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**Citation 1.**

**Title**

Qualitative analysis of mental health service users' reported experiences of discrimination.

**Source**

Acta Psychiatrica Scandinavica. 134 Suppl 446:14-22, 2016 08.

**Authors**

Hamilton S; Pinfold V; Cotney J; Couperthwaite L; Matthews J; Barret K; Warren S; Corker E; Rose D; Thornicroft G; Henderson C; .

**Abstract**

**OBJECTIVE:** To better understand mental health service users' experiences of stigma and discrimination in different settings.

**METHOD:** An annual telephone survey of people with a mental health diagnosis conducted to evaluate the Time to Change antistigma campaign in England. Of 985 people who participated in 2013, 84 took part in a qualitative interview which was audio recorded. Of these, 50 interviews were transcribed and thematically analysed to explore accounts of discrimination. We analysed common types of behaviour; motivations ascribed to the discriminators; expectations of what fair treatment would have been; and the impact of discrimination on participants.

**RESULTS:** Discrimination was most common in five contexts: welfare benefits, mental health care, physical health care, family and friends. Participants often found it hard to assess whether a

behaviour was discriminatory or not. Lack of support, whether by public services or by friends and family, was often experienced as discrimination, reflecting an expectation that positive behaviours and reasonable adjustments should be offered in response to mental health needs.

**CONCLUSION:** The impact of discrimination across different settings was often perceived by participants as aggravating their mental health, and there is thus a need to treat discrimination as a health issue, not just a social justice issue.

Copyright © 2016 The Authors. Acta Psychiatrica Scandinavica Published by John Wiley & Sons Ltd.

### **Year of Publication**

2016

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#### **Citation 2.**

##### **Title**

Viewpoint survey of mental health service users' experiences of discrimination in England 2008-2014.

##### **Source**

Acta Psychiatrica Scandinavica. 134 Suppl 446:6-13, 2016 08.

##### **Authors**

Corker E; Hamilton S; Robinson E; Cotney J; Pinfold V; Rose D; Thornicroft G; Henderson C; .

##### **Abstract**

**OBJECTIVE:** Discrimination reported by mental health service users in England is high. The study aims to determine changes in mental health-related discrimination from 2008 to 2014.

**METHODS:** Samples of mental health service users were interviewed from 2008 to 2014 using the Discrimination and Stigma Scale version 12. Social capital in terms of access to social resources is a marker of discrimination in terms of effects on social connections, and so from 2011, social capital also measured using the Resource Generator-UK.

**RESULTS:** Fewer participants reported discrimination in one or more life areas in 2014 compared to 2008 (OR: 0.58, 95% CI 0.36 to 0.94 P = 0.03). A weighted multiple regression model found a decrease in overall discrimination in 2014 compared to 2008 (mean difference: -13.55, 95% CI: -17.32 to -9.78, P < 0.001). There was not a consistent in discrimination decline between each year. No differences in access to social resources were found.

**CONCLUSIONS:** Discrimination has fallen significantly over 2008-2014, although there was not a consistent decline between years. There is no evidence that social capital has increased.

Copyright © 2016 The Authors. Acta Psychiatrica Scandinavica Published by John Wiley & Sons Ltd.

### **Year of Publication**

2016

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#### **Citation 3.**

##### **Title**

A qualitative analysis of suicidal psychiatric inpatients views and expectations of psychological therapy to counter suicidal thoughts, acts and deaths.

**Source**

BMC Psychiatry. 18(1):334, 2018 10 16.

**Authors**

Awenat YF; Peters S; Gooding PA; Pratt D; Shaw-Nunez E; Harris K; Haddock G; .

**Abstract**

**BACKGROUND:** Suicide is a global problem and suicidal behavior is common in acute psychiatric wards. Inpatient suicides regularly occur with 10.4/100,000 such deaths recorded in the UK in 2016. Inpatient suicides are potentially the most avoidable of all suicides as inpatients have 24-h staff contact. Current inpatient treatment prioritizes maintenance of physical safety by observation, medication and general supportive measures, however efficacious and effective specific treatments are lacking. Psychological treatments have a growing evidence base for suicide prevention yet provision of inpatient therapy is uncommon. The present qualitative study aimed to understand the patient acceptability issues by investigating suicidal inpatients views and expectations of a novel suicide-focussed cognitive behavioural psychological therapy which was nested alongside a pilot clinical trial of the intervention.

**METHODS:** Thematic analysis of semi-structured individual qualitative interviews with twenty suicidal psychiatric inpatients to investigate their views and expectations about ward-based suicide-focused psychological treatment.

**RESULTS:** Two main themes were identified. The first, 'A therapy that works', revealed inpatients' views of the necessary components for effective ward-based suicide-focused psychological therapy. The second, 'Concerns about in-patient suicide-focused therapy', depicted their fears about engaging in this treatment. Results suggested that suicide-focused psychological therapy was cautiously welcomed by inpatients' whose narratives expressed their needs, priorities and concerns. Further data analysis enabled formation of a user-informed model of suicide-focussed psychological therapy which offers guidance for researchers and clinicians.

**CONCLUSIONS:** We conclude that hospitalization of suicidal individuals offers a critical opportunity to intervene with effective treatment to preserve life and that suicide-focussed psychological therapy is likely to be well received by suicidal inpatients warranting further testing with a sufficiently powered definitive trial. It is important that provision of ward-based psychological therapy for suicidal inpatients addresses the considerable context-specific challenges inherent in this setting.

**TRIAL REGISTRATION NUMBER:** ISRCTN 17890126 , Registry: UK Clinical Trials Gateway, Date of registration: 22/04/15, Date of enrolment of first participant to the trial: 20/05/14 (retrospectively registered).

**Year of Publication**

2018

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**Citation 4.****Title**

Mental health nurses' encounters with occupational health services.

**Source**

Occupational Medicine (Oxford). 68(6):378-383, 2018 Aug 11.

**Authors**

Oates J; Jones J; Drey N; .

**Abstract**

**Background:** Staff well-being is vital to the functioning of the UK National Health Service (NHS). Mental health nurses (MHNs) with personal experience of mental illness can offer a professionally and personally informed insight into the occupational health (OH) service offered by their employer.

**Aims:** To investigate MHNs' views of OH provision in the NHS, based on their personal experience.

**Methods:** A qualitative interview study using a purposive sample of MHNs with personal experience of mental illness.

**Results:** Twenty-seven MHNs met the inclusion criteria. Thematic analysis identified three themes: comparisons of 'relative expertise' between the mental health nurse and the OH clinician; concerns about 'being treated' by a service at their work; and 'returning to work'.

**Conclusions:** OH provision in mental health settings must take account of the expertise of its staff. Further research, looking at NHS OH provision from the provider perspective is warranted.

### **Year of Publication**

2018

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### **Citation 5.**

#### **Title**

Mental health service acceptability for the armed forces veteran community.

#### **Source**

Occupational Medicine (Oxford). 68(6):391-398, 2018 Aug 11.

#### **Authors**

Farrand P; Jeffs A; Bloomfield T; Greenberg N; Watkins E; Mullan E; .

#### **Abstract**

**Background:** Despite developments in mental health services for armed forces veterans and family members, barriers to access associated with poor levels of acceptability regarding service provision remain. Adapting a Step 2 mental health service based on low-intensity cognitive behavioural therapy (CBT) interventions to represent a familiar context and meet the needs of the armed forces veteran community may serve to enhance acceptability and reduce help-seeking barriers.

**Aims:** To examine acceptability of a Step 2 low-intensity CBT mental health service adapted for armed forces veterans and family members provided by a UK Armed Forces charity.

**Methods:** Qualitative study using individual semi-structured interviews with armed forces veterans and family members of those injured or becoming unwell while serving in the British Armed Forces. Data analysis was undertaken using thematic alongside disconfirming case analysis.

**Results:** Adapting a Step 2 mental health service for armed forces veterans and family members enhanced acceptability and promoted help-seeking. Wider delivery characteristics associated with Step 2 mental health services within the Improving Access to Psychological Therapies (IAPT) programme also contributed to service acceptability. However, limitations of Step 2 mental health service provision were also identified.

**Conclusion:** A Step 2 mental health service adapted for armed forces veterans and family members enhances acceptability and may potentially overcome help-seeking barriers. However, concerns remain regarding ways to accommodate the treatment of post-traumatic stress disorder and provide

support for family members.

**Year of Publication**

2018

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**Citation 6.****Title**

Cultural adaptation of a children's weight management programme: Child weight mANaGement for Ethnically diverse communities (CHANGE) study.

**Source**

BMC Public Health. 19(1):848, 2019 Jun 28.

**Authors**

Pallan M; Griffin T; Hurley K; Lancashire E; Blissett J; Frew E; Gill P; Griffith L; Jolly K; McGee E; Parry J; Thompson JL; Adab P; .

**Abstract**

**BACKGROUND:** Childhood obesity prevalence continues to be at high levels in the United Kingdom (UK). South Asian children (mainly Pakistani and Bangladeshi origin) with excess adiposity are at particular risk from the cardiovascular consequences of obesity. Many community-based children's weight management programmes have been delivered in the UK, but none have been adapted for diverse cultural communities. The aim of the Child weight mANaGement for Ethnically diverse communities (CHANGE) study, was to culturally adapt an existing children's weight management programme for children aged 4-11 years so that the programme was more able to meet the needs of families from South Asian communities.

**METHODS:** The adaptation process was applied to First Steps, an evidence informed programme being delivered in Birmingham (a large, ethnically diverse city). A qualitative study was undertaken to obtain the views of South Asian parents of children with excess weight, who had fully or partially attended, or who had initially agreed but then declined to attend the First Steps programme. The resulting data were integrated with current research evidence and local programme information as part of a cultural adaptation process that was guided by two theoretical frameworks.

**RESULTS:** Interviews or focus groups with 31 parents in their preferred languages were undertaken. Themes arising from the data included the need for convenient timing of a programme in a close familiar location, support for those who do not speak English, the need to focus on health rather than weight, nutritional content that focuses on traditional and Western diets, more physical activity content, and support with parenting skills. The data were mapped to the Behaviour Change Wheel framework and Typology of Cultural Adaptation to develop an intervention programme outline. The research evidence and local programme information was then used in the detailed planning of the programme sessions.

**CONCLUSIONS:** The process of cultural adaptation of an existing children's weight management programme resulted in a theoretically underpinned programme that is culturally adapted at both the surface and deep structural levels.

**TRIAL REGISTRATION:** ISRCTN81798055 , registered: 13/05/2014.

**Year of Publication**

2019

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**Citation 7.****Title**

Adrenal Insufficiency in Young Children: a Mixed Methods Study of Parents' Experiences.

**Source**

Journal of Genetic Counseling. 27(6):1447-1458, 2018 12.

**Authors**

Simpson A; Ross R; Porter J; Dixon S; Whitaker MJ; Hunter A; .

**Abstract**

Research into adrenal insufficiency (AI) and congenital adrenal hyperplasia (CAH) in children has focused largely on clinical consequences for patients; and until recently, the wider experience of the condition from the perspective of other family members has been neglected. In a mixed methods study, we captured the experiences of parents of young children affected by AI/CAH, including their views on the psychosocial impact of living with and managing the condition. Semi-structured interviews were carried out in the UK and an online survey was developed, translated and disseminated through support groups (UK and the Netherlands) and outpatient endocrinology clinics (Germany). Challenges associated with diagnosis, treatment, support and the future were identified. For UK parents, the diagnosis period was characterised by a lack of awareness amongst healthcare professionals and occurrences of adrenal crisis. Parents reported burden, anxiety and disruption associated with the intensive treatment regimen. Parents adjusted and gained confidence over time yet found delegating responsibility for medication difficult and worried about the future for their child. Access to psychological support and contact with other families was reported as highly beneficial. The findings of the study provide critical context for future studies and for informing how parents and families can be better supported. Prenatal genetic counselling for parents who already have an affected child will include an explanation of recurrence risk but should also focus on providing information and reassurance about diagnostic testing and care for their newborn.

**Year of Publication**

2018

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**Citation 8.****Title**

From Coercion to Physical Force: Aggressive Strategies Used by Women Against Men in "Forced-to-Penetrate" Cases in the UK.

**Source**

Archives of Sexual Behavior. 47(8):2191-2205, 2018 11.

**Authors**

Weare S.

**Abstract**

"Forced-to-penetrate" cases involve a man being forced-to-penetrate, with his penis and without his consent, a woman's vagina, anus, or mouth. This article presents the first quantitative and qualitative research findings regarding such cases in the UK, exploring aggressive strategies used by women, as reported by 154 men who experienced them. The most frequently used strategies include coercion, taking advantage of men's intoxication, and the use of force and threats of physical harm. Novel evidence is presented of women combining multiple strategies within the same incident. The article also argues that some of the strategies used by women are particularly "gendered," with them taking advantage of their roles as women. The findings presented here raise questions for criminal justice professionals working in the area of sexual violence, as well as highlighting the need for future research.

**Year of Publication**

2018

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**Citation 9.****Title**

Parenting and oral health in an inner-city environment: a qualitative pilot study.

**Source**

BMC Oral Health. 18(1):168, 2018 10 20.

**Authors**

Nayee S; Klass C; Findlay G; Gallagher JE; .

**Abstract**

**BACKGROUND:** Preventable oral diseases such as dental caries remain common in the United Kingdom. Clustering of poor health is observed within deprived communities, such as inner-city areas, where elevated levels of dental need are associated with lower uptake of dental care. Successful oral health promotion (OHP) initiatives are contingent upon effective community engagement. The aim of this pilot study was to engage with families with young children to explore community views on oral health and dental care and thus tailor OHP initiatives more effectively to their needs.

**METHODS:** Qualitative research, involving individual interviews and triad focus groups with parents/caregivers, was conducted in a south London inner-city community as part of a 'Well London' programme initiative.

**RESULTS:** Seventeen parents/caregivers participated in this pilot study. Parents/caregivers described a spectrum of oral health behaviours based on their social history, past dental experiences and cultural influences. All parents described a clear desire to create healthy lives for their children; however, two broad groups were apparent, termed 'Oral Health Prioritisers' and 'Oral Health Non-prioritisers'. The former reported regularly accessing dental care for their children, believing that oral health contributes to systemic health. Non-prioritisers, however, preferentially used key services considered most beneficial to their child's wellbeing. Dental services were considered a low priority for this group, where oral health was synonymous with absence of pain. Participants in both groups favoured OHP initiatives involving a range of health and social care services, with schools at the epicentre of programmes. First-time parents were proposed as an important group requiring support in future OHP initiatives with evidence suggesting that first-born children may have delayed presentation to a dentist.

**CONCLUSIONS:** The findings suggest that this inner-city community may contain sub-groups with contrasting perspectives on oral health and oral health behaviours; nevertheless, there was support for a systems approach to oral health promotion initiatives involving a range of health and social care services, including a critical role for schools, and actively connecting with first-time parents. The findings provide the basis for further research.

**Year of Publication**

2018

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**Citation 10.****Title**

Reducing restrictive practice in adult services: not only an issue for mental health professionals.

**Source**

British Journal of Nursing. 27(9):479-485, 2018 May 10.

**Authors**

Hext G; Clark LL; Xyrichis A; .

**Abstract**

Reducing 'restrictive practices' is an issue of national importance, pertinent to all NHS sectors, yet there is poor awareness of the issue in mainstream adult services. Such practices potentially restrict a person's rights to choice, self-determination, privacy and freedom. Challenging behaviour is often the result of unmet needs, communication difficulties or diagnostic overshadowing, but there is a common misconception that patients exhibit such behaviours because of their impaired intellectual abilities or mental health problems. This article seeks to raise awareness of restrictive practices and suggest the way forward. It highlights the importance of good de-escalation skills, which, if adopted early in therapeutic relationships, may help reduce the occurrence of challenging behaviours and situations. Behavioural support plans that adopt a biopsychopharmacosocial approach (BPPS) detail a range of interventions for managing challenging behaviours. Tailored support that follows a BPPS approach could reduce incidents of challenging behaviour, reduce costly observation, improve the patient experience and protect the patient's liberty.

**Year of Publication**

2018

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**Citation 11.**

**Title**

Socio-Economic Inequalities in Adolescent Summer Holiday Experiences, and Mental Wellbeing on Return to School: Analysis of the School Health Research Network/Health Behaviour in School-Aged Children Survey in Wales.

**Source**

International Journal of Environmental Research & Public Health [Electronic Resource]. 16(7), 2019 03 28.

**Authors**

Morgan K; Melendez-Torres GJ; Bond A; Hawkins J; Hewitt G; Murphy S; Moore G; .

**Abstract**

The socioeconomic inequalities found in child and adolescent mental wellbeing are increasingly acknowledged. Although interventions increasingly focus on school holidays as a critical period for intervention to reduce inequalities, no studies have modelled the role of summer holiday experiences in explaining socioeconomic inequalities in wellbeing. For this study, we analysed survey data of 103,971 adolescents from 193 secondary schools in Wales, United Kingdom, which included measures of family affluence, experiences during the summer holidays (hunger, loneliness, time with friends and physical activity) and mental wellbeing and internalising symptoms on return to school. Structural equation modelling was used to analyse the data. Although family affluence retained a direct inverse association with student mental wellbeing ( $r = -0.04$ ,  $p < 0.001$ ), 65.2% of its association with mental wellbeing was mediated by the experiences over the summer holidays. FAS score was not directly associated with the student's self-reports of internalising symptoms ( $r = 0.00$ ,  $p > 0.05$ ). Of all summer holiday experiences, the strongest mediational pathway was observed for reports of loneliness. Although more structural solutions to poverty remain essential, school holiday interventions may have significant potential for reducing socioeconomic inequalities in mental health and wellbeing on young people's return to school through reducing loneliness, providing nutritious food and opportunities for social interaction.

**Year of Publication**

2019

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**Citation 12.**

**Title**

Irish general practitioners' view of perinatal mental health in general practice: a qualitative study.

**Source**

BMC Family Practice. 19(1):196, 2018 12 13.

**Authors**

Noonan M; Doody O; O'Regan A; Jomeen J; Galvin R; .

**Abstract**

**BACKGROUND:** Identification of perinatal mental health problems and effective care for women who experience them are important considering the potentially serious impact that they may have on the wellbeing of the woman, her baby, family and wider society. General practitioners (GPs) play a central role in identifying and supporting women and this study aimed to explore GPs' experiences of caring for women with perinatal mental health problems in primary care. The results of this study may provide guidance to inform policy, practice, research and development of curriculum and continuous professional development resources.

**METHOD:** In-depth semi-structured interviews were undertaken between March and June 2017 with GPs (n = 10) affiliated with a University training programme for general practice in Ireland. Thematic data analysis was guided by Braun and Clarke's (2013) framework.

**RESULTS:** Data were categorised into three themes with related subthemes: identification of perinatal mental health problems, decision making around perinatal mental health and preparation for a role in perinatal mental health. GPs described the multifaceted nature of their role in supporting women experiencing perinatal mental health issues and responding to complex psychological needs. Inbuilt tools on existing software programmes prompted GPs to ask questions relating to perinatal mental health. Limited access to referral options impacts on assessment and care of women. GPs desire further continuous professional development opportunities delivered in an online format and through monthly meetings and conference sessions.

**CONCLUSIONS:** GPs require access to culturally sensitive; community based perinatal mental health services, translation services and evidence based perinatal psychological interventions. A standardised curriculum on perinatal mental health for trainee GPs needs to be established to ensure consistency across primary care and GP education should incorporate rotations in community and psychiatry placements.

**Year of Publication**

2018

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**Citation 13.**

**Title**

Talking about depression during interactions with GPs: a qualitative study exploring older people's accounts of their depression narratives.

**Source**

BMC Family Practice. 19(1):173, 2018 11 03.

**Authors**

Gordon I; Ling J; Robinson L; Hayes C; Crosland A; .

**Abstract**

**BACKGROUND:** Older people can struggle with revealing their depression to GPs and verbalising preferences regarding its management. This contributes to problems for GPs in both detecting and managing depression in primary care. The aim of this study was to explore older people's accounts of how they talk about depression and possible symptoms to improve communication about depression when seeing GPs.

**METHODS:** Adopting a qualitative Interpretivist methodological approach, semi-structured interviews were conducted by IG based on the principles of grounded theory and situational analysis. GPs working in north east England recruited patients aged over 65 with depression. Data analysis was carried out with a process of constant comparison, and categories were developed via open and axial coding and situational maps. There were three levels of analysis; the first developed open codes which informed the second level of analysis where the typology was developed from axial codes. The typology derived from second level analysis only is presented here as older people's views are rarely reported in isolation.

**RESULTS:** From the sixteen interviews with older people, it was evident that there were differences in how they understood and accepted their depression and that this influenced what they shared or withheld in their narratives. A typology showing three categories of older people was identified: those who appeared to talk about their depression freely yet struggled to accept aspects of it (Superficial Acceptor), those who consolidated their ideas about depression aloud (Striving to Understand) and those who shared minimal detail about their depression and viewed it as part of them rather than a treatable condition (Unable to Articulate). The central finding was that older people's acceptance and understanding of their depression guided their depression narratives.

**CONCLUSIONS:** This study identified differences between older people in ways they understand, accept and share their depression. Recognising that their depression narratives can change and listening for patterns in what older people share or withhold may help GPs in facilitating communication to better understand the patient when they need to implement alternative approaches to patient management.

#### **Year of Publication**

2018

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#### **Citation 14.**

##### **Title**

The Context of Sexual Risk Behaviour Among Men Who Have Sex with Men Seeking PrEP, and the Impact of PrEP on Sexual Behaviour.

##### **Source**

AIDS & Behavior. 23(7):1708-1720, 2019 Jul.

##### **Authors**

Gafos M; Horne R; Nutland W; Bell G; Rae C; Wayal S; Rayment M; Clarke A; Schembri G; Gilson R; McOwan A; Sullivan A; Fox J; Apea V; Dewsnap C; Dolling D; White E; Brodnicki E; Wood G; Dunn D; McCormack S; .

##### **Abstract**

There are still important gaps in our understanding of how people will incorporate PrEP into their existing HIV prevention strategies. In this paper, we explore how PrEP use impacted existing sexual risk behaviours and risk reduction strategies using qualitative data from the PROUD study. From February 2014 to January 2016, we conducted 41 in-depth interviews with gay, bisexual and other men who have sex with men (GBMSM) enrolled in the PROUD PrEP study at sexual health clinics in England. The interviews were conducted in English and were audio-recorded. The recordings were transcribed, coded and analysed using framework analysis. In the interviews, we explored participants' sexual behaviour before joining the study and among those using or who had used PrEP, changes to sexual behaviour after starting PrEP.

Participants described the risk behaviour and management strategies before using PrEP, which included irregular condom use, sero-sorting, and strategic positioning.

Participants described their sexual risk taking before initiating PrEP in the context of the sexualised use of drugs, geographical spaces linked with higher risk sexual norms, and digitised sexual networking, as well as problematic psychological factors that exacerbated risk taking. The findings highlight that in the main, individuals who were already having frequent condomless sex, added PrEP to the existing range of risk management strategies, influencing the boundaries of the 'rules' for some but not all. While approximately half the participants reduced other risk reduction strategies after starting PrEP, the other half did not alter their behaviours. PrEP provided an additional HIV prevention option to a cohort of GBMSM at high risk of HIV due to inconsistent use of other prevention options. In summary, PrEP provides a critical and necessary additional HIV prevention option that individuals can add to existing strategies in order to enhance protection, at least from HIV. As a daily pill, PrEP offers protection in the context of the sex cultures associated with sexualised drug use, digitised sexual applications and shifting social norms around sexual fulfilment and risk taking. PrEP can offer short or longer-term options for individuals as their sexual desires change over their life course offering protection from HIV during periods of heightened risk. PrEP should not be perceived or positioned in opposition to the existing HIV prevention toolkit, but rather as additive and as a tool that can and is having a substantial impact on HIV.

**Year of Publication**

2019

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**Citation 15.**

**Title**

Strategies for improving mental health and wellbeing used by older people living with HIV: a qualitative investigation.

**Source**

AIDS Care. 30(sup2):102-107, 2018 06.

**Authors**

Rosenfeld D; Catalan J; Ridge D; HIV and Later Life (HALL) Team; .

**Abstract**

Recent research into "successful ageing" and "resilience" in the context of ageing with HIV highlights older people living with HIV's (OPLWH) adaptations and coping strategies hitherto neglected by early research's emphasis on difficulties and challenges. Yet "resilience" and "successful ageing" are limited by their inconsistent definition, conflation of personal traits and coping strategies, normative dimension, and inattention to cultural variation and the distinctive nature of older age. This article thus adopts an interpretivist approach to how OPLWH manage the challenges to their mental health and wellbeing of ageing with HIV. Drawing on interviews with 76 OPLWH (aged 50+) living in the United Kingdom, we document both the strategies these participants use (for example, "accentuating the positive" and accessing external support) and the challenges to these strategies' success posed by the need to manage their HIV's social and clinical dimensions and prevent their HIV from dominating their lives. This points to (a) the complex overlaps between challenges to and strategies for improving or maintaining mental health and wellbeing in the context of ageing with HIV, and (b) the limitations of the "resilience" and "successful ageing" approaches to ageing with HIV.

**Year of Publication**

2018

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**Citation 16.**

**Title**

Stress, burnout, depression and work satisfaction among UK anaesthetic trainees: a qualitative analysis of in-depth participant interviews in the Satisfaction and Wellbeing in Anaesthetic Training study.

**Source**

Anaesthesia. 74(10):1240-1251, 2019 Oct.

**Authors**

Wainwright E; Looseley A; Mouton R; O'Connor M; Taylor G; Cook TM; SWeAT study investigator group; .

**Abstract**

Anaesthetists experience unique stressors, and recent evidence suggests a high prevalence of stress and burnout in trainee anaesthetists. There has been no in-depth qualitative analysis to explore this further. We conducted semi-structured interviews to explore contributory and potentially protective factors in the development of perceived stress, burnout, depression and low work satisfaction. We sampled purposively among participants in the Satisfaction and Wellbeing in Anaesthetic Training study, reaching data saturation at 12 interviews. Thematic analysis identified three overarching themes: factors enabling work satisfaction; stressors of being an anaesthetic trainee; and suggestions for improving working conditions. Factors enabling work satisfaction were patient contact; the privilege of enabling good patient outcomes; and strong support at home and work. Stressors were demanding non-clinical work-loads; exhaustion from multiple commitments; a 'love/hate' relationship, as trainees value clinical work but find the training burden immense; feeling 'on edge', even unsafe at work; and the changing way society sees doctors. Nearly all trainees discussed feeling some levels of burnout (which were high and distressing for some) and also high levels of perceived stress. However, trainees also experienced distinct elements of work satisfaction and support. Suggested recommendations for improvement included: allowing contracted hours for non-clinical work; individuals taking responsibility for self-care in and out of work; cultural acceptance that doctors can struggle; and embedding wellbeing support more deeply in organisations and the specialty. Our study provides a foundation for further work to inform organisational and cultural changes, to help translate anaesthetic trainees' passion for their work into a manageable and satisfactory career.

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**Year of Publication**

2019

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**Citation 17.**

**Title**

Promoting breast cancer awareness in older women during the seasonal flu vaccination campaign.

**Source**

British Journal of Nursing. 28(1):43-49, 2019 Jan 10.

**Authors**

Kaushal A; McCormick K; Warburton F; Burton C; Ramirez AJ; Forbes LJ; .

**Abstract**

BACKGROUND:: older women are at high risk of presenting with breast cancer when it has reached a late stage, which may be partly because of poor breast cancer awareness.

AIM:: the aim of this project was to implement and evaluate a new way of delivering the Promoting Early Presentation (PEP) Intervention during flu vaccination appointments in primary care. The PEP Intervention is a 1-minute intervention, accompanied by a booklet and delivered by primary care health professionals to provide older women with the knowledge, confidence and skills to present promptly on discovering symptoms of breast cancer.

**METHOD::** health professionals delivered the PEP Intervention to older women at six general practices in south London. The authors measured changes in breast cancer awareness after the intervention and interviewed practice staff about their experiences of using it.

**FINDINGS::** knowledge of breast symptoms and breast checking was greater in women aged 70 years and above after the implementation than before. Health professionals' found it acceptable and feasible to implement.

**CONCLUSION::** this intervention is a novel way of increasing breast cancer awareness in older women, which could contribute to earlier presentation and diagnosis of breast cancer in the UK.

### **Year of Publication**

2019

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### **Citation 18.**

#### **Title**

Realist Evaluation of the Use of Patient Experience Data to Improve the Quality of Inpatient Mental Health Care (EURIPIDES) in England: study protocol.

#### **Source**

BMJ Open. 8(6):e021013, 2018 06 14.

#### **Authors**

Weich S; Fenton SH; Bhui K; Staniszewska S; Madan J; Larkin M; Newton E; Crepaz-Keay D; Canaway A; Croft C; Griffiths F; .

#### **Abstract**

**INTRODUCTION:** Inpatient mental healthcare continues to be an area of high risk and where patients report negative experiences. To ensure the patient voice is heard, National Health Service (NHS) Trusts are required to collect feedback from patients routinely. We do not know what kinds of feedback are most important or what management processes are needed to translate this into effective action plans. Further, we do not know if this makes any difference to the patients themselves. This study seeks to explore which of the many different approaches to collecting and using patient experience data are the most useful for supporting improvements in inpatient mental healthcare. The overarching aim of the study is to arrive at recommendations for best practice in the collection and use of patient experience data in NHS England adult inpatient mental health settings. We present the protocol for Realist Evaluation of the Use of Patient Experience Data to Improve the Quality of Inpatient Mental Health Care study (EURIPIDES).

**METHODS AND ANALYSIS:** The study is composed of five work packages (WPs), including a systematic review of patient experiences (WP1); a telephone survey to assist the selection of case sites (WP2); six indepth case studies involving interviews with service users, carers and staff to enable a realist evaluation of the use of patient experience to improve quality in adult inpatient mental health services (WP3); an economic evaluation of patient experience feedback activity (WP5); and a consensus conference (WP4). We discuss the methodological rationale for the five WPs.

**ETHICS AND DISSEMINATION:** This study has received approval from West Midlands/South Birmingham NHS Research Ethics Committee. The outcome of the consensus conference meeting (WP4) will form the basis of the outputs to be disseminated to NHS providers. Dissemination will also take place through publications and presentations at relevant conferences.

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**Year of Publication**

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**Title**

The attitudes of homeless women in London towards contraception.

**Source**

Primary Health Care Research & Development. 20:e131, 2019 09 12.

**Authors**

Shah P; Koch T; Singh S; .

**Abstract**

AIM: To gain a clearer understanding of the attitudes of homeless women towards contraception in central London.

**BACKGROUND:** Homeless women are more vulnerable to sexually transmitted infections and unwanted pregnancies. This makes it imperative to address the health needs of this population. Evidence regarding the obstacles homeless women face when using contraception and accessing sexual/reproductive care is sparse, and almost non-existent in the United Kingdom (UK). American research has identified past experiences of women suffering side effects and their fear of serious health risks as deterrents of sustained contraceptive use among this population.

**METHOD:** This study used convenience sampling and semi-structured face-to-face interviews. During the interview, a topic guide was used to ensure data relevant to the study aim were being collected. In total, 14 English-speaking women, previously street homeless and/or living in temporary accommodation from two homeless shelters located in central London, were interviewed.

**FINDINGS:** In summary, the results suggest this group of study respondents find ongoing access to advice on contraception services difficult largely because of their homelessness. This pre-eminent factor alongside their vulnerability inevitably means that other issues take precedence on a daily basis. Furthermore, issues such as individual choice of contraception and the perceptions of this group of women to health professionals ultimately determine whether women receive the services they need. Bearing in mind the paucity of studies in this area of homelessness, the results point to the need for more research and to the allied question 'how is it best to provide contraceptive services to those women who find themselves homeless?'

**Year of Publication**

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