

Title: What is the evidence for collaborative approaches between service users and community mental health nurses to identify and support survivors of Domestic Violence and Abuse (DVA) using a rapid review approach?

Author Dr. Kathryn Hinsliff-Smith, The University of Nottingham, Division of Medical Sciences and Graduate Entry Medicine, Nottingham, NG7 2HA

Background

DVA is known to have a causal affect to a range of mental health conditions including self-harm (Boyle et al., 2006), eating disorders (Bundock et al., 2013) and psychosis (Howard et al., 2010). Recent work undertaken by Oram, et al., (2013) reports prevalence rates of lifetime intimate partner violence (IPV) as 29.8% for female inpatients and 33% for outpatients accessing community services and clinics. Similar prevalence rates exist for male patients accessing services. The prevalence rates would indicate that community psychiatric staff are likely to see patients who are survivors of DVA.

Objectives

A recent meta-synthesis (Trevillion et al., 2014) reported that there is a paucity of evidence on how psychiatric services respond to service users' experiences of DVA. However, whilst this meta-synthesis suggests a need for healthcare professionals to reflect on their continual professional development (CPD) what evidence exists for collaborative approaches, between DVA service users and community psychiatric nurses.

Methods

It is proposed to conduct rapid literature review during 2016. In comparison to a systematic literature review, 'rapid reviews' provide the option of a more simplified approach in its methodology and may be more timely for meeting pump priming or feasibility study requirements (Khangura et al., 2012). Rapid reviews often employ a narrower search, using one or two databases and are limited in the number of staff involved.

Results

How results from a rapid review compares to a formalised systematic literature review.

Conclusions:

The rapid review technique appears to suggest there is scant evidence in relation to collaborative approaches identified to support and manage DVA in community mental health systems. It suggests that further collaborative research be explored for CPD opportunities for psychiatric nurses in different mental health settings so that they are to fully able support their patients.

References:

Boyle A, Jones P, Lloyd S (2006). The association between domestic violence and self harm in emergency medicine patients. *Emergency Medicine Journal* **23** 604-607 doi 10.1136/emj.2005.031260

Bundock L. Howard LM. Trevillion K. Malcolm E. Feder G. Oram S. (2013) Prevalence and risk of experiences of intimate partner violence among people with eating disorders: A systematic review. *Journal of Psychiatric Research* 47:1134-1142

Howard LM, Trevillion K, Khalifeh H, Woodall A, Agnes-Davies R, Feder G. (2010) Domestic Violence and severe psychiatric disorders: prevalence and interventions. *Psychological Medicine*, 40:881-893

Khangura S, Konnyu K, Cushman R, Grimshaw J, Moher D. Evidence summaries: the evolution of a rapid review approach. *Syst Rev*. 2012;1:10 doi:10.1186/2046-4053-1-10.

Oram S, Trevillion K, Feder G, Howard LM. (2013) Prevalence of experiences of domestic violence among psychiatric patients: Systematic Review. *British Journal of Psychiatry* 202: 94-99

Trevillion K, Hughes B, Feder G, Borschmann R, Oram S, Howard L. (2014) Disclosure of domestic violence in mental health settings: A qualitative meta-analysis. *International Review of Psychiatry*. 26(4): 430-444