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.

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News Article:
The Self-Assessment Readiness Tool (2015)

The Early Intervention in Psychosis (EIP) access and waiting time standard self-assessment readiness tool has been developed to help trusts identify areas where they need to prepare for the new EIP access and waiting time standard, and where they could utilise further support to achieve delivery and sustainability of the new national standard. This tool is designed to provide structure to expert discussions. It is not simply a ‘checklist’, and is not intended to be used as such. We strongly recommend that the tool is used at the outset of a performance improvement or assurance process, and not as a means to support routine performance management. To be effective, discussions should be lead by experienced facilitators who have specific expertise and experience in the subject areas being considered. The tool also includes guidance on how to use the tool and what follow up actions should be taken. It has been developed by the EIP London programme team, in association Dr Michael Witney, Director of Therapies, Oxleas NHS Foundation Trust and the NHS IMAS team. A member of the EIP London programme team and EIP team manager at Barnet, Enfield and Haringey Mental Health NHS Trust, Simon Clark, will be working with trust to complete the tool. Please contact us if you would like to contact Simon to discuss his involvement with your trust, or if you have any questions about the tool.
Evaluation of a Tailored Training Programme to Improve the Assessment and Treatment of Trauma in an Early Intervention in Psychosis (EIP) Service


The correlation of psychosis and the experience of traumatic events is widely recognised in the literature and by NICE guidelines. Research suggests that around two-thirds of patients are not asked about trauma, and guidance for treatment is limited. The aim of the current study was to improve adherence to evidence-based practice by identifying, and reducing, barriers to the assessment and treatment of complex trauma in early intervention (EI) patients. The Plan Do Study Act model of service improvement was employed to guide the intervention delivered to an EI staff team. This included completing a focus group to identify staff needs and the development and delivery of a training programme which met these needs. A questionnaire was developed to assess the impact of the intervention at reducing barriers to assessing and treating trauma. The training package significantly improved staff members’ confidence and knowledge in assessing and treating trauma, and marginally reduced worries. Improvement was maintained after 6 months of implementing skills despite team restructuring. Consideration of the impact for service users, relevance of this intervention for similar services and directions for future progression are discussed.

http://bit.ly/1PvZILT
Web-Based Violence Risk Monitoring Tool in Psychoses: Pilot Study in Community Forensic Patients.


Abstract: We describe the development and pilot testing of a novel, web-based, violence risk monitoring instrument for use in community patients with psychoses. We describe the development of the tool, including drawing on systematic reviews of the field, how item content was operationalized, the development of a user interface, and its subsequent piloting. Sixty-eight patients were included from three English counties, who had been discharged from forensic psychiatric services. Over 12 months, 310 questionnaires were completed on the sample by professionals from several disciplines and qualitative feedback collected relating to the use of the tool using an electronic survey. Strengths of this approach for risk assessment, and potential limitations and areas for future research, are discussed.


Psychosis Uncommonly and Inconsistently Precedes Violence Among High-Risk Individuals.


A small group of individuals with mental illness is repeatedly involved in violence. Little is known about how often and how consistently these high-risk individuals experience delusions or hallucinations just before a violent incident. To address these questions, data from the MacArthur Violence Risk Assessment Study were used to identify 305 violent incidents associated with 100 former inpatients with repeated violence (representing 50% of incidents and 9% of participants) and test whether psychosis-preceded incidents cluster within individuals. Results indicated that (a) psychosis immediately preceded 12% of incidents, (b) individuals were “fairly” consistent in their violence type (ICC = .42), and (c) those with exclusively “non-psychosis-preceded” violence (80%) could be distinguished from a small group who also had some psychosis-preceded violence (20%). These findings suggest that psychosis sometimes foreshadows violence for a fraction of high-risk individuals, but violence prevention efforts should also target factors like anger and social deviance. http://bit.ly/1Q9vquF
Type 2 Diabetes Mellitus in Youth Exposed to Antipsychotics: A Systematic Review and Meta-analysis.


Aim: To assess Type 2 diabetes mellitus risk associated with antipsychotic treatment in youth.

Data Sources, Extraction, Synthesis: Systematic literature search of PubMed and PsycINFO without language restrictions from database inception until May 4, 2015. Data analyses were performed in July 2015, and additional analyses were added in November 2015. Longitudinal studies reporting on T2DM incidence in youth 2 to 24 years old exposed to antipsychotics for at least 3 months. Two independent investigators extracted study-level data for a random-effects meta-analysis and meta-regression of T2DM risk.

Outcomes: The coprimary outcomes were study-defined T2DM, expressed as cumulative T2DM risk or as T2DM incidence rate per patient-years. Secondary outcomes included the comparison of the coprimary outcomes in antipsychotic-treated youth with psychiatric controls not receiving antipsychotics or with healthy controls.

Results: Thirteen studies were included in the meta-analysis, including 185,105 youth exposed to antipsychotics and 310,438 patient-years. The mean (SD) age of patients was 14.1 (2.1) years, and 59.5% were male. The mean (SD) follow-up was 1.7 (2.3) years. Among them, 7 studies included psychiatric controls (1,342,121 patients and 2,071,135 patient-years), and 8 studies included healthy controls (298,803 patients and 463,084 patient-years). Antipsychotic-exposed youth had a cumulative T2DM risk of 5.72 (95% CI, 3.45-9.48; P < .001) per 1000 patients. The incidence rate was 3.09 (95% CI, 2.35-3.82; P < .001) cases per 1000 patient-years. Compared with healthy controls, cumulative T2DM risk (odds ratio [OR], 2.58; 95% CI, 1.56-4.24; P < .0001) and incidence rate ratio (IRR) (IRR, 3.02; 95% CI, 1.71-5.35; P < .0001) were significantly greater in antipsychotic-exposed youth. Similarly, compared with psychiatric controls, antipsychotic-exposed youth had significantly higher cumulative T2DM risk (OR, 2.09; 95% CI, 1.50-5.290; P < .0001) and IRR (IRR, 1.79; 95% CI, 1.31-2.44; P < .0001). In multivariable meta-regression analyses of 10 studies, greater cumulative T2DM risk was associated with longer follow-up (P < .001), olanzapine prescription (P < .001), and male sex (P = .002) (r^2 = 1.00, P < .001). Greater T2DM incidence was associated with second-generation antipsychotic prescription (P ≤ .050) and less autism spectrum disorder diagnosis (P = .048) (r^2 = 0.21, P = .044).

Conclusions: Although T2DM seems rare in antipsychotic-exposed youth, cumulative risk and exposure-adjusted incidences and IRRs were significantly higher than in healthy controls and psychiatric controls. Olanzapine treatment and antipsychotic exposure time were the main modifiable risk factors for T2DM development in antipsychotic-exposed youth. Antipsychotics should be used judiciously and for the shortest necessary duration, and their efficacy and safety should be monitored proactively.

http://bit.ly/1lD87kJ
Body Composition, Pre-diabetes and Cardiovascular Disease Risk in Early Schizophrenia
Strassnig, Clarke & Mann et al. (2015), Early Intervention in Psychiatry.

This preliminary study examines the relationship between body composition, insulin resistance and NCEP-III-defined cardiovascular disease risk factors in persons early in the course of schizophrenia exposed to commonly prescribed atypical antipsychotic medications. Subjects underwent modified oral glucose tolerance tests (OGTTs) and DEXA (dual X-ray absorptiometry) scans corrected for relevant sociodemographic data, including activity levels. We used linear multiple regression models to evaluate relationships between body composition and metabolic variables. Thirty-six individuals diagnosed with schizophrenia, receiving atypical antipsychotic monotherapy, and within 5 years of illness onset, participated. Average age was 25.1±3.6 years (range, 19-34) and duration of illness was 2.5 years (30±18 months). Mean body mass index (BMI) was 28.3±4.9, with a mean total body fat mass of 28.6±8.4%, suggesting an increase in fat relative to BMI. Ten participants (28%) had pre-diabetes (fasting glucose 100-126mg/dL or 2-h OGTT 140-200mg/dL), but no participant had diabetes. Insulin resistance (HOMA-IR) was predicted by total body mass (BMI) more so than by body fat mass, with an incremental contribution derived from antipsychotics. Insulin secretion in response to glucose challenge was predicted by BMI, body fat mass and antipsychotic medication. Fat mass relative to BMI was increased in early schizophrenia patients receiving atypical antipsychotics. Body composition accounted for most of the variance in risk for abnormalities in glucose metabolism. Incremental contributions were derived from atypical antipsychotics, in line with their known adipogenicity. If direct fat mass measures are unavailable, frequent BMI measures may be practical proxy markers for metabolic risk. http://bit.ly/1VFFOyk
Service User Experience

News Article:
Early Intervention in First Episode Psychosis: A Service User’s Experience
First Person Account of prodromal psychosis, including lived experience of Early Intervention in Psychosis team input and Behavioural Family Therapy. Read the complete paper: http://bit.ly/1SVzghf

Experiences of stigma in psychosis: A qualitative analysis of service users’ perspectives
Psychosis is associated with a high degree of stigma. There is relatively little qualitative research exploring service users’ experienced, perceived and internalised stigma and its impact on their lives. Data from semi-structured interviews with 12 service users with experience of psychosis were subjected to secondary qualitative analysis. Six overarching themes were identified concerning: understandings of psychosis; experiences of stigma; impacts on self; emotional responses; behavioural responses; and impact on recovery. Stigma is a key concern for service users with psychosis. Detailed assessment of stigma should be considered in clinical services and interventions developed to reduce stigma. http://bit.ly/1RXBQD0

Carers’ and Service Users’ Experiences of Early Intervention in Psychosis Services: Implications for Care Partnerships
Allard, Lancaster & Clayton et al. (2016). Early Intervention in Psychiatry
Aim: To explore carers’ and service users’ experiences of UK Early Intervention Services following referral for first-episode psychosis. Thirty-two semi-structured interviews (16 interviews with service users and 16 corresponding interviews with their carers) were completed and analysed. Carers spoke retrospectively and prospectively by framing their accounts into the periods before and since their engagement with Early Intervention Services. Desperation was evident as emotive experiences were recalled prior to referral. Relief then emerged as carers described support and engagement with key workers. Hope and optimism for the service user's prognosis and life trajectory were also expressed. Service users described similar positive experiences of Early Intervention Services and the support and insight they had gained through their relationships with key workers. They were however less focused on accounts of desperation and relief and more immersed in their current understanding and attempts to normalize their experiences of first-episode psychosis. Prognosis and future trajectories were only discussed tentatively. Communication and ‘partnerships’ with service users and carers are essential for effective service engagement, delivery of care and the reduction in relapse following first-episode psychosis. This study highlights how key workers from Early Intervention Services are appropriately valued and situated to develop such relationships. Findings also reveal that service users' and carers' focus and expectations of recovery vary during the early stages of engagement with services. How key workers manage awareness and communication around such differing expectations is a crucial consideration for maintaining the ‘partnerships’ necessary for effective service provision. http://bit.ly/1Q9SzNA
Voices’ use of gender, race and other social categories to undermine female voice-hearers: Implications for incorporating intersectionality within CBT for psychosis


Great strides have been made in understanding the impact of social inequality on the risk of developing psychotic experiences. However, little is known about the influence of intersecting social categories such as gender, race and class on the experience and expression of psychotic phenomena. Intersectionality, a framework recently advanced in psychology, examines the joint impact of multiple forms of marginalisation on well-being. We adopted this approach to develop a codebook and analyse the voice content of 44 women diagnosed with schizophrenia for the ways in which social categories are used to undermine and/ or affirm voice-hearers. Over half of the sample included women with ethnic-minority status. The coding system was reliable. Gendered conditions of worth were used by voices to undermine by far the majority (40) of women and racialised conditions of worth over half (14) the ethnic-minority women. We conclude that voice content often reflects social categories and structural inequalities in society and discuss implications for CBT for psychosis when working with women of majority and ethnic-minority statuses. [http://bit.ly/1PONVnP]

A Medical Psychotherapist’s Journey Learning Cognitive Behaviour Therapy for Psychosis


A medical therapist’s journey learning to use Cognitive Behaviour Therapy for Psychosis is described. This experience provided a potential pathway to improved engagement through the provision of optimism, hope and respect for the others’ personhood. However, risks associated with such therapeutic engagement and the capacity of mental health services to support this work need to be considered. The impacts of this training on the clinical practice of the author are described with emphasis on the behaviour and attitudes of the therapist. Training in CBTp was a highly valued experience, and opportunities to complete this should be made routinely available to trainee psychiatrists. [http://bit.ly/23Guhof]