamic psychotherapy. Difficulties around the countertransference remained at end-point. Trainees suggested that introductory teaching and learning through observation might be worthwhile. Clinical implications Trainees' experience suggests that an evidence-based operationalised approach such as TFP can be integrated into the core psychiatry curriculum as a psychodynamic psychotherapy learning method. Trainees report benefits extending to other areas of their practice.Copyright © The Author(s), 2020. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

1. **Transforming a specialist community service model for working with men with sexual convictions and personality difficulties**  
   Craissati J., Phillips O., Higgins C. Journal of Forensic Practice 2023;25(2): 114-123.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cb419b1a94e4ccd8c1736f0845efbee4)

Purpose: The purpose of this discussion paper is to describe the transition over the past five years of a highly specialist group treatment programme to a tiered public health delivery model within the offender personality disorder (OPD) pathway. The focus of this journey of transformation has been the Challenge programme, currently the only OPD specialist service for men with sexual convictions in the community in England and Wales, and now a pan-London service. Design/methodology/approach: More than 600 high-risk men with sexual convictions are screened into the OPD pathway and reside currently in the community across London. The programme leads have developed a triage model - based on the wider OPD model - that applies the principles of the least intervention necessary and the most effective use of limited resources. Finding(s): Preliminary informal feedback was sought on the new consultation approach and innovative joint casework delivery models. The model of care is discussed in relation to the preliminary feedback, which was encouraging in terms of satisfaction with the consultation service and in terms of the people on probation who found that participating in the joint casework enhanced their working relationship with offender managers. The consistent use of a single model of care and a careful triage approach across the city to working with this group of individuals is still in development. Early feedback suggests that the service has to potential to be effective, but establishing this requires formal evaluation. Practical implications: Practice implications include the need to address the lack of confidence that many practitioners report when working with people with sexual convictions. Virtually delivered group consultation may enhance the development of skills as it may providing a flexible toolkit for delivery. Originality/value: This practice paper describes the only specialist community service for men with high-risk, high-harm sexual convictions and personality difficulties in the UK.Copyright © 2023, Emerald Publishing Limited.

1. **Trapped in contradictions: professionals' accounts of the concept of schizophrenia and its use in clinical practice.**  
   de Waal Hanna, Boyle Mary, Cooke Anne. Psychosis 2023;15(4): 357-367.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=acb61d72da13ee22596fee31a6a0e86e)

The concept of schizophrenia has been contested since its inception. Over the last decades, criticism of the concept has become increasingly mainstream and calls for its abandonment have intensified. Nevertheless, the concept remains widely used and retains taken-for-granted status within much mental health research and practice. The combination of its contested status and continued use raises questions about how it is used and with what implications for people who receive the diagnosis. This study explores how 'schizophrenia' is spoken about by mental health professionals who use the diagnosis in day-to-day practice. Eight interviews with professionals across professions were analysed using Foucauldian Discourse Analysis. Two striking and consistent themes were identified. The first is a discrepancy between the way participants talked about 'schizophrenia' to the interviewer, and the way they described talking about it in clinical encounters. The second is the potentially entrapping impact of the wider discourses participants drew on in talk about clinical encounters. The study concludes with reflections on how those working in the mental health field can break out of this discursive entrapment, and help the people they work with do the same.

1. **Treating Narcissistic Personality Disorders: a case illustration of key clinical contributions from Transference Focused Psychotherapy for psychoanalytic practitioners**  
   Lee T., Levy K.N. Psychoanalytic Psychotherapy 2023;37(2): 179-192.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=aefc85d96f10726d1032f8beeb570b1c)

Narcissistic Personality Disorder (NPD) is complex and difficult to treat. Whilst there is no research based evidence for the specific treatment of NPD, there is an evidence base for psychotherapeutic approaches to Borderline Personality Disorder (BPD) which includes Transference Focused Psychotherapy (TFP). TFP is a contemporary object relations approach which has been developed to treat patients with a Borderline Personality Organization, which includes narcissistic personality structures. TFP therefore stands to contribute to the treatment of NPD. We introduce main tenets of TFP, and how TFP views narcissism. We then present a case illustration to illustrate aspects of TFP which are key clinical contributions in treating NPD. These include assessment of personality organization, the treatment contract, transference, countertransference, use of clarification and interpretation, technical neutrality, therapist centered interpretations, the treatment frame and consideration of the stage of treatment.Copyright © 2023 The Association for Psychoanalytic Psychotherapy in the Public Sector.

1. **Trends in Critical Care Admissions of People with Dementia in the Last Year of Life in a Large English Cohort Using a Novel Data Linkage**  
   Yorganci E., Sleeman K.E., Sampson E.L., Stewart R. Palliative Medicine 2023;37(1 Supplement): 125.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=831102647ff6d016bfe5300b23f11bf6)

Background/aims: Critical care admissions (CCAs) of people with dementia, need careful consideration as to whether benefits outweigh treatment burdens. CCA rates for people with dementia in the last year of life vary across countries but there is little information on this from England. We investigated trends in CCAs of people with dementia in the last year of life using a novel data linkage in a large English cohort. Method(s): Retrospective cohort study using mental healthcare data of decedents diagnosed with dementia in South London and Maudsley Hospital, UK (2007-2020), linked with national hospital use data to identify those who had >=1 CCAs. We extracted sociodemographic, illness and admission-related data. Outcomes were number and age-sex standardised rates of CCAs in the last year of life and place of death. We described variables (median (Q1-Q3) & frequencies (%)), examining temporal trends using linear regression. Result(s): Of 14,469 decedents with dementia, 612 (4.2%) people had >=1 CCA, while 355 (2.5%) had a CCA in the last year of life. Median age at CCA was 81.5 (76-86.5), 50.7% (n=310) women and in 53.2% (n=325) dementia severity was mild. Almost a third (n=175, 28.6%) of the decedents died in the hospital following the CCA, including 46.3% (n=81) who died in the critical care unit after a median of 10 (3-19) days. 30.4% (n=186) were discharged and died in a later hospital admission, and 41.0% (n=251) died elsewhere. Over a 12-year period, despite a decrease in overall CCA use among people with dementia (beta=-0.05; 95%CI -0.01, -0.0003; p=0.04), CCA rates in the last year of life increased from 0.95% (2008) to 2.63% (2019) (beta=0.11, 95% CI 0.01 - 0.20, p=0.03). Conclusion(s): While only 2.5% of decedents with dementia experienced a CCA in the last year of life, an increase in CCAs in the last year of life was observed over the time period. Detailed, population-level data is required to be able to make better judgements about the nature of CCAs among people with dementia nearing the end of life.

1. **Understanding the psychological therapy treatment outcomes for young adults who are not in education, employment, or training (NEET), moderators of outcomes, and what might be done to improve them**  
   Buckman J.E.J., Stott J., Main N., Antonie D.M., Singh S., Naqvi S.A., Aguirre E., Wheatley J., Cirkovic M., Leibowitz J., Cape J., Pilling S., Saunders R. Psychological medicine 2023;53(7): 2808-2819.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=050bf352a8056f0707e8b756fbba5ca0)

BACKGROUND: To determine: whether young adults (aged 18-24) not in education, employment or training (NEET) have different psychological treatment outcomes to other young adults; any socio-demographic or treatment-related moderators of differential outcomes; and whether service-level changes are associated with better outcomes for those who are NEET. METHOD(S): A cohort was formed of 20 293 young adults treated with psychological therapies in eight Improving Access to Psychological Therapies services. Pre-treatment characteristics, outcomes, and moderators of differential outcomes were compared for those who were and were not NEET. Associations between outcomes and the following were assessed for those that were NEET: missing fewer sessions, attending more sessions, having a recorded diagnosis, and waiting fewer days between referral and starting treatment. RESULT(S): Those who were NEET had worse outcomes: odds ratio (OR) [95% confidence interval (CI)] for reliable recovery = 0.68 (0.63-0.74), for deterioration = 1.41 (1.25-1.60), and for attrition = 1.31 (1.19-1.43). Ethnic minority participants that were NEET had better outcomes than those that were White and NEET. Living in deprived areas was associated with worse outcomes. The intensity of treatment (high or low) did not moderate outcomes, but having more sessions was associated with improved outcomes for those that were NEET: odds (per one-session increase) of reliable recovery = 1.10 (1.08-1.12), deterioration = 0.94 (0.91-0.98), and attrition = 0.68 (0.66-0.71). CONCLUSION(S): Earlier treatment, supporting those that are NEET to attend sessions, and in particular, offering them more sessions before ending treatment might be effective in improving clinical outcomes. Additional support when working with White young adults that are NEET and those in more deprived areas may also be important.

1. **Unmet needs in street homeless people: a commentary on multiple interconnected needs in a vulnerable group**  
   Albert R., Baillie D., Neal H. Future Healthcare Journal 2023;10(2): 103-106.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=5a8c00b7a4559cd79095da5f60d9bb16)

Street homeless people face stigmas in addition multiple unmet needs, which may include physical, psychological, mental health and social needs to name a few. Their life expectancy is shorter than that of the general population. Mental health problems are common but street homeless people face considerable barriers accessing support. Institutional approaches from the health system retraumatise street homeless people seeking care and cause moral injury and burn-out in staff. Given high rates of trauma in street homeless people, trauma-informed care approaches should be used. Professionals should make every contact count, using it as an opportunity to build trust with honesty and consistency and find out what matters to the person, as well as taking practical steps such as ensuring a means of contact. Engaging with the person's wider support system, such as support workers from homeless organisations, is key as they may have a good understanding how the mental health affects the person.Copyright © Royal College of Physicians 2023. All rights reserved.

1. **Using pharmacogenetic analysis in clinical management with clozapine**  
   Nasrine N., Stevens C., Tam H.-Y., Sivasanker V. Progress in Neurology and Psychiatry 2023;27(4): 10-14.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=622506dfe88925378276933cf40d7896)

A limited response to clozapine treatment is a familiar clinical scenario in patients with treatment-resistant schizophrenia. Here, the authors present a case where pharmacogenetic analysis was able to guide clinical management, and the discussion is expanded into the role of clinic genomics in personalised medicine.Copyright © 2023 John Wiley & Sons, Ltd.

1. **Using quality improvement to tackle the triple aim for children and young people with asthma: improving outcomes, experience and costs.**  
   Aurelio Marco, Araujo Rita, Zoetmann Janeke, Moody Julia, Shah Amar. British Journal of Healthcare Management 2023;29(8): 1-12.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=57d9918baae1eb229d6807c51f5f6985)

Background/Aims: Asthma in children and young people represents a substantial burden to the healthcare system, with these patients requiring frequent emergency care and having poorer health outcomes, leading to high system costs and poor patient experiences. This study used quality improvement methodology to achieve the triple aim of improved outcomes, better experience and reduced costs for those aged 0–16 years with asthma in north east London. Methods: A multidisciplinary project team used quality improvement methods to implement and assess two interventions: a community high-risk asthma clinic and educational asthma-friendly school groups, both of which were delivered by a specialist asthma nurse. Population-level outcomes included asthma control test scores, accident and emergency department admissions and costs. Intervention-specific outcomes included number of clinic consultations delivered, did-not-attend rates and participant confidence ratings following the school sessions. Results: Accident and emergency admissions for asthma reduced by 52%, with a 50% reduction in average monthly acute care costs. Asthma control test scores improved significantly, from an average of 18.56 to 22.34 out of a maximum score of 25 (P=0.000) following the interventions. Participants in the asthma-friendly school groups reported increased confidence in both day-to-day and emergency asthma management at the end of their sessions. Conclusions: Having dedicated specialist asthma nurse input in the community and using school-based interventions can help to improve asthma care for children and young people, reducing the burden of frequent accident and emergency department admissions. Using quality improvement methods in pursuit of triple aim outcomes can help teams to work towards a shared goal.

1. **Video feedback for young babies and maternal perinatal mental illness: Adaptation, feasibility and qualitative interviews**  
   Barnicot K., Stevens E., Robinson F., Labovitch S., Ballman R., Miele M., Lawn T., Sundaresh S., Iles J. medRxiv 2023; No page numbers.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=282e18af1c64a3517ac435a2fbc28a6d)

Aims/ Background. We aimed to adapt, test and explore experiences of the video feedback intervention for positive parenting (VIPP) for 2 to 6 month old babies and for mothers experiencing moderate to severe perinatal mental health difficulties. Design/ Methods. The VIPP intervention was adapted to include developmentally appropriate activities and developmental psychoeducation for 2 to 6 month olds, alongside psychoeducation on emotion regulation. Subsequently, the adapted intervention was trialled in 14 mothers experiencing moderate to severe perinatal mental health difficulties (registration ISRCTN64237883). Observational and self-reported pre-post outcome data was collected, and post-intervention qualitative interviews were conducted with participating mothers and clinicians. Results. Consent (67%), intervention completion (79%) and follow-up rates (93%) were high. Effect sizes on pre-post outcome measures indicated large improvements in parenting confidence and perceptions of the parent-infant relationship, and a medium-size improvement in maternal sensitivity. Qualitative interviews suggested that clinicians and mothers were able to use the video feedback to identify young babies' subtle behavioural cues and moments of mother-infant connection, enhancing maternal sensitivity. Mothers' initial anxieties about being filmed were overcome by the experience of receiving positive and strengths-focussed feedback, boosting their confidence in themselves as parents. The interviews also generated recommendations for minor modifications to optimise intervention feasibility and acceptability, such as streamlining the information provided on maternal emotion regulation, and allowing increased use of clinical judgement to tailor intervention delivery. Conclusion. VIPP can potentially be beneficial for enhancing maternal sensitivity with very young babies in mothers experiencing perinatal mental health difficulties.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.

1. **Where are we after a year? Providing responsive primary care for Ukrainian refugees.**  
   Poppleton Aaron, Ougrin Dennis, Kolesnyk Pavlo, Morton Steve. The British journal of general practice : the journal of the Royal College of General Practitioners 2023;73(730): 220-221.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=fb7194a9975a4970a3072eb7e329f9ce)

1. **Which life domains are people with major depression satisfied or dissatisfied with? An individual patient data meta-analysis**  
   Jerome L., McNamee P., Matanov A., Bird V., Priebe S. Journal of Affective Disorders 2023;338 459-465.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=72cca8a3b0f937e18e87921b57d89777)

Background: People with depression tend to score low on measures of subjective quality of life (SQoL) which has been suggested to reflect a general negative bias of perception. However, studies do not tend to investigate specific life domains. This study investigated satisfaction with life domains in people with major depression and explored influential factors. Method(s): A one-step individual patient data meta-analysis combined data of 1710 people with major depression from four studies. In all studies, SQoL was measured on the Manchester Short Assessment of Quality of Life, which provides satisfaction ratings with 12 life domains. Associations between individual characteristics and satisfaction ratings were investigated using univariable and multivariable models. Result(s): Mean satisfaction ratings varied across life domains. Participants expressed dissatisfaction with several domains but expressed satisfaction with others, mainly for domains associated with close relationships. Some of the investigated characteristics were consistently associated with satisfaction ratings across the domains. Limitation(s): The primary limitation of this study was in the analysis of individual characteristics, which were chosen based on identification in existing literature and availability in our datasets, and of which several were dichotomised to have sufficiently large numbers which may have resulted in lost nuance in the results. Conclusion(s): People with major depression distinguish between their satisfaction with different life domains and are particularly satisfied with their close relationships. This challenges the notion of a general negative appraisal of life in this group, and highlights the need to evaluate satisfaction with different life domains separately.Copyright © 2023 The Authors

1. **Who wants more social contacts? A cross-sectional study of people with psychotic disorders in England.**  
   Tee Helena, Chevalier Agnes, Webber Martin, Xanthopoulou Penny, Priebe Stefan, Giacco Domenico. Schizophrenia research 2022;240 46-51.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=44e7f89788ca8f162a16f547e0757a16)

Many people with psychosis have few social contacts which can significantly reduce quality of life. While the symptoms of psychosis are thought to contribute to social isolation, they could also lead to the perception that patients are uninterested in increasing their social contacts or in socialisation interventions. Hence, those who most need support to reduce isolation may be less likely to receive it. Despite this, studies have yet to identify the characteristics of patients who do and do not want to increase their social contacts. A cross-sectional study was conducted with 548 participants with psychosis in community mental health teams across England, covering urban and rural areas. Logistic regression analysis was used to determine predictors of wanting to vs. not wanting to increase social contacts. Content analysis was used to explore reasons. The majority (68%) of participants reported a desire for more social contacts, which was significantly associated with lower quality of life. While people with lower quality of life were more likely to express a desire for more contacts, they were less likely to feel confident in increasing them. Reasons for not wanting to increase contacts were related either to perceived barriers or to feeling content with current circumstances. It may be concluded that people with psychosis who have a lower quality of life and little confidence in socialising have a greater desire for more social contacts. Hence, contrary to traditional beliefs, they are likely to be motivated to engage with support to reduce isolation if it is offered. Copyright © 2022 The Authors. Published by Elsevier B.V. All rights reserved.

1. **Will this tablet make me happy again? the contribution of relational prescribing in providing a pragmatic and psychodynamic framework for prescribers**  
   Konstantinidou H., Chartonas D., Rogalski D., Lee T. BJPsych Advances 2023;29(4): 265-273.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d55d71eb08474e8e83654ca0e12adf0b)

We describe the importance of relational factors in prescribing practices and discuss how they may influence treatment outcomes. Although relational factors play a part in every clinician-patient interaction, they are particularly relevant when managing patients with complex emotional needs. We discuss how relational prescribing can add value when incorporated into standard practice. We introduce psychodynamic theory principles, and we suggest a framework to facilitate reflection and support decision-making when clinicians are faced with complex prescribing decisions. Copyright © The Author(s), 2022. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

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