Leeds and York Partnership NHS
NHS Foundation Trust

R & D Innovation

Research and Development Newsletter

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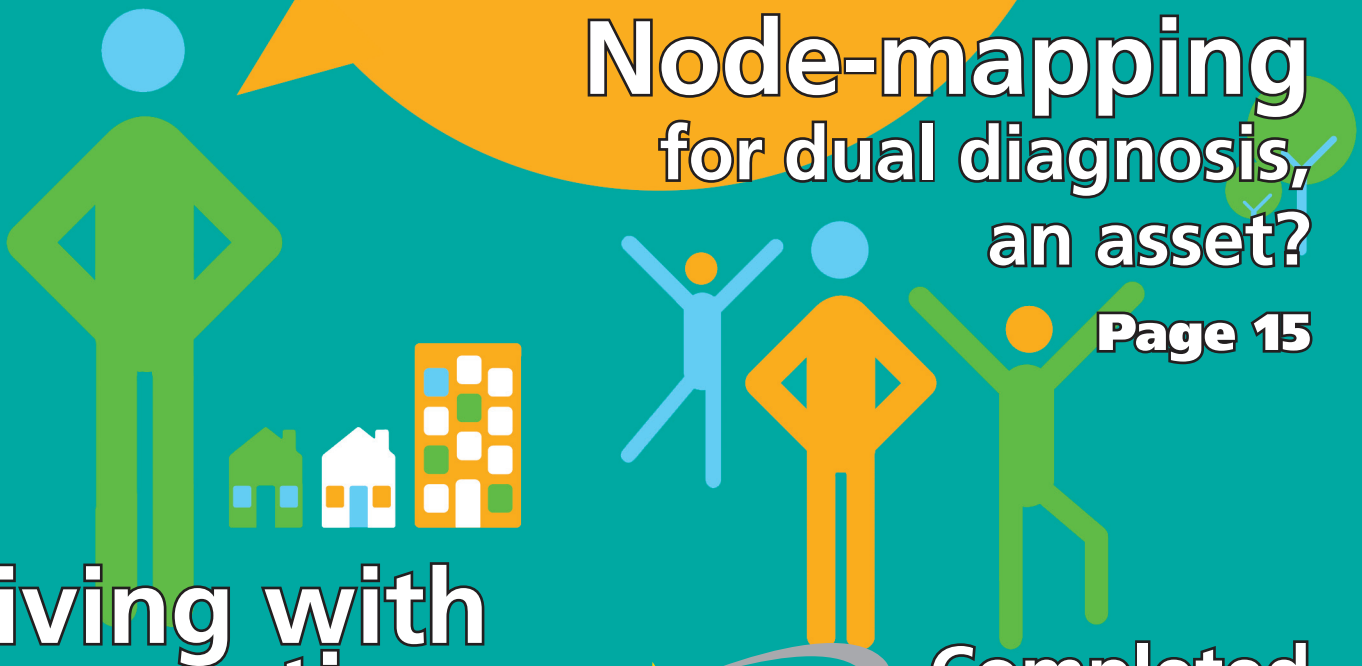

Living with dementia:

Positive experiences

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Completed Research Projects

Completed Projects

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

Innovation Issue 22, September 2015

Welcome from Alison Thompson

Firstly, I would like to express my thanks to Joanne Meager for all the design work she has done for researchers and the R&D team over the years, including this newsletter which has received very positive comments from a number of NHS Trusts and NHS research organisations all over the country.

This newsletter has been heralded as an excellent example of professional dissemination of research findings. In the spirit of continuous improvement, we asked readers to provide feedback to evaluate the newsletter in the last edition. The deadline will have passed by the time this goes to print and results will be published in the winter edition.

As usual, we have a good number of completed projects for you. We collect the abstracts that become these articles as part of our project monitoring process. Alerts on the research database prompt our administrator to contact those whose projects are approaching the previously agreed end date with a request for an abstract and other project close down information. This edition covers:

- Service Evaluation of the Adult ADHD service
- Positive experiences whilst living with dementia: A qualitative exploration of growth in older adults
- Mental health staff's awareness of and compliance with NICE guidelines on antenatal and postnatal mental health care
- Node-mapping for dual diagnosis, an asset?
- Exploration of psychiatrists understanding of wellbeing in dementia
- The Rehabilitation Effectiveness for Activities for Life (REAL) study – final result
- Towards totally smoke-free mental health services
- Dramatherapy in early psychosis: individual and group therapy evaluation
- Comparing SWEMWBS and CORE Project

In addition, there is a R&D leaflet which explains the responsibilities of staff involved in research, a list of nationally funded research projects that our staff and service users can get involved in, details of the statistical support we have available from the University of Leeds, a flier for a workshop on writing grant applications, funding deadlines and training dates.

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

Last Few Remaining Places

for this year's Research Forum on 11th November at the Village Hotel, Leeds –
book yours now at: https://rdforum15.eventbrite.co.uk
Poster Call: To submit a poster, register at: **www.surveymonkey.com/s/RDForum15**

Completed Research Projects

Service Evaluation

of the Adult ADHD service

A Service Evaluation of the Adult Attention deficit hyperactivity disorder (ADHD) service was conducted, by lead investigator Dr R McKie with supervisor Dr R Baskind (Malham House).

The aims were to establish Service User and Stakeholder satisfaction with the service, and to use rating scale scores to establish if Service Users' symptoms improve during their time with the service.

A questionnaire was sent to all persons under the care of the Adult ADHD service between 19/5/2014 and 31/8/2014, and 66 responses were received. 89% respondents reported they were 'very satisfied' or 'fairly satisfied' with the service. Feedback was generally positive regarding quality of care; problems were identified with the long waiting time for initial assessment and the lack of access to psychological therapy.

Referrers were emailed a link to an online survey regarding their satisfaction with the service, but the response rate was very low, and we were unable to draw any conclusions. Other ways of gaining for feedback from referrers need to be explored.

38 Service Users had Barclay's Adult ADHD Rating Scale (BAARS) scores completed. The mean change in score was -14.4 points. 29 Service Users had Weiss Functional Impairment Rating Scale (WFIRS) scores completed. The mean change in score was -37.5 points. Therefore an improvement in symptoms was demonstrated for both scores. It was noted there appeared to be an association; statistical analysis was not performed and causation could not be established.

The evaluation was used as part of the bid for further commissioning of the service. The target areas of waiting time, and improving access to psychological therapy, are being seen as priority areas.

Dr Rachel McKie, LYPFT, rmckie@nhs.net
Supervised by: **Dr R Baskind,** LYPFT, robert.baskind@nhs.net

www.leedspft.nhs.uk/professionals/RD September 2015 issue 22

NIHR portfolio studies

recruiting in Leeds and York Partnership NHS Foundation Trust

Brains for Dementia (BDR)

What is this study about?
The Brains for Dementia Research (BDR) initiative is funded jointly by the Alzheimer's Society and Alzheimer's Research UK. It aims to address the shortage of brain tissue for research use from individuals with and without dementia. Annual memory and thinking skills tests are carried out on those signed up to donate brain tissue, providing researchers with important insight into how biological changes in the brain led to symptoms during life. Further information is available on the Brains For Dementia Website: http://www.brainsfordementiaresearch.org.uk/

Who can take part?
People living in the UK with a diagnosis of dementia or mild cognitive impairment can register at any age, and those with no diagnosis of memory impairment can register from 65 years old. There is no upper age limit.

What is involved?
- Registering for brain donation
- Every year (less often for those without dementia) we ask participants to answer a set of questions in a short assessment session, at their home or on trust premises, or in some cases by telephone.

How do I get involved?

Please contact:
- Jenny Sweetman – 01904 726971; j.sweetman@nhs.net
- Alice Locker – 0113 85 52441; alice.locker@nhs.net

CODES

COgnitive behavioural therapy vs standardised medical care for adults with Dissociative non-Epileptic Seizures: A multicentre randomised controlled trial.

What is this study about?
The primary objective is to evaluate the effectiveness of CBT (plus SMC) compared to SMC alone in reducing DS frequency (our primary outcome) at 12 months post randomisation. Please visit the trial website for more information: http://www.codestrial.org/

Who can take part?
Recruitment is via referrals from Leeds Teaching Hospitals.

IDEAL *Enhancing active life and living well.*

What is this study about?
To Investigate how social and psychological circumstances and resources affect the possibility of living well with dementia.

Further information is available via the study website: http://www.idealproject.org.uk/

Who can take part?
Anyone with a clinical diagnosis of dementia (any sub-type) who is in the mild to moderate stages.

What is involved?
Three initial meetings with a researcher who will go through a series of questionnaires, then two follow ups after one and two years.

How do I get involved?
Call Research and development on 0113 8554544

EQUIP

Enhancing the quality of user involved care planning in mental health services (equip): clinical cluster randomised controlled trial and process evaluation.

What is this study about?
The overall aim of the programme is to improve user and carer involvement in care planning in mental health services. To develop, evaluate, implement and disseminate a user/carer-led training package for mental health professionals to improve the extent users and carers are involved in care planning. Clinical teams are recruited and randomised to either receive training in care planning or not. Service users and their carers within each team are then asked to complete measures at baseline and 12 month follow up.

Teams involved:
South South East Locality Team; East North East Locality Team; North East Hub; South West Hub; West North West Locality Team; Assertive Outreach Team

Update on progress so far:
South-South-East Locality Team and East-North-East Locality Team have been through the first stage of the research. We received a fantastic response from care coordinators who helped us to identify suitable service users to invite to take part in the research. As a result, we have written to 915 service users so far. Professor Karina Lovell, Chief Investigator, University of Manchester, expressed her gratitude and added: "please do extend our thanks to all the team and the care co-ordinators – this is such a sterling example of how things can work."

We are looking forward to working with the York teams, West-North-West Locality Team and Assertive Outreach Team over the next few months so we can invite more service users to get involved.

ReQoL

Recovering Quality of Life. Development of a brief generic measure of quality of life recovery in mental health populations.

What is this study about?
The aim of the research is to develop two patient reported outcome measures, where one will be a shorter version, to assess quality of life in people with mental health problems. More information is available on the trial webpages: http://www.sheffield.ac.uk/scharr/sections/heds/newsletter/reqol

Who can take part? Service users aged 16 and over with mental health conditions other than dementia (self-reported or clinician diagnosis where possible).

What is involved? Information to follow.

How do I get involved? Information to follow.

NIHR portfolio studies
recruiting in Leeds and York Partnership NHS Foundation Trust

GSCg

Genetic susceptibility to cognitive deficits across the schizophrenia / bipolar disorder diagnostic divide.

What is this study about?
This study examines how people with psychosis, schizophrenia or schizoaffective disorder perform on a series of tasks of concentration, memory and thinking skills.
The study also examines the influence of genes on performance of these tasks.

Who can take part?
- Schizophrenia, schizoaffective disorder, psychosis (no longer recruiting participants with Bipolar)
- White British
- 18-65

What is involved?
With a researcher participants will:
- Take part in an informal interview asking about details of background and symptoms.
- Complete a small set of basic tasks to examine your thinking skills
- Give a small sample of blood for the genetic part of the study.

Participants can be seen in a clinic (travel expenses reimbursed), or at home. All participants who complete the full study get £15.00 for their time.

How do I get involved?
Please contact: Alice Locker 0113 85 52441; alice.locker@nhs.net

LONDOWNS

What is this study about?
Examining the link between Alzheimer's disease and Downs syndrome. Please visit the trial website for more information: https://www.ucl.ac.uk/london-down-syndrome-consortium

Who can take part?
Anyone over 16 with Down Syndrome who does not have an acute medical condition.

What is involved?
One off visit from researchers in the participant's home or local clinic. The participant will be asked to do some cognitive assessments and to give a blood, hair and/or saliva sample.

How do I get involved?
Contact R&D on 0113 8554544 with the potential participant's details and their carer's details.
Or for more details on the study- http://www.ucl.ac.uk/london-down-syndrome-consortium

DIADS

Diagnostic Instruments for Autism in Deaf Children Study

What is this study about?
The primary objective of the study is to modify the existing diagnostic assessment tools for identifying Autism Spectrum Disorder (ASD) specifically for use with deaf children and young people to enable greater accuracy in diagnosis. Modifications to the assessments have been applied and approved via a Delphi Consensus method; drawing on the specialist judgement of a group of international experts who work with deaf children with autism. The three modified assessment tools include:

Autism Diagnostic Observation Schedule Second Edition – ADOS-2
Autism Diagnostic Interview- Revised – ADI-R
Social Responsiveness Scale Second Edition – SRS-2.

Who can take part?
Families with a deaf child or young person currently diagnosed ASD, families with a hearing child or young person currently diagnosed with ASD and families with a deaf child or young person without ASD. The child or young person needs to be aged between 2 and 18.

What is involved?
Initially participants will meet with the researcher to discuss the study and pose any questions they may have. Once consented, two further visits will take place:

Visit one:
Parents/carers and their child will be interviewed by a clinician
Parents/carers complete the Social Communication Questionnaire (SCQ)
Parents/carers complete the modified SRS-2 questionnaire for deaf children/young people.

Visit two:
The child/young person will be asked to partake in a play based session (ADOS-2) and parents/carers are welcome to stay in the same room. This is facilitated by a different clinician to visit one.
Parents/carers will undergo a semi-structured ADI-R interview, again with a different clinician.
Parents/carers will be asked to complete the SRS-2 questionnaire for the second time.
A feedback sheet will be provided by the researcher, but this is optional.

How do I get involved?
Helen Phillips: helenphillips4@nhs.net;
Telephone: 01904294827

NIHR portfolio studies
recruiting in Leeds and York Partnership NHS Foundation Trust

STEPWISE

Structured lifestyle education for people with experience of psychosis or with a diagnosis of schizophrenia or schizoaffective disorder Schizophrenia randomised controlled trial. More information is available on the trial webpages: http://www.shef.ac.uk/scharr/sections/dts/ctru/stepwise

What is this study about?

The study aims to find out whether an education programme designed for these individuals is more likely to help reduce weight than usual information and advice provided by the NHS.

Who can take part?

Diagnosis of schizophrenia, schizoaffective disorder or first episode psychosis and taking anti-psychotic medication and concerned about their weight.

What is involved?

The study is a randomised control trial where the participant will be randomised into one of 2 groups: structured educational programme or treatment as usual.

Participant's receiving the intervention will be required to attend an education programme. Two trained facilitators will run each session. The sessions will focus on what it means to be overweight or concerned about your weight and how it links to medication, food and physical activity. The sessions will also focus on strategies to help manage weight and next steps, e.g. setting goals to help manage weight.

The programme sessions will take place each week for about two and a half hours (including breaks) and last for a 4 week period. There will be a refresher session at 4 months, 7 months and 10 months and the facilitator will remain in regular contact with you throughout the year.

All participants will have a small sample of blood taken at baseline and at 12 months follow up by a trained researcher. The purpose of the blood test is to check blood sugar, cholesterol, and fat levels to assess the risk for diabetes, heart disease and other related health problems.

All participants will also be required to complete a series of questionnaires administered by the researcher, have their weight recorded, waist circumference measurement and blood pressure.

The usual care group will have a physical health review and verbal and printed advice on the risk of weight gain and lifestyle advice, including information about diet, exercise, smoking and alcohol use.

How do I get involved?

Anyone who is interested can contact the Stepwise research assistant Mark Harper on 0113 85 58307 or email markharper1@nhs.net

Completed Research Projects

living with dementia:
Positive experiences

Positive experiences whilst living with dementia: A qualitative exploration of growth in older adults

Objectives

The dominant discourse surrounding dementia is typically one of loss and decline. However, for people aging without dementia, or living with other illnesses, a discourse involving personal growth has developed. The concept of growth has not been previously explored in research investigating the subjective experience of dementia. The objective was to conduct a qualitative study that would explore the nature and extent of growth amongst older people living with dementia. This objective was achieved.

Method

Semi-structured interviews were carried out with nine older people living with dementia. Interpretative Phenomenological Analysis was used to explore and develop an interpretative account of participants' subjective experiences of dementia and growth.

Results

The analysis generated two major themes of 'Moving Forward' and 'Living in the Now'. 'Moving Forward' encapsulated participants' experiences of continuing to live and progress, feeling connected to life, and learning and evolving as people. 'Living in the Now' captured participants' experiences of living well in the present, where the future uncertainty of dementia was a background concern, but could also confer a greater sense of significance to living in the present.

Conclusions

The findings suggest that personal growth can be a possible and meaningful experience in the lives of people with dementia. The findings also raise questions about the societal discourses that may prevent older people from drawing upon growth narratives as they navigate life with dementia.

Participants were sought from LYPFT, but none were recruited from this trust.

Kirsty Patterson, University of Hull,
Kirsty.Patterson@humber.nhs.uk

Supervised by **Dr. Emma Wolverson & Dr. Chris Clarke,**
LYPFT, john.morgan2@nhs.net

Statistical Support Available
Tracey Farragher

Tracey Farragher is an epidemiologist based at Leeds institute of Health Sciences at University of Leeds. She has a wide range of research experience from developing research projects to analysing and reporting results from studies. She can provide support to staff to help develop research ideas through to funding applications and undertaking the research; e.g. advice on study design, including sample size considerations; what statistical method to use; and undertake statistical analysis.

Tracey has already supported four members of Trust staff with projects ranging from service evaluations to bids for research grant funding. If you would like some statistical support, please contact the R&D Department: research.lypft@nhs.net, or 0113 85 52387.

Completed Research Projects

Towards totally smoke-free
mental health services: a staff survey

From April 2016 LYPFT will be a smokefree Trust. In 2013, NICE published guidance which recommended that all mental health units make their buildings and grounds completely smoke free.

Smoking is the biggest preventable cause of death in England, resulting in nearly 80,000 premature deaths each year. 42% of all the tobacco smoked in this country is by people with mental health problems, who therefore disproportionately experience tobacco related harm. Currently men with severe mental illness die on average 20 years earlier, and women with severe mental illness 15 years earlier, than other people. Increased smoking is responsible for most of the excess mortality in people with severe mental illness, and quitting smoking is the single most important lifestyle change that can be made to improve health and life expectancy in this group.

Against this background, NHS Mental Health Trusts in Yorkshire and the Humber working with partners at the Universities of York, Sheffield and Nottingham, undertook a survey of their clinical and non-clinical staff about 'Going Smoke-Free'. This study is led by National Institute for Health Research, Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC YH (Mental Health and Co-morbidities Theme).

The primary objectives of the survey were to:

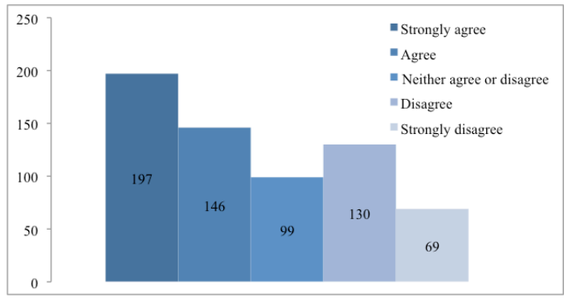
- **Benchmark smoking status of respondents**
- **Ascertain staff views regarding the provision of totally smoke-free mental health services**
- **Enable survey participants to share reservations and ideas on how to successfully deliver smoke-free mental health environments**
- **Provide each Trust with local information to supporting planning and evaluation**

Results

The LYPFT survey ran between the 30th January 2015 and the 10th March 2015 and 678 people completed one or more of the questions. Regionally there have been over 4000 responses to date. The study used Qualtrics software and thematic analysis to analyse data.

Respondents were asked to rate their level of agreement with the following statement:

"Introducing a totally smoke-free environment across mental health sites is the way forward for NHS services"



Further analysis showed some correlation between the following views and characteristics of respondents:

Never smoking & **strongly agreeing** with the Trust going smoke free

Current smoker & **strongly disagreeing** with the Trust going smoke free

Being in a non-clinical role & **strongly agreeing** with the Trust going smoke free

Qualitative Findings

Respondents were asked to make free text comments in response to the following questions. Almost all respondents made some comments.

The comments were collated into main themes that have informed the work of the Smoke-Free Task and Finish project group. The table shows how the project group is addressing each theme through the project work streams and specific actions.

1. "My biggest reservation about going smoke free as a mental health trust is....."

Theme	Smoke-free Project Work stream	Theme
Concerns about the implementation of a Smoke-Free environment in clinical areas including: - That smoking can be a coping strategy for some service users - Worries that staff will need to take service users further afield to smoke and risks of absconding from services. - Concerns that being smoke-free will contravene service users right to smoke	Training Communications Human Resources	• Opportunity for clinical teams to engage in discussions with project team members from May 2015 • Learning from other mental health Trusts that are successfully Smoke-free • Staff engagement events planned from May 2015 and LYPFT Smokefree Conference October 2015. • Smoke-free email address for staff queries • Regular Trustwide updates • Development and communication of Trust Smoke-free policy and related protocols by December 2015. • Development of a Frequently Asked Questions document to share accurate information about what it means to be a Smoke-free organisation by June 2015.

There were a significant number of respondents who expressed no reservations about going Smoke-free as a Mental Health Trust

2. "The single most important thing we can do to help deliver a smoke free environment successfully is...."

Theme	Smoke-free Project Work stream	Theme
Use a gradual process	All	• The Smoke-free project is planned over 12 months. • The project group is working to a project plan
Good communication:		
Education for staff	Training	• Training programme for staff underway, including Very Brief Advice e-learning module for all staff, NRT protocol training and Level 2 advisor training for specific staff groups
Consistent and clear guidelines for staff	Training	• Development and dissemination of Trust Smoke-free policy and related protocols by December 2015. Briefing sessions will be offered to key staff groups prior to implementation.
Positive Stories	Human Resources	• Training provision on-going.
	Communication	• Plans to capture and share successful staff and service users' stories of quitting smoking during the preparation for going Smoke-free.

Completed Research Projects

Towards totally smoke-free
mental health services: a staff survey

2. "The single most important thing we can do to help deliver a smoke free environment successfully is...."		
Theme	**Smoke-free Project Work stream**	**Theme**
Provide smoking cessation support for Service Users	Estates	• Current Trust provision of smoking cessation support through the HLS
	Training	• Current local Stop Smoking provision citywide. • Staff training underway • Improving the Trust environments to support smoke-free activities
Provide smoking cessation support for staff	Human Resources	• Partnership working with other Stop Smoking Services • Partnership working with Stop Smoking Services, Occupational Health and the Healthy Living Service • Development and dissemination of Trust Smoke-free policy and related protocols by December 2015
Support staff in implementing the Smoke-free message	Communication Human Resources Training	• Opportunity for clinical teams to engage in discussions with Smoke-free project team members from May 2015 • Dissemination of Trust Smoke-free policy and related protocols by December 2015 • Training programme roll-out on-going. • LYPFT Smokefree conference October 2015.

Participating Trusts are committed to re-surveying staff 9 months after implementation of a Smokefree policy. This will help us understand some of the impacts of delivering services in a smokefree environment.

- More details survey results and a 'Frequently Asked Questions' document about going smokefree can be found on the Smokefree page on Staffnet (internal webpages. Use the quick link on the Staffnet home page).

- Sign up to attend the free Smokefree – 'What's your role?' Conference, Tuesday 13th October 2015 by emailing smokefree.lypft@nhs.net

Principal investigators: Claire Paul, LYPFT, claire.paul@nhs.net; Moira Leahy, SHSC, moira.leahy@shsc.nhs.uk
LYPFT study collaborator: Dr Sarah Stevens, sarah.stevens8@nhs.net

Completed Research Projects

The Rehabilitation Effectiveness
for Activities for Life (REAL) study

The Rehabilitation Effectiveness for Activities for Life (REAL) study: single-blind, cluster-randomised controlled trial.

Background
Mental health inpatient rehabilitation services focus on people with complex psychosis who have, for example, treatment-refractory symptoms, cognitive impairment, and severe negative symptoms, which impair functioning and require lengthy admission. Engagement in activities could lead to improvement in negative symptoms and function, but few trials have been done. We aimed to investigate the effectiveness of a staff training intervention to increase patients' engagement in activities.

Methods
We did a single-blind, two-arm, cluster-randomised controlled trial in 40 mental health inpatient rehabilitation units across England. Units were randomly allocated to either a manual-based staff training programme delivered by a small intervention team (intervention group, n=20) or standard care (control group, n=20). The primary outcome was patients' engagement in activities 12 months after randomisation, measured with the time use diary. With this measure, both the degree of engagement in an activity and its complexity are recorded four times a day for a week, rated on a scale of 0–4 for every period (maximum score of 112). Analysis was by intention-to-treat. Random-effects models were used to compare outcomes between study groups. Cost-effectiveness was assessed by combining service costs with the primary outcome. This study is registered with Current Controlled Trials (ISRCTN25898179).

Findings
Patients' engagement in activities did not differ between study groups (coefficient 1·44, 95% CI −1·35 to 4·24). An extra £101 was needed to achieve a 1% increase in patients' engagement in activities with the study intervention.

Interpretation
Our training intervention did not increase patients' engagement in activities after 12 months of follow-up. This failure could be attributable to inadequate implementation of the intervention, a high turnover of patients in the intervention units, competing priorities on staff time, high levels of patients' morbidity, and ceiling effects because of the high quality of standard care delivered. Further studies are needed to identify interventions that can improve outcomes for people with severe and complex psychosis.

NHS National Institute for Health Research

Funding
National Institute for Health Research.

Helen Killaspy, University College London, h.killaspy@medsch.ucl.ac.uk

Robin Balmer, LYPFT, robin.balmer@nhs.net

Completed Research Projects

Mental health staff's awareness

of and compliance with NICE guidelines on antenatal

Mental health staff's awareness of and compliance with NICE guidelines on antenatal and postnatal mental health care: a study at the Leeds Early Intervention in Psychosis Service (Aspire).

Pregnancy and the postnatal period are associated with an increased incidence of mental health problems. Untreated maternal mental illness has been associated with poorer outcomes for the children. For the affected woman, it is associated with significant impairment in social functioning and the risk of maternal suicide. Early intervention is therefore important. There is a high risk of the development of physical defects in the embryo (teratogenesis) with the use of psychotropic medications during pregnancy. There is also a risk of direct toxicity to babies from medications secreted in breast milk.

Aim:

To determine the awareness of and compliance with NICE clinical guideline on antenatal and postnatal mental health care.

Method:

Staff were approached to complete a semi-structured questionnaire based on the NICE guidelines on antenatal and postnatal care.

Results:

Only 44.4% of staff were aware of this guideline, 38.9% were not aware of it; and 16.7% reported some awareness. Only 16% of staff always practiced the guideline. This result was reflected in all the areas of the guideline assessed including: exploring relevant history, providing information to patients, and providing treatment. Possible reasons for the deficits in practice included: lack of its awareness; the assumption that the information were not relevant; and staff forgetting to explore these issues. Staff training, development of visual decision aids and information leaflets were some suggestions to improve its practice.

Conclusion:

There are clinical and legal implications of not practicing this NICE guideline. Therefore, attention needs to be paid to the possible barriers and ways of improving its practice revealed by this study.

Joy Ukonu, LYPFT, joyukonu@nhs.net

Completed Research Projects

Node-mapping

for dual diagnosis, an asset?

The aim of this research is to evaluate the impact of using a simple technique for presenting verbal information in the form of a diagram, namely Node Link Mapping (NLM), on the effectiveness of a structured treatment for dual diagnosis for men living in a low secure environment.

15 participants were recruited and were randomly allocated to one of two conditions. The control group of treatment as usual (TAU) or the treatment group, TAU with the addition of NLM. Outcome measures used were a qualitative evaluation form, The Alcohol and Illegal Drugs Decisional Balance Scale (SAMHSA, 1999), and the Brief Situational Confidence Questionnaire (Sobell et al, 1996).

Results indicate no statistically significant difference for either of the groups on the pre and post treatment outcome measures used. The qualitative data did indicate that those using the NLM reported the intervention as useful and instructive more often.

The results gained were only a snapshot of the intervention straight after treatment and did not take into account any long term benefits of the therapy such as substance use relapse rates. The outcome measures used may not have been properly understood by all the respondents and may not reflect practical change.

The TAU condition needs to be reviewed to improve its effectiveness, and NLM to be included to improve the accessibility of the materials. A study comparing other outcome tools that are better understood by the respondents needs to be completed. Training for staff using NLM may require coaching.

Sue Ledwith, LYPFT, sledwith@nhs.net
Vanessa Melton, LYPFT, vanessa.melton@nhs.net

Completed Research Projects

Dramatherapy in early psychosis:
individual and group therapy evaluation

Talking therapies are an established part of Early Intervention Services (EIP) for young people (<35years), but a significant proportion of the most isolated and depressed service users find it extremely difficult to engage with this kind of treatment. Creative Therapies are not funded in EIP despite being advocated by NICE for the treatment of psychosis.

The Aspire EIP service in Leeds gained charitable funding to evaluate the effectiveness of Dramatherapy with 'hard to reach' 14-25 year-olds over three years (2012-2014).

Dramatherapy treatment was based on wordless techniques and structures developed for older populations (Casson, J, [2004]) and with a similar age group in the US (Emunah, R [1994, 1997]).

Those who engaged most consistently were: service users who were extremely quiet or unable to speak (selectively mute); service users who had experienced early (pre-verbal) trauma who were unable to explore this with words; service users who had impaired cognitive functioning and found it hard to discuss emotions.

The primary outcome measure was the Social and Occupational Functioning Scale (SOFA). Pre-treatment, more than half the group were scoring below 55/100 (a minimum level for reasonable social engagement). After treatment, less than one quarter of the group were scoring in this range. Of the 19 service users who provided data, 2 showed a small deterioration and the rest showed an improvement (graphs and data analysis currently being finalised).

Dramatherapy appears to have created better understanding of others and increased self- expression, thus improving isolated service users' ability to understand and be understood socially. Of 19 service users who completed Dramatherapy and agreed to be part of the study 60% either returned to education/work or were seeking work after treatment.

We believe this intervention may be appropriate for a wide range of users who for various reasons may find it difficult to make use of traditional talking therapies. We are now working with other services to develop and evaluate a treatment model that would be suitable for a range of young adult populations (Child and Adolescent Mental Health Services (CAMHS), Learning Disability Services, Eating Disorders).

Casson, J. (2004). Dramatherapy, Drama and Psychosis. Hove, East Sussex: Brunner-Routledge.
Emunah, R. (1994). Acting for Real: Drama Therapy Process, Technique and Performance. New York: Brunner-Routledge.
Emunah, R. (1997). Drama therapy and psychodrama: an integrated model. International Journal of Action Methods, 50(3), 108-135.

Louise Combes, LYPFT, louise.combes@commlinks.co.uk
Dr Anjula Gupta, LYPFT, anjula.gupta@nhs.net

Completed Research Projects

Which Patient Reported Outcome
Measure for Secondary Mental Health Services?

The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) and Clinical Outcomes in Routine Evaluation (CORE-10)

This project evaluated the use of two patient-reported outcome measures (PROMS) for therapy that were being used in the Leeds and York Partnership NHS Foundation Trust Psychology and Psychotherapy Service. The focus was on comparing the perceptions of service users and therapists about the two outcome measures in order to identify which would be most suitable as a generic PROM for the Trust to recommend. The outcome measures were the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) and the Clinical Outcomes in Routine Evaluation (CORE-10).

Service user feedback

Like about SWEMWBS?	Don't Like about SWEMWBS?	Like about CORE-10	Don't like about CORE-10
Easy to complete (6)	Doesn't make you reflect deeply (2)	Relevant questions (3)	Some distressing items e.g. suicide (1)
Positive focus (1)	Too positive (1)	Encourages thinking (2)	More challenging to answer (1)
	Could do with more detailed questions (2)	Being able to rate my anxiety (1)	Layout (1)
		Questions are precise (1)	Always scoring highly on negative symptoms if you have e.g. OCD (1)

Table 1. Service user comments regarding SWEMWBS and CORE-10 grouped into common themes with numbers reported in brackets.

Therapist feedback

Like about SWEMWBS?	Don't Like about SWEMWBS?	Like about CORE-10	Don't like about CORE-10
Positive focus (5)	No risk items (2)	Clinically useful/relevant – cut-offs (4)	Negative focus (2)
	Patronising (2)	Symptom specific (2)	Risk questions are quite high level, misses on other things (1)
	Irrelevant to population (3)	Includes risk item (6)	Too brief to compare with CORE-34 (2)
	Too general (3)	Partners with Core-net software (2)	

In total, 74 service users and 19 members of staff took part in the evaluation between May – November 2014. The majority of service users did not have a preference but where an opinion was expressed, CORE-10 was preferred. Service users found SWEMWBS easy to complete but also acknowledged that the questions were less relevant and too general to encourage deep reflection. However, therapists had a marked preference for CORE-10, citing reasons such as: a more clinically useful tool, including a risk item and being widely established as a standardised measure for use in a mental health population. Our results also found a statistically significant correlation between the CORE-10 and SWEMWBS scores which would benefit from further research. Overall the findings were largely consistent with the results from the national Care Pathways and Packages Project (2014).

Rebekah Sutherland, LYPFT, rebekah.sutherland@nhs.net **Jacquie Coule,** LYPFT, jacqueline.coule@nhs.net

Putting your research
into practice

Last year I completed my masters in Psychiatry, the culmination of which was a dissertation on the attitudes and opinions of General Practitioners regarding eating disorders.

This topic had emerged from my own clinical practice, and observation of the wide variation in quality of referrals we received from primary care to our eating disorder service in Child and Adolescent Mental Health Services (CAMHS).
The research component of the dissertation involved qualitative interviews with nine doctors working in primary care from across the Yorkshire region, ranging from foundation year doctors to GP partners. Overall two main themes were uncovered: identifying the problem and knowing what to do next. Many GP's felt lacking in the experience needed to manage eating disorders which may then hinder identification of new cases. Time constraints and focus on patient agenda meant problems were often overlooked. Poor resources and perceived lack of specialist support further increased reluctance to actively identify new cases. Finally, a lack of training on eating disorders was reported.

After completing the research I felt that something needed to be done to change things locally. Targeting qualified GP's appeared to be quite a challenge, but I knew that all GP registrars had weekly protected teaching and could be a possible target audience for providing the training on eating disorders that was reported as being so lacking. After contacting the co-ordinators of several local GP vocational training schemes (VTS) I was surprised by the interest shown in such a session- on the whole, mental health in general was reported as being very under-represented on the teaching schedules. I was very fortunate that colleagues from the Yorkshire Centre for Eating Disorders (LYPFT) were more than willing to assist in delivering the sessions and together we planned a half-day session specifically focusing on what can be done in primary care. This has now been delivered to three different VTSs in Yorkshire, with plans to expand to other schemes in the future. Feedback from the trainees so far has been positive. Whilst it remains to be seen if this will have any effect on the quality of referrals further down the line, it feels positive to have put the findings of my research into practice.

Dr Laura Meek, LYPFT, laura.meek@nhs.net
Supervised by: **Dr David Owens** and **Dr Rebecca Hawkins,** The University of Leeds

NIHR Funding Opportunities

NHS National Institute for Health Research

	Deadline
Efficacy and Mechanism Evaluation (EME)	Commissioned – November 10, 2015 1pm Researcher Led – November 10, 2015 1pm
HTA researcher-led calls	Efficient Study Designs – November 18, 2015 1pm
Programme Grants for Applied Research (PGfAR)	Competition 20 Stage 1 – March 1, 2016 1pm
Research for Patient Benefit (RfPB)	Competition 28 Stage 1 – December 2, 2015 1pm Competition 28 Stage 2 – March 2016 (date TBC)

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

Finding the Evidence Training Dates
Courses free to Leeds and York NHS staff

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

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

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

Healthcare Databases - This course focuses on searching healthcare databases.
E-Journals & E-books - Aimed at all Leeds NHS staff who wish to use e-journals and e-books to support their practice or professional development.

Google Training - **(on request)** Aimed at all Leeds and York NHS staff who wish to gain skills in searching Google for information to support their work,practice or professional development.

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

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

NOV	Day	Time	Course	Location
2	Monday	10.30 - 11.00	Journals	Bexley
5	Thursday	13.00 - 15.30	Healthcare Databases	Bexley
10	Tuesday	10:00 – 12:00	Critical Appraisal	Meeting Room 1, Stockdale House
12	Thursday	09.30– 12:00	Cochrane Library	RiO training room, St Mary's Hospital
12	Thursday	12:00-13:00	E-journals & E-books	RiO training room, St Mary's Hospital
12	Thursday	13:30 - 16:00	Databases	RiO training room, St Mary's Hospital
16	Monday	09.30 - 11.30	Google	LGI
19	Thursday	09:00 -16:30	Finding and Appraising the Evidence	LGI
20	Friday	10:00 – 12:00	Cochrane Library	LGI

DEC	Day	Time	Course	Location
2	Wednesday	09:00 -16:30	Finding and Appraising the Evidence	LGI
7	Monday	09:00 - 16:30	Return to Study	LGI
8	Tuesday	2.00-4.00	Google	Bexley
10	Thursday	09.30– 12:00	Cochrane Library	RiO training room, St Mary's Hospital
10	Thursday	12:00-13:00	E-journals & E-books	RiO training room, St Mary's Hospital
10	Thursday	13:30 - 16:00	Databases	RiO training room, St Mary's Hospital
15	Tuesday	9.30 - 12.00	Healthcare Databases	Mount
15	Tuesday	12.30 - 1.30	E-journals & E-books	Mount
15	Tuesday	2.00 - 4.00	Cochrane Library	Mount
21	Monday	9.30-11.30	Critical Appraisal	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.

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 85 52387
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 85 52360
E: athompson11@nhs.net

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