Stigma and community


In this study, the author interviewed 49 self-identified masculine women in the United States to examine how they negotiate stigma in the workplace. Masculine women often negotiate dual stigmas due to both their gender nonconformity and perceived sexual orientation. Participants used a variety of strategies to cope with their stigmatized identity including modifying clothing; incorporating feminine behaviors to counteract masculine appearance; working in high-demand, undesirable jobs; working in male-dominated settings; and opting out of formal work organizations. While some participants experienced mistreatment in male-dominated settings, many reported positive outcomes including strong relationships with male coworkers, opportunities for advancement, and a general comfort in the work environment. Participants challenge Goffman's notion of sexual orientation as a concealable status, showing that sexual orientation minority women who are gender nonconforming employ strategies similar to members of other visibly stigmatized groups. Findings from this study suggest that researchers addressing sexual orientation minorities should include gender expression as a variable that can influence individual experiences and outcomes. Online slides for instructors who want to use this article for teaching are available on PWQ's website at ABSTRACT FROM AUTHOR; Copyright of Psychology of Women Quarterly is the property of Sage Publications Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).
Stigma can have detrimental effects on the health and wellbeing of individuals living with a mental illness. This scoping review describes the nature, range, and extent of intervention research aimed at reducing public and self-stigma of mental illness in the Canadian context. The review was guided by Arksey and O’Malley’s framework. A search of databases and relevant websites identified 35 primary studies. Most studies used quantitative research methods and included predominantly youth or middle-aged adults, women, and white Canadian-born people. Guided by different conceptualizations of stigma, direct or indirect contact, education, and advocacy-focused interventions, aimed to provide information, and/or develop skills to address self and public stigma. Most studies evaluated interventions’ effectiveness short-term. Of the few studies that followed-up participants long-term, some were able to reduce stigmatizing attitudes post-intervention, however, these targeted only specific groups such as students or health care professionals. Lack of diversity among the samples, and limited evidence of long-term effectiveness of interventions, were some of the studies’ limitations. What is currently known about interventions aimed at reducing the stigma of mental illness in the Canadian context is not informed by research among vulnerable groups, such as people living with a mental illness, older adults, immigrants, and people of diverse ethnic backgrounds. Interventions that are informed by clear conceptualizations of stigma and rigorously evaluated in a range of ethno-cultural groups would create a knowledge base that is useful for policy-makers, community leaders, and agencies serving various ethnic communities in Canada.

Purpose: There is growing evidence of significant harmful effects of loneliness. Relatively little work has focused on how best to reduce loneliness in people with mental health problems. We aim to present an overview of the current state of the art in loneliness interventions in people with mental health problems, identify relevant challenges, and highlight priorities for future research and implementation.

Methods: A scoping review of the published and grey literature was conducted, as well as discussions with relevant experts, to propose a broad classification system for types of interventions targeting loneliness.

Results: We categorised interventions as 'direct', targeting loneliness and related concepts in social relationships, and 'indirect' broader approaches to well-being that may impact on loneliness. We describe four
broad groups of direct interventions: changing cognitions; social skills training and psychoeducation; supported socialisation or having a 'socially-focused supporter'; and 'wider community approaches'. The most promising emerging evidence appears to be in 'changing cognitions', but, as yet, no approaches have a robust evidence base. Challenges include who is best placed to offer the intervention, how to test such complex interventions, and the stigma surrounding loneliness.

Conclusions: Development of clearly defined loneliness interventions, high-quality trials of effectiveness, and identifying which approaches work best for whom is required. Promising future approaches may include wider community initiatives and social prescribing. It is important to place loneliness and social relationships high on the wider public mental health and research agenda.

ABSTRACT FROM AUTHOR;


People with concealable stigmatized identities, such as a criminal record, often anticipate stigma from others. Anticipated stigma is thought to cause withdrawal from situations in which there is the potential for discrimination, which then negatively impacts behavior and functioning. This may have implications for offenders reentering the community, possibly hindering community integration and encouraging maladaptive behavior postrelease. Drawing upon a sample of 197 male jail inmates, we examine a theoretical model in which anticipated stigma during incarceration predicts behavioral outcomes 1 year after release from jail (i.e., recidivism, substance use disorder symptoms, mental health symptoms, community adjustment) through social withdrawal. Anticipated stigma during incarceration predicted social withdrawal three months postrelease, which then predicted more mental health problems 1 year postrelease. Stigma resistance and optimism buffered the effect of anticipated stigma on social withdrawal. Race moderated multiple paths in the model, suggesting that the relations between anticipated stigma, social withdrawal, and adjustment are more pronounced for White offenders.

ABSTRACT FROM AUTHOR;

(5) Overstreet NM, Gaskins JL, Quinn DM, Williams MK. The Moderating Role of Centrality on the Association Between Internalized Intimate Partner Violence-Related Stigma and Concealment of Physical IPV. J.Soc.Iss. 2017 06;73(2):307-
The Intimate Partner Violence Stigmatization Model posits that internalized stigma and centrality of experiences of intimate partner violence (IPV) to one’s self-concept are two intrapersonal factors that influence concealment of IPV. However, research has yet to empirically examine these relationships. The current study examines whether internalized stigma, centrality, and their interaction are related to how out people are about IPV to others. Participants were 57 men and women who were recruited from a predominately urban Northeast community and indicated that they were concealing experiences of physical IPV from others. Results of a hierarchical multiple regression analysis revealed a significant internalized stigma x centrality interaction on general outness about one’s experiences of IPV. Centrality was associated with more outness about experiences of IPV when internalized stigma was low, but had no association with general outness when internalized stigma was high. In other words, people low in internalized stigma were more out to others when IPV centrality was high and less out to others when IPV centrality was low. However, people high in internalized stigma were less out to others about their IPV victimization regardless of the centrality of IPV. We did not find evidence that internalized stigma and centrality predict disclosure to specific close others such as one’s parents or siblings. Women were more likely than men to be out about experiences of IPV to their mother and closest friend. Findings have implications for understanding when and why people victimized by IPV reveal or conceal their experiences to others. ABSTRACT FROM AUTHOR; Background Equal access to mainstream healthcare services for people with intellectual disabilities (ID) still requires attention. Although recent studies suggest that health professionals hold positive attitudes towards people with ID, stigmatising attitudes may influence their efforts to serve people with ID in community healthcare practice. To stimulate inclusion in mainstream healthcare services, this systematic review focussed on barriers in attitudes of mainstream health professionals towards people with ID. Method Five electronic databases were systematically searched and references in full text articles were checked for studies published in the English language between January 1994 and January 2016. A social-psychological triad of cognitive, affective and behavioural dimensions of stigmatising attitudes is used to structure and discuss the results. Results The literature search generated 2190 records with 30 studies that passed our exclusion criteria. Studies were mostly cross-sectional and of moderate quality. With respect to stigma, a lack of familiarity with and knowledge about people with ID was found. ID was considered as a stable condition not under personal control. Moreover, mainstream health professionals had
either low or high expectations of the capabilities of people with ID. Professionals reported stress, lack of confidence, fear and anxiety, a tendency to treat people with ID differently and a lack of supporting autonomy. Conclusions Stigmatising attitudes towards people with ID appeared to be present among mainstream health professionals. This might affect the ongoing challenges regarding inclusion in mainstream healthcare services. To facilitate inclusion in mainstream healthcare services, it is recommended to include contact and collaboration with experts-by-experience in education programs of health professionals. Future research should progress beyond descriptive accounts of stigma towards exploring relationships between cognitive, affective and behavioural dimensions as pointers for intervention. Finally, inclusion would benefit from an understanding of 'equal' treatment that means reasonable adjustments instead of undifferentiated treatment. ABSTRACT FROM AUTHOR]; Copyright of Journal of Intellectual Disability Research is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).


The aim of the present study was to understand the meaning of resilience, as described by people with schizophrenia. Building resilience is a component of recovery-oriented mental health care, and yet almost no research has been conducted into the resilience of people who live with schizophrenia and who are routinely considered vulnerable. Establishing the meaning of resilience in the context of schizophrenia is an important first step in building understanding. van Kaam's psychophenomenological method was used to interpret 14 interviews with people with schizophrenia who are currently well and living in the community. Resilience is invoked in the tension between opposing forces of challenge and support and in the act of 'striving' to take control of schizophrenia. Striving includes repeated, seemingly backwards steps, and during this, the person takes risks and seeks out and uses supportive people and resources. Those same supportive people and resources can also be challenging. Resilience is an energy embedded in the process of recovery from schizophrenia, and is manifest in an attitude of striving. Taking on challenges and engaging in risk is important within treatment and recovery from schizophrenia. ABSTRACT FROM AUTHOR]; Copyright of International Journal of Mental Health Nursing is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).

Mental health and fathers

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ABSTRACT Although both mothers and fathers are essential sources of information to address early socioemotional/behavioral (SEB) problems, there continues to be a dearth of studies considering both parental views. A sample of 208 toddlers ( Mage = 19.3 months) was recruited through public child health centers. Both parents of 172 toddlers (76 boys, 96 girls) completed the Child Behavior Checklist (CBCL) 1-5 (T.M. Achenbach & L.A. Rescorla, 2000; Finnish translation by F. Almqvist, ). Correspondence (intraclass correlation coefficients; ICCs) between the maternal and paternal CBCL ratings was good (.64) for the Internalizing and excellent (.76) for the Externalizing and Total Problems scores whereas ICCs varied from .45 for the Withdrawn to .76 for the Sleep Problems and Aggressive Behavior syndrome scores. Regarding discrepancies, mothers consistently reported higher CBCL scale scores than did fathers. Most significant differences between the parental ratings were found on the Aggressive Behavior syndrome, Externalizing, and Total Problems scales. Interalparental rating discrepancies increased with elevations in the corresponding CBCL scale scores. Positive correlations were found between maternal, but not paternal, parenting stress and interparental rating discrepancies on the CBCL. The observed differences between maternal and paternal ratings highlight the importance of gathering reports from both parents when assessing early SEB problems. The findings are more profoundly discussed in the article. (English) FROM AUTHOR; Copyright of Infant Mental Health Journal is the property of John Wiley & Sons, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).


Our objectives were to assess health-related quality of life (HRQoL), anxiety, depression of Gilles de la Tourette syndrome (GTS) adolescents' parents compared to controls; to assess GTS adolescents' HRQoL compared to controls; to investigate which parental and adolescent variables are associated with poorer parental HRQoL. The controlled study involved GTS outpatients and their parents, adolescent healthy controls matched for gender and age and their parents. Parents' HRQoL was assessed using SF-36 and WHOQOL-BREF; anxiety, depression using HADS. Adolescents' HRQoL was assessed by adolescents using VSP-A instrument and by their parents using VSP-P. A total of 75 GTS adolescents, 75 mothers, 63 fathers were compared to 75 control adolescents, 75 mothers, 62 fathers. GTS mothers had worse HRQoL than controls on 5 of the 8 SF-36 dimensions and 1 of the 4 WHOQOL-BREF dimensions, while GTS fathers had worse HRQoL on 2 of the WHOQOL-BREF dimensions. GTS mothers had poorer HRQoL than fathers. GTS mothers had more depression than control mothers and GTS fathers had more
anxiety than control fathers. GTS adolescents had worse HRQoL than controls on 5 of the 9 VSP-A dimensions. Factors significantly related to parental HRQoL were anxiety, depression, GTS adolescents’ HRQoL and, concerning mothers, behavioural and emotional adolescents' problems; concerning fathers, severity of vocal tics, duration since first symptoms. This study provides a better understanding of poorer HRQoL and psychiatric morbidity of GTS adolescents' parents. Clinicians should pay attention to their emotional well-being and HRQoL and be aware that mothers and fathers are differently affected. ABSTRACT FROM AUTHOR; Copyright of European Child & Adolescent Psychiatry is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).


This brief report examined the unique associations between parents' ratings of child internalizing symptoms and their own depression and anxiety in families with parental substance use disorder (SUD). Further, we examined whether parental SUD (father only, mother only, both parents) was related to discrepancy in mothers' and fathers' reports of children's internalizing symptoms. Participants were 97 triads (fathers, mothers) in which one or both parents met criteria for SUD. Polynomial regression analyses were conducted to examine whether father-mother reports of child internalizing symptoms had unique associations with parents' own symptoms of depression and anxiety while controlling for child gender, child age, and SUD diagnoses. Controlling for fathers' symptoms and other covariates, mothers experiencing more depression and anxiety symptoms reported more symptoms of child internalizing symptoms than did fathers. Mothers' and fathers' SUD was associated with higher anxiety symptoms among mothers after controlling for other variables. A second set of polynomial regressions examined whether father-mother reports of child internalizing symptoms had unique associations with parents' own symptoms of depression and anxiety while controlling for child gender and child age. After controlling for mothers' symptoms and other covariates, parents' reports of children's internalizing symptoms were not significantly associated with either parent's SUD or parental SUD interactions (i.e., both parents have SUD diagnoses). Taken together, mothers' ratings of children's internalizing symptoms may be accounted for, in part, by her reports of depression and anxiety symptoms. ABSTRACT FROM AUTHOR; Copyright of Journal of Child & Family Studies is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).
Background: Adolescent children of U.S. military veterans may be at increased risk for engaging in substance use; however, this has yet to be examined using nationally representative data. Parental involvement and communication are potential protective factors to target with prevention efforts, but veterans’ parenting has not been studied in general, nonclinical populations. Objectives: This study presents data on parenting characteristics among fathers who are veterans of the U.S. military and the substance use behaviors of their adolescent children. Methods: Data were analyzed from approximately 2,200 veteran fathers, 13,100 nonveteran fathers, and their children aged 12 to 17 who participated in the National Survey on Drug Use and Health from 2004 to 2013. Parenting characteristics and adolescent substance use were compared by fathers’ veteran status. Results: Compared with nonveteran fathers, veteran fathers were less likely to have talked with their children about the dangers of substance use, were more likely to believe that their children used substances, and were just as likely to be parentally involved. Higher percentages of adolescent children of veterans than those of nonveterans engaged in tobacco use and nonmedical use of psychotherapeutic drugs. Parental involvement and father-child communication about the dangers of substance use did not explain differences in substance use among adolescents with veteran versus nonveteran fathers. Conclusions/Importance: Adolescent children of veterans appear to be a group in particular need of substance use prevention services. Parental involvement and father-child communication may be appropriate protective factors to address in prevention efforts.


ABSTRACT The quality of father-child interactions has become a focus of increasing research in the field of child development. We examined the potential contribution of father-child interactions at both 3 months and 24 months to children’s cognitive development at 24 months. Observational measures of father-child interactions at 3 and 24 months were used to assess the quality of fathers’ parenting ( n = 192). At 24 months, the Mental Developmental Index (MDI) of the Bayley Scales of Infant Development, Second Edition (N. Bayley,) measured cognitive functioning. The association between interactions and cognitive development was
examined using multiple linear regression analyses, adjusting for paternal age, education and depression, infant age, and maternal sensitivity. Children whose fathers displayed more withdrawn and depressive behaviors in father-infant interactions at 3 months scored lower on the MDI at 24 months. At 24 months, children whose fathers were more engaged and sensitive as well as those whose fathers were less controlling in their interactions scored higher on the MDI. These findings were independent of the effects of maternal sensitivity. Results indicate that father-child interactions, even from a very young age (i.e., 3 months) may influence children's cognitive development. They highlight the potential significance of interventions to promote positive parenting by fathers and policies that encourage fathers to spend more time with their young children. (English) ABSTRACT FROM AUTHOR; Copyright of Infant Mental Health Journal is the property of John Wiley & Sons, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).

Postnatal anxiety


Background: Postpartum depression represents an increasingly recognized psychiatric condition in new mothers, and even more so in recent years as its detection has improved. Aims: This study aimed to reveal those maternal and perinatal parameters that are significantly associated with increased likelihood of postpartum depression in delivering mothers from our region. Methods: A cross-sectional survey was conducted in 163 women between 6 and 8 weeks after delivery. Postnatal depression was assessed by the Edinburgh Postnatal Depression Scale (EPDS) using a cut-off of >12. Results: Postnatal depression was detected in 39 (23.93%) new mothers. The preterm delivery odds ratio (OR) 7.233; 95% confidence interval (CI) 1.631–32.078; p = 0.009], presence of complications during pregnancy (OR 4.579; 95% CI 1.314–15.953; p = 0.017) and being primiparous (OR 3.388; 95% CI 1.430–8.025; p = 0.006) have been associated with an increased likelihood of subsequent postpartum depression. Anxiety traits of personality were the most represented in depressive mothers. Conclusions: Postpartum depression is a frequent psychiatric condition in new mothers from our region. These results outline the critical role of mother’s profile of personality which in a particular context of perinatal events could result in an increased likelihood of postpartum depression requiring a multidisciplinary approach. ABSTRACT FROM PUBLISHER; Copyright of Journal of Mental Health is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright.
Postnatal depression


This study examined the incidence of PTSD and psychiatric co-morbidity among women who experienced stillbirth and investigated the relationship between locus of control, trauma characteristics of stillbirth, posttraumatic cognitions, PTSD and co-morbid psychiatric symptoms following stillbirth. Fifty women recorded information on stillbirth experiences, and completed the Posttraumatic Stress Diagnostic Scale, General Health Questionnaire-28, Edinburgh Post-natal Depression Scale, Rotter’s Locus of Control Scale and the Posttraumatic Cognitions Inventory. 60, 28 and 12 % met the diagnostic criteria for probable full-PTSD, partial and no-PTSD respectively. Sixty-two percent and 54 % scored at or above the cutoff of the General Health Questionnaire-28 and postnatal depression respectively. Women who experienced stillbirth reported significantly more psychiatric co-morbid and post-natal depressive symptoms than the comparison group. Both groups were similar in locus of control. Women who experienced stillbirth reported negative cognitions about the self the most. After adjusting for postnatal depression, trauma characteristics were significantly correlated with Posttraumatic cognitions which, in turn, were significantly correlated with PTSD and psychiatric co-morbidity. Locus of control was not significantly correlated with psychological outcomes. Mediation analyses showed that negative cognitions about self mediated the relationship between trauma characteristics and psychiatric co-morbidity only. Women reported a high incidence of probable PTSD and co-morbid psychiatric symptoms following stillbirth. Stillbirth trauma characteristics influenced how they negatively perceived themselves. This then specifically influenced general psychological problems rather than PTSD symptoms. ABSTRACT FROM AUTHOR; Copyright of Psychiatric Quarterly is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).


Existing literature indicates that women can experience feelings of shame and guilt in relation to motherhood. This study investigated whether maternal feelings of
shame and guilt were associated with postnatal depressive symptoms and attitudes towards help-seeking. A cross-sectional, correlational design was employed. Shame and guilt were measured as both dispositional factors and contextual factors i.e. in relation to motherhood (event-related shame and guilt). A UK community sample of 183 mothers with an infant between 4 weeks and 1 year of age completed a series of online questionnaires. The results indicated that shame proneness significantly predicted postnatal depressive symptoms once demographics and social support had been accounted for. Furthermore, shame proneness significantly predicted less positive attitudes towards help-seeking. Guilt proneness was not a significant predictor of postnatal depressive symptoms or attitudes towards help-seeking. These findings highlight the potential negative consequences of maternal feelings of shame in the postnatal period.


Background: Postpartum depression represents an increasingly recognized psychiatric condition in new mothers, and even more so in recent years as its detection has improved. Aims: This study aimed to reveal those maternal and perinatal parameters that are significantly associated with increased likelihood of postpartum depression in delivering mothers from our region. Methods: A cross-sectional survey was conducted in 163 women between 6 and 8 weeks after delivery. Postnatal depression was assessed by the Edinburgh Postnatal Depression Scale (EPDS) using a cut-off of >12. Results: Postnatal depression was detected in 39 (23.93%) new mothers. The preterm delivery odds ratio (OR) 7.233; 95% confidence interval (CI) 1.631–32.078; p = 0.009, presence of complications during pregnancy (OR 4.579; 95% CI 1.314–15.953; p = 0.017) and being primiparous (OR 3.388; 95% CI 1.430–8.025; p = 0.006) have been associated with an increased likelihood of subsequent postpartum depression. Anxiety traits of personality were the most represented in depressive mothers. Conclusions: Postpartum depression is a frequent psychiatric condition in new mothers from our region. These results outline the critical role of mother’s profile of personality which in a particular context of perinatal events could result in an increased likelihood of postpartum depression requiring a multidisciplinary approach.

To examine the effectiveness of exercise in the management of postpartum depression (PPD), women living in an inner city, who were diagnosed using the Structured Clinical Interview for DSM-IV (Perinatal Version; SCID-PN), were randomly assigned to an exercise group (N= 12) or control group (N= 12). A focus group was carried out to explore women’s views of the trial. There were no significant differences between the two groups for the SCID-PN. Although women who had engaged in the exercise viewed it positively (based on focus group data), low adherence to exercise meant that significant improvements in PPD were not found. ABSTRACT FROM AUTHOR]; Copyright of Health Care for Women International is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).

(5) Koukounari A, Stringaris A, Maughan B. Pathways from maternal depression to young adult offspring depression: an exploratory longitudinal mediation analysis. International Journal of Methods in Psychiatric Research 2017 06;26(2):n/a-n/a

Maternal depression in the perinatal period is associated with increased risk for young adult depression in offspring. This study explored mediation of these links via trajectories of child conduct and emotional problems (Strengths and Difficulties Questionnaire) from ages 4-16 years old in data from the Avon Longitudinal Study of Parents and Children cohort (n = 13373). Through gender-specific structural equation models, a composite measure of exposure to early maternal depression (Edinburgh Postnatal Depression Scale), predicted young adult depression at age 18 (Revised Clinical Interview Schedule - distal outcome). Mediational effects were then estimated by testing which parts of joint piecewise latent trajectory models for child/adolescent conduct and emotional problems were associated with both exposure and distal outcome. For girls, only conduct problems in early childhood were consistently indicated to mediate effects of early maternal depression on risk of young adulthood depression. Some evidence for a pathway via changing levels of childhood and adolescent emotional difficulties was also suggested. For boys, by contrast, the differing models gave less consistent findings providing some evidence for a small time-specific indirect effect via early childhood conduct problems. In addition to its practice implications the current methodological application offers considerable potential in exploratory longitudinal developmental mediation studies. © 2016 The Authors International Journal of Methods in Psychiatric Research Published by John Wiley & Sons Ltd ABSTRACT FROM AUTHOR]; Copyright of International Journal of Methods in Psychiatric Research is the property of John Wiley & Sons, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy.

Advances in perinatal mental health research have provided valuable insights around risk factors for the overall development of maternal distress. However, there is still a limited understanding of the experience of women struggling emotionally during pregnancy. We explored how women view, experience, and interpret psychological distress antenatally. Eighteen Australian women participated in in-depth interviews that were analyzed thematically within a critical realist theoretical framework. We present and situate the current findings within the dominant discourse of the good mother, which arguably promotes guilt and stigma and results in women self-labeling as bad mothers. ABSTRACT FROM AUTHOR; Copyright of Health Care for Women International is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).

(7) Zvara BJ, Meltzer-Brody S, Mills-Koonce W, Cox M. Maternal Childhood Sexual Trauma and Early Parenting: Prenatal and Postnatal Associations. Infant & Child Development 2017 May;26(3):n/a-n/a

Existing research suggests that approximately 19% of females experience childhood sexual trauma (CST). Little is known, however, about the parenting behaviour of mothers who have experienced CST. Using propensity-matched controls, the present study examines prenatal psychosocial distress, postnatal depressive symptomatology, and caregiving behaviours of women reporting CST at or before the age of 14. Data for these analyses were obtained from mother reports and from observational protocols from a longitudinal study of low-income, rural families. Propensity score methodology was used to create a contrast group matched on family of origin variables in an effort to isolate and examine the long-term associations of CST beyond the effects of other childhood adversities such as poverty. Study findings provide evidence that women with CST histories report greater prenatal psychosocial distress compared to women without trauma histories. Findings further provide evidence for a spillover process from prenatal distress to the broader caregiving system including less sensitive parenting through postnatal depressive symptoms for women with CST histories. These results highlight the importance of screening for CST and psychosocial distress and depression prenatally. Interventions for women with CST histories and directions for future study are proposed. Copyright © 2016 John Wiley & Sons, Ltd. ABSTRACT FROM AUTHOR; Copyright of Infant & Child Development is the property of John Wiley & Sons, Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be
Recovery


Purpose: To evaluate the impact of a person-centred, community rehabilitation service on outcomes for people with a neurological condition, in the first year of service. Method: A prospective, observational, pre-post study was conducted with 206 people who had a neurological condition and attended the rehabilitation service to restore function (e.g., Stroke); maximize recovery in an ongoing situation (e.g., Spina Bifida); or maximize function and independence while preparing for inevitable decline (e.g., Parkinson’s Disease). Outcomes were measured via self-report questionnaires, prior to, and following three months of rehabilitation. The primary outcome was achievement of self-identified goals, measured by the Patient-Specific Functional scale. Secondary outcomes included the Lawton Instrumental Activities of Daily Living (IADL) scale, EQ-5D-5L European Quality of Life scale, and ICECAP-O – Index of Capability for Older Adults and health and medical resource use. Results: Participants demonstrated significant goal achievement and a significant reduction in health and medical resource use. There were small positive changes in the Lawton IADL, EQ-5D-5L, and ICECAP-O however these changes were not significant. Conclusions: In the first year of operation, the community rehabilitation service made a significant impact on outcomes for individuals with a neurological condition. Further research is required to identify appropriate measures of activities of daily living and quality of life that reflect person-centred rehabilitation outcomes for restoring function, maximizing function, or preparing for functional decline. Implications for Rehabilitation: Self-identified goals are an important guide for achievement of meaningful outcomes for individuals with a neurological condition. Person-centred outcome measures are required to evaluate the benefits of a person-centred community rehabilitation service for individuals with a neurological condition.

(2) Best D. Developing strengths-based recovery systems through community connections. Addiction 2017 05;112(5):759-761

Background: There is lack of long-term controlled studies evaluating treatment effects of antipsychotic medication. A complete investigation should include the service user perspective. Aims: To investigate experiences of clinically recovered service users of antipsychotic medications during and after a first episode of psychosis. Method: We used a thematic analytic approach within an interpretative-phenomenological framework. 20 clinically recovered service users were interviewed. Results: Themes: (1) Antipsychotic drugs reduce mental chaos during the acute phase, (2) Non-stigmatizing environments were perceived to increase chances of successful use, (3) Antipsychotic drugs beyond the acute phase – considered to compromise the contribution of individual effort in recovery, (4) Prolonged use – perceived to reduce likelihood of functional recovery, (5) Antipsychotic medication was considered as a supplement to trustful relationships. Conclusions: Acute phase antipsychotic treatment was mostly perceived as advantageous by this sample, who was in clinical recovery. However, costs were often seen as outweighing benefits beyond the acute stage. Findings clearly emphasize the need for a collaborative approach to be integrated across all phases of care. This study underscores the need to investigate sub-group differences with regard to long-term antipsychotic treatment.


Divorce is a common stressor that is associated with increased risk for poor mental health. This study examined the creation of narrative as a psychological mechanism explaining the link between psychological overinvolvement and psychological distress in a sample of recently separated adults (N = 109). Prior analyses of this sample found iatrogenic effects of expressive writing (EW) on psychological distress among people reporting high levels of rumination. In this reanalysis, however, we tested whether narrative creation explained the association between individual differences in psychological overinvolvement and psychological distress, measured by a composite of depressive symptoms and divorce-related distress, 7.5 months later. Participants were assigned to one of three conditions: traditional EW, narrative EW, or a control condition. Participants' psychological overinvolvement was assessed using a composite of three different methodologies: self-report, language use, and independently coded scores. Lower scores of psychological overinvolvement predicted more self-reported narrative coherence across conditions. Greater narrative coherence in turn predicted lower subsequent divorce-related distress and depressive symptoms. Narrative coherence mediated the association of psychological overinvolvement with later psychological distress, though this effect varied by EW condition. The results suggest narrative creation is one plausible psychological mechanism driving emotional recovery following divorce.
(5) Brown S, Victor B, Hicks LM, Tracy EM. **Recovery support mediates the relationship between parental warmth and quality of life among women with substance use disorders.** Quality of Life Research 2017 05;26(5):1327-1335

Purpose: Historically, recovery from substance use disorders (SUD) has focused exclusively on the use or non-use of the addictive substance(s). More recently, SAMSHA [1] has defined recovery in a more holistic way, using quality of life (QoL) as a measure of recovery for individuals with substance use and mental health disorders. However, little is known about the myriad experiences that inform and affect QoL for individuals with substance use disorders. Using an attachment informed stress-buffering framework, the purpose of this study was to examine the contribution of parental warmth and recovery support to QoL among women in substance abuse treatment.

Methods: Linear regression and bootstrapping were used to examine direct and mediated effects of parental warmth and recovery support on QoL among 318 women recruited from three inner-city women-only addiction treatment programs. Relationships were assessed across three domains of quality of life: physical, psychological, and social.

Results: Parental warmth and recovery support were directly associated with psychological and social QoL, when controlling for the influence of trauma symptoms. Recovery support mediated the relationship between parental warmth and QoL across psychological and social QoL domains.

Conclusions: Findings suggest that interventions that focus on attachment-related constructs to enhance recovery support may improve quality of life among women with SUD.

(6) Carbone EG, Echols ET. **Effects of optimism on recovery and mental health after a tornado outbreak.** Psychol.Health 2017 05;32(5):530-548

Objective: Dispositional optimism, a stable expectation that good things will happen, has been shown to improve health outcomes in a wide range of contexts, but very little research has explored the impact of optimism on post-disaster health and well-being.

Design: Data for this study come from the Centers for Disease Control and Prevention’s Public health systems and mental health community recovery (PHSMHCR) Survey. Participants included 3216 individuals living in counties affected by the April 2011 tornado outbreak in Mississippi and Alabama.

Main outcome measures: This study assesses the effect of dispositional optimism on post-disaster recovery and mental health.

Results: Dispositional optimism was found to...
to have a positive effect on personal recovery and mental health after the disaster. Furthermore, it moderated the relationship between level of home damage and personal recovery as well as the relationship between home damage and post-traumatic stress disorder (PTSD), with stronger effects for those with increased levels of home damage. Conclusions: The utility of screening for optimism is discussed, along with the potential for interventions to increase optimism as a means of mitigating adverse mental health effects and improving the recovery of individuals affected by disasters and other traumatic events. ABSTRACT FROM PUBLISHER; Copyright of Psychology & Health is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).


The article discusses the role of transformational leadership in the recovery orientation of services and further analyzes the need for consumer involvement and recovery oriented leadership. Topics discussed include importance of effective leadership in realising recovery models of care, empowering leadership roles among all stakeholder groups within mental health services and values of mental health nurses in promoting transformational leadership.


The positive link between marriage and health has frequently been analyzed and typically been interpreted in terms of health protection. Recently, the benefits of marriage have been criticized by sociologists who emphasize the strength of single persons in societies where being single is fully institutionalized. This paper reviews the evidence and addresses a number of unresolved issues in the literature, using recent annual panel data over a 16-year period from Switzerland. The findings cast doubts about the theory of health protection. The impact of “loss” (divorce) is about three times stronger than the impact of “gain” (marriage entry), and the effects of gain are often very small. Moreover, after marriage entry and after marriage exit, there is adjustment rather than accumulation. Especially after divorce, we find substantial recovery over the years. Finally, the results are highly sensitive to the outcome studied. Effects are strongest for life satisfaction, weak for mental health, and almost absent for two concrete health measures. We speculate that marriage is primarily linked to a more positive evaluation of one's life rather than to better health. ABSTRACT FROM AUTHOR; Copyright of Social Forces is the property of Oxford University Press / USA and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).

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Introduction and Aims: The Self-Management and Recovery Training (SMART Recovery) program provides facilitated mutual aid for people with addictions. To date, little research has examined SMART Recovery. This paper examined participant and facilitator perceptions of the helpfulness of cognitive behaviour therapy tools in SMART Recovery groups. SMART Recovery’s strengths and areas for improvement were also explored, as well as overall participant satisfaction with SMART Recovery. Design and Methods: This exploratory study was conducted as part of the first national survey of SMART Recovery in Australia. Paper surveys were posted to all registered SMART Recovery groups for participants. SMART Recovery facilitators were emailed a link to an online survey. Results: Overall, satisfaction with SMART Recovery was moderate to strong. Participants and facilitators perceived the cognitive behaviour therapy tools incorporated within SMART Recovery to be helpful. Participants and facilitators nominated the group experience and the SMART Recovery tools and strategies as helpful aspects of SMART Recovery. Participants and facilitators were concerned with improving public knowledge about SMART Recovery groups, updating the structure and content of SMART Recovery groups, and increasing training for facilitators. Discussion and Conclusions: SMART Recovery displays strengths as communicated by those who utilise its services. However, there are opportunities to continue to improve SMART Recovery. Updating the training for facilitators and increasing communication between SMART Recovery Australia’s head office and its facilitators may serve to improve service delivery. Future research should focus on examining the efficacy of SMART Recovery groups on participant outcomes.


In this article, the author discusses dose reduction, relapse and functional recovery in first episode psychosis and also offers information on the 2010 Australian Early Psychosis Guidelines (AEPG). Topics discussed include benefits and risk of prolonged anti-psychotic use; recovery in first episode psychosis by anti-psychotic dose reduction; and impact on physical health of reduced anti-psychotic medication in first episode psychosis.

Lee Brien D, McAllister M. Moving Beyond Routines in Teaching and Learning: Releasing the Educatve Potential of Published Eating Disorder

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Learning from the lived experience of disordered eating is vital for contemporary mental health practitioners. While mental health practitioners need to understand the psycho-biological issues that impact the person and family with an eating disorder, there is much about this complex condition that eludes and escapes a bio-medical perspective. Use of an aesthetic lens on the issue can illuminate various challenges, tensions and insights that people with disordered eating experience along the journey of their ill-health and on to their recovery, but which often remain unstated in the clinical context. Scholars within the creative arts discipline are experts in making judgements about the quality of artworks they encounter and have highly developed aesthetic knowing. Yet, the central skills and knowledges embodied in creative arts activity are not widely utilized outside that sphere. This article reports on how aesthetics can be applied to sensitize mental health practitioners to appreciate the lived experience of a mental health challenge such as an eating disorder. Such mental health practitioners play an important role in the health service, yet the widespread diffusion of the bio-medical model into mental health, once characterized for its equal emphasis on the psycho-social-cultural, has led to criticisms of an over-focus on illness identification, at the expense of accommodating the meanings of subjective and unique experiences of mental health, struggle and recovery. Using Kate Grenville’s typology of the elements of effective creative writing, we show how these elements contribute to the aesthetic power and impact of particular eating disorder memoirs. ABSTRACT FROM AUTHOR; Copyright of Issues in Mental Health Nursing is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).

(12) McKay JR. Making the hard work of recovery more attractive for those with substance use disorders. Addiction 2017 05;112(5):751-757

Background Research has led to improvements in the effectiveness of interventions for substance use disorders (SUD), but for the most part progress has been modest, particularly with regard to longer-term outcomes. Moreover, most individuals with SUD do not seek out treatment. Argument/analysis This paper presents two recommendations on how to improve treatment engagement and long-term outcomes for those with SUD. First, treatments should go beyond a focus on reducing or eliminating substance use to target greater access to and more time spent in experiences that will be enjoyable or otherwise rewarding to clients. Secondly, there must be sufficient incentives in the environment to justify the effort needed to sustain long-term abstinence for individuals who often have limited access to such incentives. Conclusions To increase rates of long-term recovery from substance misuse, treatments should link clients to reinforcers that will make continued abstinence more appealing. This work needs to extend beyond interventions focused on the individual or family to include the local community and national policy in an effort to incentivize longer-term recoveries more strongly. ABSTRACT FROM AUTHOR; Copyright of Addiction is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to

People living with mental illness (consumers) often experience difficulty in achieving life goals, particularly those important for their recovery. An innovative approach to address consumers’ goals for recovery can be found in the form of therapeutic recreation (TR) initiatives. Recovery Camp is a five-day TR program, bringing together people with a serious mental illness, undergraduate health students, and staff members. This article aims to examine the types of goals set by consumers in the context of Recovery Camp, and to what extent the self-identified goals were attained. The consumers (n = 27) were invited to set goals that they wished to achieve during the week. On the final day of Recovery Camp, each participant rated the degree to which they felt that each of their goals was achieved or not. The goals were themed using content analysis, revealing four key themes: connectedness, developing healthy habits, challenging oneself, and recovery. All goals were, to some extent, attained. The results suggest people with a mental illness are able to both set and evaluate the self-identified goals in the context of a TR initiative. A collaborative recovery approach indicates that goal planning should be undertaken in direct consultation with the consumer.


The relationships of personal resources with symptom severity and psychosocial functioning have never been tested systematically in a large sample of people with schizophrenia. We applied structural equation models to a sample of 921 patients with schizophrenia collected in a nationwide Italian study, with the aim to identify, among a large set of personal resources, those that may have an association with symptom severity or psychosocial functioning. Several relevant demographic and clinical variables were considered concurrently. Poor service engagement and poor recovery style, as well as older age and younger age at onset, were related to greater symptom severity and poorer social functioning. Higher resilience and higher education were related to better social functioning only. Poor problem-focused
coping and internalized stigma, as well as male gender and depression, were related to symptom severity only. The explored variables showed distinctive and partially independent associations with symptom severity and psychosocial functioning. A deeper understanding of these relationships may inform treatment decisions.

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Background: Many Veterans may not benefit from gold-standard evidence-based treatments for post-traumatic stress disorder (PTSD) because they suffer from co-occurring serious mental illness (SMI). Aims: This pilot study is the first to evaluate the feasibility and preliminary effectiveness of the Trauma Recovery Group in a sample of Veterans with PTSD and SMI. Methods: Fourteen Veterans with PTSD and SMI were enrolled in a 21-session group-based cognitive behavioral therapy program targeting PTSD. The PTSD Checklist was the primary outcome measure; secondary outcomes included the Participant Health Questionnaire, the Post Traumatic Cognitions Inventory, and the Beck Cognitive Insight Scale. Results: Seventy-one percent of participants completed the trial. The intervention was associated with a significant reduction of PTSD symptoms and a trend-level reduction of maladaptive post-traumatic cognitions. There was a significant positive correlation between change in PTSD symptoms and change in post-traumatic cognitions. Conclusions: The findings support the feasibility and preliminary effectiveness of the Trauma Recovery Group for Veterans with co-occurring PTSD and SMI, and suggest that controlled research on the program is warranted.

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Objective: This study prospectively examined maternal biopsychosocial predictors of recovery from comorbid depression and anxiety from 25 weeks' gestation to 6 years postbirth. Specifically, the study investigated the influence of 1) maternal factors and 2) the child's behaviours and physical health on the course of the mother's depressed mood and anxiety. Methods: Eighty-six women diagnosed with...
antenatal depression/anxiety were recruited through the Reproductive Mental Health Program and family practices in Vancouver. Based on the trajectory and status of their symptom remission, participants were categorised into 3 groups: full recovery, partial recovery, and no recovery. The following measures were completed over 6 years: Hamilton Anxiety Rating Scale (HAM-A) and Hamilton Depression Rating Scale (HAM-D) at baseline; Parental Stress Index (PSI) added at 6 months postpartum; Beck Anxiety Inventory (BAI), Beck Depression Inventory II (BDI-II), and Child Behavior Checklist (CBCL) at 3 years postbirth; and HAM-A, HAM-D, MacArthur Health and Behavior Questionnaire (HBQ-P), and PSI at 6 years postbirth.

**Results:** Factors that predicted full recovery from depression included the absence of maternal health concerns, low total parental stress, and few child behavioural issues, whereas low levels of spousal stress were a significant factor in achieving full recovery from anxiety.

**Conclusion:** A variety of maternal and child-related factors govern full recovery or sustained remission of depression/anxiety in the postpartum up to 6 years postbirth. Early awareness of these predictors could lead to timely interventions, ensuring long-term maternal-child well-being.
Background: The recovery approach is increasingly popular among mental-health services, but there is a lack of consensus about its applicability and it has been criticised for imposing professionalised ideas onto what was originally a service-user concept. Aims: To carry out a review and synthesis of qualitative research to answer the question: “What do we know about how service users with severe and enduring mental illness experience the process of recovery?” It was hoped that this would improve clarity and increase understanding. Method: A systematic review identified 15 peer-reviewed articles examining experiences of recovery. Twelve of these were analysed using best-fit framework synthesis, with the CHIME model of recovery providing the exploratory framework. Results: The optimistic themes of CHIME accounted for the majority of people’s experiences, but more than 30% of data were not felt to be encapsulated. An expanded conceptualisation of recovery is proposed, in which difficulties are more prominently considered. Conclusions: An overly optimistic, professionally imposed view of recovery might homogenise or even blame individuals rather than empower them. Further understanding is needed of different experiences of recovery, and of people’s struggles to recover.

The aim of the present study was to understand the meaning of resilience, as described by people with schizophrenia. Building resilience is a component of recovery-oriented mental health care, and yet almost no research has been conducted into the resilience of people who live with schizophrenia and who are routinely considered vulnerable. Establishing the meaning of resilience in the context of schizophrenia is an important first step in building understanding. van Kaam’s psychophenomenological method was used to interpret 14 interviews with people with schizophrenia who are currently well and living in the community. Resilience is invoked in the tension between opposing forces of challenge and support and in the act of 'striving' to take control of schizophrenia. Striving includes repeated, seemingly backwards steps, and during this, the person takes risks and seeks out and uses supportive people and resources. Those same supportive people and resources can also be challenging. Resilience is an energy embedded in the process of recovery from schizophrenia, and is manifest in an attitude of striving. Taking on challenges and engaging in risk is important within treatment and recovery from schizophrenia.
Mental health consumers are often socially isolated and may lack the basic leisure competencies which serve as a critical building block for community (re)integration. Therapeutic recreation (TR), as a treatment modality for people with mental illness, is yet to be fully embraced in the Australian health-care setting, despite having a strong historical foundation in North America. A team of academics created a TR experience, termed Recovery Camp, which was designed to collectively engage consumers and future health professionals drawn from a range of discipline areas. The 2014 Recovery Camp was staged over a five-day period and involved 28 adult consumers living with mental illness. Consumers undertook a diverse range of experiential recreation activities engineered to facilitate individual engagement and to encourage the development of positive therapeutic relationships and teamwork. The camp atmosphere was deliberately community-based and recovery-oriented, valuing the lived experience of mental illness. Using a $2 \times 3$ design involving a camp and comparison group, the study sought to examine the influence of a TR programme on the self-determination of individuals with a mental illness. Those who participated in the Recovery Camp reported an increase in awareness of self and perceived choice post-camp, relative to the comparison group. While this difference remained significant for awareness of self at three-month follow-up, there was no significant difference in perceived choice between the two groups at follow-up. Study findings serve to support the role of recreation within a recovery framework to positively change the health-related behaviour of mental health consumers.

Social prescribing and community

Purpose: There is growing evidence of significant harmful effects of loneliness. Relatively little work has focused on how best to reduce loneliness in people with mental health problems. We aim to present an overview of the current state of the art...
in loneliness interventions in people with mental health problems, identify relevant challenges, and highlight priorities for future research and implementation.

Methods: A scoping review of the published and grey literature was conducted, as well as discussions with relevant experts, to propose a broad classification system for types of interventions targeting loneliness. Results: We categorised interventions as ‘direct’, targeting loneliness and related concepts in social relationships, and ‘indirect’ broader approaches to well-being that may impact on loneliness. We describe four broad groups of direct interventions: changing cognitions; social skills training and psychoeducation; supported socialisation or having a ‘socially-focused supporter’; and ‘wider community approaches’. The most promising emerging evidence appears to be in ‘changing cognitions’, but, as yet, no approaches have a robust evidence base. Challenges include who is best placed to offer the intervention, how to test such complex interventions, and the stigma surrounding loneliness.

Conclusions: Development of clearly defined loneliness interventions, high-quality trials of effectiveness, and identifying which approaches work best for whom is required. Promising future approaches may include wider community initiatives and social prescribing. It is important to place loneliness and social relationships high on the wider public mental health and research agenda. ABSTRACT FROM AUTHOR; Copyright of Social Psychiatry & Psychiatric Epidemiology is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).


Purpose: To review psychosocial and policy interventions which mitigate the effects of poverty and inequality on mental health. Methods: Systematic reviews, controlled trials and realist evaluations of the last 10 years are reviewed, without age or geographical restrictions. Results: Effective psychosocial interventions on individual and family level, such as parenting support programmes, exist. The evidence for mental health impact of broader community-based interventions, e.g. community outreach workers, or service-based interventions, e.g. social prescribing and debt advice is scarce. Likewise, the availability of evidence for the mental health impact of policy level interventions, such as poverty alleviation or youth guarantee, is quite restricted. Conclusions: The social, economic, and physical environments in which people live shape mental health and many common mental disorders. There are effective early interventions to promote mental health in vulnerable groups, but it is necessary to both initiate and facilitate a cross-sectoral approach, and to form partnerships between different government departments, civic society organisations and other stakeholders. This approach is referred to as Mental Health in All Policies and it can be applied to all public policy levels from local policies to supranational. ABSTRACT FROM AUTHOR; Copyright of Social Psychiatry & Psychiatric Epidemiology is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print,
Physical activity and mental health


Purpose: The purpose of this study was to examine whether homeless or vulnerably housed individuals experienced response shift over a 12-month time period in their self-reported physical and mental health status. Methods: Data were obtained from the Health and Housing in Transition study, a longitudinal multi-site cohort study in Canada (N = 1190 at baseline). Multi-group confirmatory factor analysis (MG-CFA) and methods for response shift detection at the item level, based on the approach by Oort, were used to test for reconceptualization, reprioritization, and recalibration response shift on the SF-12 in four groups of individuals who were homeless (n = 170), housed (n = 437), or who reported a change in their housing status from homeless to housed (n = 285) or housed to homeless (n = 73)] over a 12-month time period. Mean and variance adjusted weighted-least squares estimation was used to accommodate the ordinal and binary distributions of the SF-12 items. Results: Using MG-CFA, a strict invariance model showed that the measurement model was equivalent for the four groups at baseline. Although we found small but statistically significant response shift for several measurement model parameters, the impact on the predicted average mental and physical health scores within each of the groups was small. Conclusions: Response shift does not appear to be a significant concern when using the SF-12 to obtain change scores over a 12-month period in this population. ABSTRACT FROM AUTHOR; Copyright of Quality of Life Research is the property of Springer Science & Business Media B.V. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.).
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