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 21, July 2015

Welcome from Alison Thompson

We had a very useful and interesting meeting with our 'new' Head of Communications recently in which we discussed the purpose of this newsletter and the need for it. As a result, we ask you to complete the short feedback form enclosed or via the following link: https://www.surveymonkey.com/r/TV7GX7J. It will take 2-3 minutes to complete and we value your views.

It is the time of year when applicants for the doctorate in clinical psychology courses hear whether or not they have successfully gained places. I am delighted to congratulate Aishia Perkis on her place at University of Sheffield and Josie Smith on her place at Salomons, Canterbury Christchurch University. I am simultaneously saddened at the prospect of losing two valued and experienced members of the team. However, we welcome to the team Poppy Siddell, Carla-Jane Girling and Holly Taylor who introduce themselves to you in this newsletter. Mark Harper has also joined us very recently as the Research Assistant supporting the STEPWISE study (testing a lifestyle intervention for people on anti-psychotic medication) – welcome Mark.

The completed projects featured are:

- A pilot trial of computerised CBT for depression in adolescents
- Hear me out - An evaluation of BME service users' experience of accessing and engaging with the Leeds Psychology and Psychotherapy Service
- Evaluation of a PRN (psychiatric medication) monitoring tool for people with learning disabilities - A quality perspective
- Current practices of mental health clinicians in relation to working with sexuality and sexual health issues in people with serious mental illness
- A study of the appropriateness of medications for service users with substance use disorders in specialist addiction service
- Expert Carers Helping Others (ECHO)

Our Trust worked together with Leeds Community Healthcare Trust, Leeds Teaching Hospitals Trust and the University of Leeds to host a public event 'Remember Research' on 20 May at Leeds Town Hall to promote both International Clinical Trials Day and Dementia week. Further details can be found in this edition of Innovation.

SAVE THE DATE!

Our annual research forum will take place on 11th November at the Village hotel in Headingley. Book a place online at the following address: https://rdforum15.eventbrite.co.uk. If you wish to submit a poster for the forum, please register online at: www.surveymonkey.com/s/RDForum15. We have had increasing numbers year on year at this event. Come along and see what has been going on. We would particularly welcome more clinical staff.

Alison Thompson, head of research and development
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Completed Research Projects

Sexuality and sexual health

current practices of mental health clinicians

Current practices of mental health clinicians in relation to working with sexuality and sexual health issues in people with serious mental illness

AIMS AND HYPOTHESIS: To explore the current practice of mental health clinicians in relation to sexuality and sexual health issues in people with Serious Mental Illness (SMI).

BACKGROUND: Sexual health and sexuality are recognized by the World Health Organization, as a fundamental human right. People with Serious Mental Illness (SMI) should not be excluded from enjoying this right. Despite this, the sexual health needs of people with SMI such as schizophrenia and bipolar affective disorder have been side lined in the recent push to improve overall physical health and well-being.

METHODS: Two focus groups were held consisting of fifteen mental health clinicians recruited from the Leeds and York Partnership NHS Foundation Trust, following approval from the Research and Development Department. The clinicians consisted of seven psychiatrists, seven psychiatric nurses and one health care assistant (HCA). Interviews were an hour long, digitally recorded, transcribed and a thematic analysis was carried out.

RESULTS: Five main themes were identified each with subthemes. The main themes included: discussing or avoiding discussions about sexual health, common sexual health issues encountered by clinicians, current practice of mental health clinicians with regards to sexual health issues encountered, problems with clinicians' current practice and possible solutions proffered by participants.

CONCLUSIONS / RECOMMENDATIONS: These research findings show that participants encounter a variety of sexual health issues in their daily practice. However their current practice remains variable with regards to the provision of sexual health care. There is therefore a need for further research to develop guidelines to standardize the quality of sexual health care provided for people with severe mental illness.

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R & D

Leeds and York Partnership NHS
NHS Foundation Trust

R&D Information leaflet 3
Chief and Principal Investigators, (project leaders)

This leaflet aims to explain the requirements and implications of the Research Governance Framework for Health and Social Care (RGF) in relation to those leading research projects; Chief Investigators (CI) and Principal Investigators (PI) / local leads. The RGF was established by the Department of Health in 2001 (with revisions in 2005 and 2008) with the aim of improving research quality and safeguarding the public. It does this by aiming to:

- Enhance ethical and scientific quality
- Promote good practice
- Reduce adverse incidents and ensure lessons are learned
- Prevent misconduct

The Chief Investigator
This is the person with overall responsibility for the research. All the applications for Research Ethics Committee and R&D approvals must be submitted by the Chief Investigator.

The Principal Investigator / Local Lead
This is a senior person designated as being responsible for the research at their site where the research will be conducted.

The Principal Investigator takes responsibility for the conduct of the research at their site and is accountable for this to their employer, to the sponsor of the research (via the employer) and to any care organisation within which the research takes place (or through which any organs or tissues are accessed).

Principal Investigators must have sufficient experience and expertise in the design and conduct of research to be able to work to the levels set down by the RGF (some of which are given below) or to be able to delegate these responsibilities to others and to lead accordingly.

For some single site projects the CI and PI roles may be combined.

Roles and responsibilities
The Research Governance Framework says it is the responsibility of the Principal Investigator / local lead to ensure that:

- The dignity, rights, safety and well being of participants are given priority at all times by the research team
- The research is carried out in line with the RGF
- The host NHS Trust R&D Director is informed that the study is planned and that R&D approval has been given before research commences
- Information that arises from the research, that is relevant to the participants care, is passed on to their care professionals (unless otherwise requested by the REC or the participant)
- The study complies with all legal and ethical requirements
- Each member of the research team is qualified by education, training and experience appropriate to their role in the study
- Students and new researchers have adequate supervision, support and training
- The research has the active involvement of service users and carers at all stages
- The research follows the protocol approved by the R&D Department, Research Ethics Committee (REC) and the sponsor
- Any proposed changes / amendments to the protocol (or any deviations) are submitted for approval to the R&D Department, REC, the sponsor and any other appropriate body
- Any adverse events or critical incidents relating to the research are reported via incident reporting procedures to the R&D Department, REC and, if appropriate, the Medicines and Healthcare Products Regulatory Agency (MHRA)
- Procedures are in place to ensure the collection of high quality, accurate data and the integrity and confidentiality of data during processing and storage
- Arrangements are made at the end of the research for appropriate archiving of data
- Reports required by the R&D Department (and others with legitimate interest) are produced on time and to an acceptable standard
- The findings of the research are open to critical review, using accepted professional and scientific channels
- Once established, findings from the research are disseminated promptly and fed back to participants via a lay summary
- They adopt the key role of guarantor on published outputs in order to prevent scientific misconduct
- Arrangements are in place for the management of financial and other resources for the study, including any intellectual property arising
- All data and documents associated with the research are available for audit at the request of the appropriate authority

In some cases they may also need to:
- Inform care professionals that a patient is involved in the study and ensure that they agree to retain overall responsibility for the patients care
- Ensure that data on recruitment to the study is reported in a timely way

R&D Information leaflet 4
Misconduct and Fraud in research

This leaflet explains the requirements and implications of the Research Governance Framework for Health and Social Care (RGF) in relation to research misconduct.

The RGF was established by the Department of Health in 2001 (with revisions in 2005 and 2008) and aims to improve research quality and safeguard the public. It does this by aiming to:

- Enhance ethical and scientific quality
- Promote good practice
- Reduce adverse incidents and ensure lessons are learned
- Prevent misconduct

What is research misconduct?
High quality and safe research is at the heart of the NHS and relies on the personal and scientific integrity of all involved. Research misconduct can include the following:

- Fabrication – invention of data or cases
- Falsification – wilful distortion of data
- Plagiarism – copying ideas, data or words without attribution
- Failure to complete adequate searches of existing data before starting research
- Failure to get a review from Research Ethics Committee
- Failure to get NHS permissions
- Failure to get regulatory approval (for clinical trials of interventional medical products)
- Failure to disclose conflicts of interest
- Data issues e.g. not accounting for missing / outlying data, publication of undeclared post ad hoc analysis
- Omitting data on side effects (in clinical trials)
- Failure to obtain Informed Consent (or to justify to an Ethics Committee why it was not obtained)
- Authorship issues e.g. Gift authorship (accrediting the work to someone who was not involved) or not including other authors
- Publication issues e.g. redundant (duplicate) publication or making no attempt to publish

Why is research misconduct a problem?
Research misconduct is unacceptable at any level as it is dishonest and contrary to the core values of the NHS.

- It jeopardises all of the individuals in the NHS and their professions
- It calls into doubt the scientific integrity of the research
- It puts patients and participants at risk
- It erodes the confidence placed in professionals and the NHS.

Misconduct **does not include** genuine mistakes e.g. authentic scientific error or reasonable differences in interpreting the research methods or results.

Responsibility
We all have the responsibility to be vigilant and **report research misconduct.** If you suspect it is taking place it should be brought to the attention of the Trust and the sponsor. The R&D department should be contacted in the first instance. Once reported the matter will be dealt with in a way that protects the person reporting it and is fair to the person who has been reported. If you have any concerns about research being conducted in the Trust please contact the R&D Department via the details given in this leaflet.

Possible consequences
In the case of misconduct some **professional groups** may be subject to disciplinary action by their professional bodies. Doctors, nurses, health visitors, midwives etc. are held accountable by their registering body (General Medical Council, Nursing and Midwifery Council) for their professional conduct as researchers as well as clinicians.

University employees or **external researchers** with honorary NHS contracts / Letters of Access may have these removed subject to a joint NHS / employing organisation investigation. The **sponsors** and / or funders of the research have a responsibility to monitor the research for ethical and scientific quality and have the power to withdraw funding where serious research misconduct is proven.

Remember Research event
at Leeds Town Hall

The public were invited to come and learn about health research at an open event to mark International Clinical Trials Day and Dementia Awareness Week at Leeds Town Hall on 20 May.

Research organisations from across the city of Leeds including the University of Leeds and our Trust were on hand to talk about current research projects and how the public can get involved. The event was both informal and interactive - with a range of stalls and a Dementia Café where people could relax and stop for a chat. Stalls included the OK to Ask Campaign which encourages patients and carers to ask their doctors about NHS research and Join Dementia Research, a new service which allows people to register their interest in participating in dementia research and be matched to suitable studies.

Dr Wendy Neil, Consultant Psychiatrist, from the Trust's Older People's Services and Dr Sunita Deshmukh, Academic Clinical Fellow in Psychiatry, were also at the event to talk about various Trust research projects. The Trust recently led a project to assess awareness and accessibility of non-drug treatments for people with dementia such as cognitive stimulation and music therapy and is a collaborating centre for a national project, Brains for Dementia Research, to increase access to brain tissue for researchers working in the field of dementia with the aim of finding new treatments.

Alison Thompson, Head of Research & Development said "Remember Research was a fantastic opportunity to meet people and discuss the various practical ways that they can get involved in health research. I am delighted that 34 of our Trust's service users are currently signed up for the MADE trial which is looking at whether an antibiotic, called Minocycline, can help to slow down the progression of Alzheimer's disease."

Many visitors to the busy event also took part in Dementia Friends training, which gives insight into what it's like to live with Dementia and enjoyed an uplifting performance from Giving Voice, Leeds Community Healthcare Trust's neurological choir.

The event was sponsored by the University of Leeds and the National Institute for Health Research public engagement arm, INVOLVE.

If you would like more information about Trust research opportunities
please email research.lypft@nhs.net, or call 0113 855 2387.
See more at: http://www.leedspft.nhs.uk/news/latest_news/1/811#sthash.PSbJPqcH.dpuf

Completed Research Projects

A pilot trial of computerised CBT
for depression in adolescents

The research was a feasibility study with the overarching aim to lead to a larger study to establish whether Computerised Cognitive Behavioural Therapy (CCBT) is effective in producing healthier outcomes for adolescents with low mood/depression and if it is a cost-effective treatment option for Child and Adolescent Mental Health Services (CAMHS).

We conducted a randomised controlled trial (RCT) of Computerised Cognitive Behavioural Therapy (CCBT) versus self-help websites for adolescents with low mood.

Whilst recent government policy focuses on improving access to psychological therapies like CBT, staff numbers in CAMHS cannot meet all the demand and therefore the numbers of young people with adolescent depression receiving treatment are low despite clear NICE guidelines (Thapar et al, 2012). The use of CCBT in the care pathway may be a solution to this problem. Therefore we tested a more cost effective mechanism of delivering high volume CCBT as part of the care pathway.

Some adolescents avoid face-to-face therapy or referrals to services, and CCBT delivered in schools and the community may address this issue. Also, if effective, it may increase low-stigma, easy-access treatment options for this group and reduce the need for access to Tier 2 or 3 services. Although literature suggests potential benefits of CCBT for adolescents with low mood/depression (Fleming et al, 2012), more randomised controlled trials (RCTs) are needed, especially within the UK (Richardson et al, 2010).

This study was available for local young people within a 280,000 catchment area and was highly regarded locally. It also yielded high quality information suggesting the use of CCBT to be both feasible and acceptable for treating adolescents with low mood/depression.

The good feasibility outcomes (e.g. satisfaction with program/venue of delivery, low attrition rates and a strong infrastructure across schools and the community) support the use of CCBT in the treatment of adolescents with low mood/depression. We have robust user carer feedback to support the acceptability of the intervention (not present in many other studies). Service users are positive about this intervention as an autonomous form of support with positive outcomes to date, e.g. statistically significant improvements in mood (As measured by the Mood and Feelings Questionnaire (MFQ) – the NICE recommended outcome measure for adolescent depression) at 4 months and have demonstrated a willingness to take part in the trial. Schools are actively requesting it and CAMHS are positive about its place in the care pathway specifically as it removes the need for face-to-face contact where unnecessary or unwanted and avoids pathologising adolescents. Economic analysis has shown that CCBT is cheap to implement. It has also demonstrated its safety if regular monitoring is conducted with good contingencies in the event of users needing higher levels of support.

This study benefited both patients and the NHS by testing the clinical and cost-effectiveness of a more readily accessible, less stigmatising form of treatment than existing NHS options. CCBT has little or no waiting time and provides an alternative treatment option for patients that can be completed in a patient's own time and at their own pace (Spence et al., 2008) without having to discuss their problems face-to-face with a therapist. The CCBT program (Stressbusters) demonstrated its perceived usefulness and acceptability (particularly for those with less severe symptoms of low mood/depression and/or anger issues). Statistically we found that, at 4 months, mean scores on the MFQ reduced for participants in the Stressbusters group whilst scores for an attention control group (currently available websites containing information about low mood/depression) increased. This finding was statistically significant ($p=.035$). Similar results were also found in relation to the Beck Depression Inventory (BDI) although this result was not statistically significant. This demonstrated the Stressbuster program's potential for introduction into routine care as a preventative intervention or part of a stepped care approach. Its benefits to the NHS include its potential to reduce the volume, costs and length of treatment, subsequently reducing the caseloads of PMHWs and CAMHS clinicians, allowing them to provide extra treatment for those needing face-to-face support. Further, its transferability to varied locations (e.g. schools and GP practices) represents an efficient use of resources. Thus CCBT represents an important step forward in integrated care and as part of a cost-effective care pathway. Based on this research a larger randomised controlled trial is warranted.

Professor Barry Wright, LYPFT, barry.wright1@nhs.net

Completed Research Projects

"Hear me out":
Psychology and Psychotherapy Service

"Hear me out": An evaluation of BME service users' experience of accessing and engaging with the Leeds Psychology and Psychotherapy Service.

The Department of Health "Delivering Race Equality in Mental Health" highlighted the importance of tackling racial and ethnic inequality, following evidence that Black and Minority Ethnic (BME) communities suffer poorer health, decreased life expectancy and are dissatisfied with services. The literature suggests that BME communities face a variety of barriers and disadvantages when they try to access and engage with statutory mental health services in the NHS.

The Service Evaluation Project sought to investigate the views and experiences of BME service users referred to the Psychology and Psychotherapy Service regarding issues concerning access, engagement, and outcome of psychotherapy interventions. 210 questionnaires were sent out to all BME service users that had been discharged from the service in the past two years ascertaining their views on the factors that influenced their ability to access the service. A total of 29 questionnaires were returned, yielding a response rate of 14%. In addition, nine in-depth telephone interviews were conducted with BME service users on their experience of engaging with the service.

In the main, the findings suggest that BME service users experienced multiple barriers at different stages in their journey through the PPS, with respondents highlighting stigma, lack of information, waiting time, unplanned discharges and uncertainty as some of the key barriers that they experienced when trying to access the service. Analysis of data from respondents shows that more than 60% were assessed but not commenced onto therapy, raising important questions around why this may be. The findings from the interviews highlighted both positive and negative experiences that either facilitated or impeded engagement. Conversations on culture were seen as an integral part of therapy, yet eight out of the nine service users interviewed stated that "they never asked me about my culture". Suggestions for improving access and engagement included: providing culturally appropriate information, need for community engagement, BME representatives on decision making bodies/service user groups and staff supervision.

A number of suggestions for a Service Action plan are discussed, including issues such as the high proportion of service users who are assessed but not commenced onto therapy, greater involvement of BME service users on decision making bodies and service user groups and the provision of staff support and training in addressing cultural/ racial issues in therapy.

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IMPORTANT - changes to process for R&D approval

The approvals process for health research is changing. Currently most NHS research projects require both ethical approval and separate R&D approval from each participating NHS organisation.

By the end of 2015 a single approval will be issued to researchers conducting studies in the NHS. This new approval process will be managed and delivered by the Health Research Authority (HRA). It is anticipated that HRA Approval will be fully implemented by December 2015, following the phased introduction of the study cohorts.

When will it happen?
HRA approval commenced on 11 May 2015 for Cohort 1 studies (non-educational projects involving NHS staff only). Definitions for Cohort 1 and subsequent studies can be found here: http://www.hra.nhs.uk/about-the-hra/our-plans-and-projects/assessment-approval/hra-approval-cohort-1/

Due to the phased implementation, please check whether your research project meets the criteria for HRA approval before you submit your application for approval. If LYPFT is sponsoring your study the R&D department will still need to sign your IRAS application form and review your study documents. Please contact the R&D department to discuss.

What are the benefits to researchers?
It is anticipated that the streamlined, simpler system will enable researchers to complete the overall approvals process in a shorter time.

Questions?
For more information about HRA Approval, including FAQs, please click on the following link: http://www.hra.nhs.uk/about-the-hra/our-plans-and-projects/assessment-approval/
Contact the R&D department at research.lyptf@nhs.net if you have any queries

NIHR Funding Opportunities

Programme Grants for Applied Research (PGfAR) Competition 19 Stage 1,
application deadline: 1pm, October 6 2015.

NHS
National Institute for Health Research

Programme Development Grants Competition 14,
submission deadline: 1pm, October 13 2015.

For further details, see:
http://www.nihr.ac.uk/funding/programme-grants-for-applied-research.htm

Completed Research Projects

ECHO -
Expert Carers Helping Others

Experienced Carers Helping Others (ECHO) is a psycho-education and skills training intervention based on the cognitive interpersonal maintenance model of anorexia nervosa (AN) and developed to meet some of the complex unmet needs of caregivers.

The addition of the ECHO intervention to standard inpatient care has proven effective for patients with severe AN and their caregivers. The aim of this study was to explore the use of the addition of two variants of ECHO to standard outpatient care for adolescents with anorexia nervosa at an early stage of illness. Patients aged 13-21 years with a primary diagnosis of AN and their caregivers (typically parents) were recruited from 38 National Health outpatient eating disorder services in the UK. Families were randomised to ECHO with guidance (a book, DVDs, and 10 telephone coaching sessions), ECHO (a book and DVDs), or treatment as usual. Patient (n = 149) and caregiver (n = 226) outcomes were measured at 6 and 12 months follow-up. Preliminary analysis showed a trend for both variants of ECHO to produce similar improvements in BMI at 6 and 12 months follow-up, distress at 6 months follow-up and a reduction in AN symptomatology at 12 months follow-up, as measured by the Short Examination of Eating Disorders. ECHO also produced a trend for reduced caregiver accommodating and enabling behaviours at 6 months follow-up. These findings suggest that sharing information and skills with caregivers at the early stage of illness may be beneficial for patient outcomes. ECHO delivered without the addition of telephone coaching may be the preferred variant at this stage of AN treatment. Further outcomes and cost-effectiveness of the intervention remain to be evaluated.

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The appropriateness of medications
for service users with substance use disorders

A study of the appropriateness of medications for service users with substance use disorders in a specialist addiction service

Background: People with substance use disorders (SUDs) are often prescribed a cocktail of medications which may or may not be justified. Among this population, psychiatric medicines and opioids are often involved in adverse events. The appropriateness of these medicines was explored, as well as the response of prescribers in a specialist addiction service (SAS) to their inappropriate prescribing.

Methods: A mixed methods design was used. A descriptive quantitative study using routinely available data was conducted to describe the types of medicines prescribed for service users. A second quantitative component assessed the appropriateness of psychiatric medicines/opioids. Qualitative interviews with service users explored their perspectives on the appropriateness of these medicines while prescriber interviews explored how they responded to inappropriate prescribing.

Results: The descriptive study showed that 27% of service users were prescribed four or more medicines, with almost half of them receiving antidepressants. The second quantitative study showed that nearly half of service users had one or more inappropriate psychiatric medicines/opioids. Interviews with service users revealed that while most of them appeared to benefit from these medicines, there was also an awareness of their adverse effects. Interviews with service users and prescribers both suggest that there are sometimes problems with medication assessment/review. Prescribers described responding to inappropriate prescribing by considering medication benefits/risks, their prescribing expertise and the need for service user involvement.

Conclusion: The quality of prescribing of opioids/psychiatric medicines appeared to present room for improvement. There is need for further research to establish if these findings are applicable in other SAS.

The medication records of 1,783 patients from LYPFT were examined in this study, which was funded by the Collaboration for Leadership in Applied Health Research and Care (CLAHRC).

Adejoke Obirenjeyi, University of York, aobirenjeyi@yahoo.co.uk

Supervised by:
Mr Charlie Lloyd, University of York
Prof Elizabeth Hughes, University of York

Completed Research Projects

Evaluation of a monitoring tool

Enzo Harris

Evaluation of a PRN (psychiatric medication) monitoring tool for people with learning disabilities - A quality perspective

This management project evaluates the use of PRN medication with people classed as having a learning disability who exhibit challenging behaviours or mental disorder.

The literature review suggested a general lack of research regarding the effectiveness of PRN psychotropic medication and suggests that restrictive practice often takes place. The evaluation tool (PrET) devised by the multidisciplinary team in the Trust aims to redress some of the criticisms associated with restrictive practice and aids analysis and reflection on the effectiveness of the tool, essential in ensuring good practice. The Department of Health (DOH (2001), Valuing People. A new strategy for learning disability for the 21st century. A White paper, London; DOH (2009), Valuing People Now: A new 3 year strategy for people with learning disabilities. London), suggested a human rights approach should be taken with individuals with learning disabilities to ensure they are offered the same choices and respect as others. The DH also emphasised the need to assess effectiveness through outcome measures.

This project uses management tools, professional forums and semi structured interviews to investigate the effectiveness of the tool and evaluates the tool against current health policy and a model of quality.

A number of themes were identified indicating the value of the PrET in terms of evaluation against the literature, current use of the tool and the potential wider use of the tool.

Seven recommendations were made which would help to further validate the PrET in its current and potentially wider application. Some of the recommendations and wider work required in the development of the PrET has already taken place via presentations and poster conferences.

Enzo Harris, enzo.harris@nhs.net

Carla Girling

Research Assistant in the Trust

My name is Carla Girling and I am a new Research Assistant in the Trust.

I will be working on a study examining the quality of life of elderly people living in care homes, with memory problems, as well as assisting with other portfolio studies that the Trust is involved in.

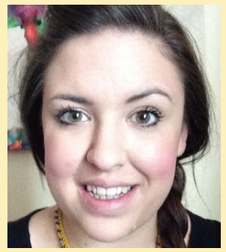
I joined the Research and Development team from Liaison Psychiatry, where I have been conducting a service evaluation of the Acute Liaison Psychiatry Service. This was a fantastic opportunity to test my research skills by helping to design the evaluation, as well as collecting data and writing the final report. As part of my role I spent time in LGI and St James' hospitals, shadowing self-harm and mental health assessments, which gave me an insight into the role of Psychiatry in the general hospital. In the past I have worked with service users at the Hearing Voices Network and helped promote the lived experience of voices to Mental Health Practitioners.

I have a BSc in Psychology and an MSc in Psychological Research Methods from the University of Sheffield. During my MSc I designed and conducted a study examining the effect of clinicians' anxiety on the delivery of evidence based therapy, specifically Cognitive Behavioural Therapy. I am fascinated by the disparity between the outcome of therapy in a research setting and in a clinical setting. It is exciting to have the opportunity to be a part of such an active research team and to contribute to studies that can make a real difference to the lives of people with mental health difficulties.

Carla Girling, LYPFT, carla-jane.girling@nhs.net

Holly Taylor

Research Assistant within the Trust



My name is Holly Taylor and I am a Research Assistant within the Trust.

I have a Bsc (Hons) Psychology degree from Northumbria University and have worked for LYPFT for a number of years prior to starting this role.

I have previously worked as an Assistant Psychologist within the Community Learning Disabilities team in York and have also worked at the Mother and Baby peri-natal mental health unit in Leeds, supporting mothers in the ante-natal/post-natal period who are experiencing a mental health crisis. I have always had an interest in child development and attachment issues and this role strengthened my interest in this area.

I am passionate about mental health and I am committed to improving knowledge and services for those who access them. I am particularly enthusiastic about reducing the stigma surrounding mental health and instilling the concept of hope and recovery in regards to mental health difficulties. My new role as a Research Assistant in York gives me the opportunity to improve mental health on a larger scale, by assisting in the development of an evidence base through research.

I am currently working on a randomised controlled trial investigating the effectiveness of computerised CBT for young people with low mood and depression. I am also working in partnership with the University of York on their BaBY PANDA project which is a validation study examining the validity of the NICE recommended post natal depression screening questions. As part of my new role I will be working closely with the Clinical Studies Officers within the team to assist in the preparation of bids for funding.

I am extremely excited about joining a well established research team and look forward to contributing to existing and future research within the trust.

Holly Taylor, LYPFT, hollytaylor2@nhs.net

Poppy Siddell

Data manager for the James Lind Alliance (JLA)

My name is Poppy Siddell and I am the data manager for the James Lind Alliance (JLA) Priority Setting Partnership (PSP) for Bipolar disorder.

The results of this project will be uploaded onto a nationwide database (UK DUETS) and will ultimately be used to guide future research and funding decisions.

I am passionate about health care research and I am thoroughly enjoying the opportunity to contribute to research that will help to improve the lives of individuals affected by bipolar disorder. Alongside my data manager role, I am also a research assistant in Paediatric Neuropsychology at The Leeds Teaching Hospitals NHS Trust. As part of this role I have contributed to a grant proposal for the BMA Strutt and Harper research grant relating to the development of a neurosurgical outcome measure. I am also involved in the writing and editing of several research papers including a systematic review of pharmaceutical and non-pharmaceutical interventions in children with brain tumors; a systematic review of fMRI and MEG mapping techniques in paediatric epilepsy surgery candidates; a case study of a memory intervention in a paediatric patient who had undergone treatment for a brain tumour and a second single case study of an intervention in a patient with electrical status epilepticus during slow-wave sleep (ESESS).

I graduated from the University of Leeds with a BSc (Hons) in Psychology

Poppy Siddell, LYPFT, poppysiddell@nhs.net

Completed Research Projects

Mediated literature searching
from Library and Knowledge Services

Mediated literature searching from Library and Knowledge Services- how we can save you time when looking for the latest evidence!

- Do you have a clinical question to answer to help you treat a patient?
- Are you working on developing a new service or applying for funding?
- Are you struggling with a piece of research related to Trust business?

Library and Knowledge Services can help with our literature searching service. Our skilled librarians can search healthcare databases for your chosen area of interest to provide you with a list of relevant, up-to-date articles or books, to a timescale agreed with you. For more urgent searches a short turnaround can be agreed (e.g. 1-2 days, depending on the search).

Did you know: Between April 2014 and March 2015 we performed 154 literature searches on a range of different topics including:

- Research support
- Patient care
- Service development

Recent examples of searches carried out by Library & Knowledge Services:

- Funding gap in the NHS
- Use of SMS to deliver appointment reminders and collect responses within an Assertive Outreach team
- Smoke free environment – latest evidence
- Leadership - being an Allied Health Professional (AHP) leader, leading a AHP team
- Impact of chronic alcohol and/or drug misuse in male/ female offenders with personality disorder

What our users are saying about the literature searching service:

65% of users said the literature searching service exceeded their expectations.

"This is a valuable service to support evidence based practice."

"It would have taken a lot of time to locate the information and I was not sure where to look."

"The results contributed to a research design."

- 53% of users said it led to changes in practice.
- 20% of users said it helped with redesign of services.
- 25% of users said it helped support them in a course they were undertaking.

How does it work?

You send in a request by email or by filling out the online form: http://www.leedslibraries.nhs.uk/search-request/leeds-and-york-partnership-nhs-foundation-trust/. If you send your request in by email, we will usually contact you to get a bit more information and check we fully understand what you are looking for.

We then send you the results and you can choose which items you'd like to read in full. Library and Knowledge Services can help you get hold of any of the items you want.

If you would like more information about the literature searching service or to request a search, please contact Library and Knowledge Services at libraryandknowledgeservices.lypft@nhs.net

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.

JULY	Day	Time	Course	Location
1	Wednesday	09:30 - 12:00	Healthcare Databases	Boardroom, Bootham Park Hospital
1	Wednesday	12:30 - 13:30	E-Journals	Boardroom, Bootham Park Hospital
1	Wednesday	14:00 - 16:00	Cochrane	Boardroom, Bootham Park Hospital
2	Thursday	13:00 - 15:00	Cochrane Library	Bexley
6	Monday	09:30 - 12:00	Healthcare Databases	IT Suite, Mount
6	Monday	14:00 - 16:00	Cochrane Library	IT Suite, Mount
8	Wednesday	10:00-12:00	Critical Appraisal	Stockdale House Meeting Room 1
9	Thursday	09:00 - 16.30	Return to Study	St. Mary's Hospital
13	Monday	13:00 - 14:00	E-Journals	LGI
15	Wednesday	09.00-16.30	Finding and Apprasing the Evidence	LGI
16	Thursday	09:30 - 10:30	E-Journals	IT Suite, Mount
30	Thursday	09:30 - 12:00	Healthcare Databases	LGI

SEPT	Day	Time	Course	Location
7	Monday	13:30 - 16:00	Healthcare Databases	Bexley
15	Tuesday	09.30– 12:00	Healthcare Databases	LGI
15	Tuesday	12.30- 13:30	E-journals & E-books	LGI
15	Tuesday	14:00 - 16:00	Cochrane Library	LGI
16	Wednesday	14:00 - 16:00	Critical appraisal	Boardroom, Stockdale House
21	Monday	09.30– 12:00	Healthcare Databases	Boardroom, Bootham Park Hospital
21	Monday	12.30- 13:30	E-journals & E-books	Boardroom, Bootham Park Hospital
21	Monday	14:00 - 16:00	Critical Appraisal	Boardroom, Bootham Park Hospital
22	Tuesday	09:00 -16:30	Finding and Appraising the Evidence	LGI
25	Friday	10:00- 11:00	E-journals & E-books	Bexley
29	Tuesday	09.30 - 11.30	Cochrane Library	LGI

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

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.

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Research Forum

Wednesday 11 November 2015

VENUE: **Village Hotel,
186 Otley Road,
Headingley, LS16 5PR**

ALL-DAY EVENT: **Buffet lunch provided**

TO BOOK A PLACE: **Please book online at the following address: www.rdforum15.eventbrite.co.uk**

POSTER CALL: **If you wish to submit a poster for this event, please register online at: www.surveymonkey.com/s/RDForum15**

#RDForum15