



# Innovation

Research and Development Newsletter

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to read about projects that have recently been completed simply look out for the symbol



## A consideration of the recording of basic data

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# Innovation Issue 14 July 2013

Welcome to our new research colleagues



**Welcome to the 14th issue of Innovation. Take a look at our updated website pages at <http://www.leedspft.nhs.uk/professionals/RD> Now included is a very simple 3 step guide to help you decide if your work is service evaluation or research, how to apply for Research & Development approval and the registration forms you need.**

You will also find a list and details of publications authored by Trust staff, as well as contact details for the R&D team, useful links to other research-related organisations, universities and where to access training. We would welcome comments on any further improvement suggestions you have for these webpages.

I am delighted to publicise the new appointment of Associate Medical Director, Research and Development. Dr Tom Hughes will take up this part-time position once his backfill is in place. This role will work in partnership with me to lead and direct the R&D strategy and operations within the Trust and to increase research capacity and capability. Tom will introduce his new role in more detail in our next edition of Innovation.

This edition is packed with a range of articles covering a summary of the Trust's participation in clinical research in 2012/13, ten completed projects, research projects you can help us recruit to, training opportunities, research funding and news from other linked organisations.

I extend a very warm welcome new research staff member Josie Smith

and congratulations to Rebecca Hargate on her promotion within the R&D team. See more on pages 2 and 5.

## The completed projects are:

- Knowledge and attitudes of LYPT clinical staff to Autism Spectrum Conditions
- Economic evaluation of Leeds and Sheffield Personality Disorder Services
- Evaluation of service users' experience of completing outcome measures at Leeds Addiction Unit
- Experiences of discrimination among people using mental health services in England 2008-2011
- Memory awareness in Dementia
- Recording of basic data on children of service users (safeguarding)
- Prevalence of Migraine in Schizophrenia
- Domestic Violence in Eating Disorders
- A Scoping Study in Regional Child and Adolescent Mental Health Services (CAMHS) on Children Aged 11 and Under with Conduct Disorders
- Evaluation of a Northern School of Child and Adolescent Psychotherapy (NSCAP) Pilot Training Programme, entitled 'Essential Parent-Child Development', for Health Visiting Teams

**DIARY DATE: RESEARCH FORUM 16TH OCTOBER 2013, 9.00-15.30, THE VILLAGE, HEADINGLEY, LS16 5PR**

See the back page for how to register. Please contact me or the research team if you have a poster to present at this event or for any evaluation or research information you need.

**Alison Thompson**, head of research and development  
email: [athompson11@nhs.net](mailto:athompson11@nhs.net)

## A warm welcome to Rebecca Hargate



I am Rebecca Hargate, the new Research Programme Manager for Leeds and York Partnership NHS Foundation Trust. I have a Combined Honours Degree in Counselling and Psychology and a Graduate Diploma in Psychology. Prior to this I took a year out of education and worked as a Youth and Community Worker first in London, then in Cornwall and finally in Chemnitz, Germany. Alongside studying for my degree

I spent four years working in secondary schools with families whose children were finding school difficult due to problems at home. After

completing my Graduate Diploma I then spent two years working on the inpatient units in the trust before moving to Lime Trees CAMHS Centre in York as a Clinical Studies Officer. There I worked across child mental health studies at Lime Trees and adult mental health studies at the University of York to ensure recruitment was to time and target and to look for solutions if it wasn't. I am very excited about my new role as great emphasis is being placed on research due to the positive impact on patient care. Now Leeds and York are part of the same trust there is a strong research foundation to build upon and great potential for future developments.

**Rebecca Hargate** email: [rebecca.hargate@nhs.net](mailto:rebecca.hargate@nhs.net)

# Quality Account

Participation in Clinical

**The number of patients receiving relevant health services provided or sub-contracted by Leeds & York Partnership NHS Foundation Trust in 2012/13, that were recruited during that period to participate in research approved by a Research Ethics Committee was 610.**

Total recruitment was made up of: n 372 service user recruited to National Institute of Health Research adopted studies n 80 recruited to non-National Institute of Health Research adopted studies i.e. local and student. n 158 recruited to Collaboration for Leadership in Applied Health Research & Care (CLAHRC) funded studies Leeds & York Partnership NHS Foundation Trust was involved in conducting 91 clinical research studies in mental health and learning disabilities in 2012/13. Of these, 48 were National Institute for Health Research (NIHR) adopted studies. This compares favourably with the 70 (34 NIHR) in 2011/12, 60 (28 NIHR) in 2010/11 and 37 (9 NIHR) in 2009/10 illustrated in the graph. This increasing number of clinical research studies demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff keep abreast of the latest possible treatment possibilities and active participation in research leads to successful service user outcomes. This figure does not include all research undertaken in our Trust; due to changes in the requirements for review by a Research Ethics Committee (Governance arrangements for Research Ethics Committees, DH 2011) certain categories of research no longer require Research Ethics Committee review but still require local NHS Permission.

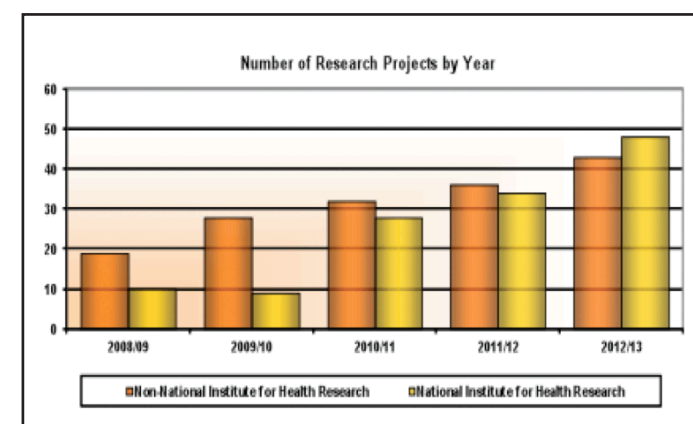
We host 13 research posts funded by two Comprehensive Local Research Networks (West Yorkshire and North East Yorkshire & North Lincolnshire) to work on NIHR projects in mental health and learning disabilities. These posts have facilitated an important link with the Mental Health Research Network (MHRN) hub in Newcastle, and provided access and support to Trust staff wishing to engage with MHRN and NIHR supported studies. These developments provide a significant opportunity to increase the level of NIHR portfolio activity within Leeds & York Partnership NHS Foundation Trust, previously outside MHRN's activity.

We continue to develop our profile in learning, research and innovation. 97 clinical staff were involved in conducting research within our Trust during 2012/13. These staff participated in mental health and learning disability research.

We continue to engage service users in research design, identifying

research priorities, interview panels for research staff, participating in research projects and research governance during 2012/13. In the last three years, 23 publications have resulted from our involvement in NIHR research, which show our commitment to transparency and desire to improve service user outcomes and experiences across the NHS.

Our engagement with a range of clinical research as the lead site for five National Institute for Health Research funded projects also demonstrates our commitment to testing and offering the latest medical treatments and techniques. These projects include a new self-harm intervention; systematic review of an early parenting intervention for families with young children showing severe attachment problems; computerised cognitive behavioural therapy or depression in adolescents; translation of the Strengths and Difficulties Questionnaire into British Sign Language and the use of social stories for autism spectrum disorders. We are working in partnership with the Universities of York and Leeds as part of the Leeds, York and Bradford Collaboration for Leadership in Applied Health Research and Care (CLAHRC) on eight research projects looking at various aspects of addiction and to implement the National Institute for Health and Clinical Excellence's (NICE) guideline on core interventions in the treatment and management of schizophrenia to ensure patients experience safe care. The CLAHRC is also providing funding to support the evaluation of our Trust's Transformation Programme which started in 2012 and will continue into 2013/14. The challenging financial climate means that research and innovation are even more important in identifying the new ways of understanding, preventing, diagnosing and treating disease that are essential if we are to increase the quality and productivity of services in the future.



**Alison Thompson** head of research and development  
email: [athompson11@nhs.net](mailto:athompson11@nhs.net)

# OCTUMI-4 - Evaluation of Mirtazapine and Folic Acid for Schizophrenia



OCTUMI-4 is being funded by The Stanley Medical Research Institute, a charitable organisation which supports research into the causes and treatments of schizophrenia. Antipsychotic medications are widely used in the treatment of psychiatric illness and though these medications are very useful, sometimes they are not completely effective. OCTUMI-4 is studying the use of an antidepressant called mirtazapine and recent trials have indicated that adding this medication to antipsychotics can help improve the symptoms of schizophrenia. OCTUMI-4 is also studying a vitamin called folic acid which seems to be lower in people with mental health problems and has been associated with low mood.

## Key Inclusion Criteria

- Aged 18-70
- Diagnosis of schizophrenia
- Some persistent positive and/or negative symptoms
- Able and willing to give informed consent
- Currently taking effective dose of antipsychotic medication

## Key Exclusion criteria

- Meeting criteria for a current (hypo) manic episode
- Meeting criteria for a current depressive episode
- Antidepressant treatment within last two weeks and/or considering treatment for depression
- Currently taking clozapine
- Pregnant, planning pregnancy or breast feeding

## What is involved in taking part as a clinician?

- Allow the research assistant to see who is suitable from your caseload.
- Check the list of people found by the research assistant as potentially eligible to take part and mark who you think is able to be contacted and asked if they would like to take part.
- Sign the letters drafted by the research assistant to be put into the pack to be sent to the participants.
- Give or obtain consultant permission for the patient to enter the trial if they are suitable and if the patient consents

**For more information, please contact:** Nic Gill, [nicolagill1@nhs.net](mailto:nicolagill1@nhs.net), 0113 295 4431  
Emma Fleming, [e.fleming2@nhs.net](mailto:e.fleming2@nhs.net), 0113 295 2634  
Dr Tom Hughes, [thomashughes@nhs.net](mailto:thomashughes@nhs.net), 0113 305 6965



## Autism spectrum conditions knowledge and attitudes of LYPFT clinical staff

**Dr Conor Davidson, Consultant Psychiatrist, May 2013**

### Background and aims

The aim of this study was to survey knowledge and attitudes towards autism spectrum conditions (hereafter 'autism') amongst Leeds & York PFT clinical staff. This is particularly pertinent since a new autism diagnostic service has recently been set up in Leeds, and the results of the survey will be helpful in shaping the current and future strategy of the service.

### Methods

The study design was a cross-sectional survey by online questionnaire. The target population was clinical staff of Leeds & York PFT. All clinical staff were invited to participate via the trust email newsletter in June 2012.

### Results

There were 111 respondents. 77.8% were based in Leeds and 22.2% in North Yorkshire and York. All the major professional groups were represented. Over two thirds of staff had seen at least one service user with autism in the last six months.

Respondents were asked a series of six questions testing their knowledge of autism. As would be expected, there was a correlation between knowledge of autism and experience of working with patients with autism. All staff knew that autism can affect males as well as females, and adults as well as children. The vast majority of respondents knew that Asperger syndrome is a type of autism spectrum condition, and were able to identify the main differences between Aspergers and 'Kanner' autism (normal language development and normal IQ in Aspergers). Most were aware that the primary cause of autism is genetic. However 13% believed that the measles, mumps and rubella vaccine can cause autism, a concerning finding especially given the recent measles epidemic in Wales.

We also asked about confidence in recognising, diagnosing and working with autism. 50% said they were 'quite confident' or 'very confident' in recognising autism. Confidence in diagnosing was much lower, with only 20% quite or very confident. 49% were confident about working with service users with autism.

Finally, there were a series of questions about the trust's provision of services for people with autism. 50% of respondents said they had seen at least one service user in the last six months who would benefit from a referral to the Leeds Autism Diagnostic Service. 77% of staff were keen to receive training on recognising and working with autism. 66% favoured a specialist autism team to manage service users with autism (as opposed to generic CMHT or learning disability services).

### Discussion

Although the response rate to the survey was relatively low, the results do demonstrate several points. LYPFT staff frequently come into contact with service users with autism. It is encouraging that most staff are aware of the main subtypes of autism and that it is a disorder affecting all ages and levels of intellectual ability. Only a minority of respondents had in depth knowledge of autism, but there is a strong appetite for further training on the subject.

It is timely, then, that the Leeds Autism Diagnostic Service has been set up. We are a multidisciplinary team based in Aire Court. Currently we are commissioned to provide diagnostic services only, but we are generally also able to offer telephone advice to LYPFT staff regarding ongoing management of adult service users with autism. We also organise training through the Andrew Sims Centre.

### How to make a referral to LADS

All our referrals are now channelled through the Leeds Single Point of Access. Please note we are unable to accept referrals from York/North Yorkshire at the present time.

## A warm welcome to Josie Smith



**Josie joined the Lime Trees research team as a Clinical Studies Officer in January 2013.**

She has a BSc in Psychology from London Metropolitan University. She is currently working on several different projects including British Sign Language (BSL) translation of the Strengths and Difficulties Questionnaire (SDQ). Her main responsibility is the recruitment and support of participants within a number of studies.

**Josie Smith Email: [josie.smith1@nhs.net](mailto:josie.smith1@nhs.net)**



# Training & Events

## Good Clinical Practice (GCP) Training

These courses are available to all staff who are working on NIHR Portfolio Research.

### How to book:

Go to the NIHR Learning Management System and click 'REGISTER' to be taken to the form. You will need to enter your name and work email address, and choose a user name and password. Then you will be taken to a form to complete some details. These should be self-explanatory, apart from the following boxes:

- **Network/Organisation - choose CCRN**
- **Local Network/Organisation - choose CLRN West Yorkshire**
- **NIHR Portfolio Trial Title - if you are not working on a portfolio study at present, enter the words 'Research Ready'**

Once you have submitted the form you will be sent an activation email which will allow you to log back in and book the course you require. GCP e-learning Course Introduction to Good Clinical Practice e-learning: A practical guide to ethical and scientific quality standards in clinical research.

This online course is now available via the Learning Management System as explained above. However please note that your request has to be approved centrally before you can begin the online course so allow plenty of time before you wish to complete it.

### Introduction to GCP - Course Dates

Thursday 19 September 2013  
Bradford Institute of Health Research, Bradford Royal Infirmary, BD9 6RJ  
Friday 20 September 2013  
Airedale General Hospital, Keighley, West Yorkshire, BD20 6TD  
Friday 27 September 2013  
Pinderfields Hospital, Wakefield, WF1 4DG  
Friday 11 October 2013  
The Annexe, 34 Hyde Terrace, Leeds, LS2 9LN  
Friday 1 November 2013  
St James's Hospital, LS9 7TF  
Wednesday 20 November 2013  
Bradford Royal Infirmary, BD9 6RJ  
Monday 2 December 2013  
Huddersfield Royal Infirmary, HD3 3EA

### GCP Refresher Course

This is a course for those who have attended the Introduction to GCP course and have experience of working on clinical trials.  
Thursday 10 October 2013, 13:30 - 16:30  
Huddersfield Royal Infirmary, HD3 3EA  
Wednesday 4 December 2013, 09:30 - 13:30  
The Annexe, Leeds, LS2 9LN  
Friday 20 December 2013, 09:30 - 12:30  
Temple Bank House, Bradford Royal Infirmary, BD9 6RJ  
Friday 20 December 2013, 13:30 - 16:30  
Temple Bank House, Bradford Royal Infirmary, BD9 6RJ

### Other Local Training/Events

#### Commercial Research: A Masterclass

An interactive workshop designed to help researchers improve collaboration with pharma companies, identify strategies to achieve successful site selection and improve delivery of commercial research.

Friday 13 September 2013, 9:00 - 13:00, The Annexe, 34 Hyde Terrace, Leeds, LS2 9LN

Wednesday 20 November 2013, 9:00 - 13:00, The Annexe, 34 Hyde Terrace, Leeds, LS2 9LN

Monday 27 January 2014, 9:00 - 13:00, The Annexe, 34 Hyde Terrace, Leeds, LS2 9LN

Thursday 6 March 2014, 9:00 - 13:00, The Annexe, 34 Hyde Terrace, Leeds, LS2 9LN

Please contact [industry@wyclrn.org.uk](mailto:industry@wyclrn.org.uk) to book a place.

#### Informed Consent Workshop

A course for those currently working on or with experience of, clinical trials who will be obtaining informed consent from study participants.

Monday 29 July 2013, New Mill, Saltaire

Monday 2 September 2013, Garland Gallery, Leeds General Infirmary

To book a place please email [n.mason@wyclrn.org.uk](mailto:n.mason@wyclrn.org.uk)

#### CLAHRC Events

The NIHR CLAHRC for Leeds, York and Bradford is now offering a series of outstanding, free, research training opportunities to all NHS staff (clinicians and managers) in Y&H and supported by the SHA and NIHR.

Details are at: [www.clahrc-lyb.nihr.ac.uk/events](http://www.clahrc-lyb.nihr.ac.uk/events)

All are encouraged to review these outstanding training programmes and register.

#### NRES Training Opportunities

The National Research Ethics Service (NRES) provides training and development for researchers, R&D staff, NRES members and REC members. A full list of the training days can be found on the Training page of the HRA website.

<http://www.hra.nhs.uk/hra-training-and-meetings/>

#### The Hubs for Trials Methodology Research (HTMR)

were established by the MRC to create a UK-wide regionally distributed research resource to improve the design, conduct, analysis, interpretation, and reporting of clinical trials.

To view their news and events, please go to the MRC HTMR website.

#### Other Training/Events

The 2nd conference on Clinical Trials Methodology will be held in Edinburgh on 18-19 November at the EICC. Registration and abstract submission is now open online at [www.methodologyconference2013.org.uk](http://www.methodologyconference2013.org.uk).



# A Sample Audit

## Personality Disorder (PD) Services

### A Sample Audit based Comparative Economic Evaluation of the Leeds and Sheffield Personality Disorder (PD) Services



There are significant opportunities both to improve the service experience of individuals with complex needs, to significantly reduce expenditure in particular on out of area placements and to reduce the economic impact of these disorders on the public purse.

Individuals with PD are amongst the most excluded individuals in our society. They need structured multi-agency service pathways rather than the current often disorganised crisis responses they experience. A number of national guidelines have been published including two from the National Institute for Health and Clinical Excellence but they have, to date, had little impact on fundamental service change. It is possible that a financial and economic argument such as that presented in this study may serve to promote the case for change more effectively.

Few economic impact evaluations have been carried out on PD services and this paper suggests a simple methodology that would allow commissioners in health, local government and criminal justice to recognise the interdependence of their investment decisions and the whole society impact.

In recent years the management and treatment of personality disorders has been the focus of some significant changes in mental health policy, legislation and service design and delivery. One feature of these changes was the development of the Leeds Managed Clinical Network (MCN). This study aimed to assess the economic impact of the Leeds' Network model compared to a non-pathway service in Sheffield; using two matched cohorts' service use over three years. The Leeds cohort was examined before and after their access to the MCN and the other, for service use in a non-pathway service.

### The evidence from this albeit small study demonstrated that the structured MCN model with its pathway and related services:

- **Is cost effective and makes measureable savings on before and after analysis.**
- **Reduces reliance of service users on high cost inpatient services.**
- **Lowers the level at which contact is made with community services and thus cost.**
- **Appears to reduce the numbers of cases reaching the level of complexity that require sustained inpatient intervention and high usage of crisis services.**
- **Has the potential to reduce the wider economic impacts of complex cases.**

When the same analysis and assumptions were applied to the Sheffield sample, potential for direct cost savings is evident and the potential for a reduction in the adverse economic impacts equally applicable.

A further study has now been commissioned which extends the data set and aims to refine the methodology.

**Dr Sharon Prince** email: [sharon.prince@nhs.net](mailto:sharon.prince@nhs.net)



Service users' experiences and opinions of routine outcome measures at Leeds Addiction Unit

Researcher: Hannah Anson,  
 Psychologist in Clinical Training,  
 University of Leeds

Commissioner: Dr Duncan Raistrick,  
 Leeds Addiction Unit, Leeds and York Partnership  
 NHS Foundation Trust

Background

- Routine outcome measures are integral for gathering information, clinical governance, and funding purposes.
- Leeds Addiction Unit (LAU) currently uses a battery of self report measures consisting of:
  - Leeds Dependency Questionnaire (LDQ)<sup>1</sup>
  - Clinical Outcomes in Routine Evaluation (CORE-OM)<sup>2</sup>
  - Social Satisfaction Questionnaire (SSQ)<sup>3</sup>
  - EuroQOL<sup>4</sup>
  - Several non standardised questions.
- This battery is completed by service users before their first appointment, at 3 and 6 months into treatment, and on discharge.
- Researchers at LAU are actively involved in the RESULT project, dedicated to identifying suitable outcome measures for use in specialist addiction services.
- It is important to involve service users in service development in order to increase relevance and acceptability and, in turn, increase effectiveness. (National Treatment Agency, 2002)

Aims

1. Develop an awareness of the acceptability of the measures used to monitor routine outcomes at LAU
2. Develop an understanding of the service users' experiences of completing the battery of measures
3. Consult with service users regarding how their experiences of routine outcome monitoring could be improved

Method

- Members of a social recovery group at LAU were approached by the group members to take part in this study
- Ten group members volunteered and consented to take part in a semi-structured interview including several likert scaled questions
- All ten participants had been in treatment for alcohol addiction at LAU for a period of time, and had completed at least one battery of questionnaires
- Interviews were transcribed and analysed using thematic analysis (Braun & Clarke, 2006)

References

<sup>1</sup> Raistrick, D., Bradshaw, J., Tober, G., Weiner, J., Allison, J., & Healey, C. (1994). Development of the Leeds Dependence Questionnaire (LDQ): a questionnaire to measure alcohol and opiate dependence in the context of a treatment evaluation package. *Addiction*, 89, 563-572

<sup>2</sup> Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J. and Audin, K. (2002). Towards a standardised brief outcome measure: Psychometric properties and utility of the CORE-OM. *British Journal of Psychiatry*, 180, 51-60.

<sup>3</sup> Raistrick, D., Tober, G., Heather, N., & Clark, J. (2007). Validation of the social satisfaction questionnaire for outcome evaluation in substance use disorders. *The Psychiatrist*, 31, 333-336.

<sup>4</sup> Brooks, R. (1996). EuroQol: The current state of play. *Health Policy*, 37, 53-72.

<sup>5</sup> Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

<sup>6</sup> National Treatment Agency (2002). *Models of care for the treatment of drug misusers. Part 2: Full reference report*. London: National Treatment Agency.

Results

Fig. 1. Average rating of how happy service users are with the battery of measures

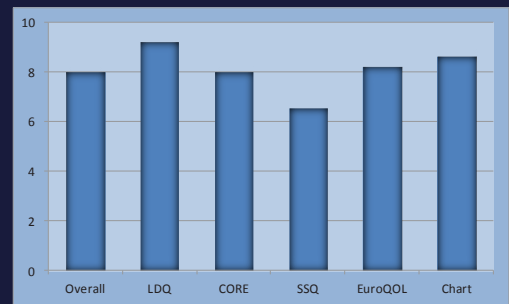
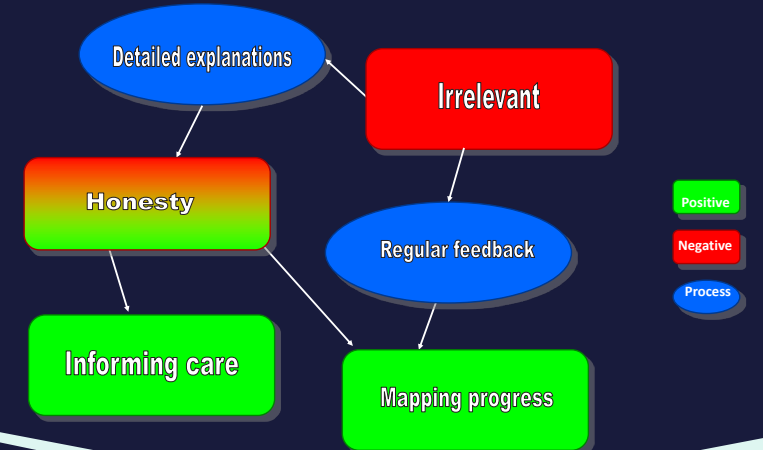


Fig. 2. Service user's experiences of the measures and the processes used



Conclusion

Feedback from service users was overall positive. All standardised measures showed good acceptability.

There are several easily accommodated recommendations that emerged, which could make the measures more meaningful to service users and, in consequence, to the service.

Recommendations

- Given that service users appear relatively happy to complete the measures, clinicians can feel more confident in actively incorporating them into the treatment process
- To explain the rationale of the measures comprehensively and in person
- To give more detailed and immediate feedback to prompt discussions regarding progress
- To consider giving a shorter version of the battery more regularly to track progress as part of the treatment process
- To discuss information given on the measures within the treatment sessions
- To consider giving time to fill them out at the unit rather than at home
- To use the measures to inform discussions surrounding discharge
- To consider separating the motivational scales from the booklet to be used independently as a treatment tool

Experiences of discrimination among people using mental health services

Experiences of discrimination among people using mental health services in England 2008-2011



As part of the evaluation for Time to Change, the Viewpoint Survey was a cross-sectional assessment of the experiences of stigma and discrimination among 1000 representative individuals receiving mental health treatment in five regions of England.

Leeds Partnerships NHS Trust took part in the survey in 2010-2011 and recruited 258 participants.

The aim of the survey was to track mental health service users' self reported experiences of stigma and discrimination over time. In addition, the survey aimed to define the most appropriate methodology to inform surveys in future years, and to explore

variations in mental health service users' experiences of stigma and discrimination by gender, age, diagnosis and ethnicity.

Between 2008 and 2011 a total of 3579 participants took part in the survey. 91% of these participants reported one or more experiences of discrimination in 2008, compared with 88% in 2011 (Corker et al., 2013). Family, friends and social contacts were the main sources of discrimination. Reports of being shunned or avoided were also common. These all showed a significant reduction between 2008 and 2011 (Corker et al., 2013).

For more information about the survey and its results, the British Journal of Psychiatry has published a whole supplement on Phase 1 of the anti-stigma campaign. You can find a pdf of the Viewpoint article here:

<http://bjp.rcpsych.org/content/202/s55/s58.full.pdf+html>  
 For more information, the whole Time to Change supplement can be found at: <http://bjp.rcpsych.org/content/202/s55.toc>

Memory Awareness in Dementia

Examining the Effect of Memory Techniques on Judgements-of-Learning and Feeling-of-Knowing in Dementia

A decline in memory performance is one of the key features of dementia. The current project aimed to look at whether patients in the early stages of dementia were aware of their memory failings, and whether methods known to improve memory in healthy populations could improve memory in this patient group. Awareness of memory is a key factor in the effective rehabilitation. If people are aware of memory problems, they are more likely to use techniques to improve their memory. If people are not aware of their memory problems, they will not believe they need any help remembering, therefore will not engage with rehabilitation.

The first study of this project established that patients diagnosed with early stage dementia were aware of their memory problems. Outcomes of this study were presented as a poster at the 14th Cognitive Aging Conference in Atlanta, USA.

Two subsequent studies examined the effectiveness of the self-performance task and self-reference effect, two methods known

to improve memory in healthy populations, at improving memory for these patients. The self-performance task demonstrated that patients were able to improve their memory for a series of actions by performing the actions when they learned them rather than by simply listening. The self-reference effect showed that patients were able to remember more after associating words with a personal memory rather than by simply trying to learn them. Both of these two techniques offer new avenues to develop strategies and advice to aid people coping with their memory problems and improve their quality of life.

The second study is being written up for submission to the Journal Neuropsychology. The final trial, Study 3, looked at the self reference effect and the potential memory advantages of this technique. Data analysis is ongoing for this study.

Although not currently in a suitable form to present as a technique to patients, it does provide an important potential technique which should be further researched to enable application to day to day tasks.

Suzannah Morson email: e-mail: S.M.Morson03@leeds.ac.uk





# Basic documentation of children of service users within an adult Mental Health Trust

## Background

"Child protection and mental health are the two highest profile social services in Britain." (Bernard and Douglas 1999 in Weir and Douglas 1999).

The decision to explore record keeping within adult mental health clinical records was made following numerous calls for advice to me as Named Nurse Safeguarding Children from practitioners within the organisation. It was apparent anecdotally that they appeared to have insufficient information to be able to initiate a child protection referral, common assessment or liaison with other agencies around the child's welfare. In some instances there was not even a child's name, or in many instances only a first name and/ or approximate age. A basic minimum data set, full name, date of birth, would enable a check to be made around social care involvement and subsequent referral if required. Details of address and school would facilitate ease of multiagency work though contact with a school, health visitor, children's centre. The study examined the quality of basic record keeping on the children of service users.

## Aims/Methods

The aim of this research was to identify whether my views represented the true picture of basic record keeping across the organisation and, if so, to provide evidence for initiating changes to policy and practice. The study took a four stranded approach incorporating;

- A literature review of basic record keeping on the children of service users
- An examination of what Serious Case Reviews (SCR's) have shown with reference to adult mental health issues
- A questionnaire on what staff would prioritise within their record keeping
- An examination of clinical records to identify what is actually recorded.

These were undertaken with an overall aim of improving practice.

## Results

The literature review identified that there has been little similar work around standards for record keeping on information about children within adult mental health settings. The review did highlight the need for better assessments and multiagency working to take place. In many instances a family approach is deemed best practice and reduces the likelihood of silo working.

The available literature compared with serious case review findings show that the concerns around the interface between adult mental health and children's services have been apparent for a long time but not enough improvement has taken place to prevent child deaths occurring. Another

factor highlighted was the requirement for multiagency training. Within the Leeds and York areas this resource has continued to improve along with the course content at all levels of safeguarding.

Poor supervision was also a common concern which led to further work in the Trust which will be discussed later.

The staff questionnaire elicited a low level of response (n=11). The staff who responded failed to identify that ascertaining the parental responsibilities of the service user was a key priority of their care, see fig.1 below.

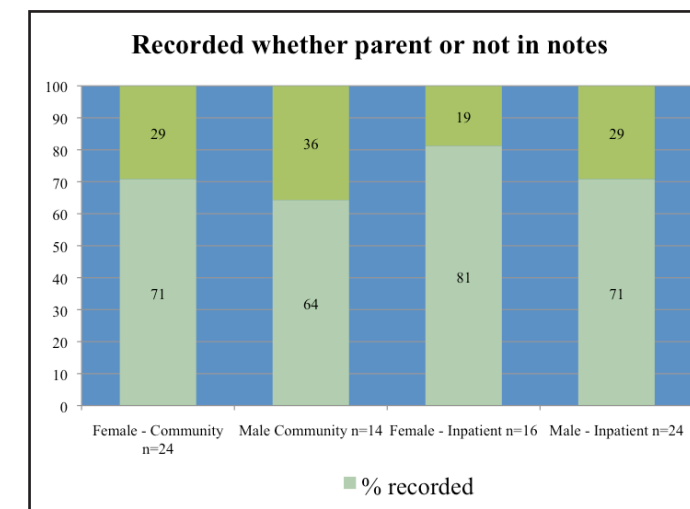
fig.1 below.

KEY = Considered = Not Considered

KEY THEMES						
Nurse Grade Location Experience (in order)	Mood/ Current feelings	Risk/ Suicidal thoughts	History	Social circumstances/ Support (General)	Strengths/ Coping	Children
Band 5 Community 9 months						
Staff Nurse Ward 1 year						
Staff Nurse Ward 2.25 years						
Staff Nurse Community 3 years						
Staff Nurse Ward 3.25 years						
Band 5 Community 4 years						
Band 6 Ward 11 Years						
Team Manager Community 12 years						
Team Manager Community 20 Years						
Staff Nurse Community 20 Years						
Charge Nurse Ward 27 Years						

The record keeping service evaluation identified that staff do determine whether or not service users they are caring for hold parental responsibilities (see fig 2). During the evaluation some specific risk areas were identified for individual cases which were separately dealt with.

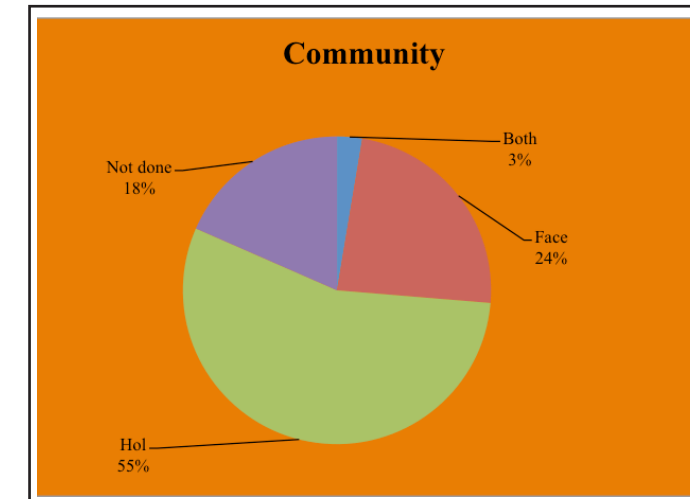
Figure 2



It appears however, that this is where the information gathering stops. Wider questions need to be asked to not only collect basic data but to ensure the welfare of the child is considered.

In addition the information was recorded in different areas of the records and was not easy or straightforward to locate. For this reason the study had to only focus on the FACE risk and holistic assessments. Figure 3 shows how this recording was dispersed.

Figure 3



## Actions and Outcomes

The results were presented to the safeguarding standing support group and the professional nurse advisory forum.



The results generated the following changes to practice within LYPFT:

- Generation of supervision guidance around children for staff who work with adults
- Generation of a care pathway undertaken with the transformation team to ensure staff consider the needs and levels of risk of the children of service users
- A basic data collection area was set up within the PARIS record for information on children to be recorded
- A safeguarding section on PARIS was set up for risk events to be easily identifiable.

Lindsay Britton email: lbritton@nhs.net



# Prevalence of Migraine in Schizophrenia

Dr. Kouser Jan Shaik, Consultant Psychiatrist Dr. Valentina Braja ST3, Dr. Tariq Mahmood Consultant Psychiatrist, Leeds & York Partnership NHS Foundation Trust

## Aim

To ascertain the prevalence of migraine in people with Schizophrenia.

## Background Review

Headache is understudied in schizophrenia. In the past schizophrenics were thought to have pain insensitivity (there by thought to have reduced prevalence of headache).

Some experimental studies demonstrated altered pain perception in schizophrenia<sup>1</sup> and reduced pain sensitivity in relatives of schizophrenia.<sup>2</sup>

Disorders of information processing and elevated pain threshold in Schizophrenia are postulated to be the underlying cause for these findings.

These however are contradicted by other experimental pain perception study<sup>3</sup> of Schizophrenics versus controls. Another study of neurophysiologic measures in schizophrenia revealed a normal pain threshold<sup>4</sup>. Further, a clinical case control study<sup>5</sup> looking at headaches in schizophrenics versus controls revealed no difference in reporting of headaches.

So far, not many studied the prevalence of Migraine in schizophrenia. Migraine has a lifetime prevalence of 6-17%<sup>6</sup> in general population Prevalence is higher in women (18%-22%)<sup>7,8</sup> and in some psychiatric disorders e.g.-Bipolar affective disorder(range22-44%)<sup>9,10</sup>. People with migraine are more prone to develop anxiety disorders especially panic disorder (up to 12 fold increase)<sup>11</sup>

Hemiplegic migraine can present with delusions, hallucinations and anxiety<sup>12</sup>.

Both patients of Schizophrenia<sup>13,14,15</sup> and Migraine are thought to have disordered monoamine oxidase activity. Family studies indicate that risk of migraine is 3 times greater in relatives of people positive for migraine, but there is no male versus female difference in the risk<sup>16</sup>.

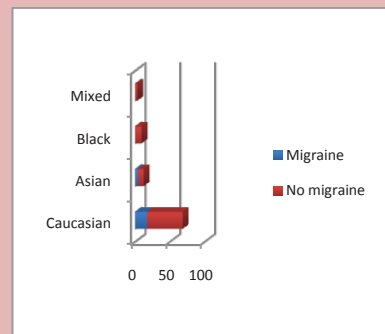
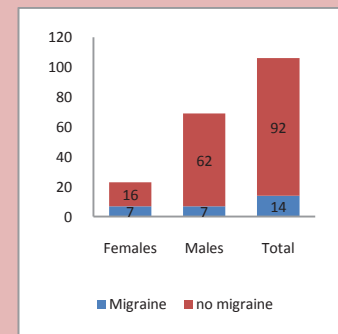
## Method

In patients diagnosed to have Schizophrenia according to International classification of disorders (ICD-10) were selected for the study. Only patients who were deemed to be relatively stable were enrolled into the study.

Both female and male patients aged between 18-65 years were included in the study. Headache questionnaire based on International classification of headache disorders-2 (ICHD-2, 2004)was administered. In addition to age, sex, occupation and ethnicity, family history of migraine was noted.

Data analysed for  
a) Prevalence of migraine in schizophrenia.  
b) Any association between socio demographic variables and migraine in schizophrenics.  
c) Any additional findings.

Gender	Age	Caucasian	Asian	Black	Other/Mixed	Single	Unemployed
Male	19-16 years (Mean 37.59 years)	51	11	5	2	65	67
Female	22-63 years (Mean 38.16 years)	17	1	4	1	20	22
Total	37.78 years	68	12	9	3	85	89



## Family history of migraine

Family history was positive in 50% of patients with migraine (7/14). Females with migraine had 60% positive family history (4/7). Males with migraine had 40% positive family history (3/7). Family history of migraine was positive in 11/78 schizophrenics in the **absence** of Migraine. Over all, around 20% of schizophrenics had a family history of migraine.

## Other findings

Aura was present in around 1/3rd of positive cases (4/14). Atypical aura (not enough number of symptoms or not long enough) was present in rest of the cases (10/14). Only 50% of suffered received treatment-mostly Paracetamol and NSAIDS

## Conclusion

The prevalence of migraine in Schizophrenia is equivalent to that of general population. Female schizophrenics show a 3 fold increase in prevalence of migraine compared to males. One or more symptoms of aura were seen in most of the schizophrenics suffering from migraine. Higher positive family history in females was seen compared to males (unlike in the previous studies<sup>16</sup>). The numbers however are small, limiting generalization. Not many sufferers received treatment. ? Under recognized due to illness.

In our sample Asians had a higher prevalence of migraine (33%) followed by Caucasians (25%). NONE of the Black or mixed race patients had Migraine. This is in contradiction to an earlier study.<sup>17</sup> The ethnic differences in prevalence of migraine need further exploration.

## Limitations

The sample size was small. The results hence should be treated with caution.



# BAT-10

## Effectiveness of a Manualised Body Image Therapy

### Objective

To determine efficacy of BAT-10 in treatment of Anorexia Nervosa (AN) with adherence to MRC methodological guidance for complex interventions.

### Method

Fifty five adult inpatients with AN at two national centres received group-based manualised body-image therapy (BAT-10). BAT-10 was refined, developed and manualised over two decades, using mindfulness-based cognitive behavioural therapy, including mirror exposure. Outcomes were evaluated using Body Checking Questionnaire, Body Image Avoidance Questionnaire, Physical Appearance State and Trait Anxiety Scale , EDE-Q and Quality of Life in Eating Disorders. Participant experience was evaluated qualitatively by

Interpretative Phenomenological Analysis.

### Results

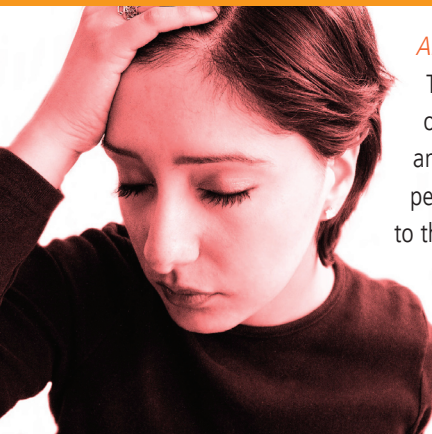
BAT-10 achieved highly statistically significant changes in body checking, body avoidance and anxiety, as well as shape- and weight-concern, without between-therapist effects. Quality of life improved globally, but not in relation to the psychological subcategory.

### Discussion

BAT-10 delivers behavioural and cognitive improvements in body image in the short-term, suggesting an effective, feasible and acceptable manual-based therapy.

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# Domestic Violence in Eating Disorders a Case Control Study



### Aim

To compare the prevalence of domestic violence, trauma and dissociation among people with eating disorders to those in a general psychiatric population and examine risk factors, health professionals attention and acceptability of routine enquiry.

### Method

30 participants from a tertiary eating disorder service and 60 from a community mental health population completed questionnaires concerning domestic violence and other traumatic experiences, eating disorder measures, post-traumatic and dissociative symptoms during a face to face assessment.

### Results

62% of eating disordered participants had experienced physical violence, 83% had experienced controlling behaviour and 60% had

been threatened by their current or previous partner. Participants with Anorexia Nervosa were significantly more likely to experience forced sex than those with Bulimia Nervosa. In comparison to the general psychiatric population, there were no significant differences in experiences of domestic violence, except increased rates of forced sex among eating disordered participants compared with general psychiatric patients (30% vs 10%, X<sup>2</sup> (1) = 8.26, p=0.004). Participants with eating disorders were also significantly less likely to subjectively regard themselves as having experiences domestic violence (13% vs 48%, X<sup>2</sup> (1) =10.6, p=0.0001).

### Conclusion

This study established that there are high levels of undetected domestic violence in those with eating disorders who do not recognise physically abusive or controlling behaviour as domestic violence. In particular those with Anorexia Nervosa are significantly more likely to have experienced forced rape than those with other eating disorder or mental health diagnoses. These findings emphasise the need for screening for domestic violence in the eating disordered population.

**Dr Cassandra McClintock**

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# A Scoping Study

## Child and Adolescent Mental Health Services (CAMHS)



**A Scoping Study in Regional Child and Adolescent Mental Health Services (CAMHS) on Children Aged 11 and Under with Conduct Disorders**

**(Dr. Elizabeth Edginton Pictured left)**

### Introduction

Conduct disorders (repetitive and persistent behavioural problems) are the most common reason for referral to Child and Adolescent Mental Health Services (CAMHS) and affect 5% of 5-10 year olds. They can result in serious, long-term, negative outcomes including unemployment, severe mental and physical health difficulties, substance addiction, and crime, while long-term financial costs to public services are up to ten times higher for those with childhood conduct disorders than for those without. Half to two thirds of families benefit from the standard treatments for conduct disorders, which include parenting programmes such as 'Triple-P' and 'Incredible Years', but for families who do not benefit from these interventions, other effective, evidence-based, second line treatments are needed.

Child psychotherapists' clinical experience and academic research suggests that some children with conduct disorders have attachment difficulties, and that their parent(s) are also likely to have attachment difficulties from when they were children. Clinical experience and small-scale research studies suggest that child psychotherapy might be effective as a second line intervention for children with conduct disorders and attachment difficulties, especially where these difficulties are inter-generational.

### Aims

The aims of this scoping study, which was conducted in five Child and Adult Mental Health Service (CAMHS) clinics in the north of England, were:

1) to find out how many children aged 11 and under were being referred to Tier 3 CAMHS (or equivalent) with a primary presentation of a behavioural problem

2) to find out what was currently happening to these children and

their families in terms of treatment as usual (TaU) and number of weeks spent in CAMHS

3) to estimate how many of these children had parent(s) with a potential history of inter-generational attachment difficulties

4) to use this data to inform a National Institute of Health Research 'Research for Patient Benefit' (NIHR RfPB) grant proposal with the University of Leeds School of Medicine, for a feasibility study for a randomised Control Trial (RCT) on a brief child psychotherapy intervention for children with conduct disorders and their parents, where there is a history of inter-generational attachment difficulties.

### Methods

The scoping study was conducted between May and July 2012, and involved the collection of anonymised data from case notes of children accepted into Tier 3 CAMHS between April and June 2011.

### Results

- **The total number of cases across all 5 CAMHS was 145.**
- **The mean age at point of referral was 7.88 years old.**
- **Potential adverse parental functioning likely to impact on one or both parents' ability to bring the child to appointments was found in 19% of cases.**
- **Approximately 60% of main female carers and 27% of main male carers showed indications of potential attachment difficulties.**
- **Most families where the child was referred to Tier 3 CAMHS for a behaviour problem received generic parent and/or child work.**
- **At the time of the scoping study, families had spent an average of 33.25 weeks in CAMHS, with 42.1% of families still undergoing treatment.**

### Conclusions

Overall, the scoping study data indicated that proceeding with an NIHR RfPB grant application for a RCT feasibility study on children aged 11 and under with conduct disorders and a potential history of inter-generational attachment difficulties would be possible. An application is therefore being submitted in May, 2013.

**Dr. Elizabeth Edginton** Research and Development Lead, Northern School of Child and Adolescent Psychotherapy  
Email: elizabeth.edginton@nhs.net



# A Service Evaluation

## Northern School of Child and Adolescent Psychotherapy

### A Service Evaluation of a Northern School of Child and Adolescent Psychotherapy (NSCAP) Pilot Training Programme, entitled 'Essential Parent-Child Development', for Health Visiting Teams from the Yorkshire and the Humber Region

### Aim

The aim of this project was to evaluate a pilot of a short training programme intended to improve the reflective practice of selected Health Visiting Teams in the region.

### Methods

A mixed method study (semi-structured interviews and questionnaires) was conducted with 20 participants before, during, and after the training programme to evaluate participant experience and training impact.

### Results

The majority of participants felt that the training – which comprised three mornings at NSCAP and three workplace-based work discussion mornings - had made a significant contribution to their professional practice, and had given them new insights relevant to their work. There were clear improvements for all four generic competencies, which are evaluated on all NSCAP short courses:

- 1) understanding children's/young people's emotional development and/or mental health;
- 2) capacity to tolerate complex/disturbing situations in work with children/families;
- 3) capacity to reflect on self and others in a professional context;
- 4) understanding of complex issues within the professional network

There were also clear improvements for all five course specific competencies:

- 1) understanding the impact of early bonding and attachment experiences on the child's emotional, cognitive, and neurological development and long-term outcomes;
  - 2) developing observational skills and use of these skills to address risk and protective factors, and to make effective early interventions and timely referrals;
  - 3) level of containment, contributing to the building of resilience and the reduction of stress, and strengthening parent-child relationships in families worked with;
  - 4) capacity and confidence in observing, describing, and evaluating the significance of both verbal and non-verbal communication in parent-child interactions;
  - 5) capacity to think about some of the disturbing and painful feelings that parents and children can evoke, and exploration/management of these in everyday professional practice and networks.
- 80% of participants wanted to attend further NSCAP training.

### Conclusions

A substantial report was written and circulated to the Health Visiting Teams and their Managers. The project findings were discussed by NSCAP's Core Development Group, and will impact on the design and delivery of future NSCAP training courses. Consideration is currently being given to potential future research projects in this area.

### Dr. Elizabeth Edginton

Research and Development Lead, Northern School of Child and Adolescent Psychotherapy  
Email: elizabeth.edginton@nhs.net

## Important Information REC Office Move

The Leeds REC Centre closed on the 31st March and the administration of RECs from those Centres has been moved to the Jarrow and Manchester centres. Contact details can be found under the name of the REC in the NRES Committee Directory.

The committee email addresses remain the same for most committees and RECs will continue to meet at the same meeting venues in the Yorkshire and the Humber region. The Bradford and Leeds Central RECs have merged and the email address for these RECs is nrescommittee.yorkandhumber-leedsbradford@nhs.net.

Any queries should be addressed in the first instance to the respective REC Centre Manager.



Funding opportunities  
for National Institute for Health Research (NIHR) Portfolio Studies

**Funding streams:**  
Research Design Service: Provide free support and advice to health and social care professionals, NHS and social care organisations, service users and academics who wish to develop applications to national, peer reviewed funding streams. The RDS can advise on the most appropriate funding stream to target.

**1.** Programme Grants: Aimed at leading researchers who are able to demonstrate an impressive track record of achievement in applied health research. Each programme funds a series of related projects which form a coherent theme in an area considered as a priority or need for the NHS.

**2.** Research for Patient Benefit (RfPB): Funds high quality investigator-led research projects that address issues of importance to the NHS. It funds research into everyday practice in the health service. Proposals are identified by health service staff, and developed by them with appropriate academic input. All proposals must show evidence from systematic reviews to ensure patient safety and value for money.

**3.** The Health Services and Delivery Research (HS&DR) Programme is the result of the merger of two former NIHR Programmes, the Health Services Research Programme (HSR) and the Service Delivery and Organisation Programme (SDO). It funds research to improve the quality, effectiveness and accessibility of the NHS, including evaluations of how the NHS might improve delivery of services. The audience for this research is the public, service users, clinicians and managers. It has two work streams, researcher led and commissioned.

**4.** Invention for Innovation (i4i): Funds translational research, extending between basic research and pre-clinical trials or health technology assessments. This part of the innovation process is an area of high technological and business risk, and the projects funded by this stream reflect this. The i4i programme’s application process has recently been simplified.

**5.** Efficacy and Mechanism Evaluation (EME): Researcher led and aims to improve health/patient care. It’s remit includes clinical trials and evaluative studies.

Research grants	Submission deadline	Submission outcome	Amount per bid	Duration	Further details
RfPB Competition 22	September 2013	March 2014	£350K	Up to 3yrs	<a href="http://www.ccf.nihr.ac.uk/RfPB/Pages/home.aspx/">http://www.ccf.nihr.ac.uk/RfPB/Pages/home.aspx/</a>
HS&DR Researcher led	03.10.2013	Mid December 2013	£2M	No limit	<a href="http://www.sdo.nihr.ac.uk/fundingopportunities.html">http://www.sdo.nihr.ac.uk/fundingopportunities.html</a>
i4i Product development	10.07.2013	Mid December 2013	No limit	Up to 3yrs	<a href="http://www.ccf.nihr.ac.uk/i4i/Pages/Home.aspx/">http://www.ccf.nihr.ac.uk/i4i/Pages/Home.aspx/</a>
Programme grants Competition 10	15.10.2013	Late March 2014	Up to £2M	Up to 5yrs	<a href="http://www.ccf.nihr.ac.uk/PGfAR/PDG/Pages/calls.aspx">http://www.ccf.nihr.ac.uk/PGfAR/PDG/Pages/calls.aspx</a>
EME	10.07.2013	August 2013	No Limit	No Limit	<a href="http://www.eme.ac.uk/funding/Researcher-led.asp">http://www.eme.ac.uk/funding/Researcher-led.asp</a>

Study Advice Drop-In Sessions

The West Yorkshire Comprehensive Local Research Network (WYCLRN) Research Facilitator Team will be hosting regular ‘drop-in’ sessions (with one-to-one appointments available) across West Yorkshire for all members of research teams involved in **NIHR Portfolio studies** in the NHS, including:

- Research Nurses
- Study Coordinators
- Clinicians
- Academics and Post-Graduate research students
- Chief Investigators wanting help with study set-up
- Principal Investigators wanting to participate in an existing study

The sessions will offer the opportunity to:

- Bring any study specific issues
- Bring general queries for discussion and review
- Provide advice and guidance on issues relating to IRAS and the CSP processes

Please telephone Rachel de Souza on 0113 3925898 if you have any queries on the above. If you wish to be sent details of the drop-in sessions or to book an appointment slot, please email [csp@wyclrn.org.uk](mailto:csp@wyclrn.org.uk). Details of future dates can be found at [www.crncc.nihr.ac.uk/about\\_us/ccrn/west\\_yorks/training](http://www.crncc.nihr.ac.uk/about_us/ccrn/west_yorks/training)

NB: All studies **design** queries should be sent to the NIHR Research Design Service: email [rds-yh@leeds.ac.uk](mailto:rds-yh@leeds.ac.uk)

2013 - 2014 Drop-In Session dates are available at [http://www.crncc.nihr.ac.uk/about\\_us/ccrn/west\\_yorks/training](http://www.crncc.nihr.ac.uk/about_us/ccrn/west_yorks/training)  
Sessions will be delivered at various sites within West Yorkshire



# Finding the Evidence Training Dates

Courses free to Leeds and York NHS staff

July				
02/07/13	Tuesday	12.00-13.00	E-journals and e-books	LGI library
04/07/13	Thursday	09.30-11.30	Critical Appraisal	Discussion Room, LGI
05/07/13	Friday	10.00-12.30	Healthcare Databases	Learning & Resource Room, Bootham Park Hospital
05/07/13	Friday	14.00-15.00	E-journals and e-books	Learning & Resource Room, Bootham Park Hospital
08/07/13	Monday	10.00-11.00	Making the most of your Athens account	IT Suite, Mount Annexe
15/07/13	Monday	09.30-12.00	Healthcare Databases	Bexley IT Suite
18/07/13	Thursday	09.30-11.00	Google	RIO Training Room, St Mary's Hospital
18/07/13	Thursday	11.30-13.00	Current Awareness	RIO Training Room, St Mary's Hospital
18/07/13	Thursday	14.00-16.30	Healthcare Databases	RIO Training Room, St Mary's Hospital
22/07/13	Monday	10.00-12.30	Healthcare Databases	The Boardroom, Bootham Park Hospital
22/07/13	Monday	14.00-15.00	E-journals and e-books	The Boardroom, Bootham Park Hospital
23/07/13	Tuesday	14.00-16.30	Healthcare Databases	IT Suite, Mount Annexe
August				
02/09/13	Monday	14.00-15.00	E-journals and e-books	Bexley IT Suite
05/09/13	Thursday	10.00-11.00	Making the most of your Athens account	IT Suite, Mount Annexe
09/09/13	Monday	10.00-12.30	Healthcare Databases	The Boardroom, Bootham Park Hospital
09/09/13	Monday	14.00-15.00	E-journals and e-books	The Boardroom, Bootham Park Hospital
10/09/13	Tuesday	09.30-11.30	Critical Appraisal	Discussion Room, LGI
17/09/13	Tuesday	10.00-12.00	Cochrane Library	IT Suite, Mount Annexe
19/09/13	Thursday	09.30-12.00	Healthcare Databases	LGI library
24/09/13	Tuesday	09.30-11.00	Google	RIO Training Room, St Mary's Hospital
24/09/13	Tuesday	11.30-13.00	Current Awareness	RIO Training Room, St Mary's Hospital
24/09/13	Tuesday	14.00-16.30	Healthcare Databases	RIO Training Room, St Mary's Hospital
26/09/13	Thursday	10.00-12.00	Cochrane Library	The Boardroom, Bootham Park Hospital
26/09/13	Thursday	14.00-15.00	Making the most of your Athens account	The Boardroom, Bootham Park Hospital

- Cochrane Library Training** - This course focuses on the skills required to search the Cochrane Library effectively to retrieve high quality evidence to support work and study.

**Critical Appraisal** - This course focuses on why it is important to appraise journal articles, how to go about doing this, and how to obtain further help.

**Current Awareness** - Aimed at all Leeds and York NHS staff who wish to set up and use email and RSS alerts and feeds to support their practice or professional development.

**Healthcare Databases** - This course focuses on searching healthcare databases.
- Google Training** - Aimed at all Leeds and York NHS staff who wish to gain skills in searching Google for information to support their work, practice or professional development.

**E-Journals & E-books** - Aimed at all Leeds NHS staff who wish to use e-journals and e-books to support their practice or professional development.

**Making the Most of your Athens Account** - This course is aimed at all Leeds and York NHS staff who wish to better understand their Athens account and learn about the e-resources that are accessible to them.

Please contact the LGI library on 0113 3926445 for more information. Full details and booking forms can be found on the training calendar at: <http://www.libraries.leeds.nhs.uk/Training>

# Sometimes clozapine isn't enough.

For some people, clozapine can work well when other treatment has not. For others, muddled thoughts, voices, worries or fears are still a problem.

If clozapine hasn't met your expectations, there might be something more we can do.

AMICUS

Amisulpride Augmentation in Clozapine-Unresponsive Schizophrenia

We are running a clinical trial to find out whether adding a second antipsychotic medication (amisulpride) to clozapine helps you to feel better and enjoy life more.

Over 12 weeks, we would carefully check your physical health and how you feel. There would be 3 appointments to see you, and to say thank you for giving up your time for these assessments, we offer you £20 for each one.

If you would like to take part in this important research, please tell your doctor or care coordinator.

Study approved by Fulham Research Ethics Committee. Reference 10/H0711/75



# Contact us

## Research and Development

Innovation is a newsletter for sharing and learning about research. This includes information about projects being carried out in your area. As such we welcome any articles or suggestions for future editions.

### For more information please contact:

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# Research Forum

*Following the success of last year's Research & Development Forum, please book our next event in your diary*

**Tuesday 16 October 2013**  
**9am – 3.30pm**

## Village Hotel

186 Otley Road, Headingley Leeds LS16 5PR

See the next edition of 'Innovation' for further details and to reserve a place  
Or email: [research.lypft@nhs.net](mailto:research.lypft@nhs.net)

