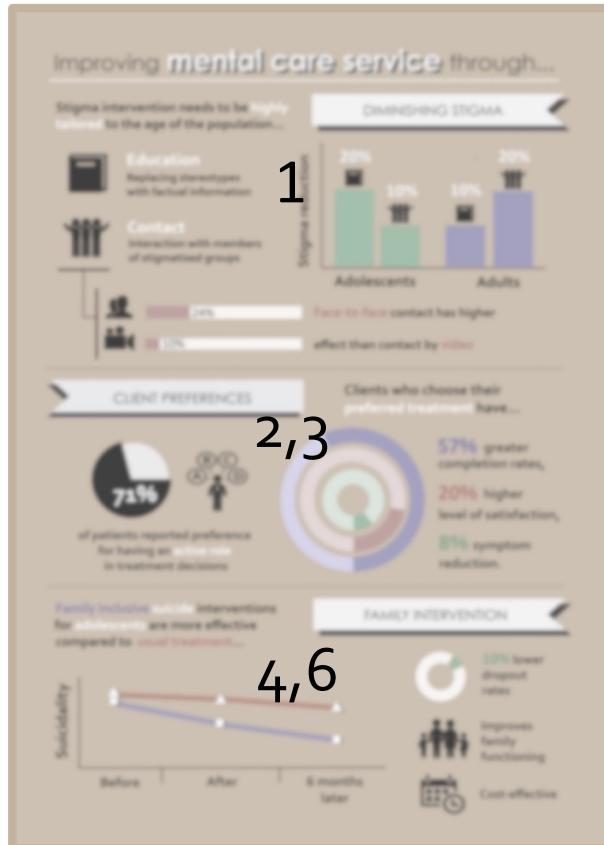


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¹Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services*, 63, 963–973. doi:10.1176/appi.ps.005292011

²Lindhjem, O., Bennett, C. B., Trentacosta, C. J., & McLear, C. (2014). Client preferences affect treatment satisfaction, completion, and clinical outcome: A meta-analysis. *Clinical Psychology Review*, 34, 506–517. doi:10.1016/j.cpr.2014.06.002

³Chewning, B., Bylund, C. L., Shah, B., Arora, N. K., Gueguen, J. A., & Makoul, G. (2012). Patient preferences for shared decisions: A systematic review. *Patient Education and Counseling*, 86, 9–18. doi:10.1016/j.pec.2011.02.004

⁴Pineda, J., & Dadds, M. R. (2013). Family intervention for adolescents with suicidal behavior: A randomized controlled trial and mediation analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52, 851–862. doi:10.1016/j.jaac.2013.05.015

⁵Brent, D. A., McMakin, D. L., Kennard, B. D., Goldstein, T. R., Mayes, T. L., & Douaihy, A. B. (2013). Protecting adolescents from self-harm: A critical review of intervention studies. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52, 1260–1271. doi:10.1016/j.jaac.2013.09.009

⁶Sharma, N., & Sargent, J. (2015). Overview of the Evidence Base for Family Interventions in Child Psychiatry. *Child and Adolescent Psychiatric Clinics of North America*, 24, 471–485. doi:10.1016/j.chc.2015.02.011

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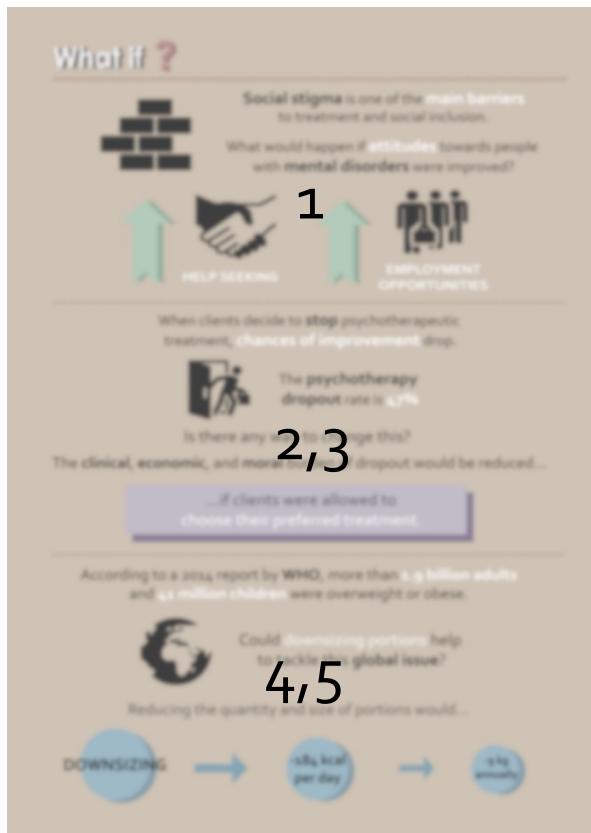
²Burkert, N. T., Muckenhuber, J., Großschädl, F., Ráska, É., & Freidl, W. (2014). Nutrition and health – The association between eating behavior and various health parameters: A matched sample study. *PLoS ONE*, 9, e88278. doi:10.1371/journal.pone.0088278

³Jacka, F. N., Ystrom, E., Brantsaeter, A. L., Karevold, E., Roth, C., Haugen, M., Meltzer, H. M., Schjolberg, S., & Berk, M. (2013). Maternal and Early Postnatal Nutrition and Mental Health of Offspring by Age 5 Years: A Prospective Cohort Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52, 1038–1047. doi:10.1016/j.jaac.2013.07.002

⁴O'Neil, A., Quirk, S. E., Housden, S., Brennan, S. L., Williams, L. J., Pasco, J. A., M. Berk, & Jacka, F. N. (2014). Relationship between diet and mental health in children and adolescents: A systematic review. *American Journal of Public Health*, 104, 31–42. doi:10.2105/AJPH.2014.302110

⁵Psaltopoulou, T., Sergentanis, T. N., Panagiotakos, D. B., Sergentanis, I. N., Kosti, R., & Scarmeas, N. (2013). Mediterranean diet, stroke, cognitive impairment, and depression: A meta-analysis. *Annals of Neurology*, 74, 580–591. doi:10.1002/ana.23944

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¹Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services, 63*, 963–973. doi: 10.1176/appi.ps.005292011

²Lindhiem, O., Bennett, C. B., Trentacosta, C. J., & McLear, C. (2014). Client preferences affect treatment satisfaction, completion, and clinical outcome: A meta-analysis. *Clinical Psychology Review, 34*, 506–517. doi:10.1016/j.cpr.2014.06.002

³Wierzbicki, M., & Pekarik, G. (1993). A meta-analysis of psychotherapy dropout. *Professional Psychology: Research and Practice, 24*, 190–195. doi:10.1037/0735-7028.24.2.190

⁴Hollands, G. J., Shemilt, I., Marteau, T. M., Jebb, S. A., Lewis, H. B., Wei, Y., Higgins, J. P. T., & Ogilvie, D. (2015). Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. *Cochrane Database of Systematic Reviews 2015, 9*. doi:10.1002/14651858.CD011045.pub2

⁵World Health Organization. (2016, June). *Obesity and overweight*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs311/en/>

Insight headline	Benefits of assessing preferences and providing treatment choices
Theme	Illness and disorder
Domain	Clinical psychology
Proposed by	Victor Estal Muñoz, Lana Bojanic
Primary citations (max 2 – 1 original study; 1 review)	
<p>¹Lindhiem, O., Bennett, C. B., Trentacosta, C. J., & McLear, C. (2014). Client preferences affect treatment satisfaction, completion, and clinical outcome: a meta-analysis. <i>Clinical Psychology Review</i>, 34, 506–517. doi:10.1016/j.cpr.2014.06.002</p>	
Most recent significant citation (2011-2015)	
<p>²Jenkins-Guarnieri, M. A., Pruitt, L. D., Luxton, D. D., & Johnson, K. (2015). Patient perceptions of telemental health: Systematic review of direct comparisons to in-person psychotherapeutic treatments. <i>Telemedicine and e-Health</i>, 21, 652–660. doi:10.1089/tmj.2014.0165</p>	
Highest dissemination	
<p>³Lindhiem, O., Bennett, C. B., Trentacosta, C. J., & McLear, C. (2014). Client preferences affect treatment satisfaction, completion, and clinical outcome: a meta-analysis. <i>Clinical Psychology Review</i>, 34, 506–517. doi:10.1016/j.cpr.2014.06.002</p>	
50-word summary of insight (non-technical)	
<p>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 drop-out rates and better clinical outcome.¹</p>	
Headline findings & critical numbers (simplify if overly technical)	
<p>71% of patients report a preference for having an active role in treatment decision.⁴</p>	
<p>75% of patients prefer psychological treatment (i.e. psychotherapy) over pharmacological treatment.⁵</p>	
<p>Clients who have the chance to choose their preferred treatment have 7.5% better clinical outcome.¹</p>	
<p>20% greater level of satisfaction with treatment is also observed in the clients who have the chance to choose.¹</p>	
<p>They also show an improvement of 57% in completion of treatment.¹</p>	
<p>These findings are persistent regardless of prior psychoeducation, clinical setting and diagnostic condition.¹</p>	
Cautions & limitations	
<p>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 superior¹. There is no protocol that establishes a process for the possibility of a client changing their preference once the treatment started.</p>	

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⁴Chewning, B., Bylund, C. L., Shah, B., Arora, N. K., Gueguen, J. A., & Makoul, G. (2012). Patient preferences for shared decisions: A systematic review. *Patient Education and Counseling*, 86, 9–18. doi:10.1016/j.pec.2011.02.004

⁵McHugh, R. K., Whitton, S. W., Peckham, A. D., Welge, J. A., & Otto, M. W. (2013). Patient preference for psychological vs pharmacologic treatment of psychiatric disorders: A meta-analytic review. *Journal of Clinical Psychiatry*, 74, 595–602. doi:10.4088/JCP.12r07757

Insight headline	Family inclusive intervention reduces suicidality in adolescents
Theme	Illness and disorder
Domain	Clinical psychology
Proposed by	Lana Bojanić
Primary citations (max 2 – 1 original study; 1 review)	
<p>¹Pineda, J., & Dadds, M. R. (2013). Family intervention for adolescents with suicidal behavior: A randomized controlled trial and mediation analysis. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i>, 52, 851–862. doi:10.1016/j.jaac.2013.05.015</p> <p>²Brent, D. A., McMakin, D. L., Kennard, B. D., Goldstein, T. R., Mayes, T. L., & Douaihy, A. B. (2013). Protecting adolescents from self-harm: a critical review of intervention studies. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i>, 52, 1260–1271. doi:10.1016/j.jaac.2013.09.009</p>	
Most recent significant citation (2011-2015)	
<p>³Sharma, N., & Sargent, J. (2015). Overview of the Evidence Base for Family Interventions in Child Psychiatry. <i>Child and adolescent psychiatric clinics of North America</i>, 24, 471–485. doi:10.1016/j.chc.2015.02.011</p>	
Highest dissemination	
<p>²Brent, D. A., McMakin, D. L., Kennard, B. D., Goldstein, T. R., Mayes, T. L., & Douaihy, A. B. (2013). Protecting adolescents from self-harm: a critical review of intervention studies. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i>, 52, 1260–1271. doi:10.1016/j.jaac.2013.09.009</p>	
50-word summary of insight (non-technical)	
<p>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 treatment¹.</p>	
Headline findings & critical numbers (simplify if overly technical)	
<p>An intervention of only eight hours showed a sustained reduction in suicidality rates for a 6-month period¹.</p>	
<p>At 6 months follow-up the level of suicidality was reduced by 26% among adolescents who participated in RAP-P².</p>	
<p>The findings of the study clearly show an advantage of RAP-P over routine care².</p>	
Cautions & limitations	
<p>Families that participated in the main study were primarily of lower socioeconomic standing so there is still no evidence on how 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 mothers¹.</p>	

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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)	
¹Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. <i>Psychiatric Services, 63</i> , 963–973. doi:10.1176/appi.ps.005292011	
Most recent significant citation (2011-2015)	
²Griffiths, K. M., Carron-Arthur, B., Parsons, A., & Reid, R. (2014). Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials. <i>World Psychiatry, 13</i> , 161–175. doi:10.1002/wps.20129	
Highest dissemination	
²Griffiths, K. M., Carron-Arthur, B., Parsons, A., & Reid, R. (2014). Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials. <i>World Psychiatry, 13</i> , 161–175. doi:10.1002/wps.20129	
50-word summary of insight (non-technical)	
Mental illness stigma has a negative impact on help-seeking attitudes and predicts lowers therapeutic outcomes. Interaction with members of stigmatized groups (for adults) and replacing stereotypes with factual information (for adolescents) significantly improve attitudes and behavioural intentions towards people with mental illness. Therefore, considering the age of the target group is important when deciding on the type of stigma intervention. ¹	
Headline findings & critical numbers (simplify if overly technical)	
Both education and contact reduce stigma towards people with mental illness. ¹	
In adults contact reduces stigma by 20%, in comparison to education, which reduces stigma by 10%. ¹	
In adolescents education reduces 20% of stigma versus the 10% reduction by contact. ¹	
Face-to-face contact reduces stigma more (24%) than contact by video (10%), however both types of contact diminish stigma. ¹	
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

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)	
¹Marteau, T. M., Hollands, G. J., Shemilt, I., & Jebb, S. A. (2015). Downsizing: policy options to reduce portion sizes to help tackle obesity. <i>British Medical Journal</i> , 351, 58–63. doi:10.1136/bmj.h5863	
²Hollands, G. J., Shemilt, I., Marteau, T. M., Jebb, S. A., Lewis, H. B., Wei, Y., Higgins, J. P. T., & Ogilvie, D. (2015). Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. <i>Cochrane Database of Systematic Reviews 2015</i> , 9, CD011045. doi:10.1002/14651858.CD011045.pub2	
Most recent significant citation (2011-2015)	
³Koningsbruggen, G. M., Veling, H., Stroebe, W., & Aarts, H. (2014). Comparing two psychological interventions in reducing impulsive processes of eating behaviour: Effects on self-selected portion size. <i>British journal of health psychology</i> , 19, 767–782. doi:10.1111/bjhp.12075	
Highest dissemination	
¹Marteau, T. M., Hollands, G. J., Shemilt, I., & Jebb, S. A. (2015). Downsizing: policy options to reduce portion sizes to help tackle obesity. <i>British Medical Journal</i> , 351. doi:10.1136/bmj.h5863	
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 ¹ . Adults are particularly affected by the large portion size effect, which is exacerbated by unhealthy food and packaging ² . Reducing size and availability of calorie-dense food may help decrease obesity ³ .	
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) ² .	
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 food ² .	
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 ¹ .	

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¹Riis, J. (2014). Opportunities and barriers for smaller portions in food service: lessons from marketing and behavioral economics. *International Journal of Obesity*, 38, 19–24. doi:10.1038/ijo.2014.85

Insight headline	Impact of nutrition on mental disorders
Theme	Illness and disorder
Domain	Public health, Nutrition
Proposed by	Lea Jakob, Jovana Gjorgjiovska
Primary citations (max 2 – 1 original study; 1 review)	
<p>¹Psaltopoulou, T., Sergentanis, T. N., Panagiotakos, D. B., Sergentanis, I. N., Kosti, R., & Scarmeas, N. (2013). Mediterranean diet, stroke, cognitive impairment, and depression: A meta-analysis. <i>Annals of Neurology</i>, 74, 580–591. doi:10.1002/ana.23944</p> <p>²O'Neil, A., Quirk, S. E., Housden, S., Brennan, S. L., Williams, L. J., Pasco, J. A., M. Berk, & Jacka, F. N. (2014). Relationship between diet and mental health in children and adolescents: a systematic review. <i>American Journal of Public Health</i>, 104, 31–42. doi:10.2105/AJPH.2014.302110</p>	
Most recent significant citation (2011-2015)	
<p>³Jacka, F. N., Sacks, G., Berk, M., & Allender, S. (2014). Food policies for physical and mental health. <i>BMC Psychiatry</i>, 14. doi:10.1186/1471-244X-14-132</p>	
Highest dissemination	
<p>⁴Burkert, N. T., Muckenhuber, J., Großschädl, F., Rásky, É., & Freidl, W. (2014). Nutrition and health – The association between eating behavior and various health parameters: A matched sample study. <i>PLoS ONE</i>, 9, e88278. doi:10.1371/journal.pone.0088278</p>	
50-word summary of insight (non-technical)	
<p>Mental disorders account for 23% of health-related disability worldwide³. Dietary choice during pregnancy and later in life affects the development and progress of mental disorders². Possible ways to tackle this issue include lowering healthy food prices, promoting healthy food choices, and educating about the benefits of a wholesome diet³.</p>	
Headline findings & critical numbers (simplify if overly technical)	
<p>Dietary choice has an impact on development and progress of mental disorders (e.g. unipolar depression, anxiety, and dementia).¹</p>	
<p>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.²</p>	
<p>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.¹</p>	
Cautions & limitations	
<p>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.</p>	

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¹Jacka, F. N., Ystrom, E., Brantsaeter, A. L., Karevold, E., Roth, C., Haugen, M., Meltzer, H. M., Schjolberg, S., & Berk, M. (2013). Maternal and Early Postnatal Nutrition and Mental Health of Offspring by Age 5 Years: A Prospective Cohort Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52, 1038–1047. doi:10.1016/j.jaac.2013.07.002

²Psaltopoulou, T., Sergentanis, T. N., Panagiotakos, D. B., Sergentanis, I. N., Kosti, R., & Scarmeas, N. (2013). Mediterranean diet, stroke, cognitive impairment, and depression: A meta-analysis. *Annals of Neurology*, 74, 580–591. doi:10.1002/ana.23944