

# Psychosis Bulletin: November 2017

## Colleagues,

See below for recent articles and other items of interest on Psychosis. If you wish to see the full text and there is a link below the abstract, you should be able to access the article using your Athens password. If there is no link or you have any problems please email:  
[library.moorgreen@southernhealth.nhs.uk](mailto:library.moorgreen@southernhealth.nhs.uk).

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## Offenders and inpatients

### [Comparison of outcomes of patients with personality disorder to patients with mental illness, following discharge from medium secure hospital: systematic review](#)

Posted: 07 Jul 2017

### [Co-morbidity of personality disorder and clinical syndrome in high-risk incarcerated offenders](#)

Posted: 10 Aug 2017

The Journal of Forensic Practice, [Volume 19, Issue 3](#), Page 207-216, August 2017.

Purpose In light of the clinical importance of understanding co-morbidity within offender populations, the purpose of this paper is to examine the prevalence and comorbidities of clinical disorder (Axis I) and personality disorder (Axis II) within a sample of high risk, male offenders located in a high secure, prison-based personality disorder treatment service.

### [Could psychiatric inpatient admission cause suicide?](#)

Posted: 20 Aug 2017

Alex Langford considers a recent paper about inpatient suicide, which suggests that being on a psychiatric ward may possibly result in people taking their own life.

# Auditory hallucinations

## [Auditory hallucination: What happens when people hear voices](#)

Posted: 12 Aug 2017

## [When we lose hope: experiences from Hearing Voices groups](#)

Posted: 14 Aug 2017

## [A systematic review and meta-analysis of mental health service use in people who report psychotic experiences](#) August 2017

There was consistent evidence of association between PEs and mental health service use at the general population level. However, evidence for causation was poor due to a limited number of studies. Whether increased service use in this group is solely attributable to PEs, and therefore whether interventions aimed at limiting/preventing PEs might be effective, requires studies focusing on the relationships between PEs, psychopathology and service use.

# Trauma

## [Does childhood trauma play a role in the aetiology of psychosis? A review of recent evidence \[Articles\]](#)

Posted: 01 Sep 2017

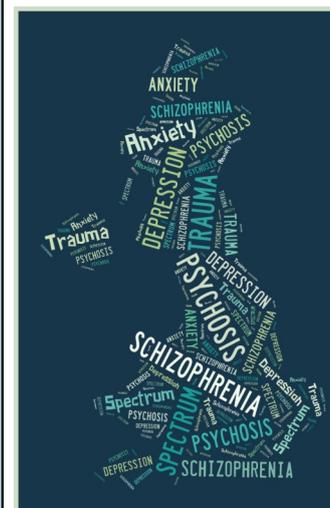
There has been a resurgence of interest in the role of childhood trauma in the aetiology of psychosis. In this review, recent findings on the association between childhood trauma and a continuum of psychotic symptoms are presented. Evidence of the association between specific childhood trauma subtypes and psychotic symptoms is examined, with a brief discussion of some current hypotheses about the potential mechanisms underlying the associations that have been found. Some practice implications of these findings are also highlighted.

## [Not a one-way street: COMMENTARY ON... DOES](#)

## [CHILDHOOD TRAUMA PLAY A ROLE IN THE AETIOLOGY OF PSYCHOSIS? \[Commentary\]](#)

Posted: 01 Sep 2017

Coughlan & Cannon have provided an extremely useful review, highlighting the evidence for the association between childhood trauma and psychosis. This is relevant to those working with individuals with psychosis across all age ranges. This commentary discusses further some of the points raised, the complexity of the association and developmental aspects.



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### **Schizophrenia and sleep disorders: links, risks, and management challenges.**

Kaskie RE, Graziano B, Ferrarelli F Nat Sci Sleep. 2017;9:227-239

Schizophrenia is a major psychiatric disorder that has a massive, long-lasting negative impact on the patients as well as society. While positive symptoms (i.e., delusions and hallucinations), negative symptoms (i.e., anhedonia, social withdrawal), and cognitive impairments are traditionally considered the most prominent features of this disorder, the role of sleep and sleep disturbances has gained increasing prominence in clinical practice. Indeed, the vast majority of patients with schizophrenia report sleep abnormalities, which tend to precede illness onset and can predict an acute exacerbation of psychotic symptoms. Furthermore, schizophrenia patients often have a comorbid sleep disorder, including insomnia, obstructive sleep apnea, restless leg syndrome, or periodic limb movement disorder. Despite accumulating data, the links between sleep disorders and schizophrenia have not been thoroughly examined, in part because they are difficult to disentangle, as numerous factors contribute to their comorbidity, including medication status. Additionally, sleep disorders are often not the primary focus of clinicians treating this population, despite studies suggesting that comorbid sleep disorders carry their own unique risks, including worsening of psychotic symptoms and poorer quality of life. There is also limited information about effective management strategies for schizophrenia patients affected by significant sleep disturbances and/or sleep disorders. To begin addressing these issues, the present review will systematically examine the literature on sleep disorders and schizophrenia, focusing on studies related to 1) links between distinct sleep disorders and schizophrenia; 2) risks unique to patients with a comorbid sleep disorder; and 3) and management challenges and strategies.

### **Social exclusion prevents us understanding the role of sleep in psychosis and “schizophrenia”**

Mental Health and Social Inclusion, [Volume 21, Issue 5](#), Page 252-258, November 2017.

**Purpose** The purpose of this paper is to discuss recent papers on trauma, sleep and psychotic experiences to highlight the lack of attention given to sleep. **Design/methodology/approach** A search was carried out to find recent papers on psychosis or schizophrenia, trauma and sleep. **Findings** Papers tended to focus on trauma and psychosis, or on sleep and psychosis, but not on trauma, sleep and psychosis. The two papers discussed in most detail here focussed on sleep difficulties from either a service user or professional perspective. Both concluded that sleep difficulties need more attention. The author also discussed evidence suggesting that stress and trauma cause sleep difficulties and that these, in turn, are an important cause of psychotic experiences. Severe or prolonged stress may also directly cause some psychotic experiences. **Originality/value** The two main papers highlight for the first time in detail service users' own experiences of sleep difficulties, and how mental health professionals view them, suggesting more help is needed. Other papers suggest that sleep is overlooked in research into the causes of psychosis. There is growing evidence that people have sleep problems before psychotic experiences, and that many have experienced severe or prolonged stress due to life events and circumstances, often in childhood. Given that stress can interfere with sleep, it is time to investigate further the role of stress and sleep in the development and maintenance of psychosis.



## [Positive Changes Experienced After a First Episode of Psychosis: A Systematic Review.](#)

Psychiatr Serv. 2017 Nov 01 Jordan G, MacDonald K, Pope MA, Schorr E, Malla AK, Iyer SN

Suffering is a core experience of FEP from which a range of positive changes can follow among service users and their families and friends. It may be beneficial for mental health services to specifically strive to promote these positive changes.

## [Coping strategies in individuals at ultra-high risk of psychosis: A systematic review](#)

It is still unclear whether coping heightens or reduces the likelihood of transition to psychosis in relation to other factors, including environment. Longitudinal studies could clarify whether coping styles remain stable after the onset of psychosis or whether the emerging psychotic symptoms influence the coping strategies.

## [The trauma of psychosis: high rates of PTSD in first episode psychosis](#)

Posted: 17 Aug 2017

Jazz Croft considers a recent systematic review about traumatic experiences in first-episode psychosis, which finds that nearly 1 in 3 people with first episode psychosis met diagnostic criteria for PTSD.

## [#UnderstandingPsychosis?](#)

Posted: 29 Oct 2017

Sameer Jauhar and Paul Morrison consider the revised Understanding Psychosis and Schizophrenia report from the British Psychological Society Division of Clinical Psychology, which includes updated sections on definitions, aetiology and treatment.

## [Embracing Psychosis: A Cognitive Insight Intervention Improves Personal Narratives and Meaning-Making in Patients With Schizophrenia.](#)

Authors: Moritz S, Mahlke CI, Westermann S, Ruppelt F, Lysaker PH, Bock T, Andreou C

Schizophr Bull. 2017 Jul 04;:

Schizophrenia is a complex psychiatric disorder with unknown and presumably heterogeneous etiology. While the disorder can have various outcomes, research is predominantly "deficit-oriented" emphasizing the hardship that the disorder inflicts on sufferers as well as their families and society. Beyond symptom reduction, imparting patients with hope and meaning in life is increasingly considered an important treatment target, which may raise self-esteem, and reduce self-stigma and suicidal ideation. The present study compared a psychotherapeutic treatment aimed at improving cognitive insight, individualized metacognitive intervention (MCT+), with an active control in order to elucidate if personal meaning-making and hope can be improved in patients with psychosis across time. A total of 92 patients were randomized to either individualized metacognitive therapy (MCT+) or CogPack (neuropsychological training) and followed up for up to 6 months. The "Subjective Sense in Psychosis Questionnaire" (SUSE) was administered which covers different salutogenetic vs pathogenetic views of the disorder, valence of symptom experiences and the consequences of psychosis. Patients in the MCT+ group showed a significant positive shift in attitudes towards the consequences of their illness over time relative to patients in the active control condition. There was some evidence that MCT+ also enhanced meaning-making. The perceived negative consequences of psychosis were highly correlated with depression and low self-esteem, as well as suicidality. The study shows that a cognitive insight training can improve meaning-making in patients and help them come to terms with their diagnosis.

## **Different communication strategies for disclosing a diagnosis of schizophrenia and related disorders.** Farooq S, Johal RK, Ziff C, Naeem F

Cochrane Database Syst Rev. 2017 Oct 24;

Good communication of diagnosis can affect treatment planning, compliance and patient outcomes, especially in the case of conditions such as schizophrenia, which has the potential to cause serious life disruption for both people with schizophrenia and their carers. Currently, there is no evidence based on findings from RCTs assessing the effects of communication strategies for disclosing the diagnosis of schizophrenia and related disorders. Research is required.

## **The Relationship Between Clinical and Personal Recovery in Patients With Schizophrenia Spectrum Disorders: A Systematic Review and Meta-analysis.**

Van Eck RM, Burger TJ, Vellinga A, Schirmbeck F, de Haan L

Schizophr Bull. 2017 Jul 14;:

Patients describe experiencing personal recovery despite ongoing symptoms of psychosis. The aim of the current research was to perform a meta-analysis investigating the relationship between clinical and personal recovery in patients with schizophrenia spectrum disorders.

## **Prevalence and clinicians' awareness of psychiatric comorbidities among first-episode schizophrenia** June 2017

Psychiatric comorbidities are prevalent among community FES patients. In addition to achieving symptomatic remission in schizophrenia, both treating psychiatric comorbidities and minimizing the side-effects of treatment, particularly akathisia, are fundamental for supporting FES patients in their journey to recovery

## **Aggressive Behavior Among Persons With Schizophrenia and Those Who Are Developing Schizophrenia: Attempting to Understand the Limited Evidence on Causality**

Posted: 11 Jun 2017

People with, and those who are developing, schizophrenia are at increased risk to engage in aggressive behavior (AGB). Some incidents lead to criminal prosecution. Most people with schizophrenia who commit crimes engage in delinquency and/or AGB prior to first episode. A large proportion of these individuals have a history of childhood conduct disorder (CD) and brain abnormalities suggestive of abnormal neural development distinctive from that of others with schizophrenia. Factors contributing to schizophrenia that is preceded by CD include failing to learn not-to-behave aggressively in early childhood, impairments in understanding emotions in the faces of others, maltreatment, and subsequent re-victimization. Others with no history of antisocial behavior begin engaging in AGB as positive symptoms increase and illness onsets. They too are at elevated risk to be victimized. Specific genetic variants linked to stress regulation in combination with adversity have been associated both with AGB and psychotic symptoms. Effectively treating conduct problems and preventing victimization would reduce AGB by persons with schizophrenia.

# Personal narratives

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**My Triumph Over Psychosis: A Journey From Schizophrenia and Homelessness to College Graduate** Posted: 22 May 2016

At age 17, I won a Presidential Scholarship to study bio-chemistry at my first choice, a distinguished private university in Los Angeles. As an undergraduate, I conducted research, published 3 articles in peer-reviewed journals, and served as first violinist of the community orchestra. Everyone, including myself, thought I would succeed in life. Never in my wildest dreams did I imagine I would develop delusions, start having command hallucinations, lose my scholarship, and become homeless for 4 years, without even telling my parents.

**Experiences of a First-Episode Psychosis by a Psychology Graduate Student**  
Posted: 22 May 2016

I grew up in a nice family home in an affluent suburb of Glasgow, achieved good grades at school, and in 2008 graduated with a good degree in Psychology, when I was accepted onto a PhD program. Yet in March 2014 I found myself in a local psychiatric hospital experiencing a psychotic episode. So what happened?

**Severely Schizophrenic and Successful? Yes, It's Possible!**  
Posted: 23 Aug 2016

My name is Donald Carroll. I am 47 years old, and I have suffered with severe schizophrenia (or schizo-affective disorder) since I was 28 years old. I suffer constant auditory and visual hallucinations, but I have also experienced hallucinations of touch, taste, and even smell. I experience a myriad of other uncomfortable sensations in my brain, many of them very difficult to explain. I have sought relief from the symptoms of my illness for nearly 17 years, to no avail. I have worked with many doctors over the years, and I have tried all of the anti-psychotic medications known to man. I have been subjected to electro-shock therapy on several occasions, hospitalized several times or more, all with absolutely no success as regards finding a medication or treatment that could suppress my hallucinations such that I could function much better overall, and suffer less.

## [Cannabis use can lead to relapse in psychosis, partially because patients stop taking medication](#) Posted: 22 Aug 2017

Thomas Richardson writes his debut blog about a recent prospective analysis of poor medication adherence and risk of relapse associated with continued cannabis use in patients with first-episode psychosis.



## [Substance misuse in personality disorder and schizophrenia: findings and clinical implications from a high secure hospital](#)

The Journal of Forensic Practice, Vol19, Issue 3, Page 217-226, August 2017.

Purpose Substance misuse (SMU) is widely prevalent in mentally disordered offenders and is linked with violence and offending behaviour. There is however, a scarcity of literature dedicated to investigating SMU and its clinical correlates in relation to patients detained within high secure hospital settings. The purpose of this paper is to investigate the extent and severity of SMU and corresponding treatment needs in patients with a primary diagnosis of personality disorder (PD) in comparison with mental illness (MI) in a high secure hospital. Design/methodology/approach The responsible clinicians of all patients (n=240) detained in a high secure hospital were asked to record information using a SMU screening questionnaire over a ten-month period. Details requested included substance type, history of past use and assessment and treatment needs. Data were recorded and then analysed: descriptive statistics were conducted to report historical use of substances, cross tabulations and  $\chi^2$  analysis explored the relationship between SMU and treatment status and diagnosis and offending behaviour and a means comparison analysis was employed to explore length of stay and treatment of SMU. Findings A total of 230 questionnaires were returned (95 per cent of the patient population). A history of SMU was reported in 88.6 per cent of the sample, with alcohol and cannabis misuse being the most prevalent. At least one substance had been abused by 74.3 per cent of the sample. In two-thirds of the sample, SMU was linked with the onset of mental health problems and symptom exacerbation, including violence. Interestingly, patients with a diagnosis of MI as compared with PD were more likely to have used substances (93.3 per cent compared to 81.9 per cent) and were more likely to need treatment for SMU (64.3 per cent compared to 36.8 per cent). In those with an MI diagnosis, SMU was more likely to be linked with violence and index offence (74.3 per cent compared to 59.0 per cent). Practical implications SMU is significantly prevalent in high risk mentally disordered offenders and linked to onset of mental health problems and offending. Patients with schizophrenia have a higher prevalence of SMU than PD and are likely to be more in need of treatment. Violence and offending are more likely to be related to SMU in schizophrenia than in PD. Originality/value This study substantiates existing evidence that SMU contributes to mental health problems and criminogenic behaviour. Furthermore, the study reports new findings that characterize differences of the relationship of SMU to offending in schizophrenia and PD in forensic psychiatric patients presenting to a high secure hospital

## Also...

[New video game shows players what it's like to experience psychosis... - CBC.ca](#) July 2017

[Personal well-being networks for severe mental illness: the importance of being social](#) Posted: 07 Nov 2017

[Early intervention in psychosis: much done, much more to do.](#) Singh S World Psychiatry. 2017 Oct;16(3):276-277