Mental Health, Learning Disabilities and Substance Misuse Current Awareness Bulletin

APRIL 2013

Windermere Lodge, Doncaster

This Bulletin contains a range of the latest research, reports and news relevant to Mental Health and Learning Disabilities

A wide range of Library and Knowledge Services are provided for RDaSH Mental Health Staff and students by the Rotherham Foundation Trust.

Please see the final page of this bulletin for details of how we can help you find the latest evidence and our contact details

Contents   Page

Click on the title below to jump to that section in the bulletin

About this Bulletin

The selection of articles, publications and report is drawn from a number of sources including NICE, NHS Evidence, the Cochrane Collaboration and the Royal College of Nursing's bulletin. It does not aim to be an exhaustive list.

It is one of the current awareness services provided for RDaSH mental health staff and students. These include the:

- RDaSH Knowledge Toolkit (http://rdashknowledge.wordpress.com/)

- Falls and Falls Prevention bulletin (http://nww.intranet.rdash.nhs.uk/support-services/falls-prevention-and-bone-health/falls-prevention-latest-evidence-and-research/)

Please contact us for information about current awareness and other services via the details on the final page. The Library and Knowledge Service has a intranet page at:
http://nww.intranet.rdash.nhs.uk/support-services/knowledge-and-library-services/

Library and Knowledge Service Feature: Critical Appraisal and Journal Clubs

Critical Appraisal and Journal Clubs
What is Critical Appraisal and why is it important?
Critical appraisal is the process of carefully examining research (in particular journal articles) to judge their trustworthiness, value and relevance to a particular context.

There is an increasing volume of published evidence in healthcare but the scientific quality and applicability of articles is very varied. Thus critical appraisal is important in providing a framework to assist in making health decisions that are informed by the best available evidence.

Resources to help you with Critical Appraisal
In order to help undertake formal critical appraisal a range of resources are available notably from the Critical Appraisal Skills Programme (CASP) (http://www.casp-uk.net/)

In particular they have a range of checklists that include questions to enable you to consider if the research is valid, what the results are and can they be applied locally. To reflect the different kinds of research seven checklists are available including randomised controlled trials, systematic reviews and qualitative studies. Each checklist has a series of questions relevant to the particular research design.

Library and Knowledge Service support for Critical Appraisal
We provide formal training through the 'Interpreting the Evidence: An Introduction to Critical Appraisal' that provides participants with the opportunity to develop their skills in critically appraising and evaluating research.

In addition we can arrange session to suit your needs discussing papers which are of particular interest to you. The Library and Knowledge Service supports a journal club in Scunthorpe split into two parts. The first involves analysing a particular clinical question and undertaking a literature search in order to identify published research relevant to it. The second involves appraising the identified paper using an appropriate checklist.

The Library and Knowledge Service holds a range of books that can support critical appraisal, e.g. Trish Greenhaugh's 'How to Read a Paper'. The library catalogue can be accessed at http://rotherham.nhslibraries.com/ Stock can be sent out to your work.

Please contact the Library and Knowledge Service via the contact details on the final page to discuss how we can support you in critical appraisal.

Journal of the Month – International Journal of Geriatric Psychiatry – May 2013 - V28 n5

The rapidly increasing world population of aged people has led to a growing need to focus attention on the problems of mental disorder in late life. The aim of the Journal is to communicate the results of original research in the causes, treatment and care of all forms of mental disorder which affect the elderly. The Journal is of interest to psychiatrists, psychologists, social scientists, nurses and others engaged in therapeutic professions, together with general neurobiological researchers.

The Journal provides an international perspective on the important issue of geriatric psychiatry, and contributions are published from countries throughout the world. Topics covered include epidemiology of mental disorders in old age, clinical aetiological research, post-mortem pathological and neurochemical studies, treatment trials and evaluation of geriatric psychiatry services.

Review Article
Depression as a risk factor for dementia and mild cognitive impairment: a meta-analysis of longitudinal studies (pages 441–449)
Yuan Gao, et al

Research Articles
Chronic renal failure in lithium-using geriatric patients: effects of lithium continuation versus discontinuation—a 60-month retrospective study (pages 450–453)
Soham Rej, Roza Abitbol, Karl Looper and Marilyn Segal

Costs explained by function rather than diagnosis—results from the SNAC Nordanstig elderly cohort in Sweden (pages 454–462)
C. Lindholm, A. Gustavsson, L. Jönsson and A. Wimo

A multicenter, blinded, randomized, factorial controlled trial of doxycycline and rifampin for treatment of Alzheimer's disease: the DARAD trial (pages 463–470)
D. William Molloy, T.I. Standish, Q. Zhou and G. Guyatt, The DARAD Study Group

Publications on dementia in Medline 1974–2009: a quantitative bibliometric study (pages 471–478) *Sten S. Theander and Lars Gustafson*

The impact of self-rated health on medical care utilization for older people with depressive symptoms (pages 479–486) *Christy Pu, Ya-Mei Bai and Yiing-Jenq Chou*

Depression and cardiovascular risk factors: evidence from a large postmortem sample (pages 487–493) *Claudia K. Suemoto, et al*

Self-concept in early stage dementia: profile, course, correlates, predictors and implications for quality of life (pages 494–503) *Linda Clare, et al*

A home-based training program improves Taiwanese family caregivers' quality of life & decreases their risk for depression: a randomized controlled trial (pages 504–513)
Li-Min Kuo, Huei-Ling Huang, Hsiu-Li Huang, Jersey Liang, Yi-Chen Chiu, Sien-Tsong Chen, Yam-Ting Kwok, Wen-Chuin Hsu and Yea-Ing L. Shyu

The relationship between functional status and judgment/problem solving among individuals with dementia (pages 514–521)
Ann M. Mayo, Margaret Wallhagen, Bruce A. Cooper, Kala Mehta, Leslie Ross and Bruce Miller

Development of a framework for recovery in older people with mental disorder (pages 522–529)
Stephanie Daley, David Newton, Mike Slade, Joanna Murray and Sube Banerjee

The impact of antipsychotics and neuropsychiatric symptoms on the quality of life of people with dementia living in nursing homes (pages 530–538)
Julia van de Ven-Vakhteeva, Hans Bor, Roland B. Wetzels, Raymond T. C. M. Koopmans and Sytse U. Zuidema

Gains in language comprehension relating to working memory training in healthy older adults (pages 539–546)
Barbara Carretti, Erika Borella, Michela Zavagnin and Rossana de Beni

Accessing the Full Text of 'The International Journal of Geriatric Psychiatry'
The full text of this journal is not available freely available on the internet either via the journals on homepage or via NHS Evidence. However, if you require the full text of any of the articles from this journal such as the ones listed above then they can be obtained from other libraries for you. Please contact the library for further details about our document supply service or for help in accessing the full text of journals. See back page for our contact details.

You can see the journals available via NHS Evidence at:
http://www.library.nhs.uk/booksandjournals/journals/default.aspx

Latest NICE Guidance (issued March 2013)
The National Institute of Health and Care Excellence (NICE)'s guidance is 'designed to promote good health and prevent ill health, based on the best evidence, transparent in their development, good value for money and internationally recognised for its excellence".

Summaries of the guidance relevant to mental health is included below followed by the titles only of non-mental health related guidance.

Mental Health Related Guidance

Conduct disorders in children and young people
Clinical guidance CG158 http://guidance.nice.org.uk/CG158

The following recommendations have been identified as priorities for implementation.

Initial assessment of children and young people with a possible conduct disorder

- For the initial assessment of a child or young person with a suspected conduct disorder, consider using the Strengths and Difficulties Questionnaire (completed by a parent, carer or teacher).

- Assess for the presence of the following significant complicating factors: a coexisting mental health problem (for example, depression, post-traumatic stress disorder), a neurodevelopmental condition (in particular ADHD and autism), a learning disability or difficulty or substance misuse in young people.

Comprehensive assessment
- The standard components of a comprehensive assessment of conduct disorders should include asking about and assessing the following: core conduct disorders symptoms (including patterns of negativistic, hostile, or defiant behaviour in children aged under 11 years), aggression to people and animals, destruction of property, deceitfulness or theft and serious violations of rules in children aged over 11 years, current functioning at home, at school or college and with peers, parenting quality or history of any past or current mental or physical health problems.

Parent training programmes
- Offer a group parent training programme to the parents of children and young people aged between 3 and 11 years who: have been identified as being at high risk of developing oppositional defiant disorder or conduct disorder **or** have oppositional defiant disorder or conduct disorder **or** are in contact with the criminal justice system because of antisocial behaviour.

Foster carer/guardian training programmes
- Offer a group foster carer/guardian training programme to foster carers and guardians of children aged between 3 and 11 years who: have been identified as being at high risk of developing oppositional defiant disorder or conduct disorder **or** have oppositional defiant disorder or conduct disorder **or** are in contact with the criminal justice system because of antisocial behaviour.

Child-focused programmes
- Offer group social and cognitive problem-solving programmes to children and young people aged between 9 and 14 years who: have been identified as being at high risk of developing oppositional defiant disorder or conduct disorder **or** have oppositional defiant disorder or conduct disorder **or** are in contact with the criminal justice system because of antisocial behaviour.

Multimodal interventions
- Offer multimodal interventions, for example, multi-systemic therapy, to children and young people aged between 11 and 17 years for the treatment of conduct disorder.

Pharmacological interventions
- Offer methylphenidate or atomoxetine, within their licensed indications, for the management of ADHD in children and young people with oppositional defiant disorder or conduct disorder, in line with Attention deficit hyperactivity disorder (NICE clinical guideline 72).

Improving access to services
- Provide information about the services and interventions that constitute the local care pathway, including the: range and nature of the interventions provided, settings in which services are delivered, processes by which a child or young person moves through the pathway, means by which progress and outcomes are assessed and delivery of care in related health and social care services

Non- Mental Health Related Guidance

Technology appraisals
- TA 276 – Cystic fibrosis (pseudomonas lung infection) - colistimethate sodium and tobramycin http://guidance.nice.org.uk/TA276

- TA 277 – Methylnaltrexone for treating opioid-induced bowel dysfunction in people with advanced illness receiving palliative care (terminated appraisal) http://guidance.nice.org.uk/TA277

Interventional Procedures
- IPG446 Electrochemotherapy for metastases in the skin from tumours of non-skin origin http://guidance.nice.org.uk/IPG446

- IPG447 Electrochemotherapy for primary basal cell carcinoma and primary squamous cell carcinoma http://guidance.nice.org.uk/IPG447

- IPG448 Insertion of endobronchial valves for treatment of persistent air leaks http://guidance.nice.org.uk/IPG448

- IPG449 Insertion of customised titanium implants, with soft tissue cover, for orofacial reconstruction http://guidance.nice.org.uk/IPG449

- IPG450 Percutaneous electrical nerve stimulation for refractory neuropathic pain http://guidance.nice.org.uk/IPG450

- IPG451 Peripheral nerve-field stimulation for chronic low back pain http://guidance.nice.org.uk/IPG451

Clinical Guidelines
- CG157 Hyperphosphataemia in chronic kidney disease http://guidance.nice.org.uk/CG157

Quality Standards
- QS28 Hypertension http://guidance.nice.org.uk/QS28

- QS29 Diagnosis and management of venous thromboembolic diseases http://guidance.nice.org.uk/QS29

Latest NICE Evidence Updates

Evidence Updates highlight new evidence relating to published accredited guidance. They are based on the scope of the particular guidance they relate to and provide a commentary on a selection of new articles published since the guidance was issued.

Evidence Updates highlight key points from the new evidence and provide a commentary describing its strengths and weaknesses. They also indicate whether the new evidence may have a potential impact on current guidance.

Evidence Updates aim to reduce the need for individuals, managers and commissioners to search for new evidence. Evidence Updates do not replace current guidance and do not provide formal practice recommendations.

Evidence Updates relevant to mental health is listed first (in summary) followed by other evidence updates (in title only).

Mental Health Related Evidence Updates

School-based interventions to prevent the uptake of smoking among children and young people
Evidence Update 38 April 2013
A summary of selected new evidence relevant to NICE public health guidance 23 'School-based interventions to prevent the uptake of smoking among children and young people' (2010)

Key points

Organisation-wide or 'whole-school' approaches
- Effective school tobacco policies appear to be those that: are enforced; are strongly prohibitive (including prohibiting smoking at all times in all areas); and have explicit purpose and goals.

Adult-led interventions
- A lesson-based smoking prevention programme prior to secondary school may have long-term preventive effects on smoking that continue into secondary school.

- Forming repeated 'implementation intentions' (a type of planned behaviour) about how to refuse cigarettes may reduce smoking in the long term.

- Unplugged' (a general substance abuse prevention programme) may help to reduce smoking in the long term. Further research is needed to adapt and pilot this intervention in a UK setting.

- 'Project Toward No Drug Abuse' (a general substance abuse prevention programme) may prevent smoking among older teenagers from schools with a high drug-use risk. Further research is needed to adapt and pilot this intervention in a UK setting.

- Evidence suggests that the 'Smokefree Class Competition' (an incentive-driven smoking prevention intervention) may not prevent smoking initiation among non-smoking children and adolescents in the long term, and similar schemes could also possibly widen health inequalities in the short term.

- Limited evidence suggests that a web-assisted smoking prevention programme may help to prevent smoking among some groups of students.

Peer-led interventions
- The ASSIST (A Stop Smoking in School Trial) programme appears to be a cost-effective intervention (mean cost per student=£32), and may be more effective among girls of lower socioeconomic status.

Coordinated approach
- Implementing school-based sessions on resisting substance use as part of a wider community and university partnership appears to reduce smoking in the longer term.

- There is some evidence of the effectiveness of community interventions featuring a school component in reducing smoking, but it is not strong and contains methodological flaws.

- There is some, albeit limited, evidence of the effectiveness of smoking prevention as part of wider targeting of other risk behaviours.

- Socioeconomic status did not appear to have any consistent effect on outcomes with the European Smoking Prevention Framework Approach (a coordinated smoking prevention programme).

Full Text - http://www.evidence.nhs.uk/evidence-update-38

Self-harm: longer-term management
(April 2013 – Evidence Update 39)
A summary of selected new evidence relevant to NICE clinical guideline 133 'Self-harm: longer term management' (2011)

Key points

Primary care
- Asking about suicidal ideation in people with signs of depression does not appear to increase feelings that life is not worth living.

Psychosocial assessment in community mental health services and other specialist mental health settings: integrated and comprehensive assessment of needs and risks
- There appears to be consistency in the predictive value of risk assessments for self-harm between junior psychiatrists and mental health nurses.

- Limited evidence suggests that among those attempting suicide, taking precautions against discovery of the attempt may be a predictor of eventual suicide.

- Evidence suggests that the SAD PERSONS and modified SAD PERSONS scales are poor predictors of future suicide attempts.

- An assertive outreach intervention does not appear to reduce subsequent suicide attempts versus standard treatment.

- Problem-solving therapy to prevent self-harm does not appear to be more effective than usual care among people presenting with self-harm for the first time, but it may be more effective for those presenting with recurrent self-harm.

- An outreach, problem solving, adherence, and continuity intervention may potentially reduce repeated suicide attempts, but further research is needed.

- Evidence from a non-Western setting suggests that postcard communication following self-poisoning may reduce suicidal ideation and suicide attempts compared with treatment as usual.

- There is a general insufficiency of evidence for the effectiveness of interventions for self-harm and suicide among adolescents and further research is needed.

- A year-long mentalisation-based treatment programme may be more effective than treatment as usual in reducing self-harm among adolescents, but further research is needed.

Full Text - http://www.evidence.nhs.uk/evidence-update-39

Non- Mental Health Related Evidence Updates

- Anaphylaxis (March 2013)

- Multiple pregnancy (March 2013)

If you require any assistance with searching for or accessing NICE guidance then please contact the Knowledge and Library Service

Cochrane Reviews issued in March 2013

About the Cochrane Library
The Cochrane Library is a collection of databases that contain different types of high-quality, independent evidence to inform healthcare decision-making. One of them is the Cochrane Database of Systematic Reviews (CDSR) which includes all reviews prepared by the Cochrane Collaboration's Review Groups. Each Cochrane Review is a peer-reviewed systematic review that has been prepared and supervised by an editorial team.

If you require any assistance with searching or interpreting the Cochrane Library please contact the Knowledge and Library Service via the details on the last page.

These reviews are those relevant to mental health that were added or updated to the CDSR in March 2013. The text listed with them is the published plain language summary. Click on the link at the end of the summary for more details

New Reviews
Consumer-providers of care for adult clients of statutory mental health services

Veronica Pitt, Dianne Lowe, Sophie Hill, Megan Prictor, Sarah E Hetrick, Rebecca Ryan, Lynda Berends
Published Online: 28 MAR 2013   Assessed as up-to-date: 14 MAR 2012

Past or present consumers of mental health services can work in partnership with mental health professionals in 'consumer-provider' roles, when providing mental health services to others. Their roles may include peer support, coaching, advocacy, specialists or peer interviewers, case management or outreach, crisis worker or assertive community treatment worker, or providing social support programmes. Until now, the effects of employing past or present consumers of mental health services, in providing services to adult clients of these services, have not been assessed rigorously.

We conducted a systematic review, comprehensively searching databases and other materials to identify randomised controlled trials which involved past or present consumers of mental health services employed as providers of mental healthcare services for adult clients. To be included, studies had to make one of two comparisons: 1) consumer-providers versus professionals employed to do the same role within a mental health service, or 2) mental health services with and without consumer-providers as an adjunct to the service.

We found 11 randomised controlled trials involving approximately 2796 people. The quality of the evidence is moderate to low; it was unclear in many cases whether steps were taken to minimise bias, both in the way that participants were allocated to groups, and in how the outcomes were assessed and reported.

Five of the 11 trials involving 581 people compared consumer-providers to professionals who occupied similar roles within mental health services (case management roles (4 trials), and facilitating group therapy (1 trial)). There were no significant differences between the two groups, in terms of client (care recipient) quality of life, mental health symptoms, satisfaction, use of mental health services, or on the numbers of people withdrawing from the study. People receiving care from past or present users of mental health services used crisis and emergency services slightly less than those receiving care from professional staff. Past or present consumers who provided mental health services did so differently than professionals; they spent more time face-to-face with clients, and less time in the office, on the telephone, with clients' friends and family, or at provider agencies.

Six of the 11 trials, involving 2215 people, compared mental health services with or without the addition of consumer-providers. There were no significant differences in quality of life, empowerment, function and social relations, in client satisfaction, attendance rates, hospital use, or in the numbers of people withdrawing from the study, between groups with consumer-providers as an adjunct to professional care and those receiving usual care by health professionals alone. None of these six studies reported on clients' mental health symptoms. None of the studies reported on adverse outcomes (harms) for clients, or on the costs of providing the services. Overall, we concluded that employing past or present consumers of mental health services as providers of mental health services achieves psychosocial, mental health

symptom and service use outcomes that are no better or worse than those achieved by professional staff in providing care.

There is no evidence that the involvement of consumer-providers is harmful. More high-quality and well-reported randomised trials are needed, particularly to evaluate mental health outcomes, adverse outcomes for clients, the potential benefits and harms to the consumer-providers themselves (including a need to return to treatment), and whether it is cost-effective to employ them. Future researchers should include a clear description of the consumer-provider role and relevant training for the role so that it can be readily implemented, and should investigate consumer-providers in settings outside the United States.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004807.pub2/abstract

Nidotherapy for people with schizophrenia
Ian J Chamberlain & Stephanie Sampson
Published Online: 28 MAR 2013   Assessed as up-to-date: 8 JUN 2012

Nidotherapy (from the Latin '*nidus*' or 'nest') aims at identifying the need for and making changes to a person's environment and surroundings. It works alongside other treatments to make improvements to a person's wellbeing, housing, money management, personal relationships, work and other factors. The aim of nidotherapy is not to change the person (whereas other psychological therapies often aim to make changes in an individual's behaviour, emotions and thinking) but to create a better 'fit' between the environment and the individual. As a consequence the individual may improve, but this is not a direct result of treatment but because a more harmonious relationship has been created with the environment. Benefits of nidotherapy may include improvements in people's relationships, self-esteem, taking their medication, mental health and generally creating a better life situation. If environmental factors or someone's surroundings are at all responsible for causing illness and relapse, then nidotherapists and people with schizophrenia can identify these factors together to try and reduce the number and severity of relapses.

This review review includes one small pilot study with 52 participants. The study compared nidotherapy with standard care versus standard care alone and lasted 18 months. Findings suggest some limited evidence that those who received nidotherapy might experience a slight improvement in social functioning or personal relationships, mental state and may spend less time as inpatients in hospital over the course of 12 months, but there is no information concerning the appropriateness of this for the individual. However, these limited findings need to be treated with considerable caution. The degree of any possible improvements that come from taking part in nidotherapy remain unclear due to the single study's small sample size, incomplete evidence and risk of bias. No evidence is available on the effect of nidotherapy on general functioning, quality of life, taking medication, satisfaction with treatment, employment status or adverse effects. Further research is required to fill this gap in knowledge about the effectiveness, benefits and possible hazards of nidotherapy. Until such a time, people with mental health problems, health professionals, managers and policymakers should consider this new therapy an experimental one.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009929.pub2/abstract

Withdrawal versus continuation of chronic antipsychotic drugs for behavioural and psychological symptoms in older people with dementia

Tom Declercq, Mirko Petrovic, Majda Azermai, Robert Vander Stichele, An IM De Sutter, Mieke L van Driel and Thierry Christiaens
Published Online: 28 MAR 2013   Assessed as up-to-date: 6 DEC 2012

People with dementia often have behavioural problems that can be difficult for carers to manage. Antipsychotic drugs are often prescribed to control symptoms and assist with controlling difficult behaviour. Many people with dementia continue to take these drugs over long periods of time. This review investigates whether withdrawal of long-term antipsychotic treatment is feasible in older people with dementia suffering from behavioural symptoms (often called neuropsychiatric symptoms or NPS). These include agitation, aggression, hallucinations, anxiety, apathy, depression, delusions (beliefs that cannot be true), wandering, repeating of words or sounds, and shouting. Nine studies with 606 participants provided data for the review. Most of the participants were residents in nursing homes, but some were outpatients. The studies differed considerably in participants, methods and outcomes so that is was not possible to combine most of the data numerically.

The evidence suggests that older nursing home residents or outpatients with dementia can be withdrawn from long-term antipsychotics without detrimental effects on their behaviour. Caution is required in older nursing home residents with more severe NPS, as two studies suggest these peoples' symptoms might be worse if their antipsychotic medication is withdrawn. Moreover, one study suggested that older people with dementia and psychosis or agitation and a good response to their antipsychotic treatment for several months could relapse after discontinuation of their antipsychotic medication. We do not know if there are beneficial effects of withdrawal on intellectual processes, quality of life or ability to carry out daily tasks, or if the risk of harmful events is reduced by drug withdrawal. One study suggests that older people with dementia who continue to take antipsychotics might die earlier.

We recommend that programmes that aim to withdraw older nursing home residents from long-term antipsychotics should be incorporated into routine clinical practice, especially if the NPS are not severe. More research is needed to identify people for whom withdrawal is not indicated and risk of relapse should be weighed against the risk of adverse events with long-term antipsychotic treatment.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007726.pub2/abstract

Training to recognise the early signs of recurrence in schizophrenia

Richard Morriss, Indira Vinjamuri, Mohammad Amir Faizal, Catherine A Bolton, and James P McCarthy
Published Online: 28 FEB 2013   Assessed as up-to-date: 24 SEP 2012

Many people with schizophrenia experience periods of illness followed by relatively stable periods (although symptoms of illness such as hearing voices and seeing things often remain in the background). This means that many people with schizophrenia may become unwell again and need to go back into hospital. Training

in early warning signs techniques encourages people to learn, detect and recognise the early warning signs of future illness. Studies indicate that noticing even small changes in signs and symptoms of schizophrenia can often predict future illness and relapse two to 10 weeks later. Early warning training may help to prevent or delay relapse, so reducing the chances of going into hospital. Recognition of early warning signs requires detailed history taking, sometimes with additional techniques such as diary keeping, completion of questionnaires and a plan of action based on anticipated early warning signs. Training can be undertaken by the individual or be group-based, involving health professionals, family members or carers. Successful training seems to require around 12 sessions and involves therapists of high competency.

This review includes a total of 34 studies. It found that there are positive benefits of training in early warning signs. It reduces rates of relapse and re-hospitalisation (but not on time to recurrence). It should be noted that training in early warning signs was mainly used alongside other psychological therapies, so it is not entirely clear what proportion of the positive effect is due to training in early warning signs alone. Moreover, the overall quality of the evidence from these studies was judged to be very low. This means that we do not know if interventions using early warning signs, with or without additional psychological treatments, will have the same beneficial effects outside clinical trials.

Further research is required to decide whether training in early warning signs is effective on its own. Effects on quality of life, satisfaction with care, money spent, and burden of care for carers are unclear, so ideally should be known before training programmes are put into wider use. At this time, there is not enough evidence to support training in early warning signs alone.
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005147.pub2/abstract

Latest Campbell Collaboration Reviews

The Campbell Collaboration (C2) helps people make well-informed decisions by preparing, maintaining and disseminating systematic reviews in education, crime and justice, and social welfare. Campbell is based on voluntary cooperation among researchers of a variety of backgrounds. It has broad similarities with the Cochrane Collaboration. Their systematic reviews are published in the Campbell Library with new published ones relevant to mental health are listed here.

Interventions to Reduce Distress in Adult Victims of Sexual Violence and Rape: A Systematic Review
Cheryl Regehr, Ramona Alaggia, Jane Dennis, Annabel Pitts, Michael Saini
Published 1st March 2013

Objectives:
To examine the effectiveness of psychotherapeutic interventions in reducing symptoms of distress and trauma for victims of sexual assault and rape.

Results:
Six studies including 405 participants met eligibility criteria, with data from 358 participants available for analysis. Two of the studies evaluated Cognitive Processing Therapy (CPT, totalling 80 participants); three evaluated Prolonged Exposure (PE, n= 94); two evaluated Stress Inoculation Therapy (SIT, n=26); one

evaluated Supportive Psychotherapy (SP, n=12) and two examined Eye Movement Desensitization Reprocessing therapy (EMDR, n=34). Meta-analysis comparing all treatments against no treatment for the randomized controlled trials revealed significant results for PTSD symptoms, both independently observed [SMD -1.81 (95% CI -2.90 to -0.72, four studies)] and self-reported [SMD -1.90 (95% CI -2.73 to -1.07, three studies)] at post-treatment. Meta-analyses of relevant outcomes from the six included studies revealed that all the treatments had a statistically significant effect on PTSD and depression symptoms in comparison to the control groups at post-test. The four studies that included anxiety as an outcome also showed significant improvements. Other outcomes that demonstrated improvements included guilt (following CPT and to a lesser extent, PE) and dissociation (following EMDR treatment).

Author's Conclusions
Results of this systematic review provide tentative evidence that cognitive and behavioural interventions, in particular Cognitive Processing Therapy, Prolonged Exposure therapy, Stress Inoculation Therapy, and Eye Movement Desensitization and Reprocessing can be associated with decreased symptoms of Post-Traumatic Stress Disorder (PTSD), depression and anxiety in victims of rape and sexual assault. There is a need for further well-designed controlled studies which differentiate victims of sexual assault and rape from other traumatic events.

Full Text: http://www.campbellcollaboration.org/lib/project/97/

Literature Searching: Latest published articles on Child and Adolescent Mental Health

Biomedical databases such as Medline, Cinahl and PsycINFO provide access to a range of published information. They can be available to all NHS staff and students via NHS Evidence (www.evidence.nhs.uk) using an NHS Athens password.

Searches can be carried out for very specific topics and / or they can be set up so you receive regular updates on a topic.

Each issue we feature the latest journal articles on a particular subject found by undertaking searches on biomedical databases. The list demonstrates the range of articles that are published on a particular topic and also highlights those which are available full text. The list does not attempt to be comprehensive.

If you wish to know about the databases and how we can help you use them (e.g. by setting up an alert so the latest published research on a topic will be e-mailed to you) then please contact the Library and Knowledge Service.

Some of the articles are available full text via the hypertext links at the end of the reference (though you will require an NHS Athens password and the content may not be embargoed for a year). If you require the full text of any of the other articles or are having difficulty accessing the electronic full text then please contact us.

Title: Practitioner review: Current best practice in the management of adverse events during treatment with ADHD medications in children and adolescents.

Citation: Journal of Child Psychology &Psychiatry, March 2013, vol/is 54/3(227-246)

Author(s): Cortese, Samuele, et al

Abstract: Background: Medication is an important element of therapeutic strategies for ADHD. While medications for ADHD are generally well-tolerated, there are common, although less severe, as well as rare but severe adverse events AEs during treatment with ADHD drugs. The aim of this review is to provide evidence- and expert-based guidance concerning the management of (AEs) with medications for ADHD. Methods: For ease of use by practitioners and clinicians, the article is organized in a simple question and answer format regarding the prevalence and management of the most common AEs. Answers were based on empirical evidence from studies (preferably meta-analyses or systematic reviews) retrieved in PubMed, Ovid, EMBASE and Web of Knowledge through 30 June 2012. When no empirical evidence was available, expert consensus of the members of the European ADHD Guidelines Group is provided. The evidence-level of the management recommendations was based on the SIGN grading system. Results: The review covers monitoring and management strategies of loss of appetite and growth delay, cardiovascular risks, sleep disturbance, tics, substance misuse/abuse, seizures, suicidal thoughts/behaviours and psychotic symptoms. Conclusion: Most AEs during treatment with drugs for ADHD are manageable and most of the times it is not necessary to stop medication, so that patients with ADHD may continue to benefit from the effectiveness of pharmacological treatment.

Title: Involvement in bullying and suicidal ideation in middle adolescence: A 2-year follow-up study.

Citation: European Child & Adolescent Psychiatry, Feb 2013, vol./is. 22/2(95-102)

Author(s): Heikkila, Hanna-Kaisa, Vaananen, Juha, Helminen, Mika, Frojd, Sari, Marttunen, Mauri, Kaltiala-Heino, Riittakerttu

Abstract: The objective of the study was to ascertain whether involvement in bullying increases the risk for subsequent suicidal ideation. A total of 2,070 Finnish girls and boys aged 15 were surveyed in the ninth grade (age 15) in schools, and followed up 2 years later in the Adolescent Mental Health Cohort Study. Involvement in bullying was elicited at age 15 by two questions focusing on being a bully and being a victim of bullying. Suicidal ideation was elicited by one item of the short Beck Depression Inventory at age 17. Baseline depressive symptoms and externalizing symptoms, age and sex were controlled for. Statistical analyses were carried out using cross-tabulations with Chi-square/ Fisher's exact test and logistic regression. Suicidal ideation at age 17 was 3-4 times more prevalent among those who had been involved in bullying at age 15 than among those not involved. Suicidal ideation at age 17 was most prevalent among former victims of bullying. Being a victim of bullying at age 15 continued to predict subsequent suicidal ideation when depressive and externalizing symptoms were controlled for. Being a bully at age 15 also persisted as borderline significantly predictive of suicidal ideation when baseline symptoms were controlled for. Findings indicate adolescent victims and perpetrators

Title: Predictors and moderators of outcome in child and adolescent anxiety and depression: A systematic review of psychological treatment studies.

Citation: European Child & Adolescent Psychiatry, February 2013, vol./is. 22/2(69-87), 1018-8827;1435-165X (Feb 2013)

Author(s): Nilsen, Toril Sorheim, Eisemann, Martin, Kvernmo, Siv

Abstract: The aim of this literature review was to examine pre-treatment child and adolescent characteristics as predictors and moderators of outcome in psychotherapy treatment trials of anxiety and depressive disorders. A literature search was conducted using several databases and resulted in 45 published studies (32 anxiety studies and 13 depression studies) meeting predefined methodological criteria. Ten client demographic (age, gender, ethnicity, IQ) and clinical factors (duration, type of diagnosis, pre-treatment severity, comorbidity) were examined across studies. The majority of findings showed non-significant associations between demographic factors (gender and age) with treatment outcome for both the anxiety and the depression treatment trials. Some important differences between the results of the anxiety and depression treatment trials were found. The majority of findings for the anxiety studies suggest that there are no demographic or clinical factors that predict or moderate treatment outcome. For the depression studies, however, the findings suggest that baseline symptom severity and comorbid anxiety may impact on treatment response. Overall, existing studies of pre-treatment patient variables as predictors and moderators of anxiety and depression treatment outcome provide little consistent knowledge concerning for what type of patients and under what conditions treatments work. Suggestions for future research are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Supervising child psychiatry fellows in cognitive behavioral therapy: Crucibles and choices.

Citation: Journal of Cognitive Neuroscience, February 2013, vol./is. 25/2(61-70)

Author(s): Pearl, Amanda M, Mahr, Fauzia, Friedberg, Robert D

Abstract: Child psychiatric fellows enter cognitive behavioral therapy (CBT) training experiences with a wide variety of backgrounds and experiences in this area of treatment. Although some child fellows have fundamental knowledge of cognitive-behavioral theory, most struggle with the CBT model and even more so, subsequently using this model to guide treatment. Unlike supervising early career mental health professionals, child residents often possess a skill set apt for CBT including using a problem-oriented focus, a tendency to use structured methods in treatment, the use of psychoeducation, and basic clinical skills including genuineness, understanding, and empathy. On the other hand, child psychiatric fellows find several areas of CBT challenging because it is often vastly different from previous experience, including more frequent and longer sessions, the use of collaborative empiricism, developing case conceptualizations, and tolerating negative affective arousal. Moreover, training climates in psychiatry departments

may shape the supervision experiences. Various specific recommendations are offered to manage these crucibles. Overall, although there are significant challenges when supervising child residents in CBT rotations, having knowledge of these crucibles and access to choices for addressing these supervisory tests enhances both supervisor and supervisee competence. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Predictors of diagnosis of child psychiatric disorder in adult-infant social-communicative interaction at 12 months.

Citation: Research in Developmental Disabilities, Jan 2013, vol./is. 34/1(562-572)

Author(s): Marwick, H, Doolin, O, Allely, C. S, McConnachie, A, Johnson, P, Puckering, C, Golding, J, Gillberg, C, Wilson, P

Abstract: To establish which social interactive behaviours predict later psychiatric diagnosis, we examined 180 videos of a parent-infant interaction when children were aged one year, from within the Avon Longitudinal Study of Parents and Children (ALSPAC) cohort. Sixty of the videos involved infants who were later diagnosed with a psychiatric disorder at seven years, and 120 were a randomly selected sex-matched control group. Interactive behaviours for both the caregiver and the one year old infant were coded from the videos according to eight holistic categories of interpersonal engagement: Well-being, Contingent Responsiveness, Cooperativeness, Involvement, Activity, Playfulness, Fussiness, and Speech. Lower levels of adult activity and speech in interaction at one year significantly predicted overall diagnosis of child psychiatric disorder. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Underaged patients' opinions toward different containment measures: A questionnaire survey in Finnish adolescent psychiatry.

Citation: Journal of Child and Adolescent Psychiatric Nursing, November 2012, vol./is. 25/4(219-223), 1073-6077;1744-6171 (Nov 2012)

Author(s): Hottinen, Anja, Valimaki, Maritta, Sailas, Eila, Putkonen, Hanna, Joffe, Grigori, Noda, Toshie, Lindberg, Nina

Abstract: Problem: The current literature does not provide an understanding of adolescent patients' opinions toward various containment measures and how these are related to the opinions of the staff who are caring for them. Methods: The study population comprised 81 inpatients and 128 staff members in an inpatient setting in Finland. Their opinions were studied using the Attitude to Containment Measures Questionnaire. Findings: The adolescents were more critical toward most containment measures compared to the staff. Exactly as reported in previous studies among adult service users, the containment measures most accepted by the adolescents were as-needed medication, intermittent observation, and time out. They were considered as helpful, safe, and respectful methods. Net bed, which has never been used in Finland, was most disapproved. It was considered as a distressing, inhuman, and cruel method. Opinions toward mechanical restraint, which is commonly used in Finnish adolescent psychiatry, were noticeable: adolescents rated mechanical restraint among the three least accepted, staff among the three most accepted containment methods. Adolescents considered it as distressing and

not consistent of human dignity. Conclusions: Adolescents disapprove of containment measures some of which are widely used in psychiatric practice. Their opinions differ significantly from those of the staff. New ways to manage crisis situations should be developed. Where containment cannot be avoided, information, explanation about the procedures involved, and debriefing should be offered to an underaged patient in a manner which takes account of his/her developmental level. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Predictors of psychiatric aftercare among formerly hospitalized adolescents.

Citation: The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie, November 2012, vol./is. 57/11(666-676), 0706-7437;1497-0015 (Nov 2012)

Author(s): Carlisle, Corine E, Mamdani, Muhammad, Schachar, Russell, To, Teresa

Abstract: Objective: Timely aftercare can be viewed as a patient safety imperative. In the context of decreasing inpatient length of stay (LOS) and known child psychiatry human resource challenges, we investigated time to aftercare for adolescents following psychiatric hospitalization Method: We conducted a population-based cohort study of adolescents aged 15 to 19 years with psychiatric discharge between April 1, 2002, and March 1, 2004, in Ontario, using encrypted identifiers across health administrative databases to determine time to first psychiatric aftercare with a primary care physician (PCP) or a psychiatrist within 395 days of discharge. Results: Among the 7111 adolescents discharged in the study period, 24% had aftercare with a PCP or a psychiatrist within 7 days and 49% within 30 days. High socioeconomic status (adjusted hazard ratio [AHR] 1.31; 95% CI 1.21 to 1.43, P < 0.001) and psychotic disorders (AHR 1.24; 95% CI 1.12 to 1.36, P < 0.001) were associated with greater likelihood of aftercare Youth in the northern part of the province (AHR 0.48; 95% CI 0.32 to 0.71, P < 0.001), rural areas (AHR 0.82; 95% CI 0.76 to 0.89, P < 0.001), and with self-harm or suicide attempts (AHR 0.58; 95% CI 0.53 to 0.64, P < 0.001) and substance use disorders (AHR 0 50; 95% CI 0.44 to 0.56, P < 0.001) were less likely to receive aftercare. Conclusions: Hospitalization is our most intensive, intrusive, and expensive psychiatric treatment setting, yet in our cohort of formerly hospitalized adolescents fewer than 50% received psychiatry-related aftercare in the month post discharge. Innovations are necessary to address geographic inequities and improve timely access to mental health aftercare for all youth. (PsycINFO Database Record (c) 2013 APA)

Full Text:
Available from *ProQuest* in Canadian Journal of Psychiatry
Available from *EBSCOhost* in Canadian Journal of Psychiatry
Available from *ProQuest* in Canadian Journal of Psychiatry

Title: Health care access and treatment for children with co-morbid autism and psychiatric conditions.

Citation: Social Psychiatry & Psychiatric Epidemiology, November 2012, vol./is. 47/11(1807-14), 0933-7954;1433-9285 (2012 Nov)

Author(s): Ahmedani BK, Hock RM

Abstract: PURPOSE: To characterize the rate of comorbid psychiatric conditions (CPC) among children with autism spectrum disorders (ASD), to examine their treatment utilization, and to investigate treatment delay or non-delivery. METHODS: Lifetime ASD and CPC in children, aged 2-17, were investigated using data from the 2007-2008 National Survey of Children's Health (NSCH). The NSCH surveyed parents and guardians regarding the health and wellbeing, including treatment, of their child(ren) under age 18 (n = 91,642). Children with health conditions were defined by parent report that a doctor or other health professional had ever said their child had that condition. Factors related to overall health, treatment utilization, and barriers to access variables were investigated among this group. RESULTS: Children with ASD/CPC had poorer overall health outcomes than children with ASD alone. They more often were dissatisfied with their between-provider communication and less often had insurance cover needed services. Nonetheless, they did tend to use care coordination and mental health services to a greater degree. Families were more likely to report the delay or non-receipt of needed services when they perceived a lack of communication and partnership with providers, when they lacked insurance coverage, and when they felt that health care costs were unreasonable. CONCLUSIONS: The presence of a CPC seems to shape the treatment utilization and health outcomes of children with ASD. Because of this, health professionals working with children with autism should give special attention to treatment of those with comorbid diagnoses.

Title: Teaching patient-centered care and systems-based practice in child and adolescent psychiatry.

Citation: Academic Psychiatry, November 2012, vol./is. 36/6(468-472), 1042-9670;1545-7230 (Nov-Dec 2012)

Author(s): McGinty, K, Larson, Justine, Hodas, Gordon, Musick, David, Metz, Peter

Abstract: To help promote the use of patient-centered care/family driven care with a systems-based perspective, the American Academy of Child and Adolescent Psychiatry Work Group on Community-Based Systems of Care proposed the development of a toolkit for residency training. The Training Toolkit is organized into 13 modules of two types: Process and System modules. The resident focus groups recommended that modules be introduced early in residency training in order to maximize the educational potential for the resident. The Training Toolkit for Systems-Based Practice in Child and Adolescent Psychiatry was developed to address an existing training gap regarding patient-centered care/family-driven care and systems-based practice. The Toolkit emphasizes the importance of collaboration with the youth and family, as well as systems coordination. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Title: Using brief clinician and parent measures to track outcomes in outpatient child psychiatry: Longer term follow-up and comparative effectiveness.

Citation: Child and Adolescent Mental Health, November 2012, vol./is. 17/4(222-230), 1475-357X;1475-3588 (Nov 2012)

Author(s): Murphy, Michael, et al.

Abstract: Background: This study explored the feasibility and validity of using brief clinician- and parent-rated measures routinely over 6 months in outpatient child psychiatry. Method: All patients under 18 years of age seen for intake in the Child Psychiatry Clinic from 1 August 2007 through 31 July 2010 were eligible for inclusion in the study. Data were collected at intake for 1033 patients and at 3- and 6-month follow-up. Results: ANOVA for repeated measures showed statistically significant improvements in total and subscale scores on all three measures (Brief Psychiatric Rating Scale for Children, Children's Global Assessment Scale, and Pediatric Symptom Checklist) at both second and third assessments. Conclusion: The fact that both broadband and narrowband scales showed significant improvements over the first 6 months of care establishes the possibility that these measures could be used in experimental designs studying comparative effectiveness. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

News Items

The following pages contain report and news items about a selection of issues relevant to RDaSH. Most of these items have been provided by the Royal College of Nursing news services. In most cases a click on the title should provide more details if not the full text. If you require any assistance then please contact the Library and Knowledge Service.

Quality Improvement

[Lightbulb innovation: Developing a nurse led clinic and independent prescribing in a specialist mental health and learning disabilities team](). Nursing colleagues at Bassetts Resource Centre, Oxleas NHS Trust, have developed a Nurse Led Clinic within a specialist mental health and learning disabilities team. The aim is to support service users and carers to promote and maintain good mental health by ensuring a quicker referral process and further improving the responsiveness and quality of the service.

[Alzheimer's Society: Dementia 2013: the hidden voice of loneliness](). This second annual report on how well people with dementia are living found that over half of the general public believe that people with dementia have a bad quality of life. This was echoed in the feedback from people with dementia with 70 per cent saying they had stopped doing things they used to do because of lack of confidence. The majority of people with dementia also felt anxious or depressed, and a third of people said they'd lost friends after a diagnosis. It calls on commissioners to ensure appropriate support services are available, and urges people and organisations to play their part in helping ensure their communities are dementia friendly.

Patient Focus

[Centre for Mental Health: Centre welcomes historic steps to equality](). The Mental Health Discrimination bill is to pass into law. This will put an end to laws which prevent people with mental health problems exercising their rights to play a role in public life.

Guidance, Innovation and Tools

DH: Department of Health to build 'Dementia Village' at Healthcare Innovation Expo. The Department of Health is hosting a major dementia event at the Healthcare Innovation Expo at ExCeL London on 13 and 14 of March 2013. A dedicated area of the exhibition hall will be devoted to a 'Dementia Village' to showcase good practice and innovation in dementia care, dementia friendly communities and research.

Reports, Commentary and Statistics

DH: Successful applicants announced for stage 1 of the Department's dementia environment funding. The Department of Health has announced the successful applicants for stage 1 of the £50 million funding of capital projects to improve care environments for people with dementia. Following a robust evaluation process, which included moderation and oversight by the Department's Programme Delivery Board, 42 NHS schemes and 74 social care schemes have been approved at stage 1.

Welsh Government: The duty to review the Mental Health (Wales) Measure 2010 - Inception report. This report describes the proposed process and suggested sources of information, which will be used to review the Measure. An interim evaluation report will be published by 31 March 2014 and a final report before January 2016.

NHS Dumfries and Galloway: Communication and Mealtimes Toolkit Helping people with dementia to eat, drink & communicate. A guide for carers (PDF 7.8MB). The toolkit is in two sections, focussing on communication, and then on eating and drinking. Unsuccessful mealtimes often reflect a breakdown in communication and the way food is given and eaten can be a means of communication in its own right. The emphasis throughout the toolkit is on centring care around the person with dementia, which relies on knowing as much about them as possible. Care plan check lists are provided in each section, with examples, to help carers look at how they can put the advice in to practice with each individual.

E health

JMIR: Misleading health-related information promoted through video-based social media: Anorexia on YouTube. The study found that "pro-anorexia information was identified in 29.3% of anorexia-related videos. Pro-anorexia videos are less common than informative videos; however, in proportional terms, pro-anorexia content is more highly favored and rated by its viewers". It makes a number of recommendations around this finding.

Library & Knowledge Services for RDaSH Mental Health Staff and Students

This current awareness bulletin is one of the services provided to all mental health staff and students in Rotherham, Doncaster and South Humber NHS Trust (RDaSH). Services are provided by the Library & Knowledge Service of the Rotherham Foundation NHS Trust. The service is based at Rotherham Hospital and Oak House, Rotherham though staff visit regularly sites across the trust.

We can help you to do your job by providing up to date relevant information for patient care, audit, CPD and research. Services we provide include:

- Enquires – the library staff can advise you about the service we offer and assist you with using electronic, e.g. NHS Evidence and other resources.

- Literature Searches using a variety of sources including bibliographic databases such as Medline.

- Information skills training, e.g. literature search and critical appraisal

- Electronic access to full text of journals, books and bibliographic databases via NHS Evidence (www.evidence.nhs.uk) using an NHS Athens password

- Current Awareness Services providing news and up to date research, e.g. RDaSH Knowledge Wordpress (http://rdashknowledge.wordpress.com)

- Books (which can be sent out via post) and journals and a request service for journal articles and books we do not hold

- IT facilities and study areas at Rotherham Hospital and Oak House

We have a new and developing intranet site at:
http://nww.intranet.rdash.nhs.uk/support-services/knowledge-and-library-services/

Colin Lynch is the lead for RDaSH within the Library and Knowledge Service. He can be contacted via colin.lynch@rothgen.nhs.uk or colin.lynch@rdash.nhs.uk. He works at Swallownest Court in Rotherham on a Monday afternoon, visits Scunthorpe once a fortnight and is available to visit sites across RDaSH.

The two physical and staffed locations are:

D Level, (on the corridor between Junction 1 & the Education Centre)
Rotherham General Hospital, Moorgate, Rotherham
01709 427 139   Library.healthcare@rothgen.nhs.uk

Oak House, (opposite main reception)
Moorhead Way, Bramley, Rotherham,
01709 302 096   knowledge.service@rothgen.nhs.uk

Please Note: Library and Information Services for non-mental health Doncaster community staff employed by RDaSH are provided by the Library Service of Doncaster Royal Infirmary. They can be contacted on 01302 553 118 or dri.library@dbh.uk