

Effectiveness and Cost-Effectiveness of Dialectical Behaviour Therapy

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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 real-world alternatives.

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 inter-related 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 self-harming 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



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/investigators/nihrlflogo.shtml>

The INFORM Project: A Service User-Led Research Endeavour

By **Sally Hardy**, Professor of Mental Health and Practice Innovation

Understanding people who have experienced and survived mental health 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 participants and as research leads, is presented.

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

group to evaluate its services from the 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 group.

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 interviewed.

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

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 articulation 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 yet more work is required in enabling health care consumers to provide feedback that can then be used to inform practice and service delivery improvement.

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 from the worldwide general population.

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.

In addition to its negative effects on physical and financial well-being, smoking is also associated with many drug interactions.

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

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 quit; 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 for those with severe mental illness.

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 smoke-free 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 outcomes



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

By **Mark Freestone**, 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 justice 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,



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 were referred.

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

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 potential 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 a specialist service.

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 hun.nara.khanom@eastlondon.nhs.uk

Date	Title	Presented by
17 October	<i>Patient reported outcomes</i>	Stefan Priebe
7 November	<i>Statistics</i>	Stephen Bremner
14 November	<i>Statistics – this session only will take place from 10:30 – 11:30 am</i>	Stephen Bremner
5 December	<i>Conceptual review</i>	Serif Omer & Winnie Chow
19 December	<i>Meta analysis</i>	Sima Sandhu

Time to end the distinction between mental and neurological illnesses

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 and often cause psychological symptoms.

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 distinction 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



reclassified as disorders of the (central) nervous system. This will update our classificatory system in the light of contemporary neuroscience and foster the integration of psychiatry into the mainstream of medicine, where it belongs.

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

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

Upcoming Events

Autumn Research Seminars in the Unit for Social & Community Psychiatry

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

Date	Title	Presented by
15 October	<i>Quality of life after experiences of war</i>	Aleksandra Matanov
22 October	<i>DIALOG – Software to structure the communication between patients with psychosis and clinicians in CMHTs</i>	Eoin Golden
29 October	<i>NESS – Body psychotherapy in the treatment of negative symptoms of schizophrenia</i>	Mark Savill
5 November	<i>Measuring social contacts in mental health</i>	Claudia Palumbo
12 November	<i>FIAT – Financial incentives for adherence to medication in non-adherent patients</i>	Nicola O'Connell
19 November	<i>Nonverbal communication in schizophrenia</i>	Mary Lavelle
26 November	<i>Recruitment in the EPOS trial</i>	Husnara Khanom
3 December	<i>Communication skills training for treating patients with psychosis</i>	Paula Hermann & Jemima Dooley
10 December	<i>Conceptual review of resource oriented treatment models in psychiatry</i>	Serif Omer
17 December	<i>Psychiatrist-patient communication in the treatment of schizophrenia</i>	Laura Thompson
7 January	<i>The association between symptoms and quality of life in mood disorders</i>	Lauren Kelley
14 January	<i>Measuring interactions in therapeutic groups</i>	Stavros Orfanos
21 January	<i>The EPOS trial</i>	Domenico Scaringi
28 January	<i>Process research in psychotherapy for BPD</i>	Kirsten Barnicot