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**Insight headline**
Benefits of assessing preferences and providing treatment choices

**Theme**
Illness and disorder

**Domain**
Clinical psychology

**Proposed by**
Victor Estal Muñoz, Lana Bojanić

**Primary citations (max 2 – 1 original study; 1 review)**

**Most recent significant citation (2011-2015)**

**Highest dissemination**

**50-word summary of insight (non-technical)**
There are several benefits in assessing client preference and providing treatment choices when two or more efficacious options are available. The benefits include greater satisfaction, lower dropout rates and better clinical outcome.¹

**Headline findings & critical numbers (simplify if overly technical)**
71% of patients report a preference for having an active role in treatment decision.²
75% of patients prefer psychological treatment (i.e. psychotherapy) over pharmacological treatment.⁵
Clients who have the chance to choose their preferred treatment have 7.5% better clinical outcome.¹
20% greater level of satisfaction with treatment is also observed in the clients who have the chance to choose.²
They also show an improvement of 57% in completion of treatment.³
These findings are persistent regardless of prior psychoeducation, clinical setting and diagnostic condition.⁷

**Cautions & limitations**
In cases where one treatment is superior to another, client preference may need to be balanced with the relative efficacy of each treatment option, although there is no final consensus on which treatment is superior⁴. There is no protocol that establishes a process for the possibility of a client changing their preference once the treatment started.

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Family inclusive intervention reduces suicidality in adolescents

Illness and disorder
Clinical psychology

Lana Bojanić


Resourceful Adolescent Parent Program (RAP-P) is a brief family intervention that reduces adolescent suicidal and self-harming behaviour. When compared to routine care, this intervention increased the quality of family function and decreased suicidal and self-harming behaviour, and lowered dropout rates from the treatment.

An intervention of only eight hours showed a sustained reduction in suicidality rates for a 6-month period.

At 6 months follow-up the level of suicidality was reduced by 26% among adolescents who participated in RAP-P.

The findings of the study clearly show an advantage of RAP-P over routine care.

Families that participated in the main study were primarily of lower socioeconomic standing so there is still no evidence on how would middle or upper class families respond to this kind of treatment. Second, even though both parents were invited to participate in the program, only a small number of fathers responded, therefore, data was analysed only for mothers.
Insight headline
Diminishing stigma towards people with mental illness

Theme
Illness and disorder

Domain
Clinical psychology

Proposed by
Victor Estal Muñoz

Primary citations (max 2 – 1 original study; 1 review)

Most recent significant citation (2011-2015)

Highest dissemination

50-word summary of insight (non-technical)
Mental illness stigma has a negative impact on help-seeking attitudes and predicts lower therapeutic outcomes. Interaction with members of stigmatized groups (for adults) and replacing stereotypes with factual information (for adolescents) significantly improve attitudes and behavioral intentions towards people with mental illness. Therefore, considering the age of the target group is important when deciding on the type of stigma intervention.

Headline findings & critical numbers (simplify if overly technical)
Both education and contact reduce stigma towards people with mental illness.

In adults contact reduces stigma by 20%, in comparison to education, which reduces stigma by 10%.

In adolescents education reduces20% of stigma versus the 10% reduction by contact.

Face-to-face contact reduces stigma more (24%) than contact by video (10%), however both types of contact diminish stigma.

Cautions & limitations
As stigma interventions need to be highly tailored to the population, different programmes should be compared and ranked on different aspects to assess suitability. This includes the effectiveness of the interventions for different age groups, as well as how groups are defined within the programme.

Policy Assessment

Index 6
## Insight headline
Portion size affects eating behaviours

## Theme
Illness & Disorder

## Domain
Clinical psychology

## Proposed by
Dragana Tomić, Paula Wicher

### Primary citations (max 2 – 1 original study; 1 review)


### Most recent significant citation (2011-2015)


### Highest dissemination


### 50-word summary of insight (non-technical)

Overconsumption of food and sugary drinks contributes to obesity. People consume more when offered large portions or packages. Adults are particularly affected by the large portion size effect, which is exacerbated by unhealthy food and packaging. Reducing size and availability of calorie-dense food may help decrease obesity.

### Headline findings & critical numbers (simplify if overly technical)

Consumption of food is 20% higher when people are exposed to larger sized portions, package, individual unit and unit of tableware, which could amount to the average daily consumed energy being reduced by between 144 to 228 kcal (11.2%)². Adults (22% increase) are more affected by larger sizes than children (10 % increase)°. In comparison to other food presentations, larger food packaging has the greatest effect on consumption, increasing it by 26%². The effect of larger sizes on food consumption is higher for unhealthy food².

### Cautions & limitations

The downsizing effect is stronger among adults than children. Furthermore, there is a lack of evidence for addictive substances such as nicotine and alcohol, as well as long-term impact of reducing portion size. Downsizing food portion and changing the presentation of food also could be challenging for industry, as it poses a need to find a way to adapt to the changes e.g. by lowering the price.

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**Impact of nutrition on mental disorders**

**Illness and disorder**

**Public health, Nutrition**

**Lea Jakob, Jovana Gjorgjiovska**

**Primary citations (max 2 – 1 original study; 1 review)**


**Most recent significant citation (2011-2015)**


**Highest dissemination**


**50-word summary of insight (non-technical)**

Mental disorders account for 23% of health-related disability worldwide. Dietary choice during pregnancy and later in life affects the development and progress of mental disorders. Possible ways to tackle this issue include lowering healthy food prices, promoting healthy food choices, and educating about the benefits of a wholesome diet.

**Headline findings & critical numbers (simplify if overly technical)**

Dietary choice has an impact on development and progress of mental disorders (e.g. unipolar depression, anxiety, and dementia).

Maternal diet with high intake of vegetables, fish, vegetable oil, fruit, and eggs, and low intake of meat has positive effects on mental health in offspring.

High adherence to a healthy (Mediterranean) diet is related to a reduction in depression risk by a third and a 40% lowered risk for cognitive impairment incidence.

**Cautions & limitations**

Most findings have not been validated to confirm outcomes beyond self-report. They also lack longitudinal assessment of impact as well as diverse regional adaptations.

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