Social & Community Psychiatry

The ability to interact socially with others is an essential part of everyday life, from a quick chat over coffee with a friend, to a discussion with your doctor. Some patients with schizophrenia find it difficult to interact with others. This can make many aspects of their lives more challenging, such as maintaining relationships with friends and family, and gaining employment. Patients with schizophrenia tend to be one of the most socially excluded groups in society and it is possible that their difficulties in social interaction may contribute to this.

The reason for this difficulty is unclear. Patients' negative symptoms, such as feeling a lack of motivation or a desire to withdraw from social situations, may play a part in this. However, research also suggests that schizophrenia patients may have difficulty understanding the meaning of nonverbal behaviours, such as facial expressions like frowning or head movements like nodding. This has only been found using tests that ask patients to watch a video of actors having a conversation and answer questions about the thoughts and feelings of the actors. The skills used by patients to complete these tests may be different to the skills needed to interact socially.

In a study soon to be published in *Schizophrenia* Bulletin, we sought to investigate nonverbal behaviour during patients' actual interactions with other people who were not aware that they were in the company of a psychiatric patient. The study focused on two ponverbal behaviours that are important in interaction: (1) hand gesture when speaking, which indicates the effort in communicating what the speaker is saying and (2) head nodding when listening, which indicates active listening and understanding of what the speaker is saying. This study also looked at the relationship between patients' nonverbal behaviour, their clinical symptoms. and the rapport others experienced when interacting

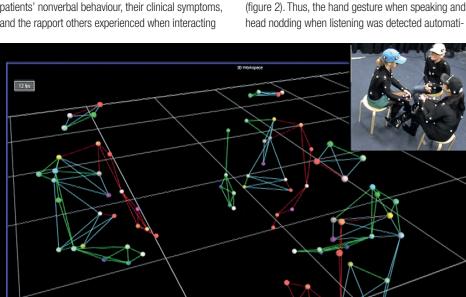




Figure 1: Three-way interaction with participants in motion capture suits.

Using 3-D motion capture techniques, primarily used in the film industry, we recorded 20 three-way interactions involving a patient with schizophrenia and two others. To enable comparisons, 20 three-way control interactions were also recorded that did not include patients. All participants had not met prior to the study. Participants were motion capture suits, which consisted of a Lycra top and head-band with reflective markers attached (figure 1). Interactions took place in a room fitted with infrared cameras. These detected the reflective markers attached to the participants. The information from the cameras provided us with 3-D videos of the exact movements of all participants as they interacted (figure 2). Thus, the hand gesture when speaking and

Furthermore, they reported experiencing less rap-

This was the first study to employ 3-D motion disrupted, for all participants, in patients' conversations how others experience their interaction with the patient even when they are unaware of their diagnosis. This is

cally from the 3-D data for each participant. Compared to people in the control group,

schizophrenia patients used fewer hand gestures when speaking, suggesting that they were using fewer signals to communicate their speech to the listeners. However, when patients' symptoms were taken into account, we found that patients who had more negative symptoms nodded less when listening, and actually gestured more when speaking. Interestingly, those participants interacting with these patients also adopted

port with patients who gestured more when speaking. So what does this mean? We concluded that, in interactions involving patients with more negative symptoms all interacting partners appear to invest more effort in communicating their speech, but show fewer signs of listening to, or perhaps understanding, what each other is saying. Taken together, this may point to a communicative difficulty between all interacting partners within these interactions, which has a detrimental

capture techniques to investigate nonverbal communication in patients' social interactions. The findings demonstrate that nonverbal communication is This is influenced by clinical symptoms and impacts the first step in this line of research, which aims to gain a better understanding of schizophrenia patients' social deficits, as they are experienced during their actual

impact on the rapport experienced between interacting

Recent Publications

Notification of the following publications has been received since circulation of the last newsletter. Don't be shy!! Please send copies of papers or reference details to the Research Office (ResearchOffice@eastlondon.nhs.uk) so they can be included in this list and made available to interested staff

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Autumn 2012

East London NHS **NHS Foundation Trust**

Effectiveness and Cost-Effectiveness of Dialectical Behaviour Therapy

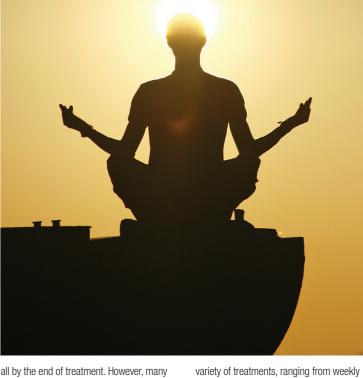
Social & Community Psychiatry

Dialectical behaviour therapy was developed in the 1980s by Marsha Linehan for patients with borderline personality disorder and recurrent self-harm. It is primarily a behavioural treatment but also draws on elements of Eastern philosophy and meditative practice. The original format consists of individual therapy (1 hour per week) and group skills training (2 hours per week). The results of a randomised controlled trial (RCT), conducted in Newham from March 2008 to May 2011. have just been published in the journal Psychotherapy and Psychosomatics.

Eighty patients with borderline personality disorder (BPD) and self-harming behaviour were randomly assigned to receive one vear of dialectical behaviour therapy (DBT or one year of 'treatment as usual' (TAU) i.e. any other psychiatric treatment. The results showed that patients assigned to DBT achieved a significantly greater reduction in self-harm over the treatment year than patients assigned to TAU.

Both groups began treatment with an average of 8 self-harm episodes per month. By the end of the treatment year, patients assigned to DBT were self-harming on average two times per month whereas patients assigned to TAU were self-harming on average seven times per month - i.e. their rate of self-harm had not changed much.

This effect was even stronger in the patients who completed the full twelve months of DBT, who on average self-harmed only once per month by the end of the treatment year, and 68% of whom did not self-harm at



patients dropped out of treatment early, and DBT was not significantly better than TAU at improving other symptoms of BPD.

This is the 12th randomised controlled trial of DBT for BPD. Most of the other trials have also shown that DBT was more effective than control treatments at reducing self-harm; however, this is the first trial to demonstrate this finding in an NHS context. An important feature of our trial was, because our control condition was simply any other treatment available for BPD in the area, patients in the TAU condition received a wide

outpatient therapy to seeing a psychiatrist every 3 months, or receiving brief periods of intensive inpatient treatment. This meant that, on average, patients in the TAU condition received fewer treatment hours than patients in the DBT condition

We have often been asked whether it would have been better to create a control condition where all patients received an equivalent number of treatment hours to the patients receiving DBT. However, the aim of the trial was not to compare DBT to an

Prevalence of Childhood Diabetes Type 2 diabetes (T2DM) in the

young is a growing concern in many countries worldwide. In previous studies, positive associations with obesity, female gender, and family history have been noted. 'A recent study by Balasanthiran et al in Practical Diabetes sought to establish the prevalence and characteristics of T2DM in young people in Newham, and compare findings with existing data. Fortyfour young people (≤25 years) with T2DM and an equal number of voung people with type 1 diabetes were examined. A retrospective analysis of existing patient records utilising diabetes and pathology databases was conducted. The age-specific prevalence of

T2DM in children and young adults within Newham was noted to be the highest in the UK at 0.57/1000 (58 out of 100 300). There was a strong association with obesity and 77% of those with T2DM were found to have a body mass index ≥25kg/m2 Many had features of the metabolic syndrome. This analysis confirms the high prevalence of T2DM with obesity in young people, particularly among minority ethnic groups, and adds to concern among health care providers and commissioners about the need for preventative strategies to tackle this problem.

he INFORM Project Page 2 Service User-Led: Inappropriate

: referrals to Millfields? : capture analysis

: 3-D motion-

Recent

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Continued from page 1

artificial treatment of equal intensity, but rather to compare it to what is ordinarily available for patients with BPD in the Newham area, so that treatment commissioners would have information on the effectiveness of DBT in relation to the

Why was DBT more effective than TAU at reducing self-harm, but not for improving other symptoms of borderline personality disorder? BPD is a complex disorder with many interrelated elements including affective instability, interpersonal difficulties, and identity diffusion, in addition to self-harming behaviour. The primary focus of DBT is on reducing self-harm, whereas other aspects of the disorder are less of a priority for treatment. This may explain why patients' achieved substantial reductions in self-harming behaviour but did not experience significant change in other aspects of BPD. It is likely therefore that, after completing DBT, patients with BPD will need other psychosocial treatments which target other aspects of BPD such as interpersonal functioning. However, given the degree of distress and risk of serious injury associated with selfharming behaviour, the RCT findings indicate that DBT should be considered a useful and important first-line treatment option for patients with BPD and self-harm.

OTHER NEWS

NHS National Institute for Health Research

NEW NIHR IDENTITY GUIDELINES

The NIHR continues to gain recognition for funding high-quality research and the new Identity Guidelines have been designed to maximise awareness of the impact of the research funded by the NIHR. These guidelines are available to download from the NIHR website Publications page at http://www.nihr.ac.uk/ publications/Pages/default.aspx and contain information and advice for researchers on correctly acknowledging NIHR funding and the application of the NIHR identity.

Researchers should always acknowledge NIHR programme funding in their outputs as stated in the *Identity Guidelines*, including use of the NIHR logotype where permitted.

Further guidance on using the NIHR logotype in project outputs can be found on the HTA Programme website at http://www.hta.ac.uk/

The INFORM Project: A Service User-Led Research Endeavour

By Sally Hardy, Professor of Mental Health and Practice Innovation

treatment (i.e. service users/survivors) remains a significant challenge for mental health care providers. In a paper published in *Psychiatric Nursing*. an example of effective engagement with people who experience mental health care services, as research

Understanding people who have ex-

A group of volunteer mental health survivors, called INFORM, worked for six years to develop and complete a research project, exploring service user experience of a home treatment and crisis resolution service.

The Access to Mental Health Services Team (AT) was first introduced in April, 2001 to provide a 24-hour crisis resolution and home treatment service. The nurse lead from the AT approached a local mental health

service user perspective. This request resulted in the formation of a group of mental health care survivors, interested in undertaking the evaluation, who called themselves the INFORM

INFORM members who worked on the project undertook a six week training programme in research and interviewing methods, as well as attending a series of monthly project planning development meetings over a two year project period. The group designed an open-ended questionnaire that served as a topic guide for the research interview questions but that could also be completed independently by participants who did not wish to be

The information provided in both the completed questionnaires and the interviews were then analysed by a small number of the INFORM group to identify themes which were then presented and discussed by the wider INFORM group so that their insights

group to evaluate its services from the contributed to the final analysis and discussion section of the report.

Within the paper, discussion is

given to the significance of service continuity, alongside personal accounts of the impact and consequences of health care staff's interpersonal interactions. Two contrasting messages arise from this study: first, the articula tion of what services users want from services, and how that relates to what they actually receive, continues to be a necessary debate and issue for consideration at a time of considerable health care reform. The second is that such articulation, though it is necessary, is not sufficient in itself to ensure that services are responsive to service user needs and preferences. Findings from the evaluation are consistent with other service user led research. However, what is also evident is that vet more work is required in enabling health care consumers to provide feedback that can then be used to inform practice and service delivery

Smoking cessation and serious mental illness

Around 1 in 5 people in the general population of the UK smoke cigarettes and this is similar to rates in the USA and Australia. There has been a steady reduction in cigarette use throughout developed world regions over the past half century. However, high rates of smoking remain evident among people with severe mental illnesses (SMI) -around two-thirds of people with these illnesses are smokers. and international review evidence indicates that the odds that patients with schizophrenia are smokers are 5.3 times higher than

People with SMI are not only more likely to be smokers than the general population; they also have a greater tendency to be heavy smokers. This presents an important cause of preventable illness and premature mortality as well as compounding the economic and social inequalities that they face.

people from the worldwide general

In addition to its negative effects on physical and

It may decrease the absorption of medications and increase their clearance from the body, as well as potentially outcomes

affecting the response or actions of other drugs, and it may increase the side effects of some medications.

Like other cigarette smokers, many people with

mental illnesses want to guit; and most studies of cessation interventions with this patient group have shown positive results. It appears that treatments that work in the general population work are likely to be equally effective

> for those with severe mental Most studies of smoking cessation among people with SMI

have involved community patients rather than those who are in-patients. However, an admission period in a smokefree environment provides a crucial opportunity

to offer smoking cessation treatment. Dr Mark Haddad, a senior lecturer at City University, in a project with colleagues at the Institute of Psychiatry and Surrey and Borders Partnership Trust, has recently evaluated a drop-in stop smoking clinic on an acute mental health in-patient unit (published in the Journal of Clinical Nursing), with results of this uncontrolled study indicating this intervention to be feasible, acceptable and associated with positive

Assessments and admissions during the first six years of a UK medium secure DSPD service

Forensic Psychiatry Research Unit

Personality disorder (PD) is a condition that causes considerable distress to those so diagnosed. It tends to attract stigma and exclusion from mainstream mental health services in the UK (NIMHE, 2003). People with PD are often considered untreatable and particularly difficult to manage. They are more likely to be excluded from treatment services generally and thus also less likely to be assessed by or admitted to medium secure units (MSUs) than individuals with mental illness.

Offenders with personality disorder represent a considerable burden on mental health and criminal iustice services. The Millfields Unit in the Trust's forensic service was one of the pilot MSUs established by the UK Department of Health and Ministry of Justice to provide dedicated services for such individuals.

The central aims of our study, published in Criminal Behaviour and Mental Health, were to describe the cohort of patients referred to Millfields during its first operational phase between June 2004 and January 2010, to investigate the risk and psychopathological characteristics of men admitted to the service, to identify variables associated with admission or declined admission, and to observe how these impacted on pathways into secure care.

File review was used to collect a structured data set of information on the first 158 referrals. These were then analysed descriptively and inferentially. The results of this analysis showed that previous psychological treatment in prison and evidence of motivation for further treatment were the strongest predictors of admission to the service. People admitted showed evidence of more extensive criminal histories,

Upcoming Events

15 October

22 October

29 October

5 November

12 November

19 Novembe

26 November

3 December

10 Decembe

17 Decembe

7 January

14 January

21 January

28 January

prior treatment failure and higher level of risk than those accepted into conventional MSUs.

Despite the stated purpose of the units being for people with personality disorder, a high number of patients with a primary diagnosis of psychotic illness

Inappropriate referrals

The high proportion of inappropriate referrals to the service, despite published admission criteria, shows a need for further education and training in PD for mental health and criminal justice professionals, both in terms of its diagnosis and in terms of the conditions required for treatment and risk reduction. Despite insisting on motivated patients, the Unit assessed and selected for admission a high-risk, institutionally disruptive group of individuals with a severe PD and with a history of poor engagement with services, suggesting that risk and previous engagement are not necessarily markers for

Autumn Research Seminars in the Unit for Social & Community Psychiatry

Academic Unit, Newham Centre for Mental Health. For more information, call Carolanne Ellis on 020 7540 4210.

NESS - Body psychotherapy in the treatment of negative symptoms of schizophrenia

FIAT – Financial incentives for adherence to medication in non-adherent patients

Communication skills training for treating patients with psychosis

Conceptual review of resource oriented treatment models in psychiatry

Psychiatrist-patient communication in the treatment of schizophrenia

The association between symptoms and quality of life in mood disorders

Quality of life after experiences of war

Measuring social contacts in mental health

Nonverbal communication in schizophrenia

Measuring interactions in therapeutic groups

Process research in psychotherapy for BPD

Recruitment in the EPOS trial

The EPOS trial

The S&CP regularly holds seminars to present to work of its members. These seminars are free, open to the public and held from 14:00-15:00 in the Lecture Theatre,

non-engagement. These men constituted a group not taken on by conventional NHS MSUs and whose needs could not be met within current prison programmes.

Implications for Practice

- Implementing a paper 'screening process' can allow early identification of exclusion factors and reduce the burden on specialist psychiatric assessment within a forensic service
- Many referrals to specialist NHS personality disorder services can be inappropriate; better liaison between probation, the prison service and other potentia referrers is essential
- Insisting on motivation to change in offenders accepted for NHS forensic care for PD has not stopped an adequate flow of admissions
- Accepting self-referrals from offenders can be a successful way of increasing appropriate referrals to

Aleksandra Matanov DIALOG - Software to structure the communication between patients with psychosis and clinicians in CMHTs Foin Golden Mark Savill Claudia Palumbo

> Nicola O'Connell Mary Lavelle Husnara Khanon

Paula Hermann & Jemima Dooley Serif Omer

Laura Thompson Lauren Kelley Stavros Orfanos Domenico Scaringi

Kirsten Barnicot

Upcoming Events

Research Training Sessions

The Academic Unit at the Newham Centre for Mental Health holds fortnightly training sessions on a variety of topics of interest to those undertaking research in the NHS. The training is held from 11:00-12:00 on a Wednesday in the Lecture Theatre; for more information, contact Husnara Khanom at husnara.khanom@eastlondon.nhs.uk

mental and neurological illnesses

17 October Patient reported outcomes

14 November Statistics – this session only will take place from 10:30 – 11:30 am 5 December

19 December

We are witnessing a revolution in the clinical science of the

mind, as the techniques of basic neuroscience are successfully

applied in mental health. It has become clear that disorders of

the mind are rooted in dysfunction of the brain, while neurological

disorders interact strongly with psychological and social factors

Yet the dominant classifications of mental disorder – the

International Classification of Diseases (ICD) and the Diagnostic

and Statistical Manual (DSM) - continue to draw a sharp distinc-

tion between disorders of the mind, the province of psychiatry,

and disorders of the brain, the province of neurology. Prof. Peter

White et al argue in the May issue of the *BMJ* that the current

line of demarcation between disorders of mind and of brain is

counterproductive for clinicians and patients on both sides of the

line and propose, therefore, that psychiatric disorders should be

and often cause psychological symptoms.

Stefan Priebe Stephen Bremner Stephen Bremner

Serif Omer & Winnie Chow Sima Sandhu

Please see Attributing the costs of health & social care Research & Time to end the distinction between Development on the DoH website at: http://www.dh.gov.uk/en/

PublicationsPolicyAndGuidance/ DH_133882

Both appendices will be constantly updated, so you should always revisit the site for the latest version each time you want to consult this document. This replaces the previous advice contained in Attributing revenue costs of externally funded non-commercial research in the NHS (ARCO) and applies to all grant applications submitted from 1 October

The new guidance defines a much costs (rather than Research costs), and many activities which have been interpreted as NHS Service Support costs are defined as Research costs.

Upcoming Events

Tenth Annual East London Mental Health Research Presentation Day

Are you interested in the latest research taking place in the Trust? The Tenth Annual East London Mental Health Research Presentation Day will be held from 14:00 to 17:00 on the afternoon of Wednesday, 14 November 2012 in the Robin Brooks Centre at St Bartholomew's Hospital. This is the usual teaching afternoon for doctors, but all staff and not only doctors will be most welcome. The presentation day will have the usual format of very brief presentations on a wide range of research projects that are being

mainstream of medicine, where it belongs

reclassified as disorders of the (central) nervous system. This

neuroscience and foster the integration of psychiatry into the

will update our classificatory system in the light of contemporary

2:00 pm	Update on research in East London and introduction	S
2:10 pm	Aging with Down Syndrome and Intellectual Disabilities research database	N
2:20 pm	Violence and alcohol use	N
2:30 pm	Dynamic risk assessment for violence	C
2:40 pm	Psychological distress and treatment needs in cancer and trauma patients	Α
2:50 pm	Which PTSD symptoms should be targeted to improve patients' quality of life?	D
3:00 pm	What do outpatients with schizophrenia and mood disorders want to learn about their illness and how?	S
3:10 pm	A new intervention to improve communication with patients with psychosis	Р
3:20 pm	Love and work as predictors of wellbeing	S
3:30 pm	BREAK	
4:00 pm	Cultural psychiatry & epidemiology: clinical consultations, communities and the criminal justice system research	K
4:10 pm	Mediators of cognitive behaviour therapy and graded exercise therapy for chronic fatigue syndrome	Р
4:20 pm	The use of a sensory room on a psychiatric intensive care unit	S
4:30 pm	The FIAT study: qualitative 12-month interviews with patients	N
4:40 pm	Results and reflections from a pilot trial of peer support	Α
4.E0 nm	Usus does DDT world? The role of appoints varying common factors	ı,

OTHER NEWS

NEW DOH GUIDANCE ON ASSIGNING COSTS IN RESEARCH GRANTS

The Department of Health, in

conjunction with other major research funding bodies such as the MRC and Welcome Trust, has updated the guidance on attributing costs associated with a project to either Research costs (the grant), NHS Service Support costs, or Treatment costs.

Publications and statistics/Publications

greater number of activities to Treatment

conducted in the Trust. Thus, you will get information on 14 different projects, ranging from epidemiological studies to clinical trials and qualitative work.

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2:00 pm	Update on research in East London and introduction	Stefan Priebe
2:10 pm	Aging with Down Syndrome and Intellectual Disabilities research database	Nicholas Bass
2:20 pm	Violence and alcohol use	Mark Freestone
2:30 pm	Dynamic risk assessment for violence	Constantinos Kallis
2:40 pm	Psychological distress and treatment needs in cancer and trauma patients	Ania Korszun
2:50 pm	Which PTSD symptoms should be targeted to improve patients' quality of life?	Domenico Giacco
3:00 pm	What do outpatients with schizophrenia and mood disorders want to learn about their illness and how?	Serif Omer
3:10 pm	A new intervention to improve communication with patients with psychosis	Paula Hermann
3:20 pm	Love and work as predictors of wellbeing	Stephen Stansfeld
3:30 pm	BREAK	
4:00 pm	Cultural psychiatry & epidemiology: clinical consultations, communities and the criminal justice system research	Kam Bhui
4:10 pm	Mediators of cognitive behaviour therapy and graded exercise therapy for chronic fatigue syndrome	Peter White
4:20 pm	The use of a sensory room on a psychiatric intensive care unit	Suzanne Smith
4:30 pm	The FIAT study: qualitative 12-month interviews with patients	Nicola O'Connell
4:40 pm	Results and reflections from a pilot trial of peer support	Alan Simpson
4:50 pm	How does DBT work? The role of specific versus common factors	Kirsten Barnicot
5:00 pm	Closing remarks	Stefan Priebe

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