Psychosis Bulletin: December 2018

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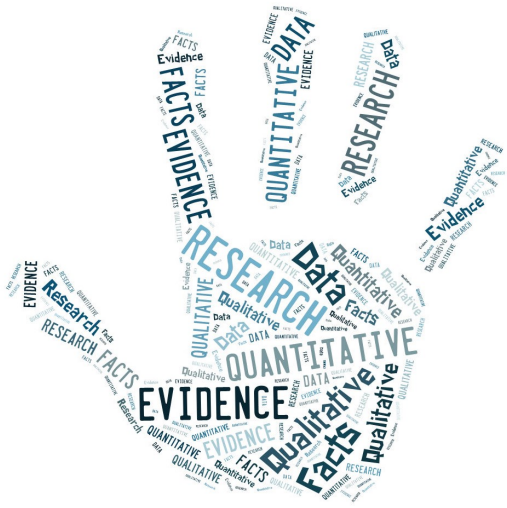
Contents:



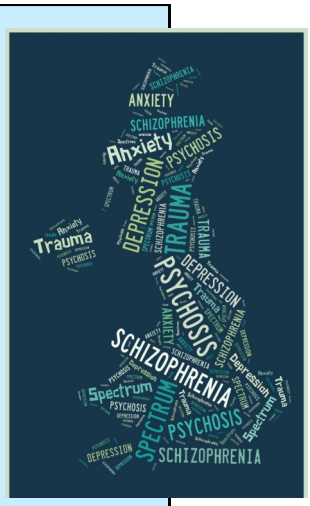
Journal articles

Montgomery and shared decision-making: implications for good psychiatric practice

Gwen Adshead, David Crepaz-Keay, Mayura Deshpande
British Journal of Psychiatry 213(5) November 2018 , pp. 630-632
The 2015 Supreme Court judgment in Montgomery v Lanarkshire Health Board [2015] UKSC 11 established that consent to medical treatment requires shared decision-making based on dialogue between the clinician and patient. In this editorial, we examine what Montgomery means for standards of good psychiatric practice, and argue that it represents an opportunity for delivering best practice in psychiatric care.

General

Prevalence of personality disorders in the general adult population in Western countries: systematic review and meta-analysis



Jana Volkert, Thorsten-Christian Gablonski Sven Rabung
British Journal of Psychiatry Sep 2018

Background
Personality disorder is a severe health issue. However, the epidemiology of personality disorders is insufficiently described and surveys report very heterogeneous rates.

Aims
We aimed to conduct a meta-analysis on the prevalence of personality disorders in adult populations and examine potential moderators that affect heterogeneity.

Method
We searched PsycINFO, PSYNDEX and Medline for studies that used standardised diagnostics (DSM-IV/-5, ICD-10) to report prevalence rates of personality disorders in community populations in Western countries. Prevalence rates were extracted and aggregated by random-effects models. Meta-regression and sensitivity analyses were performed and publication bias was assessed.

Results
The final sample comprised ten studies, with a total of 113 998 individuals. Prevalence rates were fairly high for any personality disorder (12.16%; 95% CI, 8.01–17.02%) and similarly high for DSM Clusters A, B and C, between 5.53 (95% CI, 3.20–8.43%) and 7.23% (95% CI, 2.37–14.42%). Prevalence was highest for obsessive–compulsive personality disorder (4.32%; 95% CI, 2.16–7.16%) and lowest for dependent personality disorder (0.78%; 95% CI, 0.37–1.32%). A low prevalence was significantly associated with expert-rated assessment (versus self-rated) and reporting of descriptive statistics for antisocial personality disorder.

Conclusions
Epidemiological studies on personality disorders in community samples are rare, whereas prevalence rates are fairly high and vary substantially depending on samples and methods. Future studies investigating the epidemiology of personality disorders based on the DSM-5 and ICD-11 and models of personality functioning and traits are needed, and efficient treatment should be a priority for healthcare systems to reduce disease burden.

Implementing the access and waiting time standard for early intervention in psychosis in the United Kingdom: An evaluation of referrals and post-assessment outcomes over the first year of operation

Vidyah Adamson, Emma Barrass, Stephen McCOnville Early Intervention in Psychiatry March 2018

Aim
Improving timely access to evidence-based treatment for people aged 14-65 years experiencing a first episode psychosis (FEP) or an at-risk mental state (ARMS) for psychosis is a national priority within the United Kingdom. An early intervention in psychosis (EIP) access and waiting time standard has been set which has extended the age range and acceptance criteria for services.

Methods
This descriptive evaluation reports upon the referrals and access to treatment times within an EIP service over the first year of operating in line with the access and waiting time standard. Patient pathways and post-assessment status are also described.

Results
The service received 406 referrals, of which 88% (*n* = 357) were assessed. The mean length of time to treatment was 1.5 weeks, with 88% being seen within 2 weeks. Of those who engaged in an assessment, 34% (*n* = 138) were identified as ARMS cases and 30% (*n* = 123) were identified as FEP. Over 35 year olds accounted for 22% (*n* = 80) of the total accepted cases.

Conclusions
The findings indicate clinical and operational issues, which will need careful consideration in the future planning of services. The high number of ARMS cases highlights the importance of clear treatment pathways and targeted interventions and may suggest a need to commission distinct ARMS services. The number of people who met the extended age and service acceptance criteria may suggest a need to adapt or redesign clinical services to meet the age-specific needs of over 35 year olds and those with an ARMS. It is unclear how changes to the remit of EIP services will impact upon future clinical outcomes.

General

Service users' perspective of their admission: a report of study findings.
O'Donoghue B, Roche E, Lyne J, Ir J Psychol Med. 2017 Dec;34(4):p251-260

OBJECTIVES: The 'Service Users' Perspective of their Admission' study examined voluntarily and involuntarily admitted services users' perception of coercion during the admission process and whether this was associated with factors such as the therapeutic alliance, satisfaction with services, functioning and quality of life. This report aims to collate the findings of the study.
METHODS: The study was undertaken across three community mental health services in Ireland. Participants were interviewed before discharge and at 1 year using the MacArthur Admission Experience. Caregivers of participants were interviewed about their perception of coercion during the admission.
RESULTS: A total of 161 service users were interviewed and of those admitted involuntarily, 42% experienced at least one form of physical coercion. Service users admitted involuntarily reported higher levels of perceived coercion and less procedural justice than those admitted voluntarily. A total of 22% of voluntarily admitted service users reported levels of perceived coercion comparable with involuntarily admitted service users and this was associated with treatment in a secure ward or being brought to hospital initially under mental health legislation. In comparison with the service user, caregivers tended to underestimate the level of perceived coercion. The level of procedural justice was moderately associated with the therapeutic relationship and satisfaction with services. After 1 year, 70% experienced an improvement in functioning and this was not associated with the accumulated level of coercive events, when controlled for confounders.
CONCLUSIONS: This study has provided valuable insights into the perceptions of coercion and can help inform future interventional studies aimed at reducing coercion in mental health services.

Substance misuse

Cannabis use as a risk factor for psychotic-like experiences: A systematic review of non-clinical populations evaluated with the Community Assessment of Psychic Experiences
Taciana C. C. Ragazzi, Tosana Shuhana, Paulo R. Menezes Early Intervention in Psychiatry June 2018

Aim
Epidemiological data have provided evidence that psychotic-like experiences (PLEs) can occur in the general population, not necessarily accompanied by the impairment and suffering observed in formal psychiatric diagnoses. According to the psychosis continuum hypothesis, PLEs would be subject to the same risk factors as frank psychosis. The aim of this review was to summarize observational studies that evaluated cannabis use as a risk factor for PLEs as determined by the *Community Assessment of Psychic Experiences* in non-clinical samples. The instrument composed of 3 dimensions—positive, negative and depressive—is a scale specifically designed to assess the occurrence, frequency and impact of PLEs in non-clinical population.
Methods
We searched *PubMed*/*Medline*, *Web of Science* and *PsycInfo* electronic databases for indexed peer-reviewed studies published until September 2017.
Results
We initially identified 100 articles. The PRISMA model for systematic reviews was used and 19 full-text articles were analysed. In general, the findings suggested that the higher the cannabis use and the younger the participants, the higher the reports of PLEs, although associations were more consistent for the positive dimension.
Conclusions
More attention should be paid to the understanding of the risk factors of PLEs in the general population, since these experiences are themselves a risk for psychotic disorders.

Substance misuse contd

Tobacco use and psychosis risk in persons at clinical high risk
Heather B. Ward, Michael T. Lawson, Jean Addington Early Intervention in Psychiatry Oct 2018

Aim
To evaluate the role of tobacco use in the development of psychosis in individuals at clinical high risk.
Method
The North American Prodrome Longitudinal Study is a 2-year multi-site prospective case control study of persons at clinical high risk that aims to better understand predictors and mechanisms for the development of psychosis. The cohort consisted of 764 clinical high risk and 279 healthy comparison subjects. Clinical assessments included tobacco and substance use and several risk factors associated with smoking in general population studies.
Results
Clinical high risk subjects were more likely to smoke cigarettes than unaffected subjects (light smoking odds ratio [OR] = 3.0, 95% confidence interval [CI] = 1.9-5; heavy smoking OR = 4.8, 95% CI = 1.7-13.7). In both groups, smoking was associated with mood, substance use, stress and perceived discrimination and in clinical high risk subjects with childhood emotional neglect and adaption to school. Clinical high risk subjects reported higher rates of several factors previously associated with smoking, including substance use, anxiety, trauma and perceived discrimination. After controlling for these potential factors, the relationship between clinical high risk state and smoking was no longer significant (light smoking OR = 0.9, 95% CI = 0.4-2.2; heavy smoking OR = 0.3, 95% CI = 0.05-2.3). Moreover, baseline smoking status (hazard ratio [HR] = 1.16, 95% CI = 0.82-1.65) and categorization as ever smoked (HR = 1.3, 95% CI = 0.8-2.1) did not predict time to conversion.
Conclusion
Persons at high risk for psychosis are more likely to smoke and have more factors associated with smoking than controls. Smoking status in clinical high risk subjects does not predict conversion. These findings do not support a causal relationship between smoking and psychosis.

Binge drinking: Prevalence, correlates, and expectancies of alcohol use among individuals with first-episode psychosis. Tan JH, Shahwan S, Satghare P Early Interv Psychiatry. Oct 2018

AIM: This study examines the prevalence and correlates of binge drinking and its association with expectancies of alcohol use, within a sample of patients with first-episode psychosis enrolled in the Early Psychosis Intervention Programme (EPIP) in Singapore's Institute of Mental Health.
METHODS: A total of 280 patients from the EPIP were recruited for an on-going longitudinal study examining cigarette smoking and alcohol habits. Only baseline data were used, pertaining to socio-demographics, alcohol use, clinical symptomology, quality of life, and expectancies of alcohol use.
RESULTS: Overall 23.9% (N = 67) reported ever binge drinking in their lifetime, and 11.4% (N = 32) had binged in the past 2 weeks. Controlling for all other socio-demographic and clinical factors, binge drinking was significantly associated with higher education levels, having children, current or past history of cigarette smoking, and lower negative symptom scores. Binge drinkers were also more likely to endorse statements relating to the themes of enhancement seeking (ie, using alcohol to alter or enhance experiences in a pleasurable way), coping with distress, and socializing-related expectancies of alcohol use.
CONCLUSION: Similar to past studies, the prevalence of binge drinking among our first-episode sample was relatively high. Our findings suggest certain lifestyle and social factors associated with risky drinking behaviour that future prevention efforts may address. Additionally, the three motivations of enhancement seeking, coping, and socializing also suggest psychological processes and coping styles that could be targeted for interventions.

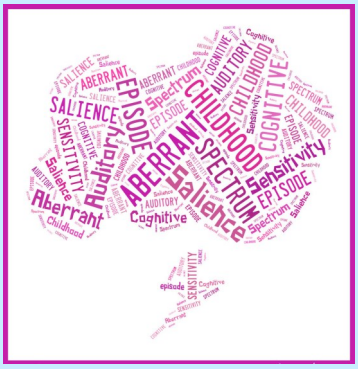
Lifestyle

Friendship and money: A qualitative study of service users' experiences of participating in a supported socialisation programme.

Friendship and money: A qualitative study of service users' experiences of participating in a supported socialisation programme. Sheridan A, O'Keeffe D, Coughlan B,
Int J Soc Psychiatry. 2018 06;64(4):326-334

BACKGROUND: Social opportunities can be limited in the lives of people with enduring mental illness (EMI) due to psychiatric stigma, restricted home environments and employment barriers. Supported socialisation programmes have the potential to redress the impact of social isolation.

AIM: To explore the experiences of service users with EMI taking part in a supported socialisation programme, using written diary entries.



METHODS: This article reports on the qualitative component of a randomised controlled trial of supported socialisation for people with EMI (published previously in this journal). Trial participation involved (1) being matched with a volunteer partner and engaging in social/leisure activities while receiving a stipend of €20 or (2) receiving this stipend only and engaging in self-driven socialisation. Participants completed written diaries documenting their perspectives on their experiences of supported socialisation. Data were analysed using Thematic Analysis.

RESULTS: Experiences of participation were characterised by involvement 'normalising' life, fostering a sense of connectedness, improving physical health, and facilitating engagement with culture. Taking part helped participants integrate socialising into their identity, enhanced their perceived capacity to be social, and cemented/expanded social networks. Participants also experienced significant obstacles to socialisation.

CONCLUSION: Supported socialisation can increase confidence, social competence and self-agency; buffer against psychiatric stigma; build social capital; and afford opportunities to enhance social integration, inclusion and belonging

Physical activity and exercise as a universal depression prevention in young people: A narrative review
Michaela C. Pascoe, Alexandra G. Parker Early Intervention in Psychiatry Oct 2018

Aim
The aim of this narrative summary was to examine the efficacy of physical activity and exercise as a universal prevention for depression in young people.

Methods
We conducted a search of the literature in the open-access evidence database of controlled trials and systematic reviews in youth mental health, an initiative between Orygen, The National Centre of Excellence in Youth Mental Health and headspace, National Youth Mental Health Foundation. In April 2018, we searched for all papers published between 1980 and 2017 relating to “Depressive Disorder” under the “Universal Prevention” illness stage and classified as “Physical activity/Exercise” under the treatment/intervention classification. Systematic reviews, randomized control trials (RCTs) and controlled clinical trials were all included.

Results
A total of 11 papers were returned. Three of these studies were observational and eight studies were controlled trials. The reviewed studies indicate that exercise and physical activity might be an effective universal depression prevention intervention for young people. Three of the controlled studies had a passive control group or no control group and only one study had longer-term follow-up. No trial used a longitudinal design to determine if interventions prevent the onset of new cases of depression.

Conclusions
The studies reviewed in the current review demonstrate a bidirectional relationship between physical activity, exercise and adolescent mental health. The results of the current review suggest that physical activity and exercise programs designed to increase the level of activity in young people should be implemented to be attractive and achievable to young people that may have poor psychological health.

Lifestyle contd

Hampshire Healthcare Library Service

Structured lifestyle education for people with schizophrenia, schizoaffective disorder and first-episode psychosis (STEPWISE): randomised controlled trial. Holt RIG, Gossage-Worrall R, Hind D,
Br J Psychiatry. 2018 Sep 25;:1-11

BACKGROUND: Obesity is a major challenge for people with schizophrenia.AimsWe assessed whether STEPWISE, a theory-based, group structured lifestyle education programme could support weight reduction in people with schizophrenia.

METHOD: In this randomised controlled trial (study registration: ISRCTN19447796), we recruited adults with schizophrenia, schizoaffective disorder or first-episode psychosis from ten mental health organisations in England. Participants were randomly allocated to the STEPWISE intervention or treatment as usual. The 12-month intervention comprised four 2.5 h weekly group sessions, followed by 2-weekly maintenance contact and group sessions at 4, 7 and 10 months. The primary outcome was weight change after 12 months. Key secondary outcomes included diet, physical activity, biomedical measures and patient-related outcome measures. Cost-effectiveness was assessed and a mixed-methods process evaluation was included.

RESULTS: Between 10 March 2015 and 31 March 2016, we recruited 414 people (intervention 208, usual care 206) with 341 (84.4%) participants completing the trial. At 12 months, weight reduction did not differ between groups (mean difference 0.0 kg, 95% CI -1.6 to 1.7, P = 0.963); physical activity, dietary intake and biochemical measures were unchanged. STEPWISE was well-received by participants and facilitators. The healthcare perspective incremental cost-effectiveness ratio was £246 921 per quality-adjusted life-year gained.

CONCLUSIONS: Participants were successfully recruited and retained, indicating a strong interest in weight interventions; however, the STEPWISE intervention was neither clinically nor cost-effective. Further research is needed to determine how to manage overweight and obesity in people with schizophrenia.

Disagreement between service-users and clinicians assessment of physical health during early psychosis
Laoise Renwick, Jonathan Drennan, Ann Sheridan Early Intervention in Psychiatry April 2018

Aims
Physical illnesses account for the majority of excess deaths following psychosis; access to care and treatment is inequitable and schizophrenia has now been dubbed the life-shortening disease. We compared service-users and clinician's perspectives of their physical health assuming that one of the fundamental issues in prompting screening and treatment is the view that health is poor.

Methods
Data comprising sample characteristics, diagnosis, symptoms, insight, antecedents to psychosis and physical health perspectives were obtained prospectively as part of a larger epidemiological study of first-episode psychosis. We compared physical health perspectives between service-users and clinicians and examined clinical correlates.

Results
Contrary to our expectations, we found that service-users reported poorer physical health over time than clinicians did.

Conclusion
Reconciling service-users and clinician's views of physical health may be an important step towards collaborative care and improving access to better quality healthcare for serious mental illness.

Therapy

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Cognitive behavioural therapy in clozapine-resistant schizophrenia (FOCUS): an assessor-blinded, randomised controlled trial. Morrison AP, Pyle M, Gumley A, Lancet Psychiatry. 2018

Abstract

BACKGROUND: Although clozapine is the treatment of choice for treatment-refractory schizophrenia, 30-40% of patients have an insufficient response, and others are unable to tolerate it. Evidence for any augmentation strategies is scarce. We aimed to determine whether cognitive behavioural therapy (CBT) is an effective treatment for clozapine-resistant schizophrenia.

METHODS: We did a pragmatic, parallel group, assessor-blinded, randomised controlled trial in community-based and inpatient mental health services in five sites in the UK. Patients with schizophrenia who were unable to tolerate clozapine, or whose symptoms did not respond to the drug, were randomly assigned 1:1 by use of randomised-permuted blocks of size four or six, stratified by centre, to either CBT plus treatment as usual or treatment as usual alone. Research assistants were masked to allocation to protect against rater bias and allegiance bias. The primary outcome was the Positive and Negative Syndrome Scale (PANSS) total score at 21 months, which provides a continuous measure of symptoms of schizophrenia; PANSS total was also assessed at the end of treatment (9 months). The primary analysis was by randomised treatment based on intention to treat, for all patients for whom data were available. This study was prospectively registered, number ISRCTN99672552. The trial is closed to accrual.

FINDINGS: From Jan 1, 2013, to May 31, 2015, we randomly assigned 487 participants to either CBT and treatment as usual (n=242) or treatment as usual alone (n=245). Analysis included 209 in the CBT group and 216 in the treatment as usual group. No difference occurred in the primary outcome (PANSS total at 21 months, mean difference -0·89, 95% CI -3·32 to 1·55; p=0·48), although the CBT group improved at the end of treatment (PANSS total at 9 months, mean difference -2·40, -4·79 to -0·02; p=0·049). During the trial, 107 (44%) of 242 participants in the CBT arm and 104 (42%) of 245 in the treatment as usual arm had at least one adverse event (odds ratio 1·09, 95% CI 0·81 to 1·46; p=0·58). Only two (1%) of 242 participants in the CBT arm and one (<1%) of 245 in the treatment as usual arm had a trial-related serious adverse event.

INTERPRETATION: At 21-month follow-up, CBT did not have a lasting effect on total symptoms of schizophrenia compared with treatment as usual; however, CBT produced statistically, though not clinically, significant improvements on total symptoms by the end of treatment. There was no indication that the addition of CBT to treatment as usual caused adverse effects. The results of this trial do not support a recommendation to routinely offer CBT to all people who meet criteria for clozapine-resistant schizophrenia; however, a pragmatic individual trial might be indicated for some.

YouTube videos on psychosocial interventions for schizophrenia

Devvarta Kumar & Manisha Jha Psychosis Aug 2018 p220-224

Psychosocial interventions are an integral part of the comprehensive care for individuals diagnosed with schizophrenia and there are YouTube videos about these interventions. However, there is a dearth of studies assessing the quality of these videos. In the present study we assessed the quality, in terms of the amount and accuracy of the information provided. We identified 49 videos related to psychosocial interventions for schizophrenia, using various search terms. Most of these videos have been posted by professionals or professional groups presenting the information in a simple manner and having reliable content; however, the descriptions of the interventions are not adequately detailed.

Therapy contd

Long-term improvements after mindfulness-based group therapy of depression, anxiety and stress and adjustment disorders: A randomized controlled trial Jan Sundquist, Karolina Palmer, Ashfaque A. Memon
Early Intervention in Psychiatry July 2018

Background
Although mindfulness-based group therapies (MGTs) for depressive, anxiety or stress and adjustment disorders are promising, there is a substantial lack of knowledge regarding the long-term improvements after such therapies in these common psychiatric disorders.

Methods
Two hundred and fifteen patients were randomized in a randomized clinical trial (RCT) (ClinicalTrials.gov ID: NCT01476371) conducted in 2012 at 16 primary healthcare centres in southern Sweden. The patients were randomized to MGT or treatment as usual (TAU) and completed four psychometric self-rated scales after 8 weeks of treatment. Approximately 12 months after the completion of the 8-week treatment, the same scales were repeated. Ordinal and generalized linear-mixed models, adjusted for cluster effects, were used for the analysis.

Results
For all four psychometric scales (MADRS-S [Montgomery-Åsberg Depression Rating Scale-S], HADS-D, HADS-A [Hospital Anxiety and Depression Scale A and D] and PHQ-9 [Patient Health Questionnaire-9]) the scores at the 1-year follow-up were significantly improved (all *P* values <0.001) in both groups. Furthermore, there were no significant differences between the MGT and TAU in the psychometric scores at the 1-year follow-up.

Conclusions
To the best of our knowledge, this is the first RCT comparing the long-term improvements after MGT with TAU. Although it cannot be excluded that our findings are a result of the natural course of common psychiatric disorders or other factors, they suggest a long-term positive improvement after both MGT and TAU.

Successful treatment of nightmares may reduce psychotic symptoms in schizophrenia. Seeman MV
World J Psychiatry. 2018 Sep 20;8(3):75-78

Abstract

Nightmares occur more frequently in patients with schizophrenia than they do in the general population. Nightmares are profoundly distressing and may exacerbate daytime psychotic symptoms and undermine day-to-day function. Clinicians do not often ask about nightmares in the context of psychotic illness and patients may underreport them or, if nightmares are reported, they may be disregarded; it may be assumed that they will disappear with antipsychotic medication and that they do not, therefore, require separate intervention. This is a missed opportunity because Image Rehearsal Therapy, among other psychological and pharmacological interventions, has proven effective for nightmares in non-schizophrenia populations and should be considered at an early stage of psychotic illness as an important adjunct to standard treatment. There is active ongoing research in this field, which will undoubtedly benefit patients with schizophrenia in the future.

Voices

Unsolicited reports of voice hearing in the general population: a study using a novel method
Ruvanee P. Vilhauer & Himadhari Sharma Psychosis, Jul 2018 Pages 163-174
Understanding the phenomenological range of auditory verbal hallucinations (AVHs), or voice hearing (VH) experiences, is important for developing etiological models. To circumvent potential methodological limitations of previous studies, we used unsolicited online self-reports to examine the kinds of experiences people describe when they say they hear voices. Content analysis was used to examine 499 online posts about VH, the largest VH sample studied to date. Most posters did not report having a psychiatric diagnosis. Unusual bodily sensations and third person voices were less prevalent than in previous studies. Volume of voices was mentioned significantly more often when voices were externally localized, but acoustic qualities were mentioned even when voices were internally localized. Some voice features previously considered atypical, such as unclear voices and voices that are not self-relevant, were described in almost 15% of coded posts. Only 21% described commanding voices, a feature previously considered typical of VH. Individuals sometimes reported voices both consistent with, and inconsistent with, inner speech accounts of VH. These results may have implications for subtyping AVHs. This novel method allowed description of a large sample of self-reports relatively untainted by demand characteristics or social desirability biases.

Resilience and stigma

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Resilience as a multimodal dynamic process Alexandra Stainton, Katherine Chisholm, Nathalie Kaiser Early Intervention in Psychiatry August 2018

Aim

Resilience is rapidly gaining momentum in mental health literature. It provides a new understanding of the highly variable trajectories of mental illness, and has consistently been linked with improved mental health outcomes. The present review aims to clarify the definition of resilience and to discuss new directions for the field.

Methods

After discussing the definition of resilience, this narrative review synthesizes evidence that identifies the specific protective factors involved in this process. This review also addresses the mechanisms that underlie resilience.

Results

Recent literature has clarified the three core components of resilience, which are the presence of an adversity or specific risk for mental illness; the influence of protective factors that supersede this risk; and finally, a subsequently more positive outcome than expected. Now that these are largely agreed upon, the field should move on to addressing other topics. Resilience is a dynamic process by which individuals utilize protective factors and resources to their benefit. It can vary within one individual across time and circumstance. It can also refer to good functional outcomes in the context of diagnosable illness. While previous research has focused on psychological resilience, it is essential that resilience is conceptualized across modalities.

Conclusions

The field should move towards the development of a multimodal model of resilience. Researchers should now focus on producing empirical research which clarifies the specific protective factors and mechanisms of the process, aligning with the core concepts of resilience. This growing, more homogeneous evidence base, can then inform new intervention strategies

Stigma and discrimination in individuals with first episode psychosis; one year after first contact with psychiatric services. Kinson RM, Hon C, Lee H, Abdin EB, Verma S Psychiatry Res. 2018 Sep 20;270:298-305

Stigma and discrimination in psychotic illness has not been robustly studied in those presenting with their first episode of psychosis (FEP). We prospectively examined patterns of stigma and discrimination one year after index presentation with FEP and correlates with baseline demographic, symptom burden, depression and level of functioning. We surveyed 101 subjects using the Discrimination and Stigma Scale-12 (DISC-12) and administered the Positive and Negative Syndrome Scale (PANSS), Global Assessment of Function (GAF) and the Patient Health Questionnaire (PHQ-9). Discrimination was experienced in 76%; being shunned by people because of mental illness, making and keeping friends and from family were most affected. Older age, female gender, marital status and a family history of mental illness were significantly associated with higher unfair treatment. Higher PANSS score at baseline, 3-month and 12-month was significantly associated with lower positive treatment, higher stopping self-scores and lower overcoming stigma scores, respectively. Higher GAF score at 12-month was associated with higher overcoming stigma scores. Lower PHQ-9 scores was significantly correlated with overcoming stigma. In conclusion, stigma and discrimination is highly prevalent among individuals with FEP; the extent is associated with specific demographic variables, symptom burden, presence of depression and level of functioning. Limitations include selection bias of subjects, potential underestimation of stigma from participants who defaulted or refused to participate and inability to establish causality.

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Recovery

Hampshire Healthcare Library Service

Conceptualizations of subjective recovery from recent onset psychosis and its associated factors: A systematic review Worku A. temesgen, Wai Tong Chien, Daniel Bressington Early Intervention in Psychiatry June 2018

Aim

There is no standard definition of "subjective recovery" from psychosis, its nature is currently contested and debated among service-users and professionals. Individual studies have explored conceptualizations of subjective recovery from recent onset psychosis, but there have been no previously published systematic reviews on the topic. The aim of this review was to examine and synthesize quantitative and qualitative studies examining the concept of subjective recovery from recent onset psychosis and identify common factors associated with this recovery process.

Methods

Relevant electronic databases (Medline, CINAHL, PsychInfo and ProQuest Dissertations and Theses) were searched and hand searches were also carried out. Publications in each database from the inceptions of the databases to April 12, 2017 were included. Data from selected articles were extracted using a piloted extraction form and thematic integrative analysis was performed.

Results

Ten studies with different study designs were included in this review. Subjective recovery was conceptualized into 3 main themes: "recovery as outcome", "recovery as process" and "endeavours during recovery". Factors contributing to subjective recovery were categorized into 4 main themes; "treatment related", "illness related", "individual related" and "social environment" related. Non-linear and subjective nature of the process of recovery were reinforced by the review findings.

Conclusions

Studies in subjective recovery from recent onset psychosis are limited to developed countries. Acquiring hope and self-confidence, overcoming symptoms and stigma through mobilizing all resources available were accentuated in conceptualizing subjective recovery and related factors. Recovery-oriented health care services should acknowledge individual dif-

Phenomenological and recovery models of the subjective experience of psychosis: discrepancies and implications for treatment Hamm, Jay, Leonhardt, Bethany L. Ridenour, Jeremy Psychosis, Oct 2018

Reductionist models of schizophrenia and psychosis have been criticized for neglecting first person experiences of these conditions. In response, at least two distinct bodies of research have emerged which study first person experience: philosophical phenomenology and approaches linked with the recovery movement. Phenomenological writings have produced a conceptual model of schizophrenia referred to as the ipseity disturbance model, whereas the recovery writings generalize from common and diverse experiences of movements toward well-being. Phenomenological writings focus on how lived experience in psychosis deviates from health whereas recovery writings concentrate on lived experience amid a return to health. These differences make it difficult to see how the two approaches might be integrated to inform treatment. To explore how these views diverge and potentially could converge we carefully examine major tenets in each body of literature and offer future roads which may provide opportunities for reconciliation among each perspective's important contributions.

Avatar Therapy for persistent auditory verbal hallucinations: a case report of a peer research assistant on his path toward recovery Laura Dellazizzio, Olivier Percie du Sert Stephanie Potvin Psychosis p213-219

Peer support promotes the overall wellness of people with mental illness by establishing mutual partnerships throughout their different stages of recovery. In health research, investments in patient-oriented research have become prioritized. However, peer-contributed research remains relatively rare, especially in the study of psychosis. Our research team chose to include a peer research assistant in the elaboration and refinement of a novel personalized and patient-oriented psychotherapy for voice hearers, using virtual reality (Avatar Therapy (AT)). This paper details the case of a partnership between a mental health service user and clinical researchers by showcasing Mr X, the first to follow the therapy for his input and our peer support worker for future patients, in his journey toward recovery. Before AT, Mr X was unable to advance due to his voices. His participation was to initially gain from his personal expertise and invite his critique to improve AT. However, what he gained from AT was much more; his voices diminished by 80–90% and he was able to reduce his medication on four occasions. Also, he followed a university-level peer helper program and became employed. Mr X is an inspirational case of how AT may have a positive impact on one's life.

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Restrictive interventions

Prevalence and predictors of restrictive interventions in a youth-specific mental health inpatient unit Kubra Goz, Vidyendaran Rudhran, Julie Blackburn Early Intervention in Psychiatry Oct 2018

Introduction

The use of restrictive interventions is one of the most controversial practices in medicine. They are utilized in an inpatient setting to manage agitated or aggressive behaviour or to ensure that an individual receives the necessary treatments. However, restrictive interventions remove autonomy and adverse events can be associated with their practice. Youth-specific inpatient units (IPUs) are now being established and it is imperative that the use of restrictive interventions is reduced. In order to inform and facilitate prevention and reduction strategies, this study aimed to determine the prevalence and determinants of restrictive interventions (restraint, seclusion and medication without consent) in a youth specialist mental health IPU.

Methods

This study was set at a 16-bed youth specialist acute IPU of Orygen Youth Health, a specialist youth mental health service that provides inpatient care for those aged 18 to 25 years within a catchment area of west and north-western regions of Melbourne, Australia. A retrospective file audit was conducted of all the admissions to the unit from 01 January 2015 to 30 June 2015.

Results

Over the 6-month study period, 159 young people were admitted and this accounted for 188 admissions. Over half (54.3%) of admissions were involuntary and restrictive intervention were used in 17.6% of admissions. Specifically, 15.7% (N = 25) of young people experienced restraint, 10.1% (N = 16) were secluded, and 8.1% (N = 12) experienced medication without consent. Absent insight and involuntary status on admission were associated with restrictive interventions.

Conclusion

Suicide

Reconsidering the association between psychosis and suicide: a suicidal drive hypothesis, Jamie Murphy, Mark Shevlin, Philip Hyland Psychosis Oct 2018

Suicidal ideation/behaviour (SIB) and psychosis are highly associated phenomena. We propose that psychosis, for some, may be consequential to SIB. More specifically we hypothesise that psychosis may serve to externalise internally generated and self-directed threat among those experiencing SIB. Using prospective data from a Danish population cohort, we first sought to test the temporal occurrence of suicidal behaviour and psychotic disorder. Next, using cross-sectional epidemiological survey data (UK), we sought to demonstrate that psychotic experiences (PEs) were more commonly reported by those who experienced SIB and that the strength of the association varied according to (i) SIB recency and (ii) severity. Chi-square comparison tests on the Danish data revealed that suicidal behaviour was statistically more likely to precede (41.4%) rather than follow psychotic disorder (20.7%). Regression analyses of the UK data indicated that individuals who thought about suicide in their lifetime were up to eight times more likely to experience specific PEs while those who thought about and attempted suicide in their lifetime and in the year of assessment were up to 48 times more likely to experience PEs, compared to SIB free members of the population. The findings provide preliminary support for a novel suicidal drive hypothesis for psychosis.

Personal experiences

Hampshire Healthcare Library Service

My experiences of psychosis and what caused it; my experiences with mental health services and other things that helped or hindered my journey **Peter Edward McDonnell**

Psychosis Jul 2018

This brief account is aimed at shedding some light on the cognitive processes involved with bringing about my psychosis, or put more simply – how I got ill. I have included as much description of my thought processes as is possible in this limited space. It is also a short look at parts of my journey towards recovery. To help clarify what I was going through and the "personality" of my psychosis, I candidly discuss how my mental illness affected my behaviour. I hope that my discussion about my thought processes can help people to understand a bit more about the workings of psychosis, which can be a rare thing as often people find it hard to share the face of their psychotic illness, because of stigma/embarrassment, lack of insight/understanding, and because the words can be extremely hard to find.

My psychosis and meds David Son

Psychosis Jul 2018Pages 228-234

The purpose of this article is to provide, personal testimony that psychiatric medications are not scientifically necessitated as the primary means to treat psychosis. There are alternatives to psychiatric medication, and, particularly, the long-term use of these medications should not be assumed. Psychosis is nominally diagnosed as 'severe mental illness', 'disease', and 'chronic'. These labels are toxic, too, and the system of diagnosis creates unintended stigma that hinders community inclusion, acceptance and recovery. The emphasis upon psychiatric medication treatment – and the system design – therefore, is debated. The medical-model of impersonal classifications of chronic diseases denies and/or slows recovery, and proper healing. The medical-model is a constructed (false) narrative, when looked at scientifically, lacks serious credibility and shows apparent unsustainability. An alternative approach is necessary to displace the outdated and, presently, conventionally utilized medical-model. New treatments and other approaches must address the reality that people can and do recovery, without medication. In conclusion, treatment for psychosis must give attention to understand one's experiences in the context of life's events and interpersonal narratives, to provide meaning, acceptance and purpose.