



What's happening in psychology? E-mail news@thepsychologist.org.uk. We also welcome evidence-based analysis of current events (up to 1500 words). Contact the editor first on jonsut@bps.org.uk. Send reviews of research published in peer-reviewed journals (up to 400 words) to Dr Tom Stafford on tom@idiollect.org.uk. Staff journalist: Dr Christian Jarrett (chrber@bps.org.uk).

YOU DON'T HAVE TO BE EINSTEIN

A CAMPAIGN group led by Susan Linn, a Harvard psychologist, has complained to the Federal Trade Commission about the 'Baby Einstein' and 'Brainy baby' videos. They claim that advertisements for the resources are false and deceptive because there is no evidence that watching them helps babies learn.

MENTAL PROCESSES EVENT

A ROYAL Society discussion meeting on 'Mental processes in the human brain' has been organised by Jon Driver, Patrick Haggard and Tim Shallice from the UCL Institute of Cognitive Neuroscience. It takes place on 16–17 October at the Royal Society in London. The event is free to attend but registration is essential.

☐ See www.royalsoc.ac.uk/events.

ROYAL SOCIETY FELLOW

CARDIFF University psychologist Professor John Pearce has been elected Fellow of the Royal Society for 'original and fundamental' research on methods of learning in animals. Recently, Professor Pearce has advanced understanding of how animals return to a desired goal by referring to features of their environment. He has shown that they take mental snapshots of a place and seek to avoid areas resembling these snapshots.

PSYCHOLOGY IN MEDICINE

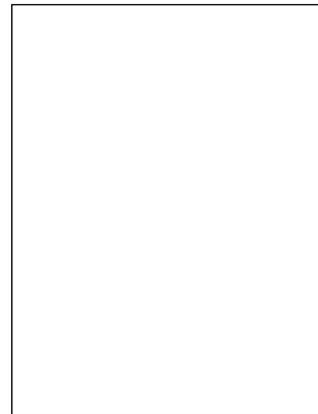
A NEW group is being set up for those with responsibility for the psychological content within the medical curriculum. It aims to provide a forum for discussion and the sharing of good practice. The first meeting will take place in September – to join, contact Katherine Armstrong on k.armstrong@psych.york.ac.uk.

Mind the gap

THE government has launched its Improving Access to Psychological Therapies (IAPT) programme – but who is going to deliver it?

The initiative seeks to deliver on the government's 2005 manifesto commitment to provide improved access to psychological therapies. In the White Paper *Our Health, Our Care, Our Say*, the government announced their intention to establish two demonstration sites to test the effectiveness of providing significant increases in evidence-based psychological therapy. But the British Psychological Society, which has been actively involved in the development of the proposals, is concerned 'that the delivery of this policy

commitment may be jeopardised by an unwelcome and unprecedented cut in the



number of training places available for clinical psychologists'.

In a letter to Health

Secretary Patricia Hewitt, Society President Ray Miller and Tim Cate, chair of the Division of Clinical Psychology, welcome the commitment to improving access to psychological therapies in the NHS. But they point out that the number of individual training places available this year in England and Wales has been cut by between 5 and 20 per cent. This situation is unprecedented – it is the first cut in training places in clinical psychology training in 20 years. The letter continues:

We welcome the move towards increased flexibility in the roles of mental health professionals, but it is important to bear in mind the fact that clinical and other applied psychologists take a leading role in training people to undertake talking treatments, supervising practitioners and managing the quality of these services. Not only this, they are also the largest professional group in the NHS who are able to deliver Cognitive Behaviour Therapy, the approach which lies at the core of the programme you have announced. Your Department appears to be cutting back on the very people who should be available to support its stated policy aims.

IMPROVING ACCESS – THE PLAN

The programme will comprise:

- two national demonstration sites, at Newham and Doncaster; jointly sponsored by the Department of Health and the Department of Work and Pensions. These will test the effects of increases in psychological therapy services 'on health, well-being, and in maintaining people as economically active members of society';
- a national network of local psychological therapies Improvement Programmes in each region, led by the Care Services Improvement Partnership regional development centres;
- a partnership with the Primary Care Collaborative, Pathways to Work and other related local programmes, to share data and develop shared strategies.

Key products of the programme include the development of:

- clinical protocols to ensure effective treatments are available to people in primary and community locations;
- service models for delivering integrated, stepped care for people across the spectrum of services;
- workforce plans for rolling out the increases in capacity tested by the pilot sites that is sustainable, realistic and affordable.

The programme will seek evidence to make the case for additional investment in the expansion of psychological therapy services.

A conference this month will discuss developments. JS

☐ For more information see www.mhchoice.org.uk/psychologicaltherapies and www.bps.org.uk/tiny/vttjt8.

DSM links with drug companies

THE impact of the pharmaceutical industry on psychiatric diagnosis is under the spotlight again, as new research shows that many of those who are behind the diagnostic criteria have financial ties to drug firms.

Lisa Cosgrove, a clinical psychologist at the University of Massachusetts in Boston, investigated whether panel members on the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the psychiatric bible, had received money for research, consultancy or speaking. Overall, 56 per cent had such links.

Cosgrove and colleagues claimed that 'connections are especially strong in those

diagnostic areas where drugs are the first line of treatment for mental disorders': for example all members of the panels for 'schizophrenia and other psychotic disorders' and 'mood disorders' had such links.

The American Psychiatric Association, who publish DSM, say that panel members are not influenced by their financial ties, but that the 2011 edition will include such information. The authors argue that no DSM panel should have a majority of members with ties to drug companies. *JS*

□ *The study is published in Psychotherapy and Psychosomatics (see tinyurl.com/pfdyw).*

Ashamed to admit depression

ONE in five Britons is estimated to be affected by depression at some point in their lives – costing the UK around £8 billion a year in medical costs. Now a new study has found that 54 per cent of sufferers of depression conceal depression-related symptoms, behaviour and distressing experiences from their therapist with shame being the most frequently reported reason.

The study, conducted by Dr Anne Hook and Professor Bernice Andrews, at Royal Holloway, University of London, addressed the relationship between shame-proneness, depression and non-disclosure in therapy. The findings, published in the *British Journal of Clinical Psychology*, found more than half those being treated for depression were too ashamed to fully disclose their symptoms to

their therapist. It also found those who did not disclose symptoms had a poorer outcome after therapy.

Eighty-five men and women from the self-help group Depressives Anonymous responded to a questionnaire about their experiences in therapy. The questionnaire assessed depressive symptoms, shame-proneness, non-disclosure in therapy and the reasons for non-disclosure. As well as shame, other reasons for not disclosing information varied from lack of trust in the therapist and fear of rejection, to guilt or the issue being too painful to talk about.

'Therapists cannot assume that their clients tell them everything. However, the research indicates the importance of being sensitive to potentially shaming issues,' said Professor Andrews. *CB*

IN BRIEF

A round-up of research from the latest BPS journals

Our emotional reactions to both good and bad events happening to others can be influenced by our own relative experience. Participants in a study by Richard Smith (University of Kentucky) and colleagues were less happy for someone who supposedly scored well on a test when they themselves had performed poorly compared with when they were told that they had also performed well. (BJSP, June)

Are most journal articles 'esoteric', 'empirical choreography' that have little effect on practice? In a target article on the academic/practitioner divide, Garry Gelade (Business Analytic Ltd.) calls for better framing of the research questions/hypotheses in terms that appeal to practitioner concerns as well as theoretical issues, more analysis of practical implications, more use of target articles with commentaries, redirection of articles that focus primarily on method or instrument development to other journals, and more use of the internet. Commentaries discuss whether it is possible that a journal can publish rigorous and scientific research, and at the same time appeal to a non-specialist practitioner readership. (JOOP, June)

Can a solution-focused single two-hour therapy session be effective for the treatment of children and adolescents with mental health problems? Ruth Perkins (Royal Children's Hospital, Victoria, Australia) suggests so, reporting improvements of clinical significance and a 95 per cent satisfaction rate. (PAPTRAP, June)

The government's Early Literacy Support programme provides a cost-effective method of boosting six-year-old children's reading to an average level, according to an evaluation led by Peter Hatcher (University of York). (BJEP, June)

Paranoid patients differ in the extent to which they see themselves as deserving of persecution: 'poor me' or 'bad me'. Now a study by Sigmaringa Melo and others at the University of Manchester finds that such evaluations also shift with time. The authors suggest that transitory 'bad me' phases might be exploited by therapists, as it is in this phase that dysfunctional self-schemas may be more apparent. (PAPTRAP, June)

In a study of 210 men admitted to a Sheffield hospital after 'everyday' traumatic events such as falls, assaults and road accidents, around 40 per cent had clinically significant psychological symptoms six months later. The authors look at contributory factors and call for the screening of patients within weeks of injury to enable early intervention. (BJCP, June)

Previous studies have found inconsistent links between the ability to understand other people's beliefs and to understand their emotions. This study by Michelle Harwood and M. Jeffrey Farrar (University of Florida) finds that these abilities are linked, and this relation is particularly salient for children's ability to predict another person's emotion when it differs from their own (e.g. that they could be happy to win a race while their friend would be sad). (BJDP, June)

□ *Society members can subscribe to BPS journals for just £19 per year (£14 for students). See www.bpsjournals.org.uk.*

Hush-a-bye, baby

JON SUTTON reports from a conference on infant crying and sleeping problems.

THERE are few sounds as distressing as the piercing cry of a newborn baby: particularly when it's yours. The bookshelves are filled with advice for parents, but it is hopelessly conflicting and based largely on opinion rather than evidence. At this conference, organised by the Unit for Parenting Studies at De Montfort University, Ian St James-Roberts (Institute of Education) presented research and encouraged the assembled audience of health professionals to discuss some better support for bleary-eyed mums and dads.

The key is seeing crying and sleeping as parent problems; in very few cases is there anything physically wrong with the baby. The 'unsoothable bouts', the main cause of parental complaint about

Health services need to gather a basic surveillance record of infant crying and sleeping problems

crying, are an infant universal related to a shift from reflex functions to more cortical control. It is not a pathological

condition, and St James-Roberts said that there is no basis for advising parents that what they do will have any effect. So what can you do? St James-Roberts suggested staying positive, for example by telling the parents that they simply have a 'vigorous' baby. He also pointed out that 'crying is not always bad... when babies get sick they stop crying'.

However, when it comes to general fussing and crying, differences in care can make an impact. In a study published last month in *Pediatrics*, St James-Roberts and colleagues recruited groups of parents in London and Copenhagen, and used natural parenting websites to identify a third group of parents who planned to keep their babies close by all the time. At both 10 days and five weeks old, London parents held their babies less than the Copenhagen group, and left them to cry more. But the tactic backfired: London infants

fussed and cried 50 per cent more than the other two groups, and unlike those groups their crying remained high after 12 weeks.

But the more extreme 'infant demand' care of the proximal care parents seemed to lead to more sleeping problems at 12 weeks. 'Rather than one approach being better, they are associated with different benefits and costs,' St James-Roberts said. His advice for parents is that during the early weeks, caring on demand minimises the amount of fussing and crying. Beyond that, parents need to adopt a more structured approach: maximise environmental differences between day and night, avoid cuddling or feeding the baby to sleep, and once the baby is three weeks old and gaining weight normally, delay feeding when the baby wakes at night. Kill a couple of minutes by changing their nappy: this will hopefully break the association between night waking and feeding.

St James-Roberts called for standardised assessment of crying and sleeping problems from birth, possibly in the red book that parents get from health visitors. Pointing to estimates that crying and sleeping problems in one- to three-month-old infants cost the National Health Service over £68 million in staff time costs each year, he said: 'Healthcare services need a basic surveillance record. You can't imagine a doctor without a stethoscope: this is the equivalent.'

▣ See tinyurl.com/rwpdl and www.kidzzsleep.org for more information.

MEN'S MENTAL HEALTH

MEN across the country were asked 'You OK, mate?' as part of National Men's Health Week last month, which aimed to achieve higher levels of male mental well-being.

The British Psychological Society is just one of the many partners that has been involved in the week – which ran from 12 to 18 June – with the focus directly on increasing men's awareness of mental well-being and encouraging services to work more effectively with men. Douglas Brown, the Society's PR Manager, said: 'The Society sees the venture as a unique opportunity for psychology to

have a role in shaping future initiatives.'

A conference discussed the issue, and a policy document has been drawn up to find solutions to the challenge of pursuing the achievement of mental well-being for men. Key topics such as family relationships, financial situations, work, community, friends and health are being touched upon throughout the project, headed by Men's Health Forum (www.menshealthforum.org.uk). Particular attention is being paid to the experience of men from black and minority ethnic communities and gay men. SR

Intensive care gets results in Romania

PSYCHOLOGISTS Dr Suzanne Zeedyk of the University of Dundee and Dr Cliff Davies, previously of Manchester University, have observed remarkable results following their use of 'intensive interaction' with orphaned and abandoned children. They have been working with the Antioch Centre in the Romanian town of Slatina, which provides respite for children with severe developmental delays resulting from autism, sensory impairments and learning disabilities, all exacerbated by extreme neglect.

'The technique works by responding to the children using their own sounds, postures and body movements,' Dr Zeedyk told us. 'It's more than simple imitation or copying. You're responding to the children with behaviours that already have meaning for them. You are demonstrating you are serious about engaging with them, that you value what they're doing, because their behaviours are the starting point of the "conversation" you are willing to have with them. We're not trying to get them to imitate us – to do what we do. Rather we are willing to start where they are.'

'Within seconds of using intensive interaction we began to observe changes in some of the children's engagement,' Zeedyk said. 'They began to smile, to move closer to us, laugh and to engage in ways that their carers said they had never seen before.'

Dr Zeedyk believes the dramatic effectiveness of intensive interaction, which has also been demonstrated with other populations and in other countries, could have implications for how we understand conditions like autism. 'It may be that people with autism have more abilities than previously thought. The problem at the

moment is that more conventional attempts to communicate with them may increase anxiety, which keeps them from demonstrating their actual abilities,' she said.

Zeedyk and Davies were invited to Romania by the Casa Lumini charity (tinyurl.com/m879o) that runs the Antioch centre with funding from the British-based charities Medlink (tinyurl.com/n5bm9) and Lighthouse International Missions (www.lighthouse.org).

'The theoretical basis for intensive interaction lies in our understanding of infant communication. Practitioners have been using intensive interaction for about 20 years now and we have many anecdotal case studies of its success, but we really need more empirical research to confirm its effectiveness,' Zeedyk said. 'Based on our initial visit to Casa Lumini, we're now hoping to develop a research grant, organise a training exchange between Romania and the UK, and we're planning a one-day conference on the topic of communicative interventions.'

'The carers in Romania are doing an excellent job at Casa Lumini, but this is the first time psychologists have become involved. There's so much that psychologists could learn about through their efforts, and also so much they could contribute. It's gratifying to be able to use psychological theory to make such a direct impact on people's lives,' Zeedyk said. *CJ*
□ *A special issue of the journal Infant and Child Development on the topic of imitation, including discussion of intensive interaction, was published in June, co-edited by Zeedyk and Mikael Heimann, of the University of Bergen. See also p.412, for an article on psychology and the children of Romania.*

FROM THE SOCIETY'S RESEARCH DIGEST

Brain imaging studies show that psychotherapy can have a neurobiological effect on the brain, comparable to the effect induced by drug treatments. tinyurl.com/olzvs

Two-year-olds ignore information presented to them on television, unless they are led to believe the person on TV is genuinely interacting with them. The finding has implications for the design of educational programmes. tinyurl.com/p2vbl

Care staff working with learning disabled clients with challenging behaviour tend to blame the client rather than taking environmental factors into account. tinyurl.com/msuaw

An analysis of 30 popular films featuring coma victims found the majority are woefully unrealistic. Characters often awoke from comas gracefully and unscathed as if from a deep sleep, with scant or no portrayal of the cognitive and physical complications associated with recovery. tinyurl.com/ljoca

Three-person groups perform better on logic-based problems than an equivalent number of people working alone. However, performance doesn't continue to improve beyond a group size of three, suggesting three is the optimum size for logic-based problems. tinyurl.com/qvool

An imaging study has localised the experience of dread in the brain. Greater dread of an impending electric shock appeared to be associated with paying attention to where the shock was due to be applied, rather than with an increased fear or anxiety response. tinyurl.com/lrrukm

For more recent research and to subscribe to the Society's free fortnightly e-mail service, see www.researchdigest.org.uk.

Report condemns lack of services for postnatal depression

NEW mothers suffering from depression are being let down by poorly trained health professionals, a lack of treatment choice, and a shortage of specialist services, according to a report published by the mental health charity Mind: *Out of the Blue? Motherhood and Depression* (see tinyurl.com/qtbme).

The report makes a number of recommendations, including calling for more specialist mother and baby units for mothers needing psychiatric care, and for better training of health professionals in contact with pregnant and postnatal women, with the training to be informed by women who have experienced 'perinatal mental distress'.

The report is based on findings from an online survey of 148 women via the website of the charity Perinatal Illness UK. Some women were also interviewed. Of the women surveyed, 10 per cent had waited more than a year for treatment, 75 per cent had been prescribed medication, whereas little more than a third had been offered counselling.

Paul Farmer, the chief executive of Mind said: 'It's shocking how many women are being diagnosed incorrectly or not at all, put on waiting lists for treatment or told that services are not available in their area.'

Chartered health psychologist Dr Ellen Goudsmit told us she welcomed the report wholeheartedly. 'The cutbacks to perinatal services have been short-sighted,' she said, 'because postnatal depression doesn't just affect the mother, it also affects the child's development, their siblings and the mother's partner.'

'New mothers have a particularly difficult time: they may feel unwell, they're under pressure, they face new demands and responsibilities, they may feel they've lost their independence and their career,' Goudsmit said. 'Yet society doesn't let them express these feelings. Assuming the baby is healthy, there's a societal expectation – "What more could you want?"'

However, chartered health psychologist Professor Paula Nicolson, head of the Department of Health and Social Care at Royal Holloway, University of London, was critical of the report. She said its claim that one in six new mothers suffer 'mental distress' was 'absolute nonsense'.

'The report's emphasis is on more psychiatric assessment and more psychiatric units, yet very few new mothers need to be admitted. Only 0.1 per cent of cases have a genuine psychiatric breakdown,' she said, adding that the report oversimplifies what postnatal depression is. In many cases the way mothers feel makes sense – they're isolated, lonely and overwhelmed by their new

responsibility. What they need is more support, someone to visit them, befriend them if you like, and to help with chores. A trial by Jane Morrell at Sheffield found this has a very positive effect – those mothers who received such visits after they came out of hospital suffered less depression and less distress,' Professor Nicolson said. 'There are some gems in the report – the call for more availability of CBT, for example – but they're hidden behind an alarmist, over-medicalised message – they're pathologising.'

Nicolson is calling for more money to be spent on home help and support groups, and for the provision of clear information for women about medical services that are available as a last resort. 'If a mother has a pre-existing psychiatric condition, this should be identified early on. And there should be more awareness of mothers' domestic situation, and of the high rates of violence towards new mothers by their partners who can often get jealous – an issue completely overlooked by the report.'

CJ

RESEARCH FUNDING NEWS

The Cognitive Systems Foresight Project, an open-date scheme offered jointly by the BBSRC, ESRC, EPSRC, MRC and Wellcome Trust, is an excellent vehicle for bringing different research communities together to work on **natural or artificial information processing systems, including those responsible for perception, learning, reasoning, decision making, communication and action**. Researchers are initially asked to submit a short expression of interest.

☐ For further details visit tinyurl.com/jtqwk.

The NERC's Environment and Human Health Programme aims in its first phase to identify and prioritise research areas and grow the research community needed to tackle **real-world, multi- and interdisciplinary problems in environment and human health issues**, which face both the UK and the international community. Awards available range from £50K to £150K. The closing date for proposals is 24 August 2006.

☐ For further details see tinyurl.com/zbova or e-mail Lucy Parnall on lcpa@nerc.ac.uk.

The Harkness Fellowships in Health Care Policy provide an opportunity for mid-career health researchers and practitioners from the UK to spend up to 12 months in the United States conducting **original research and working with leading US health policy experts**. Issues research can address include quality and safety of healthcare services, health system responsiveness to patients, innovative strategies for reducing barriers to care for at-risk populations, long-term care concerns. Fellowships provide up to £51K of funding. The deadline for applications for 2007/8 is 1 September 2006.

☐ For further details see www.cmwf.org/fellowships/fellowships.htm.

The British Occupational Health Research Foundation invites proposals for grants. Priority research areas include **mental health in the workplace**, as detailed in the BOHRF report 'Evidence review on workplace interventions for people with common mental health problems'. The closing date for applications is 25 August 2006.

☐ For more details see www.bohrf.org.uk/contact/app_grnt.htm.

Between six and ten Fulbright Awards for Postgraduate Study in the US are made annually to UK scholars to cover **maintenance and tuition fees for the first year of an MA, MSc or PhD study** in any discipline and at any accredited US institution. Applicants must have a least a 2:1 undergraduate degree. The deadline for applications is 27 October 2006.

☐ For further details of this and other Fulbright awards please see their website www.fulbright.co.uk/welcome/index.html.

Commonwealth Scholarship Commission Scholarships offer the opportunity for citizens resident in any Commonwealth country other than the UK to apply for **scholarships for taught postgraduate courses or doctoral study**. The closing date for applications is 20 October 2006. The Commission also offers scholarships for academic staff, distance learning courses and limited undergraduate courses.

☐ For further details see www.csfp-online.org/hostcountries/uk/.

For a list of current funding opportunities go to www.bps.org.uk/tiny/epv8h8.

Funding bodies should e-mail news to Elizabeth Beech on elibee@bps.org.uk for possible inclusion.

