

Highlights of this issue

By Kimberlie Dean

Psychological interventions – the role of technology and post-conflict outcomes

Two papers consider the role of technological enhancements to established psychological interventions in the *BJPsych* this month. Bouchard *et al* (pp. 276–283) conducted a three-arm randomised controlled trial to compare virtual reality social exposure, embedded within cognitive-behavioural therapy (CBT), with *in vivo* exposure, in a sample of individuals with social anxiety disorder. Both CBT groups improved with respect to the primary (Liebowitz Social Anxiety Scale) and secondary outcome measures compared with the waiting list control group but conducting social exposure in virtual reality was more effective at post-treatment on the primary and on one secondary outcome measure. The authors highlight the practical benefits of virtual reality social exposure and call for researchers to continue refining virtual environments to further exploit the potential of virtual reality. In a linked editorial, Gega (pp. 245–246) comments on the current gap between the therapeutic possibilities offered by virtual reality and its impact on day-to-day clinical practice. Technological developments have also influenced the way in which mindfulness-based interventions for a range of mental health difficulties are accessed, particularly for young people. Tunney *et al* (pp. 284–289) utilised a two-armed qualitative focus group methodology to examine the experiences of children accessing mindfulness delivered both face-to-face and through a computer game. A range of themes emerged from both arms, including relaxation, engagement, awareness, thinking, practice and directing attention. The authors highlight some key differences in the themes emerging from the two study arms but their overall conclusion is that computerised delivery could be added to the practice of mental health professionals.

Since the majority of survivors of mass violence live in low- and middle-income countries, Morina *et al* (pp. 247–254) have systematically reviewed the evidence for psychological interventions for post-traumatic stress disorder (PTSD) and depression in young people living in such circumstances. Meta-analysis of the findings from 21 included randomised controlled trials revealed evidence of effectiveness in the treatment of PTSD but effect sizes for depression were low. The authors also identified significant publication bias. In a linked editorial, Meiser-Stedman & Allen (pp. 243–244) highlight the accumulation of trial evidence in this

area over recent years but comment on a number of outstanding issues which should be the focus of future research, including the need to consider dissemination, timing of interventions and whether trauma-focused interventions are essential.

Diagnostic screening for depression and the identification of cultural issues

Tsoi *et al* (pp. 255–260) undertook a systematic review and meta-analysis to compare the diagnostic accuracy of the Two-Question Screen for depression in older adults with other screening tools. On the basis of data from 133 studies evaluating 16 screening instruments (6 studies used the Two-Question Screen), the authors found that the Two-Question Screen was comparable to other tools, including those tools rated by clinicians. The authors recommend use of the Two-Question Screen for depression in older adults and comment on the fact that their findings support the recommendations of the National Institute for Health and Care Excellence in this regard.

The DSM-5 Cultural Formulation Interview (CFI) was designed to help clinicians identify the impact of culture on illness and care during a clinical evaluation. Lewis-Fernández *et al* (pp. 290–297) assessed the feasibility, acceptability and clinical utility of the CFI in routine clinical practice using a mixed-methods evaluation of international field trial data. The authors found the tool to be feasible, acceptable and useful; feasibility ratings of the instrument were higher for clinicians than patients. The authors conclude that it is worth investing around 20 minutes of an initial clinical evaluation on a cultural assessment using the CFI, although a need for further assessment of the impact on clinical and service outcomes is recommended.

Autism and psychosis

In a cohort dually affected with autism and psychotic illnesses, Larson *et al* (pp. 269–275) found that diagnoses of atypical psychosis were more common and diagnoses of schizophrenia less common when compared with individuals with psychosis only. The other finding highlighted was the lower prevalence of stereotyped interests/behaviours among those dually affected compared with individuals with autism only. The authors comment on the challenge for mental health services of addressing the needs of individuals with both autism and psychosis. In a linked editorial, Wood (pp. 241–242) highlights the importance of understanding the relationship between autism and psychosis for improving the diagnosis, treatment and understanding the aetiology of both disorders.

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