

Spending review – relief for some

The coalition government's eagerly anticipated Comprehensive Spending Review (CSR) was finally published in October and included funding announcements relevant for many areas of psychology. As we reported last month, there were fears that the budget for science funding would be slashed by up to 25 per cent, even as other countries are increasing their investment. In the end, the government pledged to maintain science spending in cash terms until 2014–15 (the period covered by the CSR).

'A ring-fence will be maintained to ensure continuity of investment in science and research,' the CSR says. 'The Government will also increase the efficiency of the science budget, saving £324 million a year by 2014–15. These efficiency savings will be reinvested in science.' Thanks to the effects of inflation, these announcements do in fact equate to a cut in science funding in real terms, but are nowhere near as harsh as was feared.

'It is very reassuring that the government recognises that science is vital to the economy and has ring-fenced funding for science research,' Sarah-Jayne Blakemore, Professor of Neuroscience at University College

London, told us. 'That is not to say it is going to be easy and we are already seeing a "brain drain" of top British researchers to other countries that have increased funding for research in recent years. However, the outcome for science is much better than predicted before the budget and that is encouraging.'

More precarious than the science budget is the future of the training of educational psychologists, which remains up in the air despite the publication of the CSR. Policy makers are awaiting the coalition government's Green Paper on Special Educational Needs, due to be published this month.

Previously, educational psychology training was funded by local authorities and overseen by the Children's Workforce Development Council (CWDC). There are fears that cut-backs by local authorities will have an adverse effect on the training budget, and funding for the 2011 cohort is currently frozen in anticipation of the outcome of the Green Paper. Educational psychologists in the middle of their training are also at risk of being left adversely affected by the potential funding shortfall.

The detrimental effects of this uncertainty on educational psychology

trainees, and the children and families that depend on their services, was raised in parliament by Liberal Democrat MP Annette Brooke in a debate on 18 October that ran until just before midnight. 'Students who are part way through their doctorate training may not be able to complete it, and significantly fewer, if any, new educational psychologists will be qualifying and entering the work force,' she told her parliamentary colleagues. 'That will be the case in a context where the Government have made a commitment to ensuring prompt access to high-quality specialist assessment and specialist provision. Those two conflicting aspects of this situation must be reconciled.'

Sarah Teather the Minister for Children and Families, responded that she was sensitive to and cognisant of these problems and the wide-ranging contribution made by educational psychologists. However, she said her hands were tied as she awaited the results of the CSR and Green Paper. 'I am sorry; I know it is very frustrating for Honorable Members who want answers now,' she said. 'They are quite entitled to come and ask the Government about this and I am

Improving Alzheimer's screening

A challenge for Alzheimer's treatment is to spot the illness early in its development when future interventions will likely be most effective. Biomarkers have been developed but these are expensive, time-consuming and invasive. Now a team led by James Galvin at Washington University has reported that a new, brief screening tool called AD8, completed by a patient's close relative or friend, is more sensitive than the widely used Mini Mental State Examination (MMSE).

Two hundred and fifty-seven participants (average age 75 years) were assessed with the AD8, the MMSE, an episodic memory test, and with brain-scan and lumbar puncture-based biomarker tests. Using the biomarkers as a gold-standard diagnostic benchmark, Galvin's team found that the AD8 correctly identified 73 of the 78

participants with Alzheimer's disease whilst wrongly identifying 25 participants as having the illness. In stark contrast, the MMSE missed 74 of the 78 participants with Alzheimer's, although it only produced one false positive case. As well as correlating with bio-markers for Alzheimer's, AD8 scores also correlated with performance on a lab test of episodic memory.

The advantage of the AD8 is that it allows the friend or relative to take into account a patient's historical abilities and behaviour, whereas the MMSE only provides a snapshot in time. The AD8 also doesn't depend on patients having insight into their own problems. The AD8 questionnaire comprises eight items including 'Has the person forgotten which month or year it is?' and 'Does he/she forget appointments more

frequently than before?'. A score of two or more is a positive result, justifying more in-depth investigation.

Writing in the journal *Brain* (tinyurl.com/2wqgftd), Galvin and his colleagues said: 'Expert centres have little difficulty in diagnosing Alzheimer's disease, but in the community, diagnoses may be delayed because of an inability to effectively detect cognitive impairment in the setting of a busy office practice. The use of a brief test such as the AD8 may improve strategies for detecting dementia in the community and in developing countries where biomarkers may not be readily available, and may enhance and enrich clinical trial recruitment by increasing the likelihood that participants have underlying biomarker abnormalities that are increasingly becoming required for inclusion.' CJ

relieved that so many people feel so strongly about it, but at this stage all I can do is assure Members that it is absolutely on my agenda.'

Dr Sandra Dunsmuir is Co-Director of the Doctorate in Educational and Child Psychology at UCL, Division of Educational and Child Psychology committee member and a Society representative on the CWDC Educational Psychology National Forum. She told us educational

psychologists are very grateful for the cross-party support from MPs 'and in particular to Annette Brooke who for many years has been a stalwart campaigner about issues relating to the role and training of educational psychologists'.

Dunsmuir added that she and her colleagues were also encouraged by Sarah Teather's acknowledgement of the breadth and the importance of the work done by educational psychologists, and



Chancellor George Osborne

her recognition that the current system for funding EP training is not sustainable. 'However,' Dunsmuir said, 'we remain very worried about the risks of a potential interruption to the supply of educational psychologists on services for vulnerable children, their families and schools.'

There was better news for clinical and counselling psychologists in the CSR as the continuing expansion of talking therapies was specifically mentioned as a priority. The precise terms were rather vague, with the talking therapies pledge being part of a commitment to increase overall NHS funding by 0.4 per cent in real terms (i.e. taking into account the effects of inflation) over the course of the period until 2014-15. However, despite this extra investment, commentators have warned that rising healthcare costs will

mean that the NHS will still have to make massive savings.

Mental health charities reacted to the news with cautious optimism. 'We welcome the government's commitment... but... it's not clear whether this expansion will be across the whole mental health spectrum,' said Paul Jenkins of Rethink. 'We urge the government to make sure it includes severe mental illnesses such as schizophrenia and bipolar disorder in any expansion of psychological therapy.'

Dr John Hanna, director of the Society's Division of Clinical Psychology Policy Unit, told us the DCP are 'delighted with the special mention of widening access to talking therapies, which we understand will be extended to serve children and young people, older adults, people with severe and enduring mental health difficulties and people with long-term physical health conditions and medically-unexplained symptoms'.

'Our members look forward to opportunities to lead, train and supervise, provide scientifically based approaches in the absence of a clear evidence base and take responsibility for complexity and risk within new services,' he said. 'We applaud the coalition government's decision and we look forward to learning more detail about the CSR settlement.' □

Magic trick sheds light on autism

Psychologists have used a magic trick to test theories about the social impairments associated with autism (*Psychological Science*: tinyurl.com/2vst2kl). Gustav Kuhn at Brunel University and his collaborators predicted that young adults with high-functioning autism or Asperger's would be less prone than usual to the vanishing ball illusion, which partly depends on social cues for its effectiveness. In fact, compared with neurotypical controls, the participants with an autistic spectrum disorder (ASD) were actually more prone to the illusion.

Fifteen people diagnosed with ASD (aged 17-22) and 18 neurotypical controls (aged 18-34) watched a video clip of

the trick. A magician was seen three times throwing a ball in the air. On the first two occasions he catches the ball, but on the third, the ball is in fact secreted in his hand and the throw is mimed. The magician's gaze follows an upward path as if he really had thrown the ball, thus enhancing the illusion of the ball disappearing at its apogee.

The participants had their eye movements tracked, were asked to mark the location at which they last saw the ball on the final throw, and to explain how the trick was performed. The average final ball position marked by the ASD participants was higher than the controls, thus suggesting they'd seen an illusory ball. What's more, 53 per cent of

the ASD participants gave an explanation for the illusion that suggested they believed the ball had left the magician's hand on the final throw, compared with just 15 per cent of the controls.

Contrary to past research showing that people with ASD focus less often than controls on the eye region of the face, the ASD participants focused on the magician's face and eyes just as much as the controls. However, they fixated the ball less often, especially when it reached its apogee during the first two throws.

'Our evidence challenges the idea that adults with ASD have general social-attention difficulties (i.e. gaze avoidance),' Kuhn's team said. 'Apart from exhibiting a subtle

delay in launching their first eye movement to the face, participants with ASD showed typical attention to facial cues.'

The researchers explained the discrepancy with former research by pointing out that 'social-attention difficulties become reduced with development... people with ASD learn to use social cues.' However, critics of the study will doubtless point to the fact that the current research used a video clip rather than a real, live social situation.

'Our results suggest that individuals with ASD have problems in rapidly allocating attention both to people and to moving objects,' the authors concluded, 'which in complex situations may result in serious perceptual challenges.' □

Health impact of troop deployment

Excessive alcohol consumption, not PTSD, is the major threat to the mental health of UK troops deployed overseas. That was one of the key messages to come out of a 'Health of Military Personnel' seminar held by the Parliamentary Office of Science and Technology early last month, sponsored by the British Psychological Society.

The revelation about drinking came from work by Professor Matthew Hotopf of the Institute of Psychiatry, one of the evening's three speakers. A 2006 *Lancet* paper involving over 9000 deployed (to Iraq in 2003) and non-deployed troops found few health effects of deployment (<http://tinyurl.com/3xstu8j>). However, troops from the Territorial Army, known as 'reservists',

were more affected by deployment than regulars. Also, troops directly involved in combat duties were more prone to PTSD and excessive drinking.

This pattern was largely repeated in follow-up research published in *The Lancet* this year involving troops deployed to Afghanistan as well as Iraq (<http://tinyurl.com/2uufvrve>). Hotopf explained how, among regular troops, deployment was associated with increased alcohol misuse, not increased PTSD. Again, the exception was reservist troops and troops directly involved in combat, for whom deployment increased risk of PTSD as well as alcohol misuse.

At 4 per cent, the overall prevalence of probable PTSD among troops was low, Hotopf said. By contrast, alcohol misuse was prevalent at 13 per cent. Another important finding was that extra deployments were not associated with cumulative mental health risks, except when the military's own guideline of a maximum of 12 months' deployment in a three-year-period was breached.

The other speakers at the Portcullis House seminar were BPS Fellow Dr Jamie Hacker Hughes, Head of Defence Clinical Psychology (and brother of Simon Hughes MP, who was in the audience) and Colonel John Etherington, Director of Defence Rehabilitation and, until last year, Clinical Director at Headley Court – the rehabilitation centre in Surrey for injured UK troops. Surgeon Commander Neil Greenberg, Commodore Paul Branscombe and Surgeon Captain John Sharpley were also in attendance and took questions.

Colonel Etherington described how the demand on Headley Court had risen significantly in the last 12 months. Headley Court follows a 'multidisciplinary, biopsychosocial model', he explained, and rather than supplying sympathy, the approach is to work with the troops in groups according to goal-driven outcomes. Efforts are made to get injured personnel to Headley Court and then return them to action as quickly as possible. The average time for returning to work is nine months, with the majority of injured troops going back to their original units. For amputees, the average is seven months but is sometimes as quick as three months. 'The remarkable thing,' Etherington said, 'is that most aren't mentally scarred.' He also noted their incredibly high motivation and ability to 'just get on with it'. Indeed, many injured troops have become involved in paralympic competition.

Dr Hacker Hughes stated that, contrary to the public perception, the majority of UK troops are generally fit and healthy. Overall rates of probable PTSD based on self-report are at 4 per cent, he said, and at 7 per cent for combat troops, with actual rates of diagnosed cases even lower (less than 0.01 per cent).

Consonant with Hotopf, Hacker Hughes said that excessive alcohol consumption is higher among troops than among the general population but that the most common mental health presentation is adjustment disorder.

Hacker Hughes described how mental health service provision for troops operates via a network of 15 military Departments of Community Mental Health (DCMH) in the UK



FILM OPENS WITH A BANG

A Society member has commissioned and scripted a short film, 'The Phone Call', about borderline personality disorder (BPD). Dr Victoria Tischler, Lecturer in Behavioural Sciences at the University of Nottingham, said: 'The film, funded by the Society's Qualitative Methods in Psychology Section, explores how we make sense of another person's reality. The focus is on mental distress, and the complexities and difficulties inherent in understanding and communicating with someone who may be on the borderline of illness. The script was inspired by my previous clinical work in psychiatric settings. I wished to explore the way that professionals respond to patients with BPD, the communication challenges associated with such encounters, and the emotions that may be experienced by both patient and professional.'

The film was shown at Bang, a short film festival in November.

See www.bangshortfilmfestival.com

NEW EDITOR

Professor Graham Towl, of the University of Durham, has been appointed as the editor of *Evidence Based Mental Health*. The journal, jointly owned by the British Psychological Society, Royal College of Psychiatrists and BMJ Publishing, surveys a wide range of international medical journals and allows practising clinicians to assess the clinical relevance of the best studies. Professor Towl, formerly Chief Psychologist with the Ministry of Justice for England and Wales, is the first psychologist to have been appointed editor of this multidisciplinary journal. He told us: 'It is a privilege to be the editor of this influential journal. I am looking forward to ensuring that it serves both mental health clinicians and policy makers well. I am particularly keen to raise the profile of this high-quality resource amongst psychologists.'

SPARKING MATHS ABILITY

Psychologists have enhanced numerical proficiency by passing a mild electric current through the skull into the parietal lobe.

Roi Cohen Kadosh (University of Oxford) and colleagues from University College London found that transcranial direct current stimulation (TDCS) produced effects that were still evident six months after training. They reported that 'the specificity and longevity of TDCS on numerical abilities establishes TDCS as a realistic tool for intervention in cases of atypical numerical development or loss of numerical abilities because of stroke or degenerative illnesses.'

See www.tinyurl.com/2bbeyqk

and six more overseas, whose aim is to provide timely assessment and treatment to maximise the functioning of the service personnel. There is a low threshold for referral compared with the NHS, with more referrals received from the Army than the Navy and RAF, fewer referrals from the Royal Marines than Army and RAF, about twice as many referrals from females than males, and more from other ranks when compared with officers.

Following closure of the military's own in-patient mental health facility in 2003, in-patient care was initially provided via the Priory Group until 2008, but is now delivered by a consortium of six English and two Scottish NHS trusts. There were 218 in-patient admissions in 2009 with an average length of stay of 10 days.

Military community mental health nurses are also deployed to Camp Bastion in Afghanistan. A psychiatrist visits every three months and is ready to deploy when needed.

Following the 2005 Overarching Review of Operational Stress Management (OROSM), Hacker Hughes said that the MOD had taken on a more proactive role in psycho-education and combating stigma, including during initial recruitment, further training and promotion courses, before, during and after operational deployments and prior to discharge. 'The MOD takes psychological disorders very seriously,' he said.

Following recommendations in the report 'Fighting Fit' (<http://tinyurl.com/38owrjx>) by Dr Andrew Murrison MP, it is also anticipated that 30 mental health professionals will be recruited to support the government's ongoing commitment to the mental health needs of service personnel and veterans. **CJ**

Graduates in employment statistics

The number of graduates in employment six months after graduating has fallen from 61.4 per cent for the 2008 cohort to 59.2 per cent in 2009. The trend for psychology was the same, falling from 57.8 per cent to 55.2 per cent. That's according to the latest survey published by the Higher Education Careers Services Unit, based on questionnaires sent out in winter 2009/10 to all UK- and EU-domiciled students that graduated in 2009. There were 224,895 responses to the survey – an 82 per cent response rate.

Overall, the proportion of graduates categorised as out of work – i.e. not in paid or voluntary employment or in

further education – has also increased, from 7.9 per cent of 2008 graduates to 8.9 per cent of those who graduated in 2009. However, psychology fares favourably on this measure thanks to the large number of psychology graduates in employment or further study. Although the number of psychology graduates out of work or training has increased to 8.3 per cent (from 7.4 per cent), this is a lower figure than for many of the other sciences, including biology (10 per cent), physics (11.7 per cent), chemistry (8.7 per cent), sociology (9.5 per cent) and economics (11 per cent). **CJ**
I www.hecsu.ac.uk/index.htm

RESEARCH FUNDING NEWS

Following the Spending Review, the ESRC have refocused their strategy and have identified three key priorities for their work over the next few years.

- | Economic performance and sustainable growth
- | Influencing behaviour and informing interventions
- | Vibrant and fair society

These priorities will be kept under review and the ESRC will publish their new Delivery Plan priorities early in 2011.

At present, the ESRC has the following knowledge exchange schemes open for applications:

| **Third Sector Placement Fellowship Scheme.** This provides the opportunity for social science researchers to spend time within a third sector organisation to undertake practice-relevant research on specific projects.

<http://bit.ly/cAf7u8>

| **Business Placement Fellowship Scheme.** This provides a link between business organisation and academia by allowing social science researchers to spend time in business organisations to undertake research. There is a focus on innovation, skills and business models within the financial services, retail and sport, and leisure and tourism business sectors.

<http://bit.ly/dA3xoV>

| **Knowledge Exchange Small Grants Scheme.** This provides funding for new knowledge exchange or impact generating activity to communicate research findings. This may include funding for events, networks, policy briefings, online blogs sites etc.

<http://bit.ly/bpjNYt>

The closing date for all the schemes is 13 January 2011. For details of eligibility please see the relevant website.

NETSCC, via the Health Technology Assessment Programme (HTA), has a call for research proposals into the effectiveness of:

10/101 **Cognitive behaviour therapy in treatment-resistant schizophrenia**

10/103 **Use of mood stabilisers in borderline personality disorder**

The closing for applications is 13 January 2011.

| <http://bit.ly/c4pfif>

The Waterloo Foundation funds research into the **psychological and behavioural development of children**. The research focus is neurodevelopmental topics, particularly; rolandic epilepsy, ADHD, dyslexia, autistic spectrum disorders, development coordination disorder and trauma. Funding is typically provided for one-year pilot projects.

The Foundation also has a particular focus on the needs of people in Wales. It provides specific funding via the **Working Wales and Caring Wales** schemes. Working Wales focused on projects that **facilitate people becoming employed**, particularly for groups with particular challenges. Caring Wales funds organisations and projects that provide **programmes for carers**, including advocacy, training and support for carers, and respite care.

Applications can be made at any time to all the schemes.

| <http://bit.ly/ayD2Kk>

info

For more, see www.bps.org.uk/funds

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