



Innovation

Research and Development Newsletter

Research Forum 2014

Pages 14-21



**Two new studies
opening in the
Trust - ReQoL
and Stepwise**

Page 2

Completed
Research
Projects

**Completed
Projects**

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

Innovation Issue 19, February 2015

Welcome from Alison Thompson



Welcome to the winter edition of the R&D newsletter. Since our last edition, we have held our annual research forum attended by almost 90 delegates.

You will find a write-up in this edition with photographs of the first and second prize poster winners. These winners were chosen by forum delegates. The evaluation results deemed the event interesting and informative and that it provided information that could be used for potential research within delegates' work areas. Ideas for future events included starting out on a research career, relevance of research to day to day clinical work, inclusion of more service user and carer research topics and involvement and Network – excess treatment costs and service support costs. I am delighted that we have had two new temporary research

staff join the team, Holly Taylor who is working as a Research Assistant, recruiting to nationally funded studies in York and Poppy Siddell who will be analysing the 3000+ research questions generated by members of the public, patients, clinicians and academics via a survey issued as part of a bipolar disorder Priority Setting Partnership. Read more about this in the forum summary. We said goodbye to Catherine Baxter who had been recruiting to nationally funded studies in York. We wish her well in her new clinical role in the Improving Access to Psychological Therapies service.

In each edition of our newsletter, we include abstracts of studies that have been completed in the Trust. This time you can read about eleven completed studies ranging from the prevalence of and services for people with attention deficit/hyperactivity disorder to evaluating the use of a PRN monitoring and evaluation tool for people with learning disabilities.

Alison Thompson, head of research and development
email:athompson11@nhs.net



This is your chance to get involved in research!

ReQoL
Recovering Quality of Life

The ReQoL study aims to develop a new questionnaire to assess the quality of life for people with different mental health conditions. The study team are aiming for the measure to be valid across all mental health diagnoses except dementia. The research is being carried out by The University of Sheffield and funded by the Department of Health. R&D staff working on this study need to screen caseloads to identify and invite eligible service users to take part. WE NEED YOU TO HELP WITH THIS. For more information or to express interest, please contact either **Lucy Goldsmith, 0113 2952433** or LucyGoldsmith1@nhs.net or contact **Emma Fleming, 0113 2954431** or e.fleming2@nhs.net



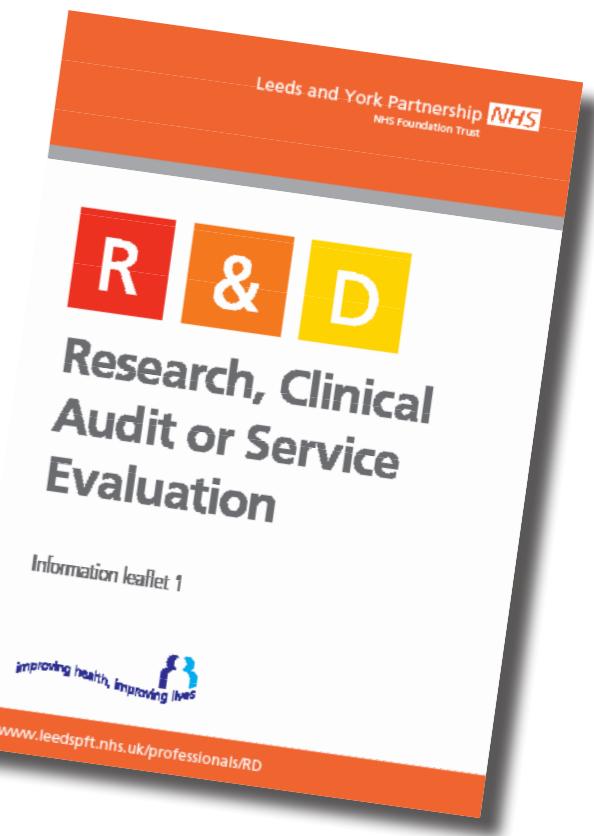
The STEPWISE study is an intervention about healthy living and weight loss for patients taking antipsychotic medication. The healthy living intervention is adapted from the highly successful DESMOND intervention for patients with diabetes. The aim of the intervention is to avoid or reduce weight gain due to antipsychotic medication. We need to identify eligible patients. WE NEED YOU TO HELP WITH THIS. For more information or to express interest, please contact either Lucy Goldsmith, **0113 2952433** or LucyGoldsmith1@nhs.net or **Aishia Perkis, 0113 2954544** or aishiaperkis@nhs.net

R&D Leaflets

offers staff advice, signposting and practical support

The Research & Development department offers staff advice, signposting and practical support on all aspects of research projects:

- Defining project classification i.e. is it audit, service evaluation or research?
- Research methods
- Preparation of:
 - Funding bids
 - Proposals for research projects
 - Proposals for research programmes
- Identification and recruitment of participants to nationally funded projects, including project management
- Data analysis
- Funding sources and supervision of projects
- Applications (Research Governance and Ethics)
- Dissemination



The department also registers all service evaluations and research projects in a database from which reports are produced for the Department of Health (DH) eg quality account; for internal use and to comply with the DH's Research Governance Framework.

We have six leaflets that give more detail about our work. These are available on the R&D section of staffnet. We will feature two of these in each of the next 3 editions of Innovation. The first two explain the difference between audit, service evaluation and research and research governance. Hard copies are available from the department and at Trust induction events.

Alison Thompson, head of research and development
email:athompson11@nhs.net





Involuntary detention

under the MHA for adults with Anorexia Nervosa



Experiences of Detention under the Mental Health Act for Adults with Anorexia Nervosa

Aim:

To explore service-users' experiences of detention under the Mental Health Act for anorexia nervosa and its impact on recovery. Specifically to answer: How does perceived care influence perceptions of recovery? To what extent is perceived coercion experienced as traumatic and how does this influence participants perceptions of recovery? and lastly, to develop a model for understanding how participants perceive, experience and process detention under the MHA.



Background:

Service users with anorexia struggle to adhere with treatment which can result in repeated detentions under the Mental Health Act (1983/2007). Inpatient treatment can be costly. There is little published research exploring peoples' experiences of being sectioned or detained when suffering from anorexia. Qualitative research has illustrated both positive and negative experiences of inpatient treatment more generally for anorexia, regardless of their legal status. Some studies have revealed themes such as a lack of attention to emotional needs (Tierney, 2008) and restrictive, punitive and controlling practices (Offord et al, 2006; Colton and Pistrang, 2004) and difficulties in decision-making upon discharge (Offord et al, 2006; Colton

& Pistrang, 2004). On the other hand, studies illustrate experiences of safety and containment (Offord et al, 2006) and instances of collaborative working (Offord et al, 2006; Colton & Pistrang, 2004). Studies exploring experiences of detention for people with psychosis have highlighted experiences of distress when being detained (See Berry, Ford, Jellicoe-Jones and Haddock, 2013). These findings may parallel experiences of being detained for anorexia when service-users are prevented from starving themselves.

Method:

Twelve people were interviewed. (Three of whom were recruited from the LYPFT). Four were inpatients and under the Mental Health Act at the time of interview and eight had been discharged from a section. Data was analysed using a constructivist grounded theory methodology.

Findings:

The analysis revealed four overarching categories conceptualising the experience of being detained over time: 'the battle', 'the bubble' and 'stepping out of the bubble'. 'The anorexic self' is an overarching category which is pertinent across time. These overarching categories encapsulate subcategories which illustrate the detail of participants' experiences and the processes which impact on their experiences.

1) The battle

'The battle' is as an overarching category which incorporates five subcategories. 'Opposites, catch 22 and conflict' illustrates the internal conflicting thoughts and feelings surrounding being detained and the external conflict with the service over goals of treatment. This resulted in service users 'digging (their) heels in' and resisting treatment. Services responding by increasing restrictive interventions (e.g. one to one/force feeding) which was experienced as 'disempowering' and over time felt less 'person-centred'. For instance, participants described feeling uncared for some staff and reduced to an 'illness'. Participants described cognitive realisations or 'turning points' which broke the cycle of 'the battle'.

2) The bubble

The 'bubble' captures the participants' attachments to the ward and this experience tended to emerge over time. Feeling cared for by staff and loss (e.g. former friends, a normal life, life skills (due to anorexia, but also due to duration and number of detentions), contributed to a dependence on the ward. Many participants had been detained at a critical time and were frozen in a particular life stage.

3) The 'anorexic self'

Illustrates the participants' uncertainty in their sense of self and an identification of an anorexic identity which changed over time and interacted with their experiences of being detained. Coercive interventions for some reinforced their anorexic identity, and for some, the act of rebellion allowed people to hold onto those aspects of their anorexic identity.

4) 'Stepping out of the bubble'

Captures the positive and negative outcomes of discharge. A graded and planned discharge helped participants integrate back to normal life. These participants also appreciated their autonomy and for some they described a process of starting to develop an alternative identity to the anorexic self. Other participants described little support with discharge, fear of change, remaining compulsions to restrict and a sense of not having got to an arbitrary 'bottom line'. These factors made some participants more vulnerable to relapse.

Participants' experiences captured diagrammatically:

Where do we go from here?

Key recommendations for clinical practice:

- To address a person's motivation to recover and what that means to them. The transtheoretical model of change framework (Prochaska & DiClemente, 1983) and motivational interviewing (Miller & Rollnick, 2002) could be embedded within services.
- To develop person-centred facilitative conditions (empathy,

warmth, congruence) in all staff to develop the therapeutic alliance (Lambert & Barley, 2001).

- To develop services in line with a person-centred approach. For instance, one intervention may include individualised, longitudinal biopsychosocial formulations which address the context function and motivation of a person's behaviour.
- The implementation of a longer-term recovery approach as advocated by Perkins (2012) and Slade, Amering, Farkas, Hamilton, O'Hagan, Panther and Whitley (2014) which outlines initiatives which works towards developing other aspects of a service-user's identity. Goals could focus on quality of life rather than BMI. Weaver et al's (2005) model of recovery may be used to help service-users and staff understand the process of recovery.
- Applying a framework proposed by Hastings et al (1997) with staff teams to explore staff attributions, feelings and responses to the service-user, within the culture of the working environment, and within a wider societal context which would look at altering service, team and individual staff responses to the service-users e.g. positive risk taking and reducing coercion.

Tara Seed (Trainee Clinical Psychologist) University of Manchester, tara.seed@postgrad.manchester.ac.uk

Under the supervision of:
Dr Saeideh Saeidi, LYPFT, s.saeidi@nhs.net

Dr John Fox, University of Manchester,
john.fox@manchester.ac.uk



Mental Health Awareness Training through Reflective Practice for Housing Support Staff

Evaluation of Mental Health Awareness Training through Reflective Practice for Housing Support Staff

The basis of this project is in line with the document 'Meeting the Psychological and Emotional Needs of Homeless People'. 2010. The document advocates the development of reflective practice for frontline homeless service workers.

The project aim was to evaluate whether opportunities for reflective practice would make a difference to the levels of staff well-being and awareness of mental health in five hostels and one homeless prevention team.

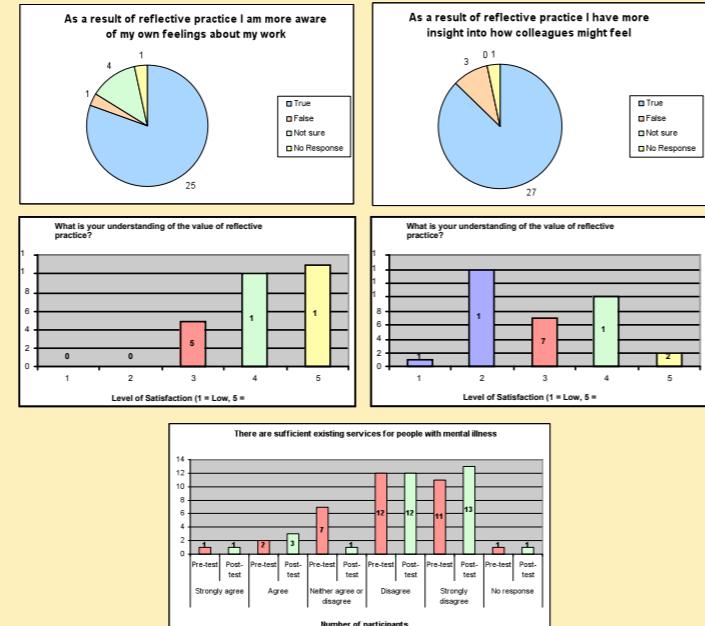
The main areas of input were:

1. Development of reflective practice.
2. Opportunities for raising awareness of mental health provision.
3. Opportunities for raising awareness of mental ill health.

In analysing the data from pre- and post-project questionnaires, knowledge about mental health and mental health service provision improves with awareness training and this is reflected in the satisfaction scores. Major changes in attitude were not detected and this may reflect upon the current high quality of staff employed in the homeless provision sector. There was some indication however that homeless sector staff felt that there was a lack of provision of mental health services and this may reflect on the difficult environment they work in. The author would argue that the overall results show that for homeless housing support staff there is a level of uncertainty, anxiety and difficulty managing a difficult client group. Mental health services may be called upon to intervene when a service users' behaviour is challenging raising doubt and anxiety with support workers as to how to manage even with their comprehensive range of skills and experience. Continued reflective practice may enable staff to increase their confidence, develop their 'Psychologically Informed Environments' (PIE) and in time reduce the request for other services to intervene.

The provision of reflective practice was on the whole well received with group participants acknowledging:

- The value of protected time to reflect on practice
- Increased motivation with their work
- Increased satisfaction
- Feeling supported as individuals and a team



Recommendations

- This project has provided a valuable insight into the development of a PIE within homeless service provision. It is recommended that mental health services consider a continuation of providing reflective practice to such services as there are tangible benefits in reducing the distress of individual workers and service users. This in turn may reduce any over reliance on mental health services.
- Mental health awareness training should be provided to all services that are involved in the provision of supporting people with mental health issues.
- Further research may be needed to identify if the provision of awareness training and reflective practice has an impact on reducing service user access to primary or secondary mental health services.

'It is surely good practice and resource-efficient to provide support, skills and integration via reflective practice'.

Supervision throughout the project was provided by:
Phil Hartley, RMN, UKCP Reg. Psychotherapist, M.Inst. Group Analysis Co-author/editor: Staff Support Groups in the Helping Professions – Routledge

Kevin Holmes (CPN – Homeless mental health team), LYPFT, kevinholmes1@nhs.net



Staff experiences of working with voice hearers in acute mental health

Staff experiences of working with voice hearers in acute mental health

Introduction: Staff in acute mental health settings work with voice hearers at times of crises, when experiencing high levels of distress. Research has demonstrated the importance of exploring the subjective experiences of voice hearing yet there has been little focus on staff experiences of working with voice hearers. The present study therefore sought to explore staff experiences of working with voice hearers in an acute mental health service.

Method: Eight staff members (three mental health nurses and five healthcare support workers) from one acute mental health hospital were interviewed about their experiences of working with voice hearers. These interviews were transcribed and analysed using Interpretative Phenomenological Analysis.

Results: Three master themes and seven super-ordinate themes were identified from the group analysis. Participants described 'struggling to exercise control' in their work, moving from positions of 'powerlessness' to 'feeling powerful'. Participants experienced the 'emotional impact of the work' to different

intensities, often going through an initial 'startling phase' and transitioning to feelings of 'performance anxiety and self-doubt'. 'Ways of managing feeling overwhelmed' were described including going through a 'process of making sense', 'forming relationships' with voice hearers and feeling a 'sense of duty and responsibility'.

Discussion: A parallel process was identified between voice hearers and staff, both experiencing an initial 'startling phase' but transitioning to an 'organisational phase' where they make sense of their experiences. The research findings were also consistent with previous studies demonstrating staff anxiety around opening up conversations about the content of voices, highlighting staff training and support needs.

Miss Elaine McMullan, University of Leeds, jhs3ecm@leeds.ac.uk

Supervised by:
Dr Sylvie Collins, Academic Tutor, University of Leeds, s.c.collins@leeds.ac.uk

Dr Anjula Gupta, Consultant Clinical Psychologist, LYPFT, anjula.gupta@nhs.net



Translation of the SDQ into British Sign Language

To accurately detect mental health problems in deaf children we have translated the Strengths and Difficulties Questionnaire (SDQ), the most commonly used tool in Child and Adolescent Mental Health Services, into British Sign Language (BSL). It is a version for deaf young people, deaf parents and deaf teachers.

We translated the English version into BSL using two teams of bilingual translators. One team translated the SDQ into BSL and the other team blindly translated the new BSL version back into English. Focus groups and an expert panel were involved, checking for cultural and linguistic appropriateness.

To 'validate' the new BSL versions we used it in 679 deaf people across England comparing it with a 'gold standard' clinical assessment interview administered by a clinician with specialist

knowledge of both Deaf culture and child mental health.

At the end of the study we reported on the validity of the BSL version (including young person, parent or teacher versions) showing it to be equivalent to other versions. We found increased levels of mental health problems (compared to hearing samples) both for children in the community and in a clinical subgroup. This was more marked for girls and occurred across all versions (self-report, parent and teacher report). These findings will be helpful for future research but also mean we can develop better scoping of the mental health needs of deaf children and young people.

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

Innovation – supporting and making the most of new ideas in LYPFT

As everyone working in the NHS is acutely aware, we are all working to deliver better services to more people, under increasingly tough budgetary constraints.

The Innovation Health & Wealth report (Department of Health 2011) asserts that innovation must become core business for the NHS. Innovation and taking forward new ideas is a crucial aspect of improving the care we provide to service users. It is also important to protect new ways of working that have been developed locally. Valuable intellectual property is generated by NHS employees throughout their daily work – this should be well managed by the NHS and developed to improve health and patient care, to benefit the UK economy and to generate additional NHS income.



The Academic Health Science Network is working with Medipex to identify, support and progress innovative ideas NHS staff may have. They have created a network of Innovation Scouts within NHS provider organisations regionally who work within their organisation to generate and support new ideas and be a first point of contact for conversations about Intellectual Property (IP) and Innovation Management. There are 3 Innovation Scouts in LYPFT at present – Claire Paul, Francesca Williams and Davis Bwalya. We are visiting the Clinical Governance Council in each Care Group over the next couple of months to promote the role.



As a group, the Innovation Scouts in LYPFT have agreed to:

- Promote ourselves and make people aware of our role
- Be approachable and available to all members of staff who have ideas they'd like to discuss
- Develop a process for the identification and promotion of ideas
- Increase the number of projects on-going within our Trust
- Pass ideas onto Medipex to ensure rapid and appropriate protection of Trust IP
- Have good knowledge of our Trust's IP procedure

It is often thought that the protection of innovations in healthcare relates only to medical devices or 'technical' innovations of medical devices. Far from it – innovations around service information, new ways of working or clinical pathways can also be protected. Have a look at the Medipex website <http://www.medipex.co.uk/> to see examples such as a 'portrait of a life' multimedia life story package that has been brought to market. Innovation management is not just about income generation – protecting ideas through copyrighting for example can also be a useful step.

We all have a responsibility to ensure NHS assets are fully used and your innovation scouts are here to help and facilitate this process for the benefit of everyone.

Your innovation scouts are:

Claire Paul – craig.paul@nhs.net

Francesca Williams – francescawilliams1@nhs.net

Davis Bwalya – davis.bwalya@nhs.net



Management of patients deemed at risk of developing psychosis prenatally

Service evaluation of the management of patients deemed at risk of developing psychosis prenatally

The Leeds Mother and Baby unit is a tertiary centre for the Yorkshire and Humber region. Guidelines in 'high risk' cases recommend review of women by 20 weeks gestation with formulation of pregnancy care plans by 32 weeks. This survey is the first to evaluate the demographics of this subgroup and the adherence to NHS England guidelines.

'High risk' referrals from the past five years were selected by a senior doctor. Electronic records of these women were then reviewed using an approved pro-forma. R&D approval was granted by the Leeds and York Partnership Trust.

53 'high risk' women were referred from 2009 – 2013. 94% were referred when pregnant at an average of 18 weeks gestation. The two largest ethnic groups within this survey group were White British (66%) and South Asian (17%). The percentage of South Asians among those referred was three times the number living in Yorkshire and Humber (5.7%).

Referrals originated from midwifery services (21%), GPs (27%), CMHT (43%) and other sources (9%). On average pregnant women in this sub-group were reviewed at 23.3 weeks gestation. 38% of these women had pregnancy care plans in place by 32 weeks. Symptoms were evident in 55% of women. Inpatient care was needed in 30% of cases with the mental health act being applied in 19% of admissions. Outpatient care was provided to 89% of women. Women in 98% of cases were discharged with their infant to home with social services involvement in 23%.

The disparity between the ethnic make-up of the region and referral population indicates a possible association between South Asian ethnicities and perinatal psychiatric illness. An increase in the percentage of early referrals from midwifery services could increase the number of women seen by 20 weeks. Demographic data can support future work to develop service provision.

Jacinta Murray, LYPFT, jacintamurray@doctors.org.uk





Prevalence of ADHD in non-psychotic adult psychiatric care

Prevalence of attention deficit/hyperactivity disorder (ADHD) in non-psychotic adult psychiatric care (ADPSYC)

There is debate amongst clinicians and researchers regarding A European study of the prevalence of adult ADHD using DSM-5 diagnostic criteria has found a prevalence of 17% throughout Europe and the UK centres. Leeds was one of the UK centres and had a prevalence of 20%. These findings are in keeping with existing published data and allow a conclusion that ADHD is a common but previously undiagnosed illness existing in many patients attending routine psychiatric outpatient clinics.

The implications are that ADHD should be considered and screened for more vigorously and service development should be evaluated.

Congress of Applied and Translational Neuroscience proceedings can be found at: http://staffnet/Topics/Professional%20Groups/Research%20Development/Document%20Library/Publications/Thome_B020Primary_Atom57971_HandOut_ECNP_13Oct2014.pptx If you have problems accessing this page, please contact damian.reynolds@nhs.net

Dr Robert Baskind, LYPFT, Robert.baskind@nhs.net



Services for young people with ADHD - child to adult mental health services

Services for young people with attention deficit/hyperactivity disorder transitioning from child to adult mental health services: A national survey of mental health trusts in England

Charlotte L Hall¹, Karen Newell¹, John Taylor¹, Kapil Sayal² and Chris Hollis²



Transition from child to adult mental health services is considered to be a difficult process, particularly for individuals with neurodevelopmental disorders such as attention deficit/hyperactivity disorder (ADHD). This article presents results from a national survey of 36 mental health National Health

Service (NHS) trusts across England. The findings indicate a lack of accurate data on the number of young people with ADHD transitioning to, and being seen by, adult services. Less than half of the trusts had a specialist adult ADHD service and in only a third of the trusts were there specific commissioning arrangements for adult ADHD. Half of the trusts reported that

young people with ADHD were prematurely discharged from child and adolescent mental health services (CAMHS) because there were no suitable adult services. There was also a lack of written transition protocols, care pathways, commissioned services for adults with ADHD and inadequate information sharing between services. The findings advocate the need to provide a better transition service underpinned by clear, structured guidelines and protocols, routine data collection and information sharing across child and adult services. An increase in the commission of specialist adult ADHD clinics is needed to ensure individuals have access to appropriate support and care.

Professor Christopher Hollis, Queen's Medical Centre, Nottingham, chris.hollis@nottingham.ac.uk

Full article (available by subscription to Journal of Psychopharmacology: <http://jop.sagepub.com/content/early/2014/09/12/0269881114550353.full>

Exercise as a therapy for rehabilitation in Schizophrenia patients

1. **Jessica Lee - Lead Investigator, Volunteer and Masters student at Leeds Metropolitan University**
2. **Shaun Dennis- Local Researcher, Senior Occupational Therapist at Leeds and York Partnership Trust**
3. **Dr Victoria Archbold- Project Supervisor, Senior Lecturer at Leeds Metropolitan University**

Aims and Method

People with severe mental illness (schizophrenia) die relatively young, with mortality rates four times higher than average, mainly from natural causes including heart disease due to living a somewhat sedentary lifestyle. An exercise programme was designed for the patients with diagnosed Schizophrenia. It was hypothesised that a 10 week programme would reduce both the psychological symptoms of schizophrenia and reduce physical attributes associated with a sedentary lifestyle. In order to assess the psychological symptoms of schizophrenia, a positive and negative symptoms scale (PNS-Q) (68 item questionnaire) was administered to the participants. Body Mass Index (BMI), Blood Pressure (BP) and 6 Minute Walk test (6MWT) was also measured for the participants' physical attributes. All tests were conducted pre-10 week exercise programme and post-10 week exercise programme.

Results

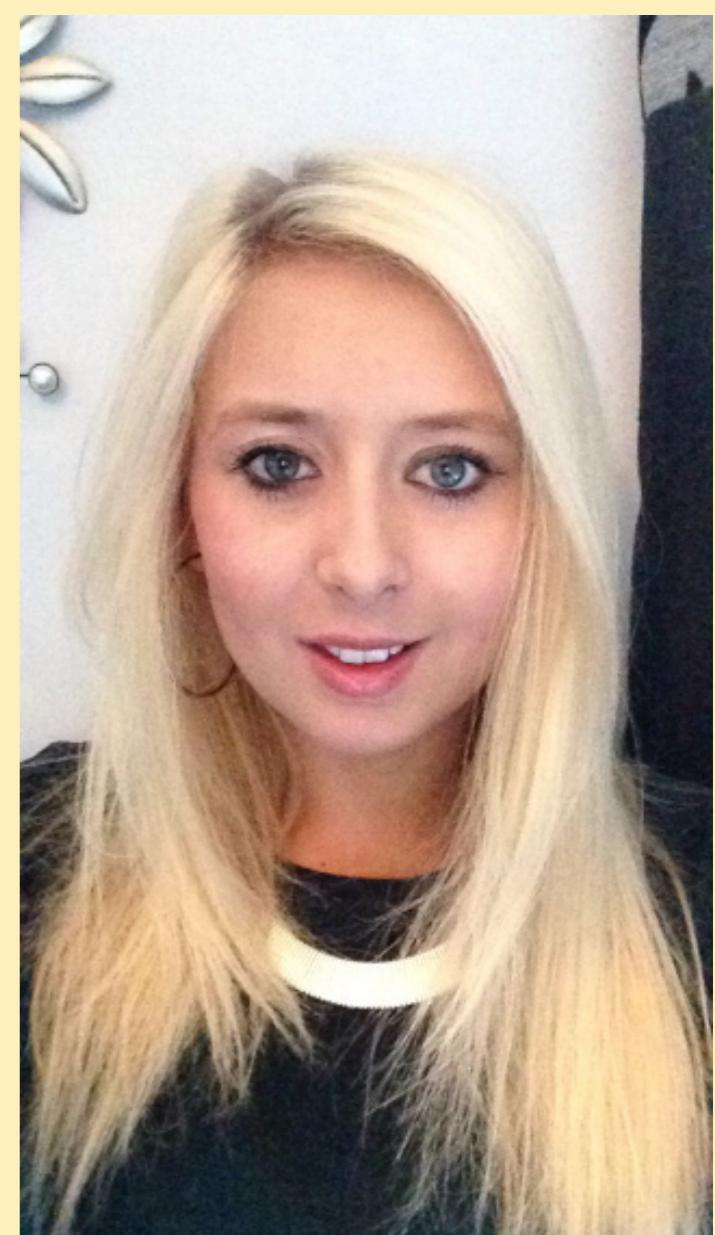
A paired T-Test found positive differences in all variables from pre-exercise tests to post-exercise tests. Non-significant improvements in BMI and BP were established and a reduction in both the positive and negative symptoms of schizophrenia. However, significant improvements in participant's 6MWT demonstrated an increase in participant's aerobic capacity from pre-exercise tests to post-exercise tests.

Conclusion

The findings from the study showed non-significant improvements in both physical and psychological health, these findings can be associated with a low number of participants, thus reducing statistical power. The results demonstrate a reduction in the physical risks factors associated with coronary heart disease (BMI and BP) and provide scope for the importance of taking part in regular exercise. Physical activity can also reduce the psychological symptoms of

schizophrenia, aiding participants in rehabilitation and recovery. Future research recommendations should investigate broader numbers, of both community and inpatients with a diagnosis of schizophrenia.

Jessica Lee, Lead Investigator, Masters Student (BSc-Psychology, MSc- Psychology of Sport and Exercise), Trust Volunteer. j.lee6352@student.leedsmet.ac.uk





Investigation into cognitive deficits in psychiatric illness

Using the Cambridge Neuropsychological Test Automated Battery (CANTAB) we assessed various cognitive domains in first episode and chronic psychosis patients. We also assessed the same cognitive domains in members of a family with multiple cases of schizophrenia and a specific genetic makeup (5MB region of homozygosity on 13q31-32).

Healthy controls, first-episode and chronic schizophrenia patients were recruited from Leeds and Bradford. We also identified a consanguineous family in which siblings/cousins suffered with schizophrenia. We divided the family into groups: 1. Schizophrenia affected homozygotes ; 2. Unaffected homozygotes 3. Unaffected heterozygotes. CANTAB tasks were administered to each participant; pattern recognition memory (PRM), spatial recognition memory (SRM); stockings of Cambridge (SOC), intra/extr dimensional shift (IED) (tests of executive function); and choice reaction time (CRT). Groups 1-3 were compared to controls, first-episode and chronic schizophrenia patients.

Our results show that first episode patients performed significantly worse than controls across all cognitive domains tested using the CANTAB. We have also shown that homozygous patients scored

lower on PRM than controls and chronic patients and lower than controls on SWM (with no difference between chronic patients). Homozygous family members also scored significantly lower than controls on PRM and SRM, but higher than group 1. Homozygous patients made significantly more errors on the IED compared to controls and chronic patients, and scored lower on SOC than controls. Homozygous family members did not show any difference in the executive function tasks compared with controls. There were no differences in heterozygous family members compared to controls. These results show that homozygous healthy members of a multiply affected family are significantly more cognitively impaired than healthy controls.

Tariq Mahmood, LYPFT, tariq.mahmood5@nhs.net
Project supervised by:

Professor Jo Neill, University of Manchester, joanna.neill@manchester.ac.uk

Professor Kay Marshall, University of Bradford, k.m.marshall@brad.ac.uk

Dr Michael Harte, University of Bradford, m.k.harte@brad.ac.uk



People with learning disabilities and self-determination

People with learning disabilities experience limited self-determination and have very little opportunity to take control and make choices affecting their own lives (Stancliffe and Wehmeyer, 1998).

In recognition of this, government policy emphasises the importance of empowering people with learning disabilities to take more control and make choices that influence their own lives (DoH 2001, 2009). In order to meet the values set out in policy, the interactions between people with learning disabilities and the staff who support them is of particular importance. This study focuses on the interpersonal construction of self-determination between service users with learning disabilities and front line staff.

Discourse analysis, informed by principles of discursive psychology, was used to examine naturalistic data from video recorded interactions. Secondary data were generated through the use of a recall session where staff and service users met separately with the researcher to watch the recording and comment on parts of the video they felt were important. The analysis revealed a number of actions present within the talk that served to facilitate or limit self-determination. Staff frequently occupied a position of power in influencing the available opportunities for self-determination. Actions used

within the talk included but were not limited to: recruitment of parental view, colluding to enable choice, coaching, using constructions of competence and incompetence. Repertoires of incompetence and competence, protection and independence were identified. Ideological dilemmas around protecting service users vs encouraging self-determination and autonomy were also found.

The research is discussed in relation to the wider literature concerning empowerment and self-determination. The findings suggest that the policy goals of facilitating choice, control and enhancing service user's self-determination are complex in practice and difficult for frontline staff to achieve. A number of clinical implications are identified including the use of video material as an effective training tool for interventions aimed at developing staff confidence and competence in empowering practices.

Dr Tom Isherwood, University of Leeds (LIHS) and Inpatient Learning Disabilities Service, LYPFT, tom.isherwood@nhs.net



Dr Philippa Sammons, LYPFT, philippa.sammons@nhs.net



Evaluating the Use of PRN Monitoring and Evaluation Tool

Aims

PRN (Pro re nata, 'as required') psychiatric medication is frequently prescribed to people with intellectual disabilities. An inpatient service developed and implemented a 'PRN Monitoring and Evaluation Tool' (PrET) in 2012. An evaluation of the tool was conducted to ascertain its usefulness and to explore ways of improving it.

There is scant research regarding the effectiveness of PRN antipsychotic medication in managing challenging behaviour. In addition, there has been considerable controversy around the overuse of antipsychotic medication within learning disabilities services.

A tool to aid analysis and reflection on effectiveness is essential in ensuring good practice.

Method

12 staff (nurses/support workers) were interviewed regarding their use of PrET and possible improvements. A brief thematic analysis identified factors such as: the tool contributing to

individualised care, refining prescribing, informing future care, aiding live decisions and ensuring ethical practice.

Findings and Future Development

The findings of the thematic analysis led to the PrET being revised and re-implemented, participants were supportive of the tool and encouraged its continuing use.

Discussion

Research opportunities exist with the potential expansion of PrET into other in-patient services and community settings. The tool could also be used to evaluate the effectiveness of PRN medication in other clinical populations. In order to achieve this, further research and validation of the tool is needed.

Authors:

Ms Aleksandra Puchala, LYPFT, aleksandra.puchala@nhs.net
Dr Tom Isherwood, LYPFT, tom.isherwood@nhs.net
Dr Elizabeth Carmody, LYPFT, elizabeth.carmody@nhs.net
Mr Enzo Harris, LYPFT, enzo.harris@nhs.net

Talks from the Research Forum

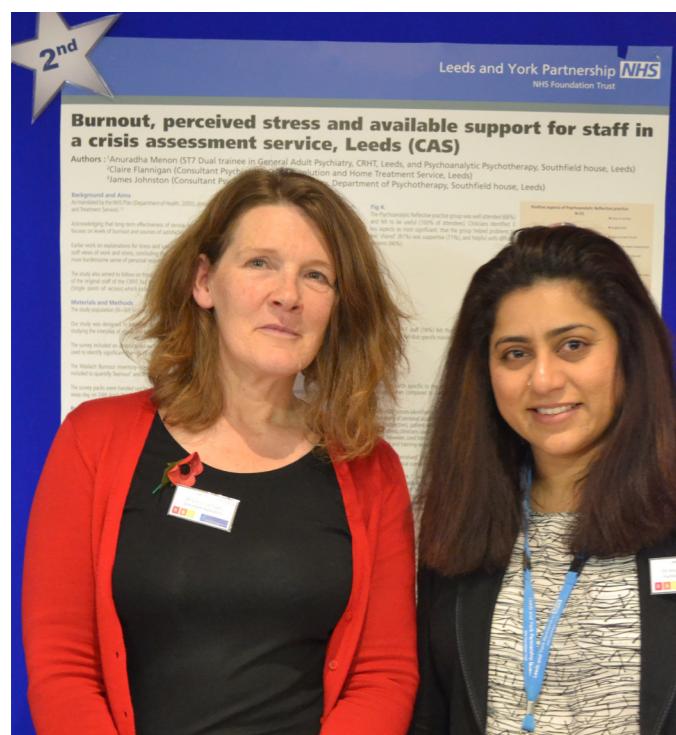
on 11 November 2014

The annual Research Forum was held on 11th November 2014 at The Village Hotel, Headingley.

It was chaired by Dr Jim Isherwood, Medical Director, and Dr Tom Hughes, Associate Medical Director for Research. Prof Carl Thompson, Non-Executive Director opened the event. There were 12 diverse presentations, 24 posters and information stands for Library and Knowledge Services and the R&D Department.

Poster prizes were awarded to Diane Agoro, Romana Farooq and Lal Ahir (first prize, pictured right) for 'Hear me out: An evaluation of BME service users' experience of accessing and engaging with the Leeds Psychology and Psychotherapy Services'. Dr Anuradha Menon won the second prize, pictured below for 'Burnout, perceived stress and available support for staff in a Crisis Assessment Service, Leeds.'

A brief summary of the twelve talks is provided on the following pages. Full presentations are available on staffnet.



Cutting edge research with Research Capability Funding: neuroimaging biomarkers of familial schizophrenia Tariq Mahmood.

"We have an illusion called 'schizophrenia' masking the fact that most of it is unknown" - Tariq Mahmood.

Tariq's research is a collaboration between Manchester, Sheffield and Leeds and focuses on the population in Bradford among whom cousin marriage is common. In this population, the incidence of schizophrenia is 3 to 5 times the incidence of the general population eg almost one third of the referrals to the Bradford Early Intervention in Psychosis team are from the Pakistani ethnic group. Tariq supposed this may be due to a concentration of recessive genes in this population. The research measured the genotype and the clinical phenotype (the manifestations of clinical symptoms). The research found SPRY2 gene expression muted in the patient population, but also in homozygotes who are clinically unaffected. This gene affects the dorsolateral prefrontal cortex. The research also examined the COMT gene which affects metabolism of dopamine, a

gene which has been commonly investigated in schizophrenia research.

Tariq and his team identified the need for biomarkers (e.g. cognition) to bridge the gap between genotype and phenotype. They decided to use neurocognitive functioning measured using tests conducted in an fMRI machine as a biomarker. These revealed that working memory was impaired in schizophrenia. Research Capability Funding enabled Tariq and his team to develop their research using fMRI to investigate cognitive biomarkers. The cognitive tests revealed that both homozygous relatives and patients performed the same way, but heterozygous relatives performed normally. For both homozygous relatives and patients, there were changes in the intrahemispheric connectivity.

Experience of staff working with voice hearers in acute mental health:

An interpretative phenomenological approach Elaine McMullan

Read more about Elaine's research in the separate article in this edition of Innovation.

The Research Design Service Delia Muir

Delia Muir explained the remit of the Research Design Service (RDS). It is funded by the National Institute for Health Research (NIHR) to provide support for applications for research funding to national peer reviewed funding streams and to provide guidance on all aspects of research. The aim of the RDS is 'To increase the number of 'high quality' applications for funding and ultimately improve the quality of research conducted within the NHS.'

The types of support provided to professionals conducting research include:

- Advice and expertise on the most appropriate methods of research design
- Assistance in the process of applying for funding
- Advising about ways to develop an effective research team
- Providing contacts with other trusts and institutions
- Assisting with the writing of funding applications
- Creating connections with other parts of the NIHR which can support the research throughout the process once it is started

For further information and queries please visit
<http://www.rds.nihr.ac.uk/>

A study of 'modified' intensive interaction for service users who have verbal skills comprehension and/or emergent language skills

Graham Firth

"Subtle alterations in the quality of the eye contact, body language and tempo of the interaction to suggest to the service user that 'this interaction will be okay'."

Graham's research relates to 'modified' intensive interaction (MII), which is modified from 'Classic' intensive interaction (Nind and Hewett, 1994). 'Classic' intensive interaction is used with preverbal children who are yet to understand symbolic language. It was developed alongside augmented mothering (Ephraim, 1982). These approaches include enhanced eye and physical contact and exaggerated, reassuring body language. In this way all behaviours and movements are responded to as though they are meaningful. This includes mirroring, echoing, engaging eye contact, sharing personal space and sharing social physical contact. Individuals with severe learning disabilities can be socially withdrawn and unable to understand and enjoy human social interaction and Graham's research aims to help young adults learn to enjoy being with another person as their behaviour is meaningful. The observable effects of delivering MII include increased social initiation and engagement (eg increased

Talks from the Research Forum

on 11 November 2014 (continued)

use of vocalization, contingent smiling and socially significant physical contact).

This research project describes the intensive interaction approach used with people who have language, challenging behaviour and social withdrawal. Interpretative phenomenological analysis (IPA) was used in a series of six semi-structured interviews with clinicians and support staff who have used these methods. The research found that people who use the modified method find it hard to describe what they do differently but understand the difference on an instinctive level. Creating a safe space for service users to enable them to be more active socially is achieved through subtle alterations in the quality of the eye contact, body language and tempo of the interaction to suggest to the service user that 'this interaction will be okay'. This was described as a process of affirming the engagement. Graham is working with Rochelle Rose on this research.

Ephraim, G. (1982) Developmental Process in Mental Handicap: a generative structure approach. Unpublished PhD thesis, Brunel University

Nind, M. & Hewett, D. (1994) Access to Communication: developing basic communication with people who have severe learning difficulties, Fulton, London

A rational approach to outcome measuring

Duncan Raistrick

Duncan explained the research was part of the NIHR funded programme, 'Collaboration for Leadership in Applied Health Research and Care (CLAHRC)'.

Duncan described the multiple functions of outcome measures ie. answering the question "how do I know this person is getting better?", summarising complex information in a clinically meaningful and 'real world' way, communicating complex information in a clear and simple way using minimal data, and

for use in routine clinical practice.

Duncan said different stakeholders want different things from outcome measures. In the case of addictions research, they are primarily interested in:

- Service users and carers – abstinence
- Politicians and commissioners – costs and benefits
- Health workers – physical and mental health
- Criminal justice workers – offending behaviour
- Social workers – safeguarding children

A mix of measures which suit different purposes must therefore be used. The different types of measure are summarized as:

Generic Measures in health addressing the questions: Is treatment cost effective? How ill are people with addiction problems compared to other users of health care? How complex are the health problems? What is the illness profile of people with addictions?

Dimension Measures in addictions answer the questions: How severe is the addiction? How difficult is treatment likely to be? How good is one addiction service compared to another? Do problems persist?

Condition Specific Measures (e.g. of Dependence, Depression, Pregnancy) address: How severe is the specific condition? How do services targeting the condition compare? How effective is treatment for this specific problem?

To assess the acceptability of different measures, the team undertook a series of systematic reviews and sought service users' views on "what does getting better mean?" In order to define outcome measures the research question was rephrased as: "How do I know this person is getting better?" They used a qualitative analysis of 40-70 minute interviews with 10 people.

Themes identified in the analysis include:

- completion is awareness raising
- honesty is difficult until trust with key-worker established

- measures are irrelevant
- need explanation of what the measures are about
- motivational to map progress
- more feedback is good if feedback is relevant to goals

Duncan discussed how, for outcome measures, the ability to measure clinically significant change is the 'gold standard' ie in order to take account of baseline scores and measuring error, clinically significant change should a) be statistically reliable, and b) end scores should be in a well-functioning population range.

Duncan concluded that outcome measures:

- can be effective in routine clinical practice and
- can be clinically helpful
- can be relevant to all stakeholders
- need to have independent psychometrics published,
- need to have values published to allow determination of clinically significant change.

Opportunities for engagement:

Collaboration for leadership in applied health research and care (CLAHRC) Jo Cooke

Jo Cooke talked about opportunities for engagement with the CLAHRC. The CLAHRC is keen to build capacity to undertake applied research and implement research evidence into practice. Partners of the CLAHRC include the White Rose Universities (Sheffield, Leeds York), Sheffield Hallam, the University of Bradford, NHS Trusts, local authorities and charities, among others. The CLAHRC YH has £10 million in funding from the NIHR, matched by £10 million from partners for five years 2014-2018. They offer funding for placements and support to write grant applications. One of their aims is to increase access to other funding. NIHR projects in the pipeline include ReQoL (Recovery of Quality of Life), run by the University of Sheffield. This will develop a new outcome measure in mental

health which has validity for all mental health problems except dementia and the study will be recruiting in LYPFT from March 2015. Further projects include an NIHR Health Technology Assessment grant to do research into a smoking cessation, Tom Hughes' partnership with the James Lind Alliance and the 'Diamonds Project', which relates to diabetes and mental health. The CLAHRC YH encourages co-production work between academics, clinicians and patients.

Jo explained ACORN (Addressing Capacity in Organisations to do Research Network). Alison Thompson, Head of R&D is the Capacity Lead for LYPFT. The aim is to develop/adapt a research strategy with an action plan linked to an assessment of needs. Opportunities include joint appointments, a Clinical Academic Training Masters, run by Leeds and the University of Sheffield's School of Health and Related Research (ScHARR), internships between the BRU and CLAHRC YH, Health Education England (HEE) internships, support for applying for fellowships, placements, match funding and secondment opportunities with funding.

In summary, the CLAHRC YH works to make the local research community stronger for patients through strengthening links between the academic community and practice and supporting professional development.

Twitter: [@clahrcyh](#)

Email: Jo.cooke@sth.nhs.uk

Web: <http://clahrc-yh.nihr.ac.uk/>

Democratising clinical research:

the James Lind Alliance bipolar research Priority Setting Partnership Tom Hughes.

Tom noted that "public funded research is not well correlated with disease burden". One reason he suggested for this may be that diseases like cancer and HIV have astute political champions. Recent research indicates that 85% of research funding is wasted. This can be due to selecting research

Talks from the Research Forum

on 11 November 2014 (continued)

questions which have already been answered or working in a field in which clinicians are not readily influenced by research. A range of groups traditionally set the research agenda – funders, researchers and the pharmaceuticals industry. Only 4% of research is patient initiated or controlled (Staley et al., 2013), and in less than 1% of research the research question is identified by patients. Overall this indicates a mismatch between the evidence base, research priorities and patient/clinician priorities.

James Lind was the scurvy researcher who demonstrated that citrus fruits are superior to other treatments for scurvy. His research was excellent and published with an extensive review of the literature. His name is used by the James Lind Alliance, which facilitates setting up partnerships between patients, carers, friends, clinicians and researchers.

Bipolar disorder is the 6th leading cause of disability worldwide. The condition is often thought of as intermittent, but often other comorbidities affect sufferers between episodes. Tom has set up a James Lind Alliance Bipolar Research Priority Setting Partnership (PSP) to facilitate service users, carers and clinicians to influence the research agenda for bipolar disorder with Jennifer Rendell, Research Fellow at the Department of Psychiatry, University of Oxford. The PSP looks at all components of diagnosis, treatment and aetiology. The PSP puts questions into a research question format and establishes, for each question, whether it has already been answered. The results will be disseminated to the NIHR evaluation trials and studies co-ordinating centre and charities with an interest in bipolar disorder. Tom and the team have conducted an online survey seeking the views of anyone with a professional or personal interest in bipolar disorder. There have been almost 3000 responses.

James Lind Alliance:
<http://www.lindalliance.org/>

References
Staley et al. Psychol Med 2013;43:1121-5

The MIDSHIPS Study from start to finish – key issues, results and the clinical trials unit perspective

Alex Wright Hughes

In a change to the published programme, Alex Wright Hughes from the University of Leeds Clinical Trials Research Unit kindly delivered this presentation in Liz Graham's absence.

The MIDSHIPS study compared problem solving therapy (PST) and treatment as usual (TAU) with those who self-harm. The objectives of this feasibility study were to identify the best way to recruit participants, establish whether it would be possible to recruit/train therapists and to monitor the delivery of therapies.

In establishing a Problem Solving Therapy service two therapists were recruited, with one therapist continuing with the trial. Therapists were trained over two days and participant's qualitative feedback on the therapy was positive.

Over 700 participants were screened for the trial. Of these 55% were eligible and just under 16% were randomised. It was concluded that people were lost due to ineligibility (risk of violence/alcohol and drug use/participants or were involved in other research), clinicians may have missed people or may have worried about distress in patients.

There was an 86% response rate in 3 month follow up data and 79% at 6 months. The great success of gathering follow up data was ascribed to sending reminders, clinicians chasing data, telephone contact and incentives.

As a result of the feasibility study the main trial can be set up quickly. Engaged trial therapists are crucial, as are interested clinicians. A range of recruitment methods will be incorporated and the pilot has informed a change of sample size due to increased time required for screening – from 3,000 to 1,200.

Mental health service users and service providers' experience of sport and exercise and its effects on mental health and wellbeing

Luke Pickard

Luke's research explores service users' experience of sport and exercise for improving mental health. The research is related to the 'Let's Do This' intervention, where service users leaving inpatient care are given 10 taster sessions of different sport or exercise activities – e.g. football, yoga, racquetball to help them function in the community. The number of sessions is strictly limited, and there is an exit strategy with signposting to the Leeds 'get active' scheme. The scheme is focussed on recovery defined as rebuilding the self and social identity and gaining a sense of hopefulness.



Luke developed his research from doing voluntary work related to the sport and exercise intervention. Luke used interpretative phenomenological analysis (IPA; Van Manen, 1990), which focusses on lived experience, to provide qualitative data on (i) individual experiences of sport and exercise, and (ii) how sport and exercise may affect and contribute to the individual's perceptions of wellbeing and their recovery process. He interviewed five service users and five service providers using

semi structured interviews. His analysis revealed a number of themes. The overarching themes included the question 'am I valuable?', the 'salubriousness of sport and exercise' and 'changing self-image through sport and exercise'. Part of Van Manen's version of IPA involves using images to convey the themes identified and Luke used images of sunshine breaking through clouds and cyclists travelling on flooded roads to convey the essence of his research.



People with learning disabilities and the interpersonal construct of self-determination

Philippa Sammons

Read about Philippa's project, related to her PhD thesis, in the separate article in this edition of Innovation.

Talks from the Research Forum

on 11 November 2014 (continued)

Creative approaches to capturing learning in clinical teams

Tom Mullen

"The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning".

Tom's talk described radical changes in 4 stages in care for service users with personality disorder (PD).

Pre-clinical network

A city wide review of policy, service provision and working arrangements for personality disorder was conducted, which involved staff and service users from different agencies. A strategy and early PD model was agreed and a funding bid for PD services was successful.

Clinical network

A PD service was created in 2004. In this period a national and local evaluation of PD services was carried out. A culture of learning was developed in which staff and service users were encouraged to think about routine outcome measures. Service users were encouraged to complete satisfaction surveys and taught that 'these are your outcomes' that will be affected. This period signified the beginning of good governance.

The evaluation highlighted that patients from Community Mental Health teams within the PD service had complex problems; demonstrating high risk behaviours and frequent admissions to hospital. However, the evaluation also showed better outcomes between 2008-2013 eg inpatient bed use reduced. These positive outcomes gave rise to bigger networks.

Pathway Development Service

In an attempt to continue the progress of good outcomes, learning networks have been set up regionally. In developing a pathway, research has been user led in secure services and thematic analyses have been carried out. There has been the

development and implementation of the Knowledge and Understanding Framework (KUF) for staff, to raise awareness of PD and issues surrounding it, comprising of independent stand-alone modules, all the way to Masters' level qualifications. A KUF evaluation showed positive outcomes eg 82% of staff had a good understanding of the diagnosis of PD after training compared with 22% prior to training.

Offender Pathway Development service

This was a national programme of new models of intervention for women managing a transition from prison. The evaluation for effectiveness of the pathway revealed that for service users there were improved outcomes and engagement, for staff there was the increased capacity to engage and work effectively with offenders and overall there were improvements in joint working and liaison.

If starting a new service, think about what you want people to be able to do in three years' time – agree a vision. It's important to meaningfully engage staff and service users and protect and prioritise learning time. It's vital to collect and collate outcomes and to act on learning – if something isn't working, change it.



Forum attendees

Snapshot of CAMHS Research

Barry Wright

Barry overviewed research in York Child and Adolescent Mental

Health Services (CAMHS). York CAMHS have recently finished a systematic review of interventions for young people with attachment disorders which is available on the NIHR website. York CAMHS are involved in several NIHR portfolio studies, including studies aimed at improving provision for the needs of deaf young people eg translating the Strengths and Difficulties Questionnaire (SDQ) into British Sign Language (BSL). Assessment tools typically used to assess Autistic Spectrum Disorders (ASD) in young people are also currently being translated into BSL for use with deaf children. This has followed the finding that deaf children show a 2.5 times higher comorbidity for mental health problems than children without any hearing impairment. The research examined better ways of identifying children at risk of mental health problems at an earlier stage than at present and identified the need to be developed through the implementation of social and emotional interventions in schools. Barry recommended setting up focus and steering groups as this is a useful method of facilitating service user and carer involvement in research.

A feasibility study of computerised cognitive behavioural therapy (cCBT) for depression ('stress busters') intervention programme is complete. The intervention consisted of 8 sessions each lasting 35-40 minutes. In each session a module was delivered which corresponds to specific areas typically covered in a CBT programme.

The study used a Randomised Control Trial (RCT) method to allocate participants to either the cCBT or four different self-help websites with no CBT element. However all participants from either group could still access further support through additional care pathways if needed. Follow-ups were completed at 4 and 12 months post intervention. After screening, 97 participants aged 12-18 were recruited. At the end of the trial, 62% of the cCBT arm had completed all modules.

Since the feasibility trial, a bid has been submitted to conduct the main trial. Suggestions from the feasibility trial include use of text reminders and increasing the value of vouchers rewarding involvement. Findings indicated that when using the

'Mood and Feelings' questionnaire for depression, participant scores were reduced on average by 6.7 in the cCBT group and increased by 1.7 in the self-help website condition. Funding bids are currently being put together to investigate the efficacy of anxiety computer based intervention programmes for schools.

Barry also overviewed another feasibility study about the use of 'social stories' for young people with Autism Spectrum Disorder (ASD). This intervention involves setting goals then young people writing a story about themselves with parents and practitioners based on these goals. Assistance was given to write a story. In the control group parents and the young person were encouraged to read together age appropriate story lacking in social information. To assess outcome, goal defining measures and the Social Responsiveness Scale were used. Fifty participants met the criteria for ASD and challenging behaviour in the feasibility study. Power calculations for the main trial indicate that 180 participants are required for a significant effect.

For further information: <http://www.limetreesresearch.org/>



Forum attendee

Focus on Fellowships

Events for researchers, clinicians and allied health professionals interested in research fellowships

There are many fellowship programmes on offer, so how do you know which one is the best for you? If you want to know more about how to apply to NIHR or MRC fellowships, or how to make the transition from allied health professions into clinical academic research, the Focus on Fellowships events are for you.

The RDS YH will run a series of events focusing on the different fellowships for both clinical and non-clinical routes.

Preparing a good application takes time, and the submission and evaluation of a proposal is a process that spans several months, so planning is key. These events will help dispel the myths on the application process and help you focus your efforts and ideas to give you an insight into what makes a good application.

What will you get from these events?

- An overview of the different types of fellowship schemes available.
- An understanding of what opportunities a fellowship can offer.
- Top tips for what fellowship panels are looking for in applications.
- How to develop a competitive application.
- The opportunity to hear the experiences of existing fellows.

To book your place on the York event go to <http://tinyurl.com/l8fbxa9>

To find out more contact us at:

w. <http://www.rds-yh.nihr.ac.uk/>
e. rds.yh@nihr.ac.uk
t. 0114 222 0828

 @NIHR_RDSYH

These events are **FREE** and lunch and refreshments will be provided. Each session will focus on a **different** fellowship scheme.

The second event in the series will take place in York:

Doctoral and Early Postdoctoral fellowships for researchers and clinicians.

Schemes are aimed at individuals who can show research potential or a demonstrable commitment to a career in research, either clinical or non-clinical.

24 April 2015
10:00 – 16:00
York

CV and research proposal advice

At this event, you will also have the opportunity to receive brief one-to-one advice on your CV and research proposal ideas during the lunch break. Please indicate if you would like a one-to-one session in the booking form; you will be required to submit your CV/proposal in advance to the event.

More information will be provided at the events including advice on how to develop a competitive CV for future applications.



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 are now offered on request.

	Day	Time	Course	Location
	Monday	13:30 - 16:00	Healthcare Databases	IT Suite, Mount
	Tuesday	09:00 - 11:30	Healthcare Databases	IT Suite, Mount
	Tuesday	12:00 - 13:00	E-Journals	IT Suite, Mount
	Tuesday	14:00 - 16:30	Healthcare Databases	IT Suite, Mount
	Wednesday	14:00 - 16:00	Google and Beyond	LGI
	Thursday	09:30 - 12:00	Healthcare Databases	Boardroom, Bootham Park Hospital
	Thursday	12:30 - 13:30	E-Journals	Boardroom, Bootham Park Hospital
	Thursday	14:00 - 16:00	Cochrane Library	Boardroom, Bootham Park Hospital
	Friday	10:00 - 12:00	Cochrane Library	IT Suite, Mount
	Tuesday	09:00 - 11:00	Cochrane Library	LGI
	Wednesday	14:00 - 16:00	Critical appraisal	LGI
	Thursday	09:00 - 11:00	Cochrane Library	St. Mary's Hospital
	Thursday	11:30 - 12:30	E-Journals	St. Mary's Hospital
	Thursday	13:30 - 16:00	Healthcare Databases	St. Mary's Hospital

	Day	Time	Course	Location
	Monday	14:00 - 16:00	Cochrane Library	IT Suite, Mount
	Tuesday	09:00 - 11:30	Healthcare Databases	St. Mary's Hospital
	Tuesday	12:00 - 13:00	E-Journals	St. Mary's Hospital
	Tuesday	14:00 - 16:00	Healthcare Databases	St. Mary's Hospital
	Wednesday	09:30 - 11:30	Google and Beyond	St. Mary's Hospital
	Wednesday	15:00 - 16:00	E-Journals	IT Suite, Mount
	Thursday	09:00 - 16:30	Return to Study	IT Suite, the Mount
	Tuesday	09:30 - 12:00	Healthcare Databases	Bexley
	Wednesday	09:00 - 11:00	Critical Appraisal	LGI
	Thursday	09:30 - 12:00	Healthcare Databases	IT Suite, Mount
	Thursday	12:30 - 13:30	E-Journals	IT Suite, Mount
	Thursday	14:30 - 16:30	Cochrane Library	IT Suite, Mount

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

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:

Damian Reynolds

Research Governance Administrator/PA
Leeds and York Partnership NHS Foundation Trust
R&D
St Mary's House
St Mary's Road
Leeds
LS7 3JX
T: 0113 295 2387
E: damian.reynolds@nhs.net

Alison Thompson

Head of Research and Development
Leeds and York Partnership NHS Foundation Trust
R&D
St Mary's House
St Mary's Road
Leeds
LS7 3JX
T: 0113 295 2360
E: athompson11@nhs.net

CLAHRC Press Release - January 6, 2015

NIHR CLAHRC Yorkshire and Humber is one!

We invite you to celebrate the 1st birthday of the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (NIHR CLAHRC YH).*

Over the last 12 months, since its launch, we have successfully delivered our objective of improving the health and wellbeing of the people of Yorkshire and Humber

We have 32 partners across our region, with 231 staff funded or match funded into the collaboration. We have brought in £11.2 million of funding to our region with £5 million coming in the form of a prestigious grant to our Healthy Children, Healthy Families Theme based in Bradford.

We have 100 ongoing projects with a huge range of methods and topics from nationally recognised areas of work around the impact of mental health on physical health and vice versa and the Health economic impact of air pollution on the people living in our cities.

The collaboration is building skills for the future of our region too with 28 PhD students working alongside leading researchers in their fields

Our work is not going unnoticed with the United Kingdom's Department of Trade and Industry coming to Sheffield to see our technology work done in collaboration with industrial colleagues from across the world.

*The NIHR Collaboration for Leadership in Applied Health Research and Care Yorkshire and Humber (NIHR CLAHRC YH) is one of 13 regional collaborations established to improve healthcare. The CLAHRC YH undertakes high quality applied research and evidence based implementation that is responsive to, and in partnership with, our collaborating organisation, patient, carers and the public, the outcome being an improvement in both the health and wealth of the population of Yorkshire and Humber. The CLAHRC YH has 32 partner organisations including universities, NHS trusts and local authorities. Further information about NIHR CLAHRC YH can be found at <http://clahrc-yh.nihr.ac.uk>