Leeds and York Partnership NHS
NHS Foundation Trust

R & D

Innovation

Research and Development Newsletter

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Completed Projects

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

Innovation Issue 18, October 2014

Welcome from Alison Thompson

As I turn to writing this editorial the sun is still shining and skies are blue! What a lovely summer.

I am sad to say goodbye to Izzy Barlow and Ellen Hughes who left the research and development team this summer. Izzy will soon commence her Doctorate in Clinical Psychology at University of Manchester and Ellen has been promoted to another research position in an NHS Trust in her home city of Birmingham. I am delighted to welcome new members to the team. Jennifer Sweetman, formerly of Leeds Addiction Unit and Lucy Goldsmith will support the recruitment to nationally funded studies in York and Leeds respectively. Read more about them on the next page.

I am reminded of the appreciation shown to our research staff at the Health Technology Assessment conference in London last November. A prominent international academic made the point of saying how applied health research would not happen without the commitment, skills and diligent work of research staff recruiting patients in NHS Trusts across the country. The prompt came as I was reading a very learned journal – the Radio Times! Have a look at the quotes from the one and only writer of Scandinavian crime drama "Wallander", Henning Mankell. He concludes: "Now I can sit out in the evening and hear the blackbird singing. And think about all the researchers who have contributed to this happy state of affairs through their work."

So to the outcomes of some of the projects that have been completed in the Trust recently. The following topics are covered in this edition:

- Translation and validation of the Strengths and Difficulties Questionnaire into British Sign Language
- The function of professional identity in the delivery of manualised therapy
- A trio of studies looking at the mood experiences of people with and without a diagnosis of bipolar disorder
- A qualitative study of the adverse effects of psychological therapies
- Systematic computerised cardiovascular health screening for people with severe mental illness
- Service evaluation of the effectiveness of a physiotherapy led relaxation class
- What do Qualified Learning Disability Nurses in Treatment and Assessment Units Understand to be the Role of "as required" (PRN) medication in the management of Challenging Behaviour?
- Assessing autism in deaf children: A qualitative study
- Weighted Blankets and Sleep in Autistic Children—A Randomised Control Trial
- Clinicians' descriptions of the phenomenon of "gate fever": Clarifying the concept
- Cannabis detoxification with benzodiazepines: A case series
- MIDSHIPS: Multicentre Intervention Designed for Self-Harm using Interpersonal Problem Solving: protocol for a randomised controlled feasibility study
- Cardiovascular monitoring in patients prescribed clozapine
- Sport and exercise and its beneficial effects on mental health and wellbeing

Places are going fast for the Research Forum (FREE EVENT)

on 11 November at the Village Hotel, Headingley. BOOK YOUR PLACE NOW at: www.eventbrite.co.uk/e/leeds-york-partnership-nhs-foundation-trust-research-forum-2014-tickets-12016815619. To display a poster, please register online at: http://www.surveymonkey.com/s/RDForum2014. I hope to see you there.

Alison Thompson, head of research and development
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Research Ethics Committees (RECs)

Booking & Submission Changes Spring 2014

NHS Health Research Authority

The HRA will be introducing new systems for applying to Research Ethics Committees (RECs) in Spring 2014 to improve its service and make booking more straightforward for researchers.

http://www.hra.nhs.uk/research-community/booking-submission-changes-spring-2014/

Welcome to Jenny Sweetman

'My name is Jenny Sweetman and I am a Research Assistant in the Trust.

I have recently moved from the Leeds Addiction Unit Research Team where I was involved with the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) programme of research. This included working on two systematic reviews of substance misuse screening and assessment instruments(1,2), qualitative work concerning the care pathway of patients admitted to local hospitals for addiction reasons, and further validation of instruments designed to measure change in dependence and social satisfaction levels(3). I was also involved as a therapist in a local pilot randomised control trial (RCT) looking at the acceptability of two psychosocial treatment options for patients admitted to hospital for alcohol-related reasons.

In addition to the CLAHRC projects I was part of the AESOPS project research team (national RCT) which involved recruiting GP surgeries and patients to the trial, collecting baseline and follow-up data(4). My role included therapeutic aspects, delivering the control treatment and step 1 of a stepped care treatment approach for patients over 65 years who had provided information about hazardous or harmful drinking patterns.

In my new role I will be assisting Trial Co-ordinators and Clinical Studies Officers with current projects at Lime Trees. This includes working on the **Diagnostic Instruments for Autism in Deaf Children Study (DIADS) which involves translating/modifying and then validating screening and assessment tools to diagnose autism in deaf children**. I have a BSc(Hons) Applied Psychology from the University of Durham and an MRes Psychology from the University of Manchester.'

1. Mdege, N. D. & Lang, J. (2011). Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: A systematic review. Addictive Behaviors, 36(12), 1111-1119.

2. Sweetman, J., Raistrick, D., Mdege, N. & Crosby, H. 2013. A systematic review of substance misuse assessment packages. *Drug and Alcohol Review,* 32(4), 347-355.

3. Raistrick, D., Tober, G., Sweetman, J., Unsworth, S., Crosby, H., & Evans, T. in press. Measuring clinically significant outcomes – LDQ, CORE-10, and SSQ as dimension measures of addiction. *The Psychiatrist.*

4. Watson, J.M., Crosby, H., Dale, V.M., Tober, G., Wu, Q., Lang, J. & McGovern, R. Newbury-Birch, D., Parrott, S. Bland, J.M., Drummond, C., Godfrey, C., Kaner, E. & Coulton S. on behalf of the AESOPS trial team. 2013. AESOPS: a randomised controlled trial of the clinical effectiveness and cost-effectiveness of opportunistic screening and stepped care interventions for older hazardous alcohol users in primary care. *Health Technology Assessment,* 17(25).

Jenny Sweetman: j.sweetman@nhs.net

Welcome to Lucy Goldsmith

My name is Lucy Goldsmith and I am excited to join the Trust as a research assistant working on studies into bipolar disorder, Chronic Fatigue Syndrome (CFS), schizophrenia and non-epileptic seizures.

I am joining the Trust from my PhD at the University of Manchester, in which I studied the causal effect of the therapeutic alliance on symptomatic outcome in randomized controlled trials of talking therapies for schizophrenia and CFS.

I am extremely interested in research methodology, and fascinated by the processes and techniques of achieving good mental health. In my PhD I conducted methodological research, comparing two methods of dealing with potential bias due to missing data (multiple imputation and structural equation modelling). Both methods were unbiased for simple models, but I learned that the best way of dealing with missing data is to make sure there is none in the first place – something I'll take forward into this role! My published BSc project was methodologically innovative; developing a 'sympathetic' application of Foucauldian discourse analysis to examine the discourses used by recovered service users to discuss their experiences of hearing voices.

Further prior research includes a publication from a summer project at University College London, which examined potential subjective (e.g. mood and emotional) effects from two different types of antidepressants. I am fascinated by research and theories in mental health, and I still have much to learn. In my spare time I am currently reading Irvin Yalom's works about how change is achieved in therapy and learning about mindfulness meditation.

I am excited to join the NHS research environment and looking forward to contributing to studies which will illuminate how to improve outcomes in mental health.

Completed Research Projects

Strengths and Difficulties
Translation into British Sign Language

Translation and validation of the Strengths and Difficulties Questionnaire into British Sign Language. Scientific Summary

Background

Deaf children and young people are found to have significantly higher rates of emotional/behavioural problems in comparison to the hearing population when assessed using assessments and questionnaires developed for hearing children. They are less likely to go for help, and many parents believe that services are not well equipped to support deaf children and young people. In 2009, a new national deaf service was set up to address this need. Up until now there has been no tool to screen deaf young people for mental health problems if their preferred language is BSL, nor are we able to evaluate whether the service provides positive outcomes for clients. Previous screening and epidemiological studies in 13 deaf children have had to use interviews and reliance of parent/teacher report instead of youth self-report, as researchers have found that written versions of questionnaires for deaf children are not as sensitive as they are for hearing children. However, this is not ideal as parent report may differ from self–report. Ideally, any evaluation of deaf services should be comparable to those of services for hearing children, but the lack of suitable self-report screening or evaluation tools prevents this. It is now recognised that questionnaires cannot simply be translated linguistically, but also need to be adapted culturally to maintain their content validity. This is particularly important for British Sign Language because it is a visual and not a written language. It is not sufficient simply to have an interpreter present as this would not be true self-report and the translator may change the meaning of the original question so that the content validity is reduced. The process of translating linguistically and culturally is long and costly, and as a result there are currently no suitable screening questionnaires for the young Deaf signing population.

The 'Strengths and Difficulties Questionnaire' (SDQ) is used as an outcome measure in the national CAMHS Outcome Research Consortium, and has been translated into over 60 languages but not BSL. It is a self-report questionnaire, initially developed to improve the detection of child psychiatric disorders in the community. There are three versions – one for children and young people, one for parents and one for teachers. Together, the three SDQs show good sensitivity (63.3%) and specificity (94.6%). The SDQ can be completed at the beginning and end of treatment to assess how well the treatment has worked and is frequently used to evaluate Child and Adolescent Mental Health Services.

Objectives

1) To translate the Strengths and Difficulties Questionnaire into British Sign Language (BSL).
2) To use the BSL version of the translated self-report SDQ with a cohort of BSL using Deaf children sampled across England, and to validate it by comparing it to a gold standard clinical assessment.
3) To validate Deaf parent and Deaf teacher versions of the SDQ reporting on children.

Methods

We used a novel and methodologically thorough translation and back-translation process with 6 bilingual interpreters in two teams of three to translate the English SDQs. We also had focus groups of Deaf young people and Deaf adults, an expert group and the safeguard of the original author. We had strong Public and Patient Involvement as part of the research. Once translated we validated the BSL SDQ versions across England recruiting from schools, youth clubs, Deaf communities, deaf clinical services and through national and local advertisements.

Results

We recruited 144 Deaf young people (aged 11-16), 191 Deaf parents and 77 Deaf teachers. We also recruited hearing participants to aid cross validation. We found that the test-retest reliability, factor analysis and internal consistency of the three new scales was broadly similar to that of other translated versions of the SDQ. We also found that against independent semistructured clinical interview from a mental health professional experienced in working with Deaf children there was good sensitivity (76%) and specificity (73%) when using the existing multi-informant coding frame for the SDQ. The factor analysis suggested that the BSL SDQ should be used as a general screening tool rather than as an instrument to assess any particular disorders. Finally although only a relatively small sample we found a suggestion that Deaf 11-16 year old girls in the community sample appeared to have higher scores on all difficulty subscales and particularly the emotional and total score subscales than hearing children.

Conclusions:

We were able to validate the SDQ in British Sign Language for use as a screening tool and this can now be used to enable further research in the Deaf population to understand their mental health needs.

Dr Sophie Roberts, Deaf children, Young People and Family Unit (National Deaf CAMHS). **Email: sophie.roberts@nhs.net**

R & D

Crime writer
praises health researchers

"…I must sing the praises of cancer research – achievements in the past, in the present, and in what will happen tomorrow".

"The fact that so much highly qualified research is being carried out is, of course, easy to understand. There are huge potential profits for pharmaceutical companies. The dream of being able to eradicate cancer is still a very distant prospect, but nevertheless practical reality illustrates what brilliant partial victories are being achieved all the time.

"Naturally, I have to believe that deep down inside the individual researcher, or the team in which he or she is working, is a fundamental humanistic starting point that has to do with the patient's wellbeing and the right to live for as long as possible. I am convinced that this is the case.

"I don't know what would have happened to me had it not been for that research. I can't express it any simpler than that.

"Now I can sit out in the evening and hear the blackbird singing. And think about all the researchers who have contributed to this happy state of affairs through their work."

Henning Mankell, author of TV crime series Wallander
RadioTimes 21-27 June 2014.

Completed Research Projects

Assessing autism in deaf children:
A qualitative study

Under the supervision of professor Barry Wright from National Deaf Child & Adolescent Mental Health Services (CAMHS), Natassia Brenman explored the challenges and uncertainty surrounding the assessment and diagnosis of autism in deaf children and adolescents.

Existing research indicates that autism in deaf children is often diagnosed late and is easy to misdiagnose (Roper, Arnold, & Monteiro, 2003; Wright & Oakes, 2012). So far, complicating factors have only been studied clinically, but we know that uncertainty can be shaped by wider issues about concepts of disability and demands within health systems (McLaughlin, 2005; Skellern, Schluter, & McDowell, 2005).

Fieldwork was conducted within child and adolescent mental health services across the UK. Qualitative research methods were used to collect data from 16 multidisciplinary professionals in generic and specialist deaf services. We found inherent uncertainties involved with attributing behaviour to autism or deafness, because clinicians perceive the features of these constructs to be so similar. The role of Deaf culture was complex because of the wide range of linguistic abilities and backgrounds in children. However, many respondents suggested ways for assessments to be more culturally sensitive, particularly in relation to the diagnostic tools, which are not yet adapted for use with signing children. Identifying deaf children as 'normal' or pathological was another key challenge, given the heterogeneity of this group. Experienced clinicians overcame this by focusing on adaptive behaviour rather than the concept of norms. Overall, clinicians accepted the uncertainties involved in diagnoses but were concerned that these decisions were disproportionally influential in determining the services available to children.

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Leeds and York Partnership NHS
NHS Foundation Trust

Clinicians' descriptions of the phenomenon of "gate fever": Clarifying the concept

Dr. Vinaya Bhagat, Consultant Forensic Psychiatrist, Leeds and York Partnership Foundation Trust; Dr. Nishant Bhagat, Consultant Forensic Psychiatrist, Humber NHS Trust; Dr. Lindsay Jones, Consultant Clinical Psychologist, Leeds and York Partnership Foundation Trust; Ms. Christina MacDonald, Trainee Psychologist for Northumberland, Tyne, and Wear NHS Trust.,

Introduction and background:
Gate fever is a common term in British prison parlance. It is a well recognised phenomenon in which prisoner's levels of anxiety and instability increase as they approach release. Anecdotally, staff members in secure services also recognise a number of seemingly self sabotaging behaviours that patients sometimes exhibit when they are close to discharge or a transfer to conditions of lower security.

Previous research has highlighted difficulties in the transition process between services, but has largely explored this in terms of flaws within the process itself rather than anxiety on the part of the patient or other factors.

Aim:
Given the widespread anecdotal use of the terminology and acceptance of the concept by experienced clinicians within secure services it was felt that this should be explored further to develop an understanding about some of the issues.

The aim of this study therefore, was to investigate what experienced clinicians mean when they use the term "gate fever".

Methodology:
Since the study involved exploring views and experiences of the participants a qualitative design was felt more appropriate. We conducted in-depth interviews to obtain information from 8 senior clinicians, within two NHS Medium Secure Units, on the concept of "gate fever". The transcripts of the interviews were coded independently by two raters and agreed following a consensus meeting.

A further analysis carried and themes were derived using Thematic Analysis.

Why thematic analysis?
- An accessible and flexible approach that is independent of theory and epistemology
- Can provide a rich and detailed account of data

(Braun and Clarke, 2006)

Results:
Analysis of themes
Five main themes were extracted.

Staff members' understanding of the term "gate fever"	
Most participants had a common definition of "gate fever" incorporating the concepts of setbacks which occurred towards the end of a treatment phase and which were due to the stresses of moving on. Examples given included relapse/deterioration, non-compliance, withdrawal from treatment, challenging behaviours, and breaching conditions. "Gate fever" was frequently seen as a pejorative term that masked individualised understandings and blamed the patient.	*"….without any concrete terminology gate fever is a term we fall back on. It sort of encompasses everything doesn't it…"* *"Gate fever usually means to me anxieties surrounding patients actually moving away from the institution….. it's about people's perception of how they feel safe and they are moving away from that safety area, comfort zone…*
Internal factors relating to the patients that are relevant to gate-fever	
The patient related internal factors made it difficult for them to adapt to a change in environment. Attachment to staff and the institution itself was thought to be a key factor. Anxiety about being able to cope in the community following long periods of time in secure services, relating to a loss of valued role in the community as well as practical concerns were also considered as key issues. There was also discussion regarding the influence of conscious and unconscious processes underlying the behaviour.	*"…..that patient had been in high secure for 15 years and been with us another 8 years or something and he clearly was finding hard to have his own identity …..other than being a patient."* *"…..patients we deal with often struggle with attachments that often lead them to the problems they present with ……then they form attachments with institutions and ward and staff…."*
Staff's response when they feel patients sabotage their own progress	
A common theme was that staff found the seemingly self sabotaging behaviours of patients frustrating. Patients who did not progress smoothly through transitions were seen as "unpopular" and staff felt a sense of failure and hopelessness when working with these patients. It was felt that staff in general did not sufficiently focus on the issues surrounding transition.	*"….you know, the 'naughty group' because that's how I think it would be seen-oh you're the naughty people who keep running off every time we (make plans to) discharge you"* *"….while your working day to day starts to feel quite cyclical in that you get somebody well, you look to move them on, they become unwell and it's like, oh here we go again."*
Institutional processes that contribute towards these difficulties	
It was felt that institutional processes such as length of stay, pace of discharge, and institutionalisation could contribute to the phenomenon. Participants referred to targets and the pressure to move people on quickly.	*"I think the way commissioning is at the moment….much more focus on periods spent in hospital….."* *"….where people have been institutionalised for lengthy periods of time. I think its' to do with length of time, as much as being locked up"* *"Might get gate fever because we've rushed them through the system, we haven't dealt with what we should have done….haven't been mindful of the pressures that exist.."*
Prevention/ Intervention	
It was felt that participants felt that there are number of ways in which these difficulties could be managed in the services at individual and service level. These encompassed a variety of area including change in staff attitudes and more acceptance of the phenomenon, having individualised pathways, reflective groups to support staff and interventions aimed at increasing skills and reducing institutionalisation.	*"….I think staff attitude to it, how you conceptualise it….using it as a point of learning rather than a point of punishment….highlight the work that can be done directly with the patients….practical things….increase support, slower pace…"* *"…. introduced on the rehabilitation ward ….. an intentional handover of patients…."* *"Sack everybody who works in psychiatry just now and start again."*

Discussion / future research:
In summary, though the participants felt that the term 'gate fever' had negative connotations to it they highlighted the importance of understanding and raising awareness of the issues involved. Most of the participants felt that interventions at both individual and service level including more individualised care plans and staff members working collaboratively with patients should be implemented. Future planned research will explore the concept with patients in order to further understand the issues from the patients' perspective. Our research will enrich the understanding of some of these issues and thereby inform therapeutic strategies that will help patients return to lesser secure settings or the community more quickly, reduce the risk of becoming institutionalised and improve their quality of life.

Cardiovascular health screening
for people with severe mental illness

Systematic computerised cardiovascular health screening for people with severe mental illness

1. David Yeomans[1],
2. Kate Dale[2] and
3. Kate Beedle[3]

+ Author Affiliations
1. [1] *Leeds and York Partnership NHS Foundation Trust*
2. [2] *Bradford District NHS Care Trust*
3. [3] *NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit*

+ Author Notes

David Yeomans, consultant psychiatrist, Leeds and York Partnership NHS Foundation Trust; Kate Dale, mental/physical health project lead, Bradford District NHS Care Trust; and Kate Beedle, data quality specialist, NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit.

1. Correspondence to David Yeomans (david.yeomans@nhs.net)

Declaration of interest The authors have provided a single paid consultation to another primary care organisation that has used the template.

Abstract

Aims and method People with severe mental illness (SMI) die relatively young, with mortality rates four times higher than average, mainly from natural causes, including heart disease. We developed a computer-based physical health screening template for use with primary care information systems and evaluated its introduction across a whole city against standards recommended by the National Institute for Health and Care Excellence for physical health and cardiovascular risk screening.

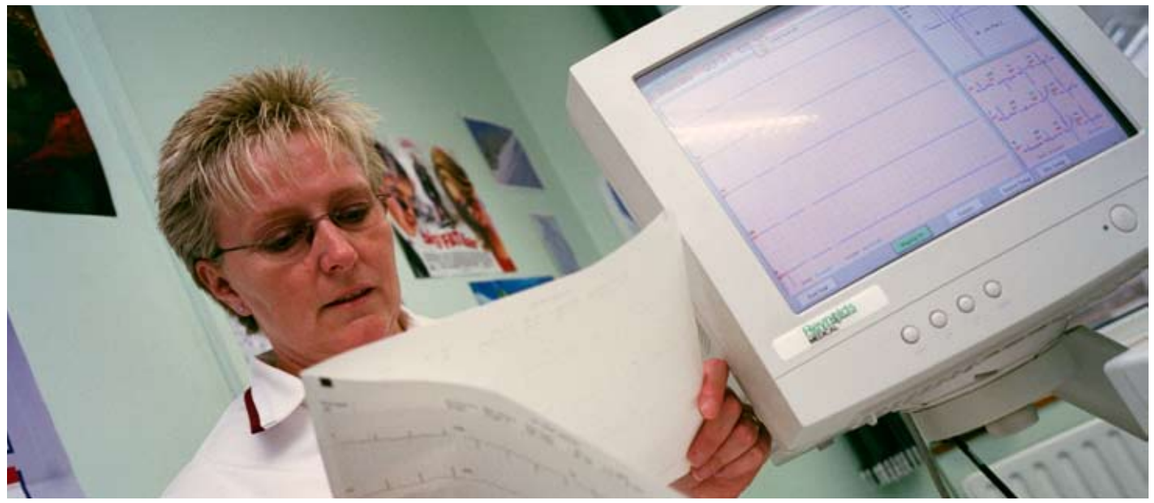
Results

A significant proportion of SMI patients were excluded from the SMI register and only a third of people on the register had an annual physical health check recorded. The screening template was taken up by 75% of GP practices and was associated with better quality screening than usual care, doubling the rate of cardiovascular risk recording and the early detection of high cardiovascular risk.

Clinical implications

A computerised annual physical health screening template can be introduced to clinical information systems to improve quality of care.

Full article: http://pb.rcpsych.org/content/early/2014/07/14/pb.bp.113.045955.full.pdf+html



Cardiovascular monitoring
in patients prescribed clozapine

Cardiovascular monitoring in patients prescribed clozapine

1. William R. Jones,
2. Usha Narayana,
3. Sarah Howarth,
4. Joanna Shinners and
5. Qadeer Nazar

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Wilson et al[1] highlight the ongoing issue of poor physical health monitoring in patients prescribed clozapine. We recently presented a survey which investigated standards of physical health monitoring in adult patients (n=98) prescribed clozapine against standards set out by Maudsley Guidelines in which we found similarly high rates (53%) of clozapine augmentation and antipsychotic polypharmacy (details available from the authors on request). Moreover, cardiovascular monitoring was poor with only 30% of patients having had a baseline electrocardiogram prior to initiation of clozapine. Similarly, only 28% had yearly electrocardiogram monitoring performed once clozapine therapy had been established. Of those patients established on clozapine therapy, 34% were found to have asymptomatic sinus tachycardia, which was more commonly seen in patients prescribed additional antipsychotic medication than those prescribed clozapine alone ($P<0.001$). Clinical actions in response to asymptomatic sinus tachycardia varied enormously, with only 12% of cases having been discussed with local cardiology services.

These findings are of great concern when one considers that clozapine is associated with potentially life-threatening adverse cardiovascular conditions such as myocarditis and cardiomyopathy.[2] While tachycardia is commonly seen during the early stages of clozapine treatment, occurring in up to 50% of patients, sustained tachycardia, defined as a heart rate >100 bpm for more than 6 months, can precipitate cardiomyopathy and appears to be an independent risk factor for sudden cardiac death.[3] Reducing clozapine dose and the use of rate-limiting drugs such as beta-blockers have been suggested as potential solutions to this problem,[4] although these options may not always be clinically appropriate and there appears to be a broad range of approaches in dealing with this.

In response to these findings we have introduced a system whereby initiation of clozapine therapy and its continued prescription by our pharmacy department is contingent on evidence of baseline and continued cardiovascular monitoring. We have also developed a shared care pathway with our local cardiology department ensuring that cardiac monitoring is optimised in this vulnerable patient group and that management of sustained tachycardia is jointly managed by both psychiatric and cardiology services. Information on this shared care pathway is available from the corresponding author.

Link to full article: http://pb.rcpsych.org/content/38/3/140.2.full

Patient Stories
Campaign

The NIHR central communications team are running a regional press campaign entitled ìPatient Storiesî until February 2015. The campaign will focus on highlighting positive patient stories (whether they are a patient, a member of the public or a carer) via regional press - you may have read about this in recent e-bulletins.

Identify patients, members of the public or carers:

- Let the NIHR communications team know if you know of any enthusiastic patients, members of the public or carers who would be willing to share their positive stories of taking part in research. Ask them to fill in the form here: www.crn.nihr.ac.uk/patientstories (or you can also complete it on their behalf).

A patient campaign brief (below) has been created to help explain the campaign.

Spread the word:

- Share the relevant briefing note with colleagues so they know about the campaign
- Add a story about the campaign as a news item in your newsletters/blogs/websites and link to our sign up page: www.crn.nihr.ac.uk/patientstories
- Send the sign-up link out to your patient databases so that patients can put themselves forward to take part: www.crn.nihr.ac.uk/patientstories
- Include a slide about the campaign in your meetings throughout the year. Note: link below.
- Invite a member of the central communications team along to deliver the 'How patients/carers help us to promote clinical research' presentation at your local patient groups
- As and when press coverage is received; share the stories with your patient communities via your newsletters and other channels

Get social:

- Tweet and Retweet about the campaign and send out regular "callouts" for volunteers to sign up using #crnpatientstories
- Use Facebook to highlight different patient stories, send a message to the Clinical Research Network's facebook page supporting the campaign and "like" the campaign on the Clinical Research Network's facebook page
- Start conversations about the campaign on LinkedIn and drive traffic to the sign-up page on the website www.crn.nihr.ac.uk/patientstories

Completed Research Projects

The function of professional identity
in the delivery of manualised therapy

In the context of the rising agenda of evidence based practice, the use of treatment manuals is now common in psychotherapeutic treatments for addiction and other mental health issues. There is debate amongst clinicians and researchers regarding the trade-off between the costs and benefits of manuals; and differing opinions regarding the importance of treatment fidelity. One concern that clinicians often raise is the effect that manuals have on clinical judgement and responsivity, and one benefit that researchers raise is the standardisation of treatment. The purpose of this study was to consider how therapists enact the delivery of manualised therapy through analysing the discourses used. Particular attention was given to how therapists attempted to facilitate behaviour change using both adherent and non-adherent techniques, and how therapists addressed the expression of client emotions.

Two types of manualised alcohol addiction therapy sessions were investigated in this study; Motivational Enhancement Therapy, and Social Behaviour and Network Therapy, both taken from the large scale UK Alcohol Treatment Trial (UKATT research team, 2005). A discursive psychology informed analysis was conducted, spanning nineteen therapy sessions with six therapist-client pairs. The interpretative repertoires that therapists used to promote behaviour change were: therapist actions are responsible for enabling change, clients are responsible for changing their own behaviour, and therapeutic alliance is required for change. These were enacted through the following discursive practices: being paternalistic, being critical, persuading, lecturing, using humour, being collaborative, acting as benevolent expert and constructing oneself as a powerful expert. Therapists managed adherence to the manuals and responsivity to the clients in differing ways; at times prioritising one over the other, at other times attending to both, and at other times attending to neither. Therapists responded to clients' expression of emotions in a variety of ways categorised under two themes of acknowledging and avoiding.

Hannah Capon email: hannahcapon@nhs.net
Supervised by Dr Shona Hunter, Leeds University

Service evaluation of the effectiveness
of a physiotherapy led relaxation class

Aims & Hypothesis

To study the effectiveness of a twice weekly, 30 minute Laura Mitchell Method relaxation class in a secondary care, mental health inpatient setting.

Background

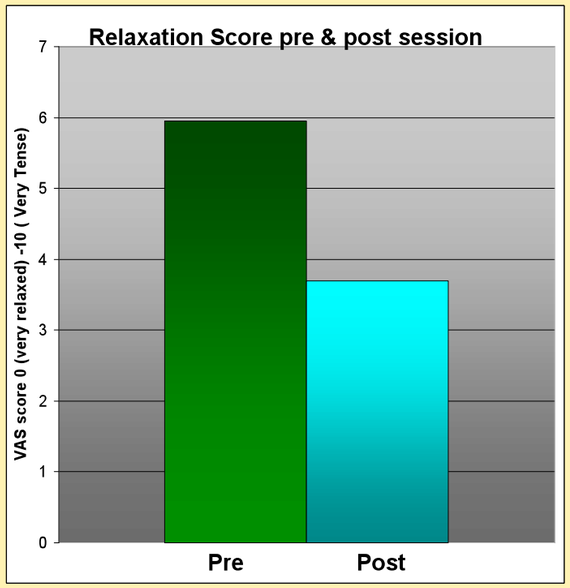
Up to 93% of service users with a mental health disorder can suffer from anxiety or stress related issues (Nice 2011). A service evaluation was under taken to highlight the effectiveness of Physiotherapy led relaxation classes, to promote this area of Physiotherapy and subject to demand to evaluate potentially increasing this service.

Method

A service evaluation was undertaken on the subjectively reported levels of relaxation recorded by 100 service users who attended the classes. Service users were asked to record levels of relaxation, both pre and post class, on a scale from zero (very relaxed) to ten (very tense). Individuals included were inpatient service users of both working and older age adults.

Results

100 service users were included in the evaluation, 94% of which recorded an increase in relaxation levels post therapy, 4% reported no change and 2% were unable to comply with the instruction due to cognitive problems. Overall an average increase of 36% in levels of relaxation was shown after the class.



Conclusion

Relaxation therapy is an extremely effective tool in the short term to increase relaxation levels in working and older age adults in an inpatient environment.

Reference

NICE 2011.Generalised Anxiety Disorder In Adults [Online]. Accessed 16/5/2014. NICE Available from http://www.nice.org.uk/nicemedia/live/13314/52667/52667.pdf

Jon Sunley, Physiotherapist, York, LYPFT; Email: Jonsunley@nhs.net

Completed Research Projects

Cannabis detoxification
with benzodiazepines, a case series

Cannabis remains one of the most consumed illicit psychoactive substances worldwide, 10% of whom are dependent. Cannabis withdrawal syndrome is now a recognized independent clinical phenomenon and is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

A closer examination of the most frequently reported symptoms in cannabis withdrawal syndrome (e.g. insomnia, depression, irritability, anxiety, restlessness) indicate that benzodiazepine treatment could be effective. Although not free from side effects and inconveniences benzodiazepine treatment appears suitable in the course of cannabis withdrawal for a number of reasons.

First, they are reasonably safe, and can be prescribed in a controlled manner.

Second, clinicians are familiar with their management, and can usually be tapered in a few days to weeks. Third, should they resolve the withdrawal syndrome and cause less distress to the patient, this approach would be cost-effective. And finally, as stated above, they are effective in treating many of the symptoms reported in the cannabis withdrawal syndrome. Given this rationale, we conducted a case series of patients who underwent cannabis detoxification with chlordiazepoxide (Librium) in outpatient clinics at the Leeds Addiction Unit.

75% of the patients (6/8) achieved abstinence 3months post detoxification. There were no adverse effects recorded in any of the 8 patients' notes during or post benzodiazepine detoxification. One of the unsuccessful cases was complicated by comorbid opiate and alcohol dependence. Patients not successfully discharged were receiving on-going support via intensive community support or Social and Behavioural Network Therapy. The most successful reducing regime was 10mg daily varying over a 2-4 week period.

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Supervised by **Dr Duncan Raistrick** (Cons) Leeds Addiction Unit.

Completed Research Projects

ADEPT: Understanding and Preventing Adverse Effects of Psychological Therapies.

A group of researchers led by Professor Glenys Parry at the University of Sheffield have recently completed a Research for Patient Benefit funded project on understanding and preventing adverse effects of psychological therapies. They systematically reviewed prior research and service user accounts to develop a model for understanding adverse effects and bad therapy processes, including processes leading to harm. They analysed large datasets of NHS therapy outcome measures to identify the characteristics of clients and therapists that are most closely linked with deterioration and people dropping out of therapy early. They found that the proportion of clients showing reliable deterioration and drop-out varies a lot between therapists, even controlling for the characteristics of the clients. They conducted a meta-analysis combining data on 992 patients from 16 previous trials of psychological therapies to test if more deterioration occurred in the active treatment group vs. the no-therapy control group. They found no overall difference between these groups, suggesting that therapy was not systematically harming a subgroup of people. A survey and in-depth interviews were undertaken with service users and therapists where therapy had gone wrong, to explore the process of failing therapy and generate understanding of what would have prevented the problems.

18 people were recruited by Nic Gill to this study from our trust.

Overarching themes were:

- lack of fit between therapist and client
- power & control
- lack of safety and containment
- poor professional practice
- service constraints

All this work led to a practical way to minimise adverse processes and effects; the development of the website www.supportingsafetherapy.com. This helps therapists to know when a therapy is failing and what to do about it, and gives clients information about what good therapy should be like with guidance on what to do if this does not happen.

Professor Glenys Parry: g.d.parry@sheffield.ac.uk

Completed Research Projects

Learning Disability Nurses
and the management of Challenging Behaviour?

What do Qualified Learning Disability Nurses in Treatment and Assessment Units Understand to be the Role of "as required" (PRN) medication in the management of Challenging Behaviour?

Introduction
This study looks at influences which affect nurses' decisions to administer PRN medication for people with learning disabilities exhibiting challenging behaviour.

Methods
A convenience sample of 8 nurses working in one in-patient unit for people with learning disabilities participated in a semi-structured interview. Transcriptions of the interviews were subject to thematic analysis.

Results
Nine themes were identified, which included identifying that challenging behaviours were signs of mental health problems, a concern to use less restrictive interventions, the importance of knowing the person, and reliance on personal judgements. Data showed a strong interest in legal, ethical and professional issues.

Conclusion
The results indicate that nurses identify various roles for PRN in the management of challenging behaviour, including treatment for mental health symptoms and management of behaviours which jeopardise safety. A number of factors contribute to the decision to administer PRN, and the findings suggest that nurses have significant opportunity to use personal judgement. Nurses articulated that PRN is a last resort, but paradoxically made early use of PRN to prevent escalation of behaviours. Complex ethical and pragmatic issues relating to this are discussed.

Findings suggest that nurses feel able to make competent decisions for which they acknowledge professional accountability. Previous research (Baker et al. 2008a) is supported as decisions appear to be subject to complex factors relating to the subjective judgements of the individual, and the characteristics of the organisation in which administration takes place. The benefits and costs of nurses sharing observations to arrive at group-validated decisions are discussed.

Simon Nixon: simonnixon@nhs.net
Academic supervisor: Dr Gillian Nethell, Principal Clinical Psychologist, ABM University Health Board

Completed Research Projects

MIDSHIPS: Multicentre Intervention Designed for Self-Harm using Interpersonal Problem Solving

The aim of the MIDSHIPS study was to determine the practicability of undertaking a definitive Randomised Controlled Trial (RCT) of interpersonal problem solving therapy (PST) plus treatment as usual (TAU), compared with TAU alone for adults who attended hospital due to self-harm. Potentially eligible participants were identified by LYPFT clinicians during their psychosocial assessment, and those interested in the trial provided agreement for researcher contact.

Participant reported outcome data were administered postally by the Clinical Trials Research Unit (CTRU) at 3 and 6 months post-randomisation. Event rate data (i.e. repetition of self-harm leading to hospital attendance) and TAU data were collected directly from Acute Trust and LYPFT records, respectively, by a study researcher. PST therapists were trained and supervised by expert clinical members of the Research Team, and provided data regarding treatment attendance and adherence.

Key findings
Of the 710 patients screened across Leeds and York for eligibility, 392 were eligible. 62 were ultimately recruited to the study in just over 12 months. In the last 6 months of recruitment it was demonstrated that a sustained recruitment rate of 6 participants per month was achievable.

The main trial therapist was successfully trained and supervised, and therapeutic delivery and monitoring objectives were met. Follow up questionnaire response rates were high, with 85.5% participants returning questionnaires at 3 months, and 79% returning these at 6 months post-randomisation. As well as demonstrating feasibility of trial processes, the data obtained has allowed calculation of sample size requirements for the main trial.

Chief Investigator: Dr David W Owens, University of Leeds; D.W.Owens@leeds.ac.uk

Principal Investigator: Dr David Protheroe, LYPFT; david.protheroe@nhs.net

Completed Research Projects

Weighted Blankets
and Sleep in Autistic Children

Weighted Blankets and Sleep in Autistic Children- A Randomized Controlled Trial

1. Paul Gringras, MBChB, MRCP, MsCa,
2. Dido Green, DipCOT, MSc, PhDb,
3. Barry Wright, MBBS, MD, FRCPsychc,
4. Carla Rush, BSca,
5. Masako Sparrowhawkd,
6. Karen Pratta,
7. Victoria Allgar, PhD, CStat, CScid,
8. Naomi Hookec,
9. Danielle Moorec,
10. Zenobia Zaiwallae, and
11. Luci Wiggs, DPhil, CPsychold

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Abstract

OBJECTIVE: To assess the effectiveness of a weighted-blanket intervention in treating severe sleep problems in children with autism spectrum disorder (ASD).

METHODS: This phase III trial was a randomized, placebo-controlled crossover design. Participants were aged between 5 years and 16 years 10 months, with a confirmed ASD diagnosis and severe sleep problems, refractory to community-based interventions. The interventions were either a commercially available weighted blanket or otherwise identical usual weight blanket (control), introduced at bedtime; each was used for a 2-week period before crossover to the other blanket. Primary outcome was total sleep time (TST) recorded by actigraphy over each 2-week period. Secondary outcomes included actigraphically recorded sleep-onset latency, sleep efficiency, assessments of child behavior, family functioning, and adverse events. Sleep was also measured by using parent-report diaries.

RESULTS: Seventy-three children were randomized and analysis conducted on 67 children who completed the study. Using objective measures, the weighted blanket, compared with the control blanket, did not increase TST as measured by actigraphy and adjusted for baseline TST. There were no group differences in any other objective or subjective measure of sleep, including behavioral outcomes. On subjective preference measures, parents and children favored the weighted blanket.

CONCLUSIONS: The use of a weighted blanket did not help children with ASD sleep for a longer period of time, fall asleep significantly faster, or wake less often. However, the weighted blanket was favored by children and parents, and blankets were well tolerated over this period.

Full article:
http://pediatrics.aappublications.org/content/early/2014/07/09/peds.2013-4285.full.pdf+html

Sport and exercise and its effects
on mental health and wellbeing

UNIVERSITY of Huddersfield research student Luke Pickard (above) is a serious football fan. So he is delighted to be in Rio de Janeiro for the World Cup Final on July 13, although he journeys to Brazil for academic purposes. He has been selected to deliver two papers at a prestigious conference that will involve experts from around the globe.

But there are sporting dimensions to Luke's areas of research and to the event he is attending – the Fifth International Conference on Sport and Society, taking place at Rio's Universidade Salgado de Oliveira, Niterói Campus.

After he made an impressive application, organisers granted Luke a Graduate Scholar Award, which waives his attendance fees. In return, he will chair some of the conference's academic sessions and help with the running of the event. He also presents the two papers that he has written, supervised by University of Huddersfield tutors Dr Alison Rodriguez, a Senior Lecturer in Psychology, and Kiara Lewis, Head of the University's Division of Health and Wellbeing.

The therapeutic value of sport is the thread that runs through Luke's research, which he hopes to take on to PhD level. *"There are a lot of reasons that sport can be beneficial, including the escape it offers from everyday life and the structure that sport-based exercise brings. These are in addition to the actual physiological benefits of sport,"* he explained.

Physical Activity: Escapism and Identity

Watch video: http://www.youtube.com/watch?v=HLf7pTP1Lh0&feature=youtu.be

In this video Luke talks about the benefits of the Let's Do This programme in which he has been actively been involved in as part of his postgraduate research.

One of Luke's Rio papers – entitled The Influence of Physical Activity on the Lifeworld of Its Participants: Escapism and Identity – is based on a dissertation that helped him to achieve coveted First Class Honours in his BSc(Hons) Psychology degree. He was then awarded a £5,000 Vice-Chancellor's Scholarship, enabling him to move on to a Master's by Research Degree, which he will complete in September.

For this, Luke has extended his research into the field of mental health and his second paper at the international conference is entitled Service Users Experience of Sport and Exercise and Its Effects on Mental Health and Wellbeing. Luke has been carrying out work at the Becklin Centre in Leeds, and has been actively involved in a programme named Let's Do This. People who have suffered mental health problems are offered the chance to take part in a series of ten sessions offering a wide range of sports and exercises, from football and badminton to yoga.

"Once participants have completed the ten sessions, they feel more comfortable about using the local facilities. This is a use of exercise that not only benefits them in a physiological way but also to helps them integrate back into society," said Luke.

World Cup fever

His participation in projects such as Let's Do This has helped provide him with the data he needs to complete his MRes, and for his contributions to the International Conference on Sport and Society.

As well as being a diligent sports psychology researcher, Luke is also a keen participant – but he's out of action at the moment, thanks to cruciate ligament surgery, following a football injury.

http://www.hud.ac.uk/news/2014/july/rio-boundresearchertodelivertwopapersatworldconference.php

Completed Research Projects

The EMOTE study
Mood experiences

The EMOTE study provided information regarding the day-to-day mood experiences of people with and without a diagnosis of bipolar disorder (BD), which was used to inform three separate PhD projects.

Each project looked at different factors which may influence mood swings, i.e. Anxiety, Circadian Rhythms, and Mood Management.

Understanding Day to Day Experiences, Activity and Mood

People with BD, people with fibromyalgia (FM, a central nervous system disorder), and people without a mental health or chronic pain disorder diagnosis (controls), gave ratings of their current mood and current thoughts at random moments over an average week, whilst also wearing an 'actiwatch' to measure sleep and activity. 12 people were recruited to this study from our trust.

The findings indicated that:

- Whilst people with BD and FM experience similarly high levels of sleep disturbance, the two populations differ with regard to thinking style. Thinking styles were strongly related to mood, highlighting potential treatment implications.
- Compared to controls, participants with BD were more anxious and had more mood fluctuations. This suggests that anxiety may be a key part of mood experiences in BD.
- People with BD experienced more fluctuations in mood compared to controls during an average week. People with and without BD differed in the way they thought about these fluctuations and in how they tried to manage them.

This study was conducted by **Kay Hampshire, Faye Banks** (left) and Heather Robinson, under the supervision of **Professor Steven Jones** (Lancaster University), **Dr Fiona Lobban** (Lancaster University), and **Dr Thomas Fanshawe** (University of Oxford).

Miss Faye Banks: f.banks@lancaster.ac.uk

Is A Good Mood Linked to A Good Night's Sleep?

Background: Research suggests that 'circadian rhythm instability' (CRI; disruption to sleep patterns and daily routines) is associated with mood intensity in bipolar disorder (BD). People with BD also show a tendency to interpret positive and negative experiences as being due to themselves rather than due to external factors. This tendency is referred to as an 'internal appraisal style', and is thought to exaggerate the impact of CRI upon mood.

Aims: The main aim of the current study was to explore associations between CRI, internal appraisal style and mood in BD. We also assessed the extent to which these relationships may be present in similar long-term conditions, such as fibromyalgia (a central nervous system disorder).

Method: People with BD, people with fibromyalgia, and people without a mental health or chronic pain disorder diagnosis, were invited to complete an online survey measuring internal appraisal styles, sleep quality, daily routine and mood. 82 people were recruited to this study from our trust.

Results: The findings indicate that, on average, people with fibromyalgia experience very poor sleep quality, suggesting that such individuals may benefit from interventions which aim to reduce sleep disturbance. The findings also suggest that poor sleep quality, and a tendency to internally appraise positive experiences, may represent risk factors for developing BD. CRI and internal appraisal styles were strongly associated with mood intensity in BD. These findings therefore offer support for therapeutic interventions which focus on stabilising circadian rhythms and adapting appraisal styles.

Faye Banks f.banks@lancaster.ac.uk
This study was supervised by **Professor Steven Jones** (Lancaster University), **Dr Fiona Lobban** (Lancaster University), and **Dr Thomas Fanshawe** (University of Oxford).

Understanding mood management: *a computer-based questionnaire study comparing bipolar disorder, high HPS scorers and control participants.*

Demonstrating differences between euthymic bipolar participants and healthy controls regarding the psychological processes that underlie the self-regulation of mood (SRM) may inform psychological interventions. Based on the SRM (Leventhal et al., 1984), five stages of mood were identified and examined.

Fifty bipolar and fifty control participants were randomly allocated to either a positive or negative mood induction (MI) condition. Successful MI was based on ratings of current mood assessed using visual analogue scales completed pre- and post-MI. Following successful MI, participants completed a number of computer-based questionnaires about current mood, mood interpretation and potential strategies for mood management.

MI was successful for 60% of the control and 58% of the bipolar samples and only these participants were included in analyses. Significant differences between groups were found at the interpretation and coping strategy selection stages of mood management. Following an induced change in mood, people with bipolar disorder (BD) interpreted significantly less personal control over mood, less comprehensibility regarding mood, more concern about mood and made more self-dispositional depressive appraisals regarding the cause of current mood than controls. People with BD selected significantly more coping styles associated with negative rumination and dampening of positive emotion, while controls selected significantly more adaptive coping styles regardless of MI condition.

The differences found at these stages may indicate why symptom escalation occurs for people with BD, however future research is needed to test whether the differences found play a causal role in the escalation of mood into relapse.

Heather Robinson (Manchester Mental Health and Social Care Trust): heather.robinson@mhsc.nhs.uk

This study was supervised by **Professor Steven Jones** (Lancaster University), and **Dr Fiona Lobban** (Lancaster University).

Completed Research Projects

The START Trial

An overview in the North 4 years on!

The START Trial began in 2010 and by September 2012 a total of 684 families had been successfully recruited into one of the largest Randomised Control Trials in the UK.

Families were randomised into two arms of the trial 342 received Multi-systemic therapy (MST) and 342 received Management as Usual (MAU) from local services available within each region.

The following research questions are under investigation:

- Will MST be effective in reducing out-of-home placement and reduce offending in high-risk youth in the UK?
- Will MST be cost-effective against management as usual (MAU)?
- Will MST lead to improved well-being of young people and their families?
  - o Improved emotional/behavioural functioning
  - o Closer family relationships
  - o Develop better parenting skills
  - o Improve educational outcomes

303 of these 'hard to reach' families were recruited from the Northern sites Sheffield, Trafford, Barnsley and Leeds via referrals from Social Care, Youth Justice, Education and Child and Adolescent Mental Health Services (CAMHS).

Each family has been followed up every 6 months since randomisation by Clinical Studies Officers (Leeds and York NHS Partnership Foundation Trust) working alongside Research Assistants from the University of Leeds and supervised by Principal Investigator, Professor David Cottrell. Needless to say it has been a very busy four years with the demands of seeing so many families across four different cities, with each home visit taking up to 4 hours to complete with each family. The time taken to collect the data has varied so greatly due to the vast range of complex needs of the families taking part in the trial.

The collection of accurate and complete data has depended on staff's experience and skills and a variety of engagement strategies required to gather detailed information from this client group. Large amounts of data have been successfully collected, using a number of quantitative questionnaires and qualitative diagnostic interviews.

In March 2014 the last of the 18 month post intervention visits were completed for the four Northern sites i.e. the first phase of data collection is now complete. The data from the initial stage of the trial is currently under analysis and will be published later this year. The findings will be made available to the UK Government, all UK based MST Team Teams and the families themselves.

The START trial has successfully secured additional funding from the National Institute of Health Research (NIHR) to extend the follow-up period from 2 years post intervention to 5 years. This means the research will now take on an exciting new dimension as it aims to capture the important transitional stage for 'at-risk' youths as they move from their adolescence into early adulthood.

In Leeds 48 month follow-ups are currently being completed with families and the last of the 36 month follow ups are due for completion by September 2014. Researchers working on the trial in the North have been liaising with local Social Care, Youth Justice, Education Services and CAMHS across the four sites to ensure that engagement is maintained with families to prevent participant drop out and that risk assessment and safeguarding procedures are adhered to, with every family involved in the Trial. To date we have managed to follow up 69% of participants at 2 years post intervention across the four Northern sites and 65% of Leeds families. We have experienced excellent partnership working across these services in order to facilitate the collection of offending and education data and to enable a true picture of the 'Treatment Mapping' of the Services involved in the (MAU) arm of the trial to be captured. The final follow-ups for the Northern sites are due for completion by July 2016 and the subsequent data analysis and publication of the extended research findings will follow.

If you would like any further information about the START Trial please contact;

Alix Smith, Clinical Studies Officer (Leeds and York NHS Partnership Foundation Trust) Email: a.c.smith@leeds.ac.uk

Useful links:

- MST UK website: http://mstuk.org/
- START http://www.ucl.ac.uk/start/

Finding the Evidence Training Dates

Courses free to Leeds and York NHS staff

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 - **(on request)** 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.

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.

Google Training - **(on request)** 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.

Making the Most of your Athens Account - **(on request)** 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.

N/B: Google, Current Awareness and Making the most of your Athens account on now offered on request.

Nov	Day	Time	Course	Location
04/11/14	Tuesday	14:00 - 16:00	Critical Appraisal	Room 1, LGI
06/11/14	Thursday	9.30-10:30	E-Journals	LGI
10/11/14	Monday	9.30-12:00	Healthcare Databases	St. Mary's Hospital
10/11/14	Monday	12:30 - 13:30	E-Journals	St. Mary's Hospital
10/11/14	Monday	14:00 - 16:00	Cochrane Library	St. Mary's Hospital
18/11/14	Tuesday	14:00 - 16:00	Cochrane Library	LGI
20/11/14	Thursday	9.30-12:00	Healthcare Databases	IT Suite, the Mount
24/11/14	Monday	09:00 -16:30	Finding & Appraising the Evidence	IT Suite, the Mount
27/11/14	Thursday	9:30 - 12	Healthcare Databases	Boardroom, Bootham Park Hospital
27/11/14	Thursday	12:30 - 13:30	E-Journals	Boardroom, Bootham Park Hospital
27/11/14	Thursday	14:00 - 16:00	Cochrane Library	Boardroom, Bootham Park Hospital

Dec	Day	Time	Course	Location
03/12/14	Wednesday	09:30 - 12:00	Healthcare Databases	Bexley
09/12/14	Tuesday	09:00 - 16.30	Return to Study	LGI
10/12/14	Wednesday	14:00 - 16:00	Critical Appraisal	Boardroom, Stockdale House
11/12/14	Thursday	9.30-12:00	Healthcare Databases	LGI
11/12/14	Thursday	12:30 - 13:30	E-Journals	LGI
11/12/14	Thursday	14:00 - 16:00	Cochrane Library	LGI
16/12/14	Tuesday	10:00 - 11:00	E-Journals	IT Suite, the Mount
17/12/14	Wednesday	10:00 - 12:00	Cochrane Library	IT Suite, the Mount
08/12/14	Monday	9:30 - 12	Healthcare Databases	Boardroom, Bootham Park Hospital
08/12/14	Monday	12:30 - 13:30	E-Journals	Boardroom, Bootham Park Hospital
08/12/14	Monday	14:00 - 16:00	Critical Appraisal	Boardroom, Bootham Park Hospital

Full details and online booking forms can be found on the training calendar at: **http://www.leedslibraries.nhs.uk/training/calendar/**

Training and Education. The National Institute for Health Research Clinical Research Network Yorkshire and Humber
The network offers the NIHR courses on Good Clinical Practice and various other study days including informed consent, commercial research: a masterclass, building a successful clinical research programme and feasibility training.

Visit our website to Find out more: http://www.crn.nihr.ac.uk/blog/resources/training-and-education

R & D

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 make a note of our next event in your diary

Tuesday 11 November 2014
9am – 3.45pm

Venue: Village Hotel, 186 Otley Road, Headingley, LS16 5PR

To book a place, please book online at the following address:
www.eventbrite.co.uk/e/leeds-york-partnership-nhs-foundation-trust-research-forum-2014-tickets-12016815619

If you would like to display a poster, please complete the online form at the following address: http://www.surveymonkey.com/s/RDForum2014