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Berkshire Healthcare Staff Publications

April 2025 – March 2026

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29. Olivia Hewitt

Record 1:
Cullingham, T., Rennard, U., Creswell, C., Milton, D., Karen, L.B., Godber, L., Gordon, K., Larkin, M. and Green, J., 2025. The process of co-design for a new anxiety intervention for autistic children. JCPP Advances, 5(2).

Abstract: Background Mental health difficulties are common for autistic people; however, almost no interventions have been co-designed with the autistic community. Co-design has the potential to add important insights from lived experience into intervention design, but there are currently limited examples of how rigorously to undertake this practice. This paper

details a worked model of co-design and its process, focussed on adapting an evidenced parent-led intervention for non-autistic child anxiety (HYC), to meet the needs of young autistic children. The aim is to provide an example of co-design, integrating autistic, parental, academic, clinical, experience and expertise. Methods Using prior literature and theory, including Experience-Based Co-Design, we developed an iterative and collaborative process between the research team and an expert reference group (ERG). The research team comprised autistic and non-autistic members. The ERG included parents (autistic and non-autistic) of autistic children with anxiety problems, autistic adults with experience of anxiety problems, and clinicians with experience supporting autistic children with anxiety problems. The ERG and research team reviewed information from qualitative research interviews with autistic children with anxiety problems and their parents along with information from clinical experience and the academic literature to reach consensus on the adapted intervention design. Results The creation of a truly co-designed intervention that includes a neurodiversity-affirmative perspective, alongside CBT techniques. With anxiety problems experienced by autistic children being framed by combining the impacts of being neurodivergent in a neurotypical world, developmental science and well known cognitive behavioural models of child-anxiety. Conclusion Co-design can help to integrate multiple perspectives and result in the creation of interventions that are potentially relevant and acceptable to autistic people, their family members, and clinicians.

Access or request full text: https://libkey.io/10.1002/jcv2.12255

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsdoj&AN=edsdoj.7546567d6644532b031dfd1bb9151f2&site=eds-live

Record 2:
Griffiths, J.L., Foye, U., Stuart, R., Jarvis, R., Chipp, B., Griffiths, R., Jeynes, T., Mitchell, L., Parker, J., Rowan Olive, R., Quirke, K., Baker, J., Brennan, G., Lamph, G., Mckeown, M., Lloyd-Evans, B., Trevillion, K. and Simpson, A., 2025. Quantitative Evidence for Relational Care Approaches to Assessing and Managing Self-Harm and Suicide Risk in Inpatient Mental Health and Emergency Department Settings: A Scoping Review. Issues in Mental Health Nursing, 46(6), pp. 529–565.

Abstract: There is an over-reliance on structured risk assessments and restrictive practices for managing self-harm and suicidality in inpatient mental health and emergency department (ED) settings, despite a lack of supporting evidence. Alternative "relational care" approaches prioritising interpersonal relationships are needed. We present a definition of "relational care," co-produced with academic and lived experience researchers and clinicians, and conducted a scoping review, following PRISMA guidelines. We aimed to examine quantitative evidence for the impact of "relational care" in non-forensic inpatient mental health and ED settings on self-harm and suicide. We identified 29 relevant reviews, covering 62 relational care approaches, reported in 87 primary papers. Evidence suggests some individual-, group-, ward- and organisation-level relational care approaches can reduce self-harm and suicide in inpatient mental health and ED settings, although there is a lack of high-quality research overall. Further co-produced research is needed to clarify the meaning of "relational care," its core components, and develop a clear framework for its application and evaluation. Further high-quality research is needed evaluating its effectiveness, how it is experienced by patients, carers, and staff, and exploring what works best for whom, under what circumstances, and why.

Access or request full text: https://libkey.io/10.1080/01612840.2025.2488335

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=40324102&site=eds-live

Record 3:
Iddrisu, I., Monteagudo-Mera, A., Poveda, C., Shahzad, M., Walton, G.E. And Andrews, S.C., 2025. A review of the effect of iron supplementation on the gut microbiota of children in developing countries and the impact of prebiotics. Nutrition research reviews, 38(1), pp. 229–237.

Abstract: Iron is essential for many physiological functions of the body, and it is required for normal growth and development. Iron deficiency (ID) is the most common form of micronutrient malnutrition and is particularly prevalent in infants and young children in developing countries. Iron supplementation is considered the most effective strategy to combat the risk of ID and ID anaemia (IDA) in infants, although iron supplements cause a range of deleterious gut-related problems in malnourished children. The purpose of this review is to assess the available evidence on the effect of iron supplementation on the gut microbiota during childhood ID and to further assess whether prebiotics offer any benefits for iron supplementation. Prebiotics are well known to improve gut-microbial health in children, and recent reports indicate that prebiotics can mitigate the adverse gut-related effects of iron supplementation in children with ID and IDA. Thus, provision of prebiotics alongside iron supplements has the potential for an enhanced strategy for combatting ID and IDA among children in the developing world. However, further understanding is required before the benefit of such combined treatments of ID in nutritionally deprived children across populations can be fully confirmed. Such enhanced understanding is of high relevance in resource-poor countries where ID, poor sanitation and hygiene, alongside inadequate access to good drinking water and poor health systems, are serious public health concerns.

Access or request full text: https://libkey.io/10.1017/S0954422424000118

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38586996&site=eds-live

Record 4:
Jenkins, H., Theodore, K., Cooper, M., Breen, J. And Hewitt, O., 2025. An evaluation of the psychometric properties of the adapted PHQ-9 and GAD-7 outcome measures for use with adults with intellectual disability. Behavioural and cognitive psychotherapy, pp. 1–14.

Abstract: Background: People with intellectual disability often face barriers accessing mainstream psychological services due to a lack of reasonable adjustments, including the absence of adapted versions of routine outcome measures. Adapted versions of the Patient Health Questionnaire-9 (PHQ-9) and the Generalised Anxiety Disorder-7 (GAD-7) have been created for adults with ID.; Aims: This study aims to evaluate the psychometric properties of the adapted PHQ-9 and GAD-7.; Method: The adapted PHQ-9 and GAD-7 and the Glasgow Depression and Anxiety Scales (GDS-ID, GAS-ID) were administered to 47 adults (n =21 clinical group; n =26 community group) with ID. Cross-sectional design and between-group analyses tested for discriminant validity. Concurrent and divergent validity was tested using correlational designs. Reliability was investigated by internal consistency and test-retest analysis.; Results: The clinical group scored significantly higher on the adapted PHQ-9 (t45 =-2.28, p =.03, 95% CI -7.09, -.45]) and GAD-7 (t45 =-3.52, p =.001, 95% CI -7.44, -2.02]) than the community group, evidencing discriminant validity. The adapted PHQ-9 correlated

with the GDS-ID (r47 =.86, p <.001) and the adapted GAD-7 correlated with the GAS-ID (r46 =.77, p <.001). The adapted PHQ-9 (Cronbach's α=.84, ICC=.91) and GAD-7 (Cronbach's α=.86, ICC=.77) had good internal consistency and test-retest reliability.; Conclusions: Preliminary research suggests the adapted PHQ-9 and GAD-7 are valid and reliable measures. They could provide a reasonable adjustment for the minimum dataset used in NHS Talking Therapies and can be easily administered in routine clinical practice. Further work to establish additional psychometric properties is now required.

Access or request full text: https://libkey.io/10.1017/S1352465825000104

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=40415457&site=eds-live

Record 5:
Powell, G., Blake-Holmes, K., Petrache, A., Turrell, R. And Beazley, P., 2025. Judging Offenders With Intellectual Disabilities: Systematic Review of Criminal Justice System Professionals' Expressed Views and Attitudes Towards Offenders With Intellectual Disabilities. Journal of intellectual disability research: JIDR.

Abstract: Background: The diagnosis of an intellectual disability is suggested to have particularly stigmatising connotations, particularly within the criminal justice system (CJS). This paper aims to synthesise qualitative studies investigating the attitudes of CJS professionals to people with intellectual disabilities (PWID), specifically offenders with intellectual disabilities, and to appraise their methodological quality.; Methods: A systematic search was conducted using PsychINFO, Web of Science, MEDLINE, EMBASE, CINAHL Complete and EThOS databases. Articles were screened for inclusion by title, abstract and full text to ensure predefined inclusion criteria were met. Individual study quality was rated using the 10-item Critical Appraisal Skills Programme (CASP) checklist, with the addition of an eleventh item to capture included studies' theoretical underpinnings and optimise the value of the quality appraisal. Thematic synthesis was then used to explore and synthesise the findings of the included studies.; Results: Ten papers were included in the review, spanning 766 participants. Studies included utilised mixed methods surveys (n = 3), qualitative surveys (n = 1), semistructured interviews (n = 3), semistructured focus groups (n = 1), unstructured interviews (n = 1) and secondary analysis of previously collected research data (n = 1). Methodological quality was broadly of a high standard; however, all included papers failed to reflect on the relationship between the researchers and participants. Five themes were identified: conflating diagnoses, perceptions of PWID as offenders, procedural issues affecting PWID, development and maintenance of perceptions, and impact of training.; Conclusions: This review highlights pervasive negative perceptions of offenders with intellectual disabilities within CJS staff groups. Clinician- and system-level factors are considered in the development and maintenance of such attitudes and suggestions made for improving CJS staff perceptions and knowledge of offenders with intellectual disabilities.

Access or request full text: https://libkey.io/10.1111/jir.13252

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=40390361&site=eds-live

Record 6:
Varney, L., Murtough, S., Cotic, M., Abidoph, R., Chan, L., Saadullah Khani, N., Richards-Belle, A., Richards-Brown, M., Mills, D., Panconesi, D., Dawda, Y., Sharma,

P., Shah, C., Secchi, A., Nilforooshan, R., Mudholkar, S., Murdoch, R., Molai, J., Griffiths, R., Senthilkumar, S., Blake, H., Lankshear, S., Mcroberts, J., Pastor, B., Thomas, C., Richards, S., Welfare-Wilson, A., Cheung, S., Cox, R., Jibero, A.C., Anad, R., Laczik, R., Ghali, S., Berry, A.J., Curwen, J., Odutoye, K., Kottalgi, G., Williams, S., Wong, S., Anandan, N., Pius, G., Ajiteru, T., Clark, V., Van Driel, P., Bashir, A., Court, S., Pawsey, M., Skowronska, A., Woodley, J. and Bramon, E., 2025. Effect of CYP1A2, CYP2D6, and CYP3A4 Variation on Antipsychotic Treatment Outcomes. Pharmaceuticals, 18(6).

Abstract: Background/Objectives: Antipsychotic treatment response varies considerably between individuals, with one potential reason being genetic variation affecting the cytochrome P450 enzymes that metabolise them. Methods: With a diverse sample of 453 participants, we studied the influence of CYP1A2, CYP2D6, and CYP3A4 variation on three antipsychotic treatment outcomes: participant-reported adverse antipsychotic drug reactions, health-related quality of life, and the dose of antipsychotic medication prescribed. These measures were taken from the baseline assessment, before a pharmacogenetic intervention was delivered. Results: Over half of our sample (62.9%) were carriers of an allele associated with altered metabolism of antipsychotic medications on CYP2D6 or CYP3A4, the two genes with pharmacogenetic guidelines for antipsychotic medications. Ultrarapid CYP2D6 metabolisers reported significantly lower levels of adverse antipsychotic drug reactions than normal CYP2D6 metabolisers (mean difference: −11.1; 95% confidence interval CI]: −18.9, −3.3; p = 0.00575). There was also suggestive evidence of lower quality of life scores in those carrying one (mean difference: −0.0863; 95% CI: −0.1806, 0.0081; p = 0.0731) or two copies (mean difference: −0.0803; 95% CI: −0.1734, 0.0129; p = 0.0914) of the CYP1A2*30-inducible allele. Conclusions: Our findings suggest that even when looking at a small number of cytochrome P450 genes, carrying an allele associated with altered antipsychotic medication metabolism is relatively common. We also found evidence that the CYP genotype can influence antipsychotic treatment outcomes, specifically adverse drug reactions and quality of life scores.

Access or request full text: https://libkey.io/10.3390/ph18060892

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsgih&AN=edsgcl.845803944&site=eds-live

Record 7:
Brown, N. and Ashcroft, K., 2025. The Effectiveness of Compassion Focused Therapy for the Three Flows of Compassion, Self-Criticism, and Shame in Clinical Populations: A Systematic Review. Behavioral sciences (Basel, Switzerland), 15(8).

Abstract: Compassion Focused therapy (CFT) is designed to reduce shame (internal and external) and self-criticism while enhancing the three flows of compassion (compassion to others, from others, and for the self). This systematic review evaluated the effectiveness of CFT on these core theoretical constructs in adult clinical populations. A systematic search of three databases (2000-2024) identified 21 studies (*N* = 450) meeting the inclusion criteria. The studies were narratively synthesised, and quality was assessed using the EPHPP tool. Consistent improvements in self-compassion (*g* = 0.23-4.14) and reductions in self-criticism (*g* = 0.29-1.56) were reported. Reductions in external shame were also observed (*g* = 0.54-1.22), though this outcome was examined in fewer studies. Limited and inconsistent evidence was found for internal shame and interpersonal compassion flows (compassion to and from others), with only a small number of low- to moderate-quality studies addressing these outcomes. Follow-up effects were rarely assessed, and comparator groups were limited. Most interventions were group-based and of variable methodological quality, with frequent selection bias, small sample sizes, and limited demographic diversity. Overall, CFT

shows promise for targeting self-directed processes in clinical populations, though stronger evidence is needed to understand its effects on relational components of compassion. Future research should adopt standardised measures, improve methodological rigour, and recruit more diverse samples.

Access or request full text: https://libkey.io/10.3390/bs15081031

URL: https://research.ebsco.com/linkprocessor/plink?id=9a3391e5-f95b-3656-8de6-2aa09d7fe324

Record 8:
Crouch, M., 2025. Lipoedema (lipalgia): an overview with recommendations. British journal of nursing (Mark Allen Publishing), 34(12), pp. S12–S18.

Abstract: Lipoedema (lipalgia) is a condition that is often underdiagnosed or misdiagnosed as obesity or lymphoedema, which can result in mismanagement of treatment leading to poor mental and physical outcomes. It is a condition that is predominately seen in those assigned female at birth and rarely identified at an early age. Inconsistencies regarding criteria used for diagnosis and staging has led to challenges in the reliability of treatment options available for people with the condition. Poor diagnosis can substantially impact on a person's quality of life in terms of mental health, physical health and finances. Lipoedema has different stages and classifications according to visual characteristics. Recommended developments of practice include the setting up of a diagnostic criteria to identify key symptoms of lipoedema, which can help practitioners consider effective treatment options alongside diet, exercise, compression therapy and skin care as part of the overall treatment plan.

Access or request full text: https://libkey.io/10.12968/bjon.2024.0495

URL: https://research.ebsco.com/linkprocessor/plink?id=b5851272-0e48-3b3b-8646-35de60a0da5f

Record 9:
Hussain, A., 2025. Functional neurological disorder: reflecting on the ‘hot potato’ of modern medicine through a relational lens. BJPsych advances, pp. 1–3.

Abstract: Functional neurological disorder (FND) is a well-recognised condition often involving a complex interplay of biopsychosocial factors. Although awareness of FND among the general population and clinical staff has increased and improved over recent years, challenges remain for the sufferers across multiple areas. This reflective piece explores these challenges using a relational understanding. The model of cognitive analytic therapy (CAT) is used to examine some of the dynamics and concepts at play in FND.

Access or request full text: https://libkey.io/10.1192/bja.2025.10135

Record 10:
Robinson, H., Booth, M., Fothergill, L., Friedrich, C., Glossop, Z., Haines, J., Harding, A., Johnston, R., Jones, S., Machin, K., Meacock, R., Nielson, K., Marshall, P., Puddephatt, J., Rakić, T., Rayson, P., Rycroft-Malone, J., Shryane, N., Swithenbank, Z., Wise, S. and Lobban, F., 2025. Understanding the Needs of Moderators in Online Mental Health Forums: Realist Synthesis and Recommendations for Support. JMIR mental health, 12, pp. e58891.

Abstract: There has been an increase in the use of online mental health forums to support mental health. These forums are often moderated by trained moderators to ensure a safe, therapeutic environment. While the moderator role is rewarding, it can also be challenging. There is a need to understand the impact of the role on moderators and how they can best be supported to maintain psychological well-being.

Access or request full text: https://libkey.io/10.2196/58891

URL: https://research.ebsco.com/linkprocessor/plink?id=99d0543e-3eae-3537-aaff-74afffdcc514

Record 11:
Sukumaran, L., Dominguez-Dominguez, L., Hamzah, L., Liu, J., Lempp, H., Nikiphorou, E., Sabin, C.A., Post, F.A. and Tariq, S., 2025. Intersecting social determinants of health, multimorbidity and quality of life in people of Black ethnicities with HIV in South London: a mixed-methods study. AIDS (London, England).

Abstract: Social determinants of health (SDoH) impact health outcomes and rarely exert their influence in isolation. We examined associations between SDoH patterns, multimorbidity, and quality of life (QoL) in people of Black ethnicities with HIV in England.

Access or request full text: https://libkey.io/10.1097/QAD.0000000000004343

URL: https://research.ebsco.com/linkprocessor/plink?id=f9912a8a-fdea-3b3c-a394-7934627d0f34

Record 12:
Thew, G.R., O'reilly, L., Andrews, A., Brignull, D., Burton, J., Chauhan, K., Humphrey, A., Lewis, N., Stride, C., Teeney, C., Vaughan-Burleigh, F., Webb, C., Bradshaw, M., Broadley, L., Clarke, G., Holmes, N., Rennie, E., Sadler, S., Landsberg, J., Pimm, J., Postma, P., Ryder, J., Salvadori, A. and Clark, D.M., 2025. Blending low- and high-intensity cognitive-behavioural therapy in NHS Talking Therapies for anxiety and depression: preliminary evaluation. The British journal of psychiatry: the journal of mental science, pp. 1–7.

Abstract: A stepped care approach to treating anxiety and depression is common in mental health services. Low-intensity interventions, typically based on cognitive behavioural principles, are offered first, followed by high-intensity therapy if required. In the English National Health Service Talking Therapies (NHS TT) programme, different types of therapists deliver low- and high-intensity interventions. 'Stepping up' therefore involves changing therapist, and often an additional wait, which could both disrupt treatment flow.In NHS TT, many low-intensity therapists subsequently train at high intensity. Once dual-trained, they typically deliver only high-intensity treatment. With both skillsets, they could theoretically deliver a full stepped care pathway, avoiding potential disruption linked to stepping up.

Access or request full text: https://libkey.io/10.1192/bjp.2025.10374

URL: https://research.ebsco.com/linkprocessor/plink?id=f6bab9c1-27c0-371a-9b52-ce27cf332b4a

Record 13:
Colbert, S.M.C., Monson, E.T., et al., 2025. Defining suicidality phenotypes for genetic studies: perspectives of the Psychiatric Genomics Consortium Suicide Working Group. Molecular psychiatry, 30(12), pp. 6144–6154.

Abstract: Abstract: Suicidality phenotypes, consisting of suicidal ideation (SI), suicide attempt (SA), and suicide death (SD), are all heritable but present unique challenges in genome-wide association studies (GWAS) due to their individual complexity, overlap with each other and with related self-harm phenotypes, and varying associations with psychiatric disorders. GWAS have uncovered several loci associated with suicidality phenotypes by meta-analyzing data from multiple cohorts. However, combining datasets from many research groups, where each group may use different study designs, phenotyping instruments, and definitions of suicidality phenotypes, presents challenges. Heterogeneity resulting from these differences can limit genetic discovery; harmonizing phenotype definitions to ensure consistency will greatly improve results. Here, we describe a standardized phenotyping protocol that draws on the expertise of a subgroup of clinicians, researchers, and experts from the Psychiatric Genomics Consortium Suicide Working Group to propose consensus definitions for SI, SA, and SD for genetic studies.

Access or request full text: https://libkey.io/10.1038/s41380-025-03271-y

URL: https://research.ebsco.com/linkprocessor/plink?id=c8cf6990-b59b-3d1b-bf13-da58f92ce353

Record 14:
Crouch, M., 2025. Pain management in wound care: taking a holistic approach. British Journal of Nursing, 34(20), pp. S12–S17.

Abstract: Wound pain continues to be challenging for health professionals and patients. Patients report that it is the most difficult part of their wound-healing journey, subsequently affecting their quality of life. Key to providing a patient-centred plan of care are robust holistic and wound pain assessments, along with the identification of factors that can impact on the wound-healing journey. This article provides some key information from research, highlighting the differences between general pain and wound pain, the categorisation of types of pain, assessment tools, what types of procedures can impact and cause trauma and further pain, along with both pharmacological and non-pharmacological pain-management techniques.

Access or request full text: https://libkey.io/10.12968/bjon.2024.0407

URL: https://research.ebsco.com/linkprocessor/plink?id=25c86122-c0cf-3bf1-93aa-6c13dc215f02

Record 15:
Fernandes, C., Sivyer, K., Berthollier, N. and Maguire, T., 2025. An Exploration Into the Processes of Change in a Non-Residential "Fusion" Therapeutic Community. Qualitative health research, pp. 10497323251389791.

Abstract: Therapeutic communities (TCs) have been a longstanding intervention for individuals with complex mental health needs; however, there remains a lack of research into how UK-based TCs work to support their members. Modifications to TCs include the merging of "concept" and "democratic" TC practices, producing a "fusion" model. The aim of

this study was to explore processes of change that occur within a community-based, non-residential "fusion" TC across two community sites. This was done through exploring lived experiences of active members and graduates of an established and a newer TC site. Eleven participants took part in online or face-to-face interviews. Interviews were analyzed using interpretative phenomenological analysis. Three themes emerged from the analysis: (1) Exploring the Authentic Self: Encouraged and Supported in Showing Emotional Vulnerability Within the TC (subthemes: "Nowhere to Hide": Sharing With Others and Looking Back to Move Forward: Reflecting On Change and Self-Discovery); (2) Developing a Sense of Community: Learning to Navigate Relationships Within the TC (subthemes: "They seem to fit": Building Connection With Others and Unravelling the Clashes: Holding Space to Manage and Tolerate Conflict); and (3) "Me to We": The Lasting Benefits of the TC Co-Production Experience. Staff were integral in supporting change identified across all three themes. The findings highlight processes that could be implemented into existing TCs to support change for members and evolve the community structure. The study provides insights into how TC practice could be informed to accommodate the growing diversity of TC members and support staff development.

Access or request full text: https://libkey.io/10.1177/10497323251389791

URL: https://research.ebsco.com/linkprocessor/plink?id=1b68cef0-1f5d-3cec-870e-ed44a68b5a16

Record 16:
Frisira, E., Tan, S.F., Partlett, C., Holt, G., Krebs, G., Stringaris, A., Marshall, T. and Sayal, K., 2025. Characteristics and 12-month outcomes of clinically-referred children and young people at risk of body dysmorphic disorder. Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services, pp. 1–12.

Abstract: Purpose: Body Dysmorphic Disorder (BDD) is impairing yet often under-detected in children and young people (CYP). This paper aims to describe the characteristics and 12-month outcomes of clinically referred CYP based on their likelihood of having BDD. Methods: This paper investigated 307 CYP aged 11–17 years from the Standardised Diagnostic Assessment (STADIA) trial for CYP with emotional difficulties referred to Child and Adolescent Mental Health Services (CAMHS). CYP and/or their parents completed the Development and Wellbeing Assessment (DAWBA) to assess the likelihood of meeting diagnostic criteria for emotional disorders, including BDD. Baseline and 12-month follow-up measures were collected from self- and/or parent- reports and healthcare records. Results: Overall, 6.2% (95% confidence interval 3.8%, 9.5%) of referred CYP had probable BDD according to the DAWBA; however, no CYP received a BDD diagnosis from CAMHS clinicians. CYP with probable BDD were predominantly female (84%), white (89%) and came from diverse socio-economic backgrounds. Nearly three quarters (74%) of them scored very high for comorbid depression and generalised anxiety disorder, but only 47% had their referral accepted by CAMHS by 12 months. At baseline, 50% reported self-harm thoughts and 33% reported self-harm behaviours, with 42% reporting self-harm behaviours at 12 months. Conclusions: BDD is relatively common among CYP with emotional difficulties referred to CAMHS, but may be overlooked. CYP with probable BDD often meet criteria for depressive or anxiety disorders and exhibit high levels of self-harm thoughts and behaviours. Despite this, referral acceptance to CAMHS was no higher for CYP with probable BDD, highlighting the need to raise awareness about BDD among referrers and clinicians.

Access or request full text: https://libkey.io/10.1007/s00127-025-03023-x

URL: https://research.ebsco.com/linkprocessor/plink?id=b6a32c46-2a4f-3b41-b7b8-394592ebab5e

Record 17:
Graham, R., Matthews, Z., Parker, J., Dyer, T., Cullinane, H. and Crole-Rees, C., 2025. A thematic analysis of the views of neurodivergent women with a personality disorder diagnosis on clinical pathways within mental health services. Discover Mental Health, 5(1).

Abstract: Purpose: Adults with a personality disorder diagnosis have a high prevalence of co-occurring autism and attention deficit hyperactivity disorder (ADHD). However, there is often no defined pathway within mental health services to meet the needs of this population, and a lack of evidence or consensus on the optimal approaches to identification, treatment and support for neurodivergent people with a personality disorder diagnosis. There has been little exploration of the views of this population on the care they receive in community mental health services. Therefore, the aim of this project was to understand the experiences and perspectives of neurodivergent people with a personality disorder diagnosis, to inform a clinical pathway which is effective, safe, sustainable and equitable. Methods: Ten qualitative interviews were conducted with women with a diagnosis of, or had been referred for a diagnosis of, autism or ADHD, and a diagnosis of personality disorder. Interviews were analysed using reflexive thematic analysis. Results: Five key themes emerged; staff factors (understanding and skills, attitudes and communication), pathways and processes (access to services and barriers to support), involving and enabling (through adaptations and empowerment), support and clinical interventions (experience of individual therapies and groups, and opportunities to evaluate support), and diagnosis and identification (the impact and accuracy of diagnosis). Conclusions: This study highlights gaps in current practice as well as personal preferences about identity and experiences of misdiagnosis. It identifies the components of an integrated clinical pathway, that include a person-centered, formulation-driven approach to assessment and reasonable adjustments; peer-led psychosocial support; adapted transdiagnostic psychological therapies; and embedded co-production. Clinical and research priorities are discussed.

Access or request full text: https://libkey.io/10.1007/s44192-025-00340-0

URL: https://research.ebsco.com/linkprocessor/plink?id=c07c8630-76f3-3149-b312-1ea4172aba4d

Record 18:
Lobban, F., Caton, N., Glossop, Z., Haines, J., Hayward, G., Heapy, C., Johnston, R., Jones, S., Lodge, C., Machin, K., Marshall, P., Rakic, T., Rayson, P., Robinson, H., Semino, E. And Vidler, J., 2025. Evaluating Peer Online Forums to Support Health: Ethical and Practical Challenges. Journal of medical Internet research, 27, pp. e73427.

Abstract: Many people use peer online forums to seek support for health-related problems. More research is needed to understand the impacts of forum use and how these are generated. However, there are significant ethical and practical challenges with the methods available to do the required research. We examine the key challenges associated with conducting each of the most commonly used online data collection methods: surveys, interviews, forum post analysis, and triangulation of these methods. Based on our learning from the Improving Peer Online Forums (iPOF) study, an interdisciplinary realist-informed mixed methods evaluation of peer online forums, we outline strategies that can be used to address key issues pertaining to assessing important outcomes, facilitating participation, validating participants (users who consent to take part in one or more parts of the study),

protecting anonymity, gaining consent, managing risk, multistakeholder engagement, and triangulation. We share this learning to support researchers, reviewers, and ethics committees faced with deciding how best to address these challenges. We highlight the need for open, transparent discussion to ensure the research field keeps pace with evolving technology design and societal attitudes to online data use.

Access or request full text: https://libkey.io/10.2196/73427

URL: https://research.ebsco.com/linkprocessor/plink?id=f69f03e8-ca86-3566-a5de-2f30cb567892

Record 19:
Moulton, C.D., Malys, M., Hopkins, C.W.P., Rokakis, A.S., Young, A.H. and Powell, N., 2025. Activation of the interleukin-23/Th17 axis in major depression: a systematic review and meta-analysis. European Archives of Psychiatry & Clinical Neuroscience, 275(6), pp. 1653–1673.

Abstract: The interleukin-23/Th17 axis is a promising modifiable target for depression. However, its association with depression has not been systematically evaluated. We systematically searched four databases (EMBASE, Web of Science, Pubmed and PsycINFO) for studies comparing patients with major depression and healthy controls for plasma/serum levels of Th17 cells and their canonical cytokines (interleukin-17A IL-17A], IL-22, granulocyte macrophage colony stimulating factor GM-CSF]). We also compared counts of Th1, Th2 and Th9 cells between depressed/non-depressed patients and their respective canonical cytokines. We performed random-effects meta-analysis of the standardised mean difference (SMD) in immune measures between groups. Risk of bias was assessed using the Newcastle–Ottawa scale. Of 3154 studies screened, 36 studies were included in meta-analysis. Patients with depression had elevated IL-17A compared to controls (SMD = 0.80 95% CI 0.03 to 1.58], p = 0.042), an association moderated by antidepressant use (Z = 2.12, p = 0.034). Patients with depression had elevated GM-CSF (SMD = 0.54 95% CI 0.16 to 0.91], p = 0.0047), and a trend towards higher Th17 counts (SMD = 0.44 − 0.01 to 0.88], p = 0.052). Whilst the Th2-associated cytokine IL-5 was elevated in depression (SMD = 0.36 95% CI 0.05 to 0.66], p = 0.02), Th2 cell counts (p = 0.97), Th1 cell counts (p = 0.17) and interferon-γ (p = 0.22) were not. Data for Th9 cells, IL-9 and IL-22 were insufficient for meta-analysis. Respectively, 22, 25 and 5 studies were good, fair and poor in quality. Patients with major depression show peripheral over-activation of the IL-23/Th17 axis. Future interventional studies should test whether this is a modifiable target for depression.

Access or request full text: https://libkey.io/10.1007/s00406-024-01864-2

URL: https://research.ebsco.com/linkprocessor/plink?id=d89d27f1-f12b-3416-8425-9b19b648be44

Record 20:
Jenkins, T.O., Edwards, G.D., Patel, S., Canavan, J., Kon, S., Barker, R.E., Jones, S., Walsh, J.A., Ingram, K., Nolan, C.M. and Man, W.D. 2026. The minimal important deterioration of the incremental shuttle walk test in chronic obstructive pulmonary disease: a prospective cohort study. Annals of the American Thoracic Society, 23(4), pp. 637–640.

Access or request full text: https://libkey.io/10.1093/annalsats/aaoaf060

URL: https://www.ncbi.nlm.nih.gov/pubmed/41915553

Record 21:
Button, R., McFarlane, F., Farrington, A. and Hotton, M. 2026. The Relationship Between Parent and Child Anxiety: Testing the Intergenerational Model of Anxiety in Children Born with a Cleft. The Cleft palate-craniofacial journal: official publication of the American Cleft Palate-Craniofacial Association, pp. 10556656261422883.

Abstract: : Objective To compare overprotective parenting and child and parent anxiety between children born with and without a cleft lip and/ or palate (CL/P). To understand correlates of anxiety for children born with a CL/P and their parents. Design, Participants, Setting Parents of 8- to 12-year-old children with a CL/P (*n* = 63, mean age = 10.5 years, male = 68.3%), or without a CL/P (control group; *n* = 66, mean age = 9.9 years, male = 47%) were recruited from the UK community (2022-2024). Most respondents were mothers (92.2%). Outcome measures Parents completed an online survey assessing overprotective parenting, child anxiety, parent anxiety, and (in the CL/P group) parental appraisals. Results Parent-reported child anxiety was higher in the CL/P group than the control group (η_p^2 = 0.04, *P* = .03), while parent anxiety (η_p^2 = 0.01, *P* = .26) and overprotective parenting (η_p^2 = 0.001, *P* = .73) did not differ significantly between groups. Within the CL/P group, parent-reported child anxiety was associated (*P rs* = .27), overprotective parenting (*rs*= .38), and certain parental appraisals (child's self-confidence; *rs*= .45, and manageability of the CL/P; *rs*= -.25). Parent anxiety was associated with overprotective parenting (*rs* = .40), and self-blame appraisals (*rs*= .37). Conclusions Children born with a CL/P may be at increased risk of anxiety by parent-report, while parental anxiety and overprotection appear comparable to controls. Parental appraisals may be promising targets for intervention. Future longitudinal research is required to draw causal inferences.

Access or request full text: https://libkey.io/10.1177/10556656261422883

URL: https://research.ebsco.com/linkprocessor/plink?id=566edc6c-b4c0-3210-b8b3-cf3ecbfb23e2

Record 22:
Merlo, E.M., Myles, L.A.M. and Alibrandi, A. 2026. Psychosomatic Features of Irritable Bowel Syndrome: The Role of Alexithymia in Patient Health-Related Quality of Life - A Cross-Sectional Study. Healthcare, 14(5).

Access or request full text: https://libkey.io/10.3390/healthcare14050562

URL: https://research.ebsco.com/linkprocessor/plink?id=ffcd3e48-1f35-390e-9bea-fea77af51af8

Record 23:
Thew, G.R., Lee, M., Wolsey, I., Giles, F., Hayden, E., Jell, G., Peacock, J., Pimm, J., Ryder, J., Salvadori, A. and Clark, D.M. 2026. Providing Psychological Therapy

Support and Improving Postdischarge Data Collection: Preliminary Evaluation of the "Paddle" App. JMIR human factors, 13, pp. e68671.

Abstract: Background: Clinical trials of psychological therapies such as cognitive behavioral therapy typically show sustained posttreatment effects. However, less is known about individuals' outcomes following treatment in routine practice, and additionally, patient representatives have highlighted a need for better postdischarge support. Objective: The "Paddle" app aims to address these issues. Paddle allows patients to store their therapy materials, reflect on sessions, and monitor their well-being during and after treatment, completing outcome questionnaires and monthly reviews. Methods: Study 1 evaluated patients' use of Paddle during treatment in routine practice. Patient and therapist surveys explored feasibility, acceptability, and helpfulness. Study 2 examined the feasibility of using the app post discharge, inviting users to submit monthly questionnaires for 6 months, and seeking feedback via survey. Results: Our findings indicate that Paddle was feasible to implement with few technical problems. Although not all patients wanted to use an app in Study 1, uptake was 66% (111/168) and users found it acceptable and helpful for organizing and remembering therapy information. Most reported using the app on a weekly or fortnightly basis. In Study 2, a total of 321 patients downloaded and used the app at least once, of whom 49% (156/321) submitted follow-up data. Of those who reliably improved during treatment, 73% (86/118) remained so throughout the 6-month follow-up period. Among all users, 20% (31/156) showed further reliable improvement at least once compared to their end-of-treatment score. We introduce the concept of "reliable relapse," which occurred for 36% (32/89) of users who had reliably recovered during treatment, highlighting that some experience fluctuations or deterioration. Feedback highlighted Paddle's value in helping people self-monitor and prioritize their well-being after treatment, with 81% (50/62) suggesting a postdischarge follow-up period longer than 6 months would be helpful. Conclusions: These preliminary findings suggest that Paddle shows promise in supporting patients to collate therapy resources and monitor their well-being during and after treatment. It may help to improve rates of follow-up data collection, which warrants further investigation.

Record 24:
Ougrin, D., Thaventhiran, T., Wong, B.H., Pilecka, I., Landau, S., Byford, S., Chu, P., Jafari, H., Heslin, M., Tassie, E., Reavey, P., Zundel, T., Wait, M., Woolhouse, R., Mehdi, T., Tolmac, J., Clacey, J., Wehncke, L., Dobler, V.B. and Bevan-Jones, R. 2026. Intensive community care services for adolescents with acute psychiatric emergencies: trial feasibility findings from the pilot phase of a multi-centre randomised controlled trial. BMC psychiatry, 26(1).

Record 25:
Madhani, A., Tilley, M., Brook-Rowland, P., Dosanjh, L. and Finlay, K.A. 2026. "Nobody ever asked how I was": the hidden mental health burden of caring for someone with spinal cord injury. Disability and rehabilitation, pp. 1–15.

Abstract: Purpose: This study aimed to understand how caregivers of people living with spinal cord injury (SCI) experience and carry secondary trauma, and how this shapes role identity and emotional wellbeing. It focused on the psychological toll of caregiving, highlighting needs that remain unsupported. Materials and Methods: Twenty-three SCI caregivers participated in in-depth semi-structured interviews. Data were analysed using Reflective Thematic Analysis to understand recurring emotional and psychological challenges across the caregiving journey. Results: Five themes emerged: (1) SCI reality uncovered, confronting the gap between expectations and lived reality; (2) Shared traumatisation, describing caregivers' exposure to acute trauma and emotional burden alongside the person living with SCI; (3) The sidelined supporter, reflecting systemic invisibility across care contexts; (4) Masking mental health, involving the concealment of personal distress; and (5) Demanding a discharge toolkit, underscoring the desire to access adequate post-discharge support. Caregivers described persistent emotional suppression, role loss, and social isolation. Conclusion: Caregivers carry emotional strain that is internalised, and rarely acknowledged. Their needs are frequently silenced, by their own efforts to stay strong and systems that overlook them. Addressing this burden demands the embedding of dedicated caregiver support into rehabilitation, with sustained attention to the emotional demands of long-term care.

Access or request full text: https://libkey.io/10.1080/09638288.2026.2632924

URL: https://research.ebsco.com/linkprocessor/plink?id=7fecee4e-8209-3d43-911c-72e4d979c0fb

Record 26:
Prosser, R., Rumball, F., King, D. and Steel, C. 2026. Post-traumatic stress disorder in autistic and non-autistic adults: The impact of appraisals on reactions to traumatic events. Autism, 30(3), pp. 605–625.

Abstract: Research suggests autistic people experience greater post-traumatic stress disorder symptom severity than non-autistic people following traumatic events. Post-trauma appraisals are fundamental in cognitive models of post-traumatic stress disorder, but have not been explored in autistic people. We aimed to explore whether we could replicate effects of heightened trauma exposure and post-traumatic stress disorder symptom severity in autistic adults, and examine how post-traumatic appraisals affect the association between autism and post-traumatic stress disorder symptom severity. Two hundred forty-two autistic (*n* = 148) and non-autistic adults (*n* = 94) completed a survey measuring trauma exposure, post-traumatic stress disorder symptom severity and post-trauma appraisals. Exposure to types of traumatic events did not differ significantly between the groups, but the autistic group endorsed more events that ‘happened to me’ directly. Post-traumatic stress disorder symptom severity and endorsement of negative post-traumatic appraisals were significantly higher in the autistic group, specifically alienation, shame and fear appraisals. These appraisals mediated the association between autism and post-traumatic stress disorder symptom severity. Therefore, as in the general population, greater endorsement of negative post-traumatic appraisals may be a risk factor for post-traumatic stress disorder symptom

development in autistic adults, particularly appraisals of shame, fear and alienation. Longitudinal designs are required to confirm the direction of these effects and to elucidate factors underlying these negative appraisals in autistic people. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

Access or request full text: https://libkey.io/10.1177/13623613251403405

URL: https://research.ebsco.com/linkprocessor/plink?id=8bc1908c-46c7-3541-aa86-a3480afb851c

Record 27:
Panconesi, D., Murtough, S., Cotic, M., Khani, N.S., Varney, L., Richards-Brown, M., Abidoph, R., Mills, D., Richards-Belle, A., Molai, J., Fenwick, J., Curwen, J., Allin, M., Berry, A., Barczyk, M., Bonaccorso, S., Griffiths, R., Bernini, M., Kumar, A., Senthilkumar, S., Dawda, Y., Shokkar, R., Murdoch, R., Crane, J., Rahimi, Y., Howard, M., Welfare-Wilson, A., Secchi, A., Thomas, C., Pastor, B., Sharma, P., Pius, G., Nazir, R., Mir, A., Cheshire, J., Bostock, R., Gibbon, S., Singh, P., Shah, C., Richards, S., Cheung, S., Rowe-Leete, L., Jibero, A., Cox, R., Van Driel, P. and Bramon, E. 2026. Pharmacogenomics to optimise psychotropic prescribing: a survey of mental health professionals' perceptions, knowledge, and educational needs. The Pharmacogenomics Journal, 26(1).

Abstract: A survey was conducted to determine attitudes, knowledge, and educational needs of mental health professionals regarding pharmacogenomics. We recruited 128 clinicians working in mental health in England, and we assessed their experiences using an adapted version of the "U-PGx Clinician's Questionnaire". Responding clinicians had positive attitudes towards pharmacogenomics testing, although they lacked confidence in ordering and interpreting tests, for which most had never received any formal training. Only 6% of clinicians answered all 4 knowledge testing questions correctly, and barriers to clinical implementation included lack of familiarity and knowledge for several pharmacogenomics concepts, such as drug metabolism and genetics, as well as needing support from their working institution. Looking ahead, we found that accredited workshops and patient cases were preferred learning formats, and we suggest tailored education programmes to enable mental health professionals to apply pharmacogenomics in clinical practice.

Access or request full text: https://libkey.io/10.1038/s41397-025-00394-x

URL: https://research.ebsco.com/linkprocessor/plink?id=54fca8fa-9aff-39e6-a82e-01a2558248cf

Record 28:
Kerr, J., Nicholson, H., Richards, R. and Anderson, C. 2026. Parents' experiences in accessing services for their autistic children in the United Kingdom: A meta-synthesis. British Journal of Clinical Psychology, pp. 1.

Abstract: Background Method Results Conclusions Parents of autistic children support their children through additional challenges, often experiencing adversity as a result. Such parents report high support needs, yet service provision is often limited. Services often support children through providing various psychological interventions to parents. Quantitative evidence for such interventions is mixed and qualitative evidence is sparse.

This review therefore aimed to synthesise the perspectives of UK parents regarding interventions for their autistic child.The databases Scopus, Embase, Medline, PubMed, PsycInfo, CINAHL, Web of Science and ASSIA were searched in February 2025. Inclusion criteria constituted qualitative articles published in English from 2004 onwards exploring UK parents' perspectives of interventions aimed at supporting autistic children. Articles were evaluated using Standard Quality Assessment Criteria. Thematic meta-synthesis was conducted.Fourteen papers were identified: eight high-quality, one medium-quality, and four low-quality. Interventions were psychoeducational behavioural, communication-based, sensory-related or mental-health based in nature. Themes included change, relationship with help, parents' need to process and solidarity.Facilitators of positive change included learning, empowerment, structure and rigour, while barriers included delivery issues and unhelpful information. Parents reported finding solidarity amongst similar parents helpful. Reflective space was deemed useful in facilitating new understanding of autistic lives. Methodological quality varied, with more reflexive and theoretically grounded research encouraged. Future research should also consider implementing embedding processes into qualitative designs.

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URL: https://research.ebsco.com/linkprocessor/plink?id=29077476-f801-32ad-87c7-df3b976419f4

Record 29:
Poku, A.C., Gray, K.M., Hewitt, O. and Langdon, P.E. 2026. Adapting Psychological Therapies for Individuals With Intellectual Disabilities: A Systematic Review. Clinical Psychology & Psychotherapy, 33(1), pp. 1–21.

Abstract: The aim of this systematic review was to identify how psychotherapies have been adapted to suit the needs of people with intellectual disabilities. A comprehensive literature search garnered 39,777 studies, which were screened for eligibility. Systematic searches, following PRISMA guidelines, identified 122 studies that met eligibility criteria, and findings were synthesised using framework synthesis. Six overarching adaptation categories were identified: (1) multisensory methods, (2) activities, (3) communication, (4) delivery medium, (5) additional support and (6) structure. Adaptations were primarily used to increase engagement, promote retention of information and improve communication between clients and clinicians. While a group of adaptations that aimed to improve the acceptability and accessibility of psychotherapy for people with intellectual disabilities were identified, larger studies are required to understand their efficacy. Summary: People with intellectual disabilities have been historically neglected in both research and practice, which hindered the development and use of psychotherapy with this population. Psychotherapy must be adapted for people with intellectual disabilities; however, the nature and degree of these adaptations and their effectiveness remains unclear. We reviewed the literature and developed a psychotherapy adaptation framework.

Access or request full text: https://libkey.io/10.1002/cpp.70202

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