



Service Users in Research
Mental Health Research Network



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Service Users in Research Bulletin

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This is the sixteenth edition of the bulletin that we send out to members via post or email. In these bulletins we provide news about mental health research and advertise user involvement opportunities and events in the NIHR Mental Health Research Network (MHRN). We also advertise opportunities for people to get involved in mental health research with other organisations.

If anyone has anything that they would like to be in the bulletin or if you would like to join Service Users in Research then please let us know. You can email us at: mhrnppi@kcl.ac.uk.

To join Service Users in Research please fill out the membership form which is sent out alongside this email. You can also join online at:

<http://www.mhrn.info/pages/join-service-users-in-research-online.html>

These bulletins are additionally placed online at www.mhrn.info

Contents

- James Lind Alliance Schizophrenia Priority Setting Partnership **p3**
- Parliamentary Review of the Peer Review Process **p5**
- MHRN Mental Health Researchers Toolkit **p6**
- INVOLVE are looking for new members **p7**
- NETSCC PPI Reference Group opportunity **p9**
- NIHR RfPB are looking for members of their Regional Advisory Committees **p10**
- Book Reviews **p11**
- Opinion: “Dogma on mental illness is a threat to progress” **p14**
- Mental Health Research in the News **p15**

Please note that for events organised by MHRN hubs or local NHS trusts, travel expenses are usually only able to be offered to people living in the area covered by that hub or NHS trust. Please always check beforehand.

James Lind Alliance Schizophrenia Priority Setting Partnership



The final meeting of the JLA Schizophrenia PSP meeting held on January 10th 2011 in London

The James Lind Alliance (JLA, <http://www.lindalliance.org/>) is an NIHR funded initiative that aims to bring clinicians, patients, and carers together to essentially do two things:

1. To identify gaps in our knowledge about the ways that illnesses, diseases, and any other health conditions are treated.
2. To facilitate groups of patients, carers, and clinicians, known as '**Priority Setting Partnerships**' to identify and prioritize unanswered questions in the ways that health conditions are treated that they

agree are most important. This information “helps to ensure that those who fund health research are aware of what matters to patients and clinicians”

The JLA approach is basically one huge exercise in democracy, giving patients and clinicians an equal say in the way that research questions are identified and prioritized.

The MHRN has supported the JLA Priority Setting Partnership (PSP) relating to unanswered research questions in the treatment of schizophrenia since early 2010.

COMMENT

Democratizing clinical research

Keith Lloyd and Jo White commend a way for patients, clinicians and scientists to set priorities jointly.

Research priorities are rarely set democratically. Whereas clinical science is largely about establishing which treatments work best for whom, sadly, the views of those with most to gain or lose — patients — are generally ignored. Academics, industry and other big players with vital roles in developing treatments tend to set the agenda. But their priorities differ from those of patients and clinicians. For example, the outcomes measured in a trial of a drug may not be those of interest

brings together patients, carers and clinicians to identify and rank questions about the effects of treatments for a given disease. Clinicians and academics — who may never meet patients — find long-held beliefs challenged and sometimes overturned.

The JLA process has recently been applied to schizophrenia — a mental illness affecting about one person in a hundred worldwide. We were involved in this exercise as clinical academics. This, plus our experience as recipients of grants and from

A screenshot of the article in Nature about the JLA Schizophrenia priority Setting Partnership

At its core the PSP's activities are supported by a steering group with clinicians, service users, and carers from a wide range of organizations including the Institute of Psychiatry, Hafal, Rethink, MHRN Cymru, Swansea University, Nottingham University, and the MHRN.

In November 2010 we asked members of Service Users in Research to vote for their top research questions relating to the treatment of schizophrenia out of a two hundred and thirty seven that had been gathered together previously in the schizophrenia module of the UK Database of Uncertainties about the Effects of Treatments (UK [DUETs](#)).

All the members of the PSP steering group went back to the organizations from which they came and consulted with clinicians, service users, and carers, (as applicable) to try and identify what were the most important unanswered research questions for them out of the two hundred and thirty seven that we already had. The results of all of this were then collated and what emerged as the most popular twenty six unanswered research questions were retained. The other questions were not lost however and they are still available online on the UK DUET's database.

In January 2011 the MHRN supported the final meeting of the Schizophrenia Priority Setting Partnership. The meeting was attended by service users, carers, and clinicians, from a number of different organizations. I took part myself and I brought two service users to come and take part in a completely independent capacity.

The task of the day was for us to all agree on the top ten unanswered research questions in the treatment of schizophrenia out of the twenty six that we now had. In the morning we listened to a presentation about the JLA from its Chair, Lester Firkins.

I also gave a little presentation about my expectations of the day and of the whole JLA approach. I said that the very word schizophrenia is derived from a Greek word which means 'to split', and that it certainly does split opinions. I went on to say that despite this so long as people listened to one another's points of views then this is fine. I also made the point that everyone but everyone had an equal vote during the day, that no one was any more important (or more expert) than anyone else. I finished by saying that in my opinion so long as everyone in the room could agree at the end of the day that one of the research questions in the final top ten was important then the day had been a success.

After this we split into two groups and discussed the twenty six research questions that were laid out before us printed on the back of A4 pieces of card.

After lunch we all went through the twenty six questions together and through a process of debate and (civilized!) argument amongst ourselves we begun to re-arrange the cards with the research questions printed on them on the floor of the room from what we thought were most important to least. This process of democratic discussion and ranking is called Nominal Group Technique. To everyone's relief a consensus was reached by the end of the day.

In June the full list was published in Nature, the world's most highly cited scientific journal. Please [here](#) to read the full text of the Nature article. The next step will be to draw up research proposals to address the questions in the list and then to secure funding. Some positive signals have already emerged from a major NIHR funding programme.

Our thanks go to the JLA, the service users that attended the final PSP workshop in January 2011 and in particular all the members of Service Users in Research that took part in the voting process late last year.

The final list of the top ten unanswered research questions in the treatment of schizophrenia is shown on p5:

By Thomas Kabir

Schizophrenia research priorities: Top ten treatment uncertainties

1. What is the best way to treat people with schizophrenia that is unresponsive to treatment?
2. What training is needed to recognize the early signs of recurrence?
3. Should there be compulsory community outpatient treatment for people with severe mental disorders?
4. How can sexual dysfunction due to antipsychotic-drug therapy be managed?
5. What are the benefits of supported employment for people with schizophrenia in terms of quality of life, self esteem, long-term employment prospects and illness outcomes?
6. Do the adverse effects of antipsychotic drugs outweigh the benefits?
7. What are the benefits of hospital treatment compared with home care for psychotic episodes?
8. What are the clinical benefits and cost-effectiveness of monitoring the physical health of people with schizophrenia?
9. What are the clinical, social and economic outcomes — including quality of life and the methods and effects of risk monitoring — of treatment by acute day hospitals, assertive outreach teams, in-patient units, and crisis resolution and home treatment teams?
10. What interventions could reduce weight gain in schizophrenia?

(Reproduced from Nature Volume 474, p277-278, June 2011)

To find out more about the James Lind Alliance please click [here](#).

Parliamentary Review of the Peer Review Process



House of Commons
Science and Technology
Committee

The House of Commons Science and Technology Committee has carried out a review into the peer review process. 'Peer review' is where an article, report, or other piece of writing is scrutinized by an independent expert before publication. Academic magazines (journals) have been using this as a quality control check since time immemorial. However, there have long been concerns that this system does not always work as it should. The

enquiry into the peer review process is now complete and the final report can be read in full by clicking [here](#)

MHRN Mental Health Researchers Toolkit

Available freely online at: www.mhrn.info/toolkit

Mental health researchers' TOOLKIT
for involving service users in the research process

produced by the Mental Health Research Network North London Hub Service User Representative Group
David Armes, Jackie Barnett, David Hindle, Fenella Lemonsky and Jennifer Trite

June 2011

The Mental Health Research Network is part of the National Institute for Health Research and supports studies in England.

Advantages of service user involvement in research

- subjective experience of mental health problems can inform research questions. These experiences include, for example, side effects of treatments, relapse triggers and relapse prevention, stigma.
- an alternative perspective from professionals' "lenses" model.
- diversity of views on what constitutes a 'good outcome'.
- better recruitment.
- instruments are more 'user friendly' and need less piloting.
- more 'honest' responses from participants, especially regarding satisfaction with services.
- more clinically relevant output.
- cross-fertilisation of ideas.
- more likely to get funding.
- recovery-based practice.

The service user consultants of the MHRN North London hub have produced a toolkit to help researchers involve service users in their research. While there are many good 'toolkits' available this toolkit is different. Most toolkits focus on giving general advice about how to involve people.

The toolkit that the MHRN hub has produced is very practical and specific indeed. The toolkit is split into two parts. The first part is more general in nature and explains how and why service users should be involved in research. This section also contains some background information about the MHRN and contact details for each of the MHRN's eight regional offices (or hubs). Some space is also given over to giving some guidance as to how to safely make payments for involvement work.

The whole ethos of this toolkit is to give researchers (and others) the practical tools that they need to actually involve people in research. Whilst there is lots of high quality guidance out there as to how to involve people in research some of the more practical things that are needed for involvement work (role descriptions, application forms, claim forms, etc) are not widely available.

Template documents

These are the template documents included in the Toolkit:

- Sample role description and person specification for service user representative project advisor on a study/trial meeting group, or on a group informal or formal, developing a research proposal
- Sample generic advertisement to recruit a service user representative project advisor for mental health research activities
- Sample application form for service user representative project advisor
- Sample guidance notes for filling out an application form for service user representative project advisor
- Sample involvement agreement
- Sample contact sheet for service user representative project advisor
- Sample training needs analysis form for service user representative project advisor
- Sample involvement evaluation form for service user representative project advisor
- Sample involvement evaluation form for researchers or other staff
- Sample confidential evaluation form for service user representative project advisor involved in a study or trial
- Sample confidential evaluation form for researchers about service user involvement in a study or trial
- Sample role description and person specification for service user researcher
- Sample application form for service user researcher
- Sample responses questions for service user researcher

The second part of the toolkit addresses this problem. The second part of the toolkit contains a set of template documents (such as a sample job description for a service user researcher, a sample 'involvement agreement', etc) that can be **freely** used and changed by researchers as needed.

Sample role description and person specification for service user representative project advisor role description

Involvement role: []

Role description: []

Duration: []

Time commitment: []

Background to the research, study/trial or background to the group and proposed research: []

Involvement of service users: []

Needs: []

An example of one of the many sample forms included in the Toolkit is shown to the left

The toolkit is available freely online in pdf or Word format. All the template documents are also available to be downloaded at: www.mhrn.info/toolkit



*National Institute for
Health Research*

Would you like to get involved with INVOLVE?

We are looking for new members

INVOLVE has a key national role supporting public involvement in NHS, public health and social care research. We are looking for people with an understanding and experience of public involvement in research to join our Working Groups. INVOLVE has around 30 members with a range of skills and backgrounds.

INVOLVE is funded by and is part of the National Institute for Health Research (NIHR).

INVOLVE

Supporting public involvement
in NHS, public health and
social care research

Who are we looking for?

- **Members of the public**, including patients and potential patients, carers, people who use health and social care services, disabled people.
- People from **voluntary sector organisations** which represent people who use health and social services.
- People from **NHS, local authority and research organisations** with commitment and ability to promote public involvement in NHS, public health and social care research.

We value diversity and welcome applications from all sections of the community.

What is involved?

- Participation in four meetings a year, mainly in London.
- Opportunities for undertaking other activities for INVOLVE as agreed.

Your expenses for INVOLVE activities will be covered. If you are appointed as a public member and are not employed full-time in the public sector, you may also claim a committee fee.

How can I find out more?

Look at our website www.invo.org.uk/Membership.asp

This has more information and Frequently Asked Questions which we will update during the application period.

Get a Membership Information and Application Pack

You can download a pack from our website or contact us to have one sent to you:

Tel: 02380 651088 (Text phone: 02380 626239)

Email: membership@invo.org.uk

Attend a Membership Information Meeting

Tuesday 4 October 2011	Bristol
Thursday 13 October 2011	Manchester
Monday 17 October 2011	London

The meetings are an opportunity to meet some current Working Group members, find out more about being a member and get advice on how to apply. Places are limited - **you must book in advance**.

It is not essential to attend one of these meetings to apply for membership. Information provided will also be available on our website.

For more information about the Membership Information Meetings and to apply for a place, please contact Professional Briefings on www.profbriefings.co.uk/involvemim or call 01920 487 672.

The closing date for all applications is **12 noon on Monday 31 October 2011**

If you would like any of this information in a different format please contact us.

www.invo.org.uk

Make a difference – become a PPI reference group member

The NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) is home to a growing number of research programmes and is part of the National Institute for Health Research (NIHR).

NETSCC is establishing a reference group to advise its patient and public involvement (PPI) function. The group will be composed of people with experience of, and passion for, effective patient and public involvement in health research. Applications are invited from people who are now or have been lay (patient or public) contributors to any part of the NIHR at any time since 2006. For further information and to apply please click [here](#).

The closing date for applications is Friday 2 September 2011.

If you have any queries please submit them by [email](#) or call Alison Ford after the 18 August 2011

Or phone 023 8059 7435.

Kind regards,

Alison Ford
Public and Patient Involvement Manager



To find out more visit
www.netscac.ac.uk

**NEW OPPORTUNITY – LAY COMMITTEE MEMBERS
NIHR RESEARCH FOR PATIENT BENEFIT PROGRAMME**

The National Institute for Health Research Central Commissioning Facility (NIHR CCF) is looking for patient and public representatives (lay members) for the Research for Patient Benefit (RfPB) programme to take a part in the work of the ten regional advisory committees. The committees meet three times a year with individuals from clinical, academic and methodological backgrounds to discuss and decide which applications to the programme should be recommended for funding. Lay members take a full committee role and have the key task of providing the patient and public perspective in the research assessment processes. There are up to three lay members on each committee at present.

Committee experience and some healthcare background are useful. For example, you may be a service user or a carer, been a member of an ethics committee, or have worked with volunteer groups in a health related role. You must also reside in England. If you are interested and would like to know more please contact Liz Scott, Patient and Public Involvement (PPI) Assistant Programme Manager, using the contact details below.

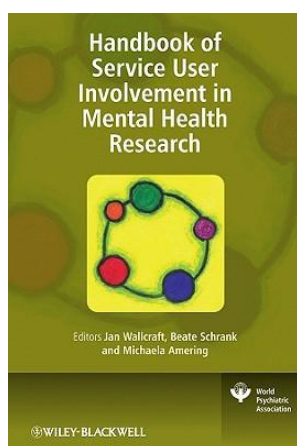
Lay members of the Research for Patient Benefit programme are also invited to take part in an annual PPI workshop where they can update their knowledge of the programme and network with other members and the RfPB programme team from the NIHR CCF.

For further information on the NIHR Research for Patient Benefit programme, please go to the website www.ccf.nihr.ac.uk/rfpb/ppi

If you would like to be considered or would like more information, please contact Liz Scott by email to: liz.scott@nihr-ccf.org.uk .

Tel: 020 8843 8041

Book Reviews



Handbook of Service User Involvement in Mental Health Research

Jan Wallcraft, Beate Schrank, and Michaela Amering (Editors)

Published by Wiley-Blackwell, RRP £48.99
ISBN: 0470997958

WARNING THIS BOOK WILL IMPROVE YOUR HEALTH

This is a scholarly, comprehensive and essential guide for service user involvement in research. The referencing and reading list are extensive and knowledgeable. The perspective is from the service user's viewpoint. It does not embrace carers in this definition although this is not to say that it is not useful or applicable to carers - most of it clearly is.

The scope of the handbook is for psychiatrists, medical professionals managing people with psychiatric disorders, and researchers in the field who want to develop service user involvement. It is also written for service users who are interested in becoming involved in research. The former will be au fait with the many terms, agencies and medical definitions in this country and abroad. For the layman, service user, carer and, I suspect, many students up to postgraduate level, it would be helpful to include a glossary of common acronyms, agencies and medical definitions: simple explanations of ethics, Delphi process, DSM, experienced based/value based learning, medical/biochemical models etc. for those new to research or considering it.

In the initial chapter Jan Wallcraft makes the reader aware of the problem of labels. Not everyone will agree on the terms. In the UK 'service user' or 'mental health service user' have become widely used. Some prefer the term 'recipients of psychiatric services'. In the US, terms have been bought together with consumer/survivor or consumer/survivor/ex-patient to 'c/s/x'. This would be useful in a glossary. Labels are a sensitive area as service users and carers are very aware of the stigma of diagnosis. Service users are experts by experience and valued as such. Service user researchers have as much to offer as academic user researchers. Service user contribution is celebrated throughout this handbook.

This issue is dealt with also in the chapter headed 'Power'. Indeed, all aspects of research are thoroughly explored in the seventeen varied chapters which do overlap in their message, reinforcing positively what service users bring and add to the work of research. Crucially they improve the quality and detail of research and the relevance and utility of it.

The emphasis in the handbook is of recovery and for research to be purposeful and useful in supporting this.

Service user guided research has change as an explicit goal in and of itself - not just a goal of caring and understanding and refining practises to enhance quality of life but change from the immediate impact of shared power and knowledge and the development of new values. This is a true partnership. It is something to be proud of as

a service user/carer to improve the quality, relevance and utility of mental health research - to be part of this and see it being informed by the person's lived experiences of illness and recovery. Reading this as a service user/carer, it gives optimism and hope as there are many good examples of personal stories and recovery – including recovery from schizophrenia which sends out a strong message.

The chapters are well organised and concise with extensive references, a handy conclusion and bullet points which are good for quick reminders. It manages to be both scholarly and user friendly.

The presence of service users in research serves as a constant reminder of who services are accountable to. Service users can reclaim their power in user-led research and not be tied with global interests or pharmaceutical companies. Service users can change policy by being on an Expert Review Group (another term for the glossary) where their voices are heard and research is owned by service users and not restricted or driven by other agendas. This type of research changed how the expert groups viewed service users, the depth of knowledge and experiences they possessed, and in turn the service users felt heard and respected. This is a win/win situation. Service users are not merely tools but active and equal participants. What is also emphasised is a shared language at every stage of the research process from design to dissemination. This needs to be transparent and jargon free with terms explained and agreed by all.

What is also exciting is the opportunity for service users to construct a different reality as they come together with other service users in a participatory inquiry and practice with those who would normally objectify them. They can also embrace the mutual possibility for improving the system.

What this handbook provides finally is:

- Hope for recovery and the possibility of change
- Kindles the desire to become involved in research from an equal and valued starting point
- Gives the reader the knowledge to feel confident about joining a research group
- Help to evaluate research and ask the right questions
- Awareness of not just being a research tool or tokenistic but an active and valued participant with a voice heard and respected
- Recognition and appreciation of how much service users have to offer any research.

Any research which does not truly involve service users will not be useful or worthwhile.

And finally, it comes with a warning to improve your health:-

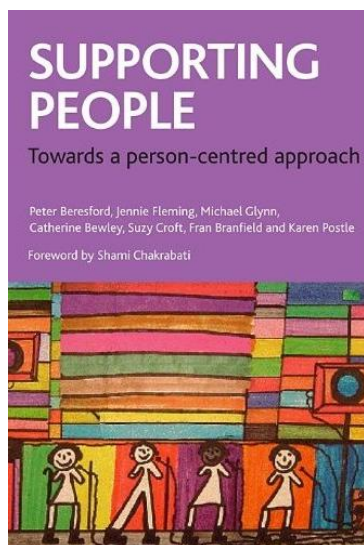
- It restores self confidence
- Self esteem
- Self worth

and helps restore a helpful balance against

- Stigma
- Feeling powerless or useless

and aids being in control.

Book review by Caroline Kemp



Supporting People: Towards a Person-Centred Approach

By Peter Beresford, Jennie Fleming, Michael Glynn, Catherine Bewley, Suzy Croft, Fran Branfield and Karen Postle

Published by Policy Press, RRP £19.99
ISBN: 1847427626

Supporting People: Towards a person-centred approach promotes a care system that is focused on the individual rather than target driven and it opens up the discussion about the provision of social care, its means and its ends. It challenges orthodox thinking among academics in advocating a rights-based, personalized approach to care and support that would put the needs, choices and rights of the service user at the heart of their care package. It challenges policymakers and practitioners to take a closer look at how we treat and care for some of the most vulnerable and marginalized members of our society.

This book provides a positive and comprehensive discussion of how changes can be made now and what strategic changes are needed for person-centred support to have a sustainable future. It explains key difficult and often misunderstood concepts for change like direct payments, self-directed support, personal budgets and personalisation. The book is based on evidence from the largest independent UK research study of person-centred support called “The standards we expect”. It is written by an experienced team that includes service users, practitioners and researchers. There are many personal stories and quotes, some poignant, others uplifting which make it easy to read and to identify with.

This book highlights major areas where people identify big barriers in the way of person-centred support such as the lack of flexibility from services, as outlined in this quote from a service user:

“We all wish we could tweak our own services to a degree. I have home care, but I could occasionally do with more. I have very good weeks and very bad weeks. It would be nice to say, ‘I don’t need services when I’m good and have them back when I’m bad’, but you can’t do that. You have to keep it going all the time, otherwise you lose it.”

The book also identifies ways in which these areas are being addressed at grass roots level and what seems to help to overcome them. Here is another example from a different service user:

“An example is I go to church on a Sunday and on a Sunday we have our dinner a bit earlier so that we have time to get ready and go to church. So that is something that has changed.”

Funding is identified as one of the biggest barriers with means-testing working against meeting people’s rights and needs. The role of informal carers, the issue of institutionalization and the practice of social care workers are all explored in detail with

vignettes which serve to help illustrate the points being made and keep the text so rich and alive.

Some of the broader issues that are discussed are the concepts of information, advice, support and advocacy to negotiate the social care system. Many people don't know what services are available and have difficulty making informed judgments and choices. Equally access to mainstream services is seen as key to individual choice. The book ends with a discussion of change and how it can be accomplished. To conclude, this book is essential reading for anybody who wants to promote more freedom and independence whether for themselves or others.

Book review by Debbie Mayes (Service User Researcher)

Would you like to review a book for us?

If you would like to review a book for us then please let us know. The book needs to be on a mental health topic (ideally vaguely related to research, mental health services etc). If you do have any ideas of a book that you would like to review for the Bulletin then please let us know. If you write a review for us, we will buy the book for you, and we will give you a £25 Amazon voucher as a token of our appreciation. Please email mhrnpipi@kcl.ac.uk if you have any suggestions.

Opinion: “Dogma on mental illness is a threat to progress”

By Professor Nick Craddock



It is commonplace for people to hold very firm views about the nature and causes of mental illness, based on hunch, ideological perspective and anecdote. For example, some believe all mental illness is explained by adverse social circumstances; others think that it simply reflects a lack of ability to cope with life's stresses.

While many people are very supportive of the need for better understanding of mental health, even highly intelligent and otherwise open-minded individuals not infrequently hold dogmatic but ill-informed views about mental illness.

This thinking extends to biological scientists, Nobel Prize winners and even members of grants panels. Many naive views seem to be based on extrapolation of knowledge of situations of relatively mild mental distress. However, this extrapolation does not work. Consider the common assumption that all depression is the result of inability to deal with life, a character weakness. While this view might be of value for mild depression, it is woefully inadequate for severe depression accompanied by stupor or delusions - situations that

can be life-threatening. In contrast, few people would be comfortable making similar generalising assumptions about the causes and management of severe cardiovascular disease (for example myocardial infarction) based only on their observations of people who get breathless on exercise.

Within the scientific and lay press, psychiatric illnesses are discussed in a more heated, opinionated and less helpful way than non-psychiatric illnesses. An example was the media furore surrounding the report that rare structural genomic variants are more common in cases of attention deficit hyperactivity disorder (ADHD) than controls. Despite voicing of all the caveats about the complexity of causation and importance of environmental factors, there was great disquiet voiced from some commentators that ADHD was referred to as a "genetic disorder". Had similar wording been used about heart disease or diabetes, there would not have been such inflammatory debate. And yet the evidence for genetic influence on ADHD is as strong as for these physical illnesses. All involve a complex mixture of genes and environment.

An increasing understanding of basic neuroscience, together with human investigative tools such as molecular genetics and multimodal brain imaging, provide the opportunity for a revolution in diagnosis and management of mental illness over the coming two to three decades. However, realising this opportunity will require us all to be open-minded and guided by evidence rather than prejudice. This includes politicians, the public, professionals, funders and grants panels, as well as researchers.

For the sake of the many people whose lives are affected by severe mental illness we need to walk the walk and not just talk the talk.

This article originally appeared in [‘Wellcome News’](#) which is published by the Wellcome Trust.

Mental Health Research in the News

Impact of crisis resolution and home treatment teams on psychiatric admissions in England



“Contrary to previous studies, we find no evidence that the CRHT policy *per se* has made any difference to admissions and suggest a need for more research on the policy as a whole”

For the abstract of the paper please click [here](#)

If you would like a copy of the paper then please just drop us a line.

Shrinking brain could aid diagnosis of depression



“Parts of the brain shrink when people suffer clinical depression, according to scientists at the Biomedical Research Centre (BRC) for Mental Health at the Maudsley Hospital and King's College London's Institute of Psychiatry”

For the original research paper please click [here](#)

There is also a useful summary of the research on the Institute of Psychiatry webpage. Click [here](#) to read the full text.

Athletes need help with eating disorders, says psychiatrist

“Eating disorders are a major problem for sportsmen and women, and are being overlooked, a psychiatrist has warned”

Click [here](#) for the full article

Association between provision of mental illness beds and rate of involuntary admissions in the NHS in England 1988-2008: ecological study

The objectives for this piece of research published in the British Medical Journal were to “examine the rise in the rate of involuntary admissions for mental illness in England that has occurred as community alternatives to hospital admission have been introduced [between 1998 and 2008]”. The conclusions of the study are that “the rate of involuntary admissions per annum in the NHS increased by more than 60%, whereas the provision of mental illness beds decreased by more than 60%”.

You can read the full article freely by clicking [here](#)

Pets provide key social and emotional support

“Pet owners appear to fare better than other people with regard to physical fitness, self-esteem, being conscientious, being more socially communicative, not worrying so much about things, and being less fearful in general, researchers revealed in the *Journal of Personality and Social Psychology*.”

Click [here](#) for the full article

You can read the abstract of the original research paper by clicking [here](#)