Trauma-Informed Care in the UK: A Systematic Review and Thematic Synthesis of Qualitative Studies

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Aims: Experiences of trauma are highly prevalent within the UK. Within acute psychiatric care, current risk management includes the use of restrictive interventions. Frequent reports of re-traumatisation among service users have sparked debate about its effectiveness and acceptability. Trauma-informed care (TIC) has garnered more attention in recent years as a safer and more acceptable approach, aiming to recognise and respond to trauma in a way which resists re-traumatisation, but there is wide variation as to how this is implemented in the UK at present. The aim of this systematic review is to assess the effectiveness and acceptability of TIC in acute psychiatric care in the UK, and to determine its potential for national implementation.

Methods: Five databases (Embase; Global Health; Medline; PsycINFO; Web of Science) were searched for eligible studies between 21/10/24–09/12/24. A total of 2005 studies were found after applying the search terms. Following screening, 12 studies met inclusion criteria; 7 studies from database searching and a further 5 from reference list searching. Qualitative data was analysed and categorised into 7 global themes using thematic synthesis. Quantitative data was summarised in a narrative manner.

Results: The following themes were identified: 1) variation in the experiences of staff and service users; 2) barriers to providing psychosocial care; 3) the importance of trauma-informed training; 4) sustainability of TIC; 5) the importance of staff-service user relationships; 6) the importance of a patient-centred approach; and 7) governance and leadership issues. Results showed a decrease in restraint and seclusion incidents post-TIC implementation in acute psychiatric care facilities. Although most service users reported feeling safer and more in control of their treatment, others described feeling forced into reliving their trauma. There was a general consensus that feeling listened to and genuinely cared for by staff helped them to understand their feelings and find ways to address their trauma. Feelings of unpreparedness and unfamiliarity of TIC were common amongst staff. Most agreed that trauma-informed training packages helped them to feel more confident in delivering care.

Conclusion: TIC is an invaluable tool for trauma recovery, with existing literature suggesting that it is an acceptable and effective approach to psychiatric care. National implementation of TIC across the UK would likely benefit a large proportion of individuals. However, this study identifies key issues which still need to be considered, including training, sustainability factors, patient involvement, and leadership. Political backing, staff time and resource management would additionally need addressing.

Competence and Confidence of Healthcare Professionals in Using Clozapine: A Qualitative Systematic Review and Thematic Synthesis

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Aims: Clozapine is the only licensed medication for treatment-resistant schizophrenia although it is underused. Healthcare providers' (HCP) competence and confidence appear to have an effect on clozapine underutilisation. This review aims to synthesize the most pertinent literature examining the factors influencing HCP competence and confidence in the management of clozapine and how these factors influence variation in prescribing practice.**Methods:** A review of the literature focusing on these elements was conducted. The **P**opulation, **C**ontext, **O**utcome **(PCO)** framework was adopted to support the literature search. The databases Medline, Psychinfo, Scopus, Cinahl, Pubmed, Embase, British Library, Ethos e-thesis, Google Scholar, Dart Europe e-thesis were consulted; the search was completed in January 2025. Screening, selection, data extraction and quality assessment were conducted independently by 2 researchers. Thematic analysis was used to investigate and compare the data emerging from the studies. **Results:** Thirty-four articles were included in the review. Six themes were identified: attitude toward and knowledge about clozapine, misconceptions (regarding side effects, monitoring and co-morbidities), guidance, education, training and experience. Clinicians self-reported as competent with guidelines, yet they expressed less confidence in their ability to adhere to them and were uncertain about managing side effects. Lack of education, training and insufficient exposure to clozapine management were significant factors impacting competence and confidence resulting in clozapine underuse. Few studies involving non-medical professionals highlighted a general lack of education and training related to clozapine use.

Conclusion: Deficiencies in knowledge and experience were identified among professionals. However, the studies included in this review were lacking in the involvement of non-medical professionals. Given their crucial role in managing side effects and educating patients and carers, it is evident that their inclusion in future research is imperative.

Let's Address Hatred by Identifying Its Various Aspects and Appreciating the Usefulness of Different Tools and Interventions Aimed at Tackling Its Numerous Forms and Manifestations: A Systematic Review

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Aims: Hatred can manifest in several ways. This article aims to explore what information can be obtained from the medical literature to address a variety of manifestations and expressions of hatred.

Methods: A systematic search of the medical literature from the PubMed medical library was used to identify articles dealing with hatred. A review of 1226 articles from 2015 to the date of data collection was performed. 87 of these discussed the issue of addressing hatred by various means. Full text search of these 87 articles was carried out. Data collected was interpreted utilising thematic analysis.

Results: The thematic analysis of data suggests that there are three major ways of addressing hatred: a need to understand various aspects related to hatred; the usefulness of and/or unhelpfulness of

various tools, methods or means to address hatred; and lastly, utilising various interventions to address hatred.

Conclusion: As there are several forms and manifestations of hatred, with unique background and presentation, there cannot be a single method or suggestion that can be provided to address hatred. Medical researchers concur that hatred exists, and several related aspects require attention. Useful details of several tools, methods, means and strategies are offered that may help to tackle numerous forms and manifestations of hatred. Furthermore, they share with us evidence in favour of several interventions that they found helpful in addressing hatred.

Role of Psychiatric Intensive Care Units in Preventing Long Term Admissions in Psychiatric Hospitals

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Aims: This study aims to assess the role of psychiatric intensive care units (PICU) in preventing long-term admissions in psychiatric facilities which is a major issue in developing countries like Pakistan.

Methods: It was a retrospective cohort study. Data obtained from patients' admission and discharge registers from Psychiatric ICU and two inpatient units in Punjab Institute of Mental Health Lahore for a time period of 6 months from November 2023 till April 2024 was studied and length of stay in PICU was compared with other units.

Results: 82% of PICU patients (n=110) were discharged within 6 days(S.D±3.08) after stabilization, with follow-up in OPD, while the remaining 18% were transferred to inpatient Unit B (n=52) for further management with average stay of 12 days.(S.D±5.23) Only 53% of the patients (n=26) admitted in Unit D (operating without PICU) were discharged, with the rest remaining hospitalized. Unit D had a longer average hospital stay of 41 days. The units were similar in demographic features but varied in treatment programmes and involvement of family in treatment.

Conclusion: The results of the study are promising in favour of PICU as it succeeded in reducing length of stay in the hospital and challenges the social perception of psychiatric facilities as a place of incarceration. Rapid mobilization of resources and active involvement of family during the management were important factors impacting the length of stay. There is further room for research for role of PICU in psychiatry wards in multidisciplinary hospitals.

What Do People with Depression Want From EMA and Mood Monitoring Interventions? A Systematic Review and Qualitative Meta-Synthesis Assessing Usability, Acceptability, and Purpose

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Aims: Advancements in digital technology have increased the potential for EMA to improve assessment efficiency through enabling real-time mood evaluation and raising the possibility of novel and technology informed interventions. The preferences and views of individuals with depression are crucial for the effectiveness of mood monitoring interventions or Ecological Momentary Assessment (EMA) as a data collection method. Concerns have been raised about the negative impact of frequent mood assessments. This is the first systematic review to our knowledge that assesses user experience of mood monitoring and EMA protocols. This systematic review and meta-synthesis evaluated the user experience of mood monitoring and EMA procedures, examining factors such as obstacles and facilitators for both people with depression and clinicians, potential adverse effects, and the intended goals of these methods.

Methods: A systematic review and meta-synthesis of qualitative studies on user and clinician experiences with mood monitoring and EMA for depression was conducted (PROSPERO: CRD42023396473). A search was performed across eight electronic databases. Qualitative studies exploring user perspectives on self-monitoring/EMA in people with depression were included. A meta-synthesis approach was applied to analyse the data, using first, second, and third-order constructs, following Noblit and Hare's meta-ethnography framework. All qualitative studies were rated for risk of bias by two independent reviewers, and the results were verified for coherence by individuals with lived experience and psychiatrists.

Results: Fourteen studies met the inclusion criteria, from which seven themes emerged. These were: adverse effects, obstacles to mood tracking, enablers of mood tracking, the objective of mood monitoring, clinician-related challenges and concerns, clinician-driven recommendations and support, and desired features. All studies identified demonstrated a low risk of bias.

Conclusion: Many users reported a worsening of their mood and anxiety during EMA/mood monitoring. Users wanted to maintain control over their data and expressed a preference for a simple, intuitive, and passive data protocol. This review highlighted that personalisation should be a core feature of any future protocol development to maximise successful implementation and uptake of future protocol. These protocols should consider testing the incorporation of additional therapeutic elements to manage adverse effects as well as confirming these findings quantitatively. We present additional important concepts that are expected to enhance the user experience, engagement, retention, usability, and acceptance of EMA/mood monitoring protocols for individuals with depression.

What Does Routinely Collected Pooled DIALOG, PROM and PREM Data Tell Us?

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